

Working With Street Children

MODULE 5

Determining the Needs and Problems of Street Children

A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs



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Introduction

Information on local street children needs to be collected because the characteristics and situations of street children are different in every country, city and neighbourhood. General books and other written materials about children will probably not provide enough detail, as street children tend to be excluded in population censuses or household surveys.

Assessments help in formulating workable strategies for responding to the needs and problems of street children. For example, the kind of services needed, and how and where the services should be offered. Assessments also help in monitoring whether services are producing the desired effect and whether there is a need for a change in strategies. Results from the assessments should be used to create awareness about the causes of street children's problems and their relationship with other issues.

Determining the situation of street children requires a collective effort. A variety of people could be involved, such as government officials, religious groups, skilled professionals, service providers, NGOs working with street children, other interested community members and street children themselves.

This module outlines the aspects related to information gathering and what is involved.

Learning objectives

After reading the information in this module and participating in the learning activities you should be able to:

- ✓ Explain the importance of assessing the situation of street children.
- ✓ Explain two ways of formulating questions.
- ✓ Formulate open-ended questions.
- ✓ Prepare a tool for assessing the situation of street children.
- ✓ Describe the appropriate methods for collecting information about street children.
- ✓ Explain how information can be analyzed.
- ✓ Prepare an action plan using the information gathered.



Lesson 1 - Assessing the situation

1.1 Importance of assessing the situation.

Assessment helps in understanding the needs and problems of street children. It also provides an idea about their environment. Adequate assessment is essential before any intervention is attempted. Similarly, assessments may be carried out later to monitor the progress and success of the programme. Modification in intervention may be made on the basis of information obtained from the assessment.

Example

India.

Focus group discussions held by a project in India revealed that many street youths were engaging in sexual practices which put them at risk of becoming infected with HIV and other sexually transmitted diseases. The discussions helped identify a need for basic sexual and reproductive health education and also a need to work more with the families of the street children.

1.2 The goal of the assessment.

Two questions define the goals of an assessment. These are:

- What specific problems should the assessment address?
- What is the purpose of collecting the information?

There is a danger of collecting information that is of no use to street children if these fundamental questions are not clarified before the assessment begins. The purpose of the initial assessment may be the determination of problems and needs, while the purpose of ongoing assessment may be to provide feedback on the success of the programme. The information gathered should be closely linked to the specific issues to be addressed. In this module you will be thinking more about information related to substance use.

1.3 Possible sources of information.

Information can be obtained from primary and secondary sources. Street children and their families, health care and other service providers are **primary sources** of information. The common **secondary sources** of information are:

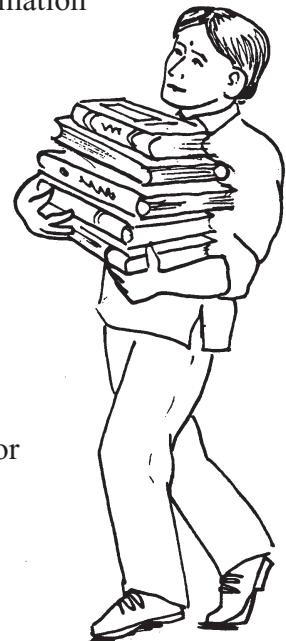
- Official documents such as surveys, policy statements, professional guidelines, registers and court proceedings on street children.
- Unofficial materials from government or medical institutions and private individuals, e.g. television and radio programmes, evaluation reports on street children, books, newspapers and magazine reports and copies of presentations at professional and community forums can add to the resource materials.

Secondary sources provide the background for designing assessment procedures. Usually they do not provide sufficient information for a complete understanding of the situation of street children. Information should be gathered from primary sources to supplement secondary information. Primary information also gives you qualitative data (feelings, views, beliefs and aspirations).

1.4 Importance of service providers as a source of information.

Service providers can be an important source because they can provide information on:

- the economic, social and political conditions of the community.
- community attitudes towards street children, substance use, sexual and reproductive health.
- services available in the area, particularly those accessible to street children, potential barriers to their use by street children, and how to overcome such barriers.
- what interventions have worked, or failed (this information is critical for designing interventions).



Secondary sources of information usually do not provide all the information required.

1.5 Basic steps to be followed.

After deciding on the goals of the assessment, the following steps should be followed:

1. **Make a plan regarding the method for obtaining information (when, where, how and by whom).**
2. **Collect the information.**
3. **Organize the information.**
4. **Analyze the information.**
5. **Make conclusions.**
6. **Use the information.**

1.6 Important considerations during collection of information.

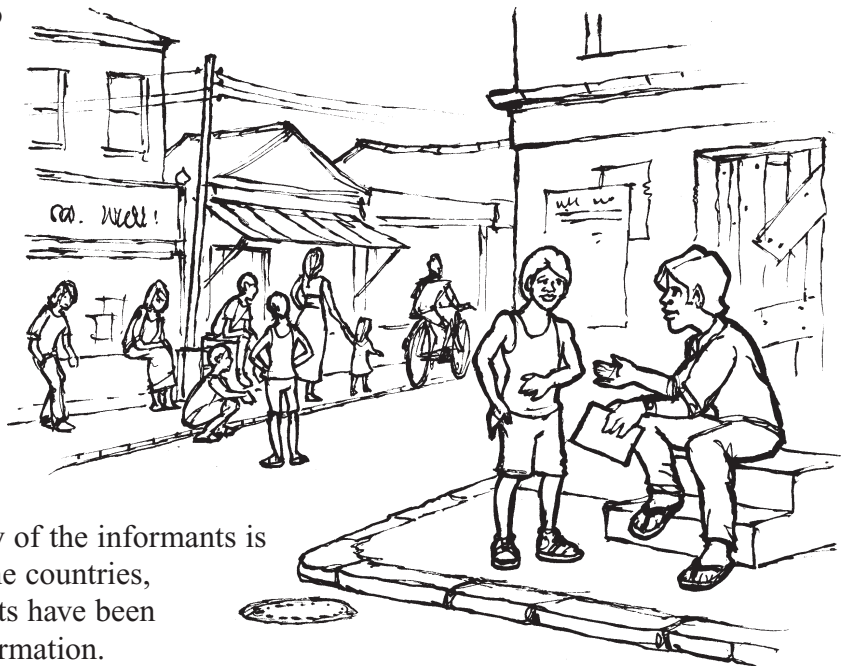
The following issues should be kept in mind during the assessment of substance use and sexual and reproductive health problems among street children.

- **Informed consent.**

The street child should agree to participate. To get valid consent, inform the child about the goals and method of the assessment, what they would gain or lose if they participate and also that they are free to refuse to participate.

- **Confidentiality.**

All assessment information should be kept confidential, unless you have the street child's consent to give information to others. Talk to the street child away from peers, family and others. Their presence may compromise confidentiality. Similarly, the confidentiality of the informants is extremely important. In some countries, children and other informants have been murdered for providing information.



Talk to the street child away from peers and families.

- **Rapport.**

The process of assessment is not just the collection of information as it can be an opportunity to engage the street child in a respectful and trusting relationship. The assessment could provide an opportunity for street children to ask questions and get information if they choose to do so.

- **Burden.**

Street children might have been assessed many times by health, welfare, educational, legal and other agencies. Try not to duplicate assessments that have already been done. Street children tend to have a short attention span, so avoid asking too many questions (it may be useful to spread the assessment over more than one session to make the process less demanding).

- **Priorities.**

During the assessment, you may come across conditions and/or situations which require urgent attention, such as injuries or threat of violence. Attend to these priority issues before dealing with substance use or sexual and reproductive health.

1.7 Suggested areas for assessment and use of the Modified Social Stress Model for collecting information

Information should be obtained in the following areas:

- Background: age, gender, religion, cultural background.
- Substance use.
- Sexual and reproductive health.
- Physical health and injuries.
- Mental health and psychological trauma.
- Family and social.
- School and vocation.
- Unlawful behaviour.
- Recreational and cultural activities.

The **Modified Social Stress Model** can help you decide on the questions that can be asked regarding the problems and the potential of street children. Sample questions have been included in **Lesson 2**.

1.8 Methods for collecting information.

To obtain quality information about street children, methods suitable for small groups of people should be used. The choice of the method will depend on the type of information needed. These methods are:

- Focus group discussions.
- Case studies.
- Observation.
- Key Informant interviews.(in the street context, the term "informant" often means "police informant".Therefore replace the term informant with a more acceptable term when introducing the concept during assessment).
- Narrative research method.
- Surveys.
- Projective methods.

The details of each of these methods are described in Lesson 3 of this module.

Learning Activity



1. Purpose of the assessment of street children's situation.

- Write about the specific problem that you want to assess or have assessed earlier.

- Outline the intended use of the information collected or to be collected.

2. Identifying secondary sources of information about street children.

- As a group or individually, identify possible sources of existing information about street children and make a list of these sources.

- Visit at least 3 places identified above. If you are working in a group, you could divide the group so that you each visit a number of these places. At the location:
 - Identify the type of information that exists.
 - Collect copies of documents (if permitted).
 - Analyze the information and make a summary of your findings (include the information on demographic data, services and resources).



Lesson 2 - Asking questions

2.1 Why is asking questions important?

Many street children will not speak spontaneously about their lives, especially to a stranger. They have learned to be careful about who they give information to and are suspicious of adults who ask too many questions. Think carefully about what questions you need to ask and how to ask them. Ask questions in a way that will encourage them to speak freely.

2.2 How should questions be asked?

Approach the child in a manner that will make him/ her feel comfortable. Here are some simple phrases and questions that you can use to start a conversation with the child:

- **Getting to know each other.**

Say who you are and ask the child to tell you his/her name. Address the child by name as it makes the child feel that you respect him or her. If the child does not respond, tell the child where you work and when he or she can come to speak to you. Don't ask questions that might make the child feel threatened or suspicious. Keep the questions simple and general. Show that you are genuinely interested in the child.

- **Asking questions about a painful subject.**

When questioning a street child about something that may be painful for them to think about, spend some time with the child, starting with general questions, and then ask questions that are gradually more specific. Do not assume that you know how the child feels about any event. Emotional reactions occur in specific situations of a person's life. Two people may have completely different emotional reactions to the same event, e.g. death of a father can lead to deep sorrow, but the death of an abusive, violent father can also lead to a feeling of relief. The same person might also feel a mixture of conflicting emotions about a single event, as in the above situation, the death of an abusive father can lead to a feeling of relief, but the child might also feel guilty about feeling relieved at his father's death.

- **Types of questions.**

There are two types of questions: closed and open-ended.

1. **Yes and No questions** (closed questions). These types of questions are formulated to give a simple yes or no answer.

Example

“Do you like living on the streets?”
“Do you go to the market to buy food?”

To a child or any individual being asked questions, a yes/no question sounds like he or she is expected to give a one-word answer and then wait for the questioner to speak again. These questions can stop a conversation as they discourage active participation. It is best to limit these types of questions.

2. **Open ended questions:** Open-ended questions encourage further conversation and more information can be gathered about the street child. The process of asking such questions should be guided by the topic being explored.

Example

“Where do you buy food?”
“How do you manage to get food on a daily basis?”

Some younger children will not be able to answer open-ended questions. If they do not answer or say something irrelevant in response to the question, ask them a more specific question. If they still do not answer, stop asking about that topic and just say something such as “You can tell me about it later if you want to.”

2.3 Question Menus.

The WHO Street Children Project on substance use has developed a long list of questions designed to provide information about the six components included in the **Modified Social Stress Model**. A key question has been written about each of the six components of the model. In addition, many follow up questions or ‘probes’ have been included to obtain more detail about specific issues.

These questions have been written to give ideas as to the type of questions that may be asked and the issues that may be raised in the inquiry. You can select specific questions that are relevant for your needs. These questions can also be used as examples for creating your own list of questions by rephrasing them in a language which is more appropriate for the street children you are working with. Add questions if needed.

Consider the age and cultural background of the children before choosing any questions. When choosing questions for adults, consider their professional, cultural, and religious background. Some of the questions, especially those in the general health and risk behaviours sections, may not be appropriate for your particular setting because of their sensitive nature (such as questions on sex and drug use). Some questions which can be asked directly in a private interview may need to be rephrased if they are put to a group. For example, the question “Have you ever been raped?” could be rephrased “Have street children that you know ever been raped?”

Menu A : Street children.

The first menu (Street Children Question Menu) is for questions you might want to ask street children directly in a focus group, an interview, or a survey.

1. Demographic information.

These questions provide information on the background of street children:

- Gender of the participants.
- How old are you? Or what year were you born?
- Where were you born?
- Can you read and write? How much schooling did you do?
- Where do you live?
- With whom do you live?
- Where are your parents? Who raised you?
- Where did your parents come from?
- Do you practice any religion? How important is it to you?
- Do you work? What type of work do you do?

2. Stresses.

a) Major Life Events.

Key Question:

Has anything happened to you in your life that has been very difficult?

Probes, if needed:

- Have you ever been so sick or injured that you needed to go to the hospital?
- Has any one close to you died?
- Have you ever been in a situation where you feared losing your life or being severely harmed?
- Have you ever experienced a natural disaster, such as an earthquake, flood or fire?
- Are you a refugee?

b) Everyday stresses.

Key question:

What don't you like about living on the streets? What don't you like about living with your family?

Probes, if needed -

- What do you like about living on the streets? What do you like about living with your family?
- What do you try to avoid each day? (Problems, street children, activities)
- Where do you usually sleep? Where do you sleep at other times?
- Where do you usually get your food? What do you usually eat? Do you ever go hungry? If you cannot get food, what do you do?
- Where do you get your clothes? Are they warm/comfortable enough? What about when it rains heavily? Do you ever get cold? Where and how do you clean your clothes?
- Where do you go to wash or clean yourself? How often?

- Where do you get your money? Do you ever provide sex in exchange for affection, food, clothing, shelter, drugs or money?
- Do you often get hassled? Who hassles you? Why do they hassle you? What do they do?

c) Enduring life strains.

Key question:

What are the most important problems that you have in your life at the moment, other than finding food, shelter and clothing?

Probes, if needed:

- Do you feel good about yourself?
- Are you as physically strong as everyone else?
- What are the most important things that you need right now to get by?
- What are your plans for the future?
- Do you need more education? What kind of education?
- Will you be able to find a job? What kind of job could you get? What type of training would assist in getting the type of job you would like to have? What kind of job would you like?
- Where would you like to live?
- Do you often feel sad, lonely or unhappy?
- Have you ever tried to harm or kill yourself?

(d) Life transitions.

Key questions:

Have you had to move often? Do you need to move around a lot when living on the streets? Why? Does your family move around a lot? Why?

Probes if needed:

- Did you grow up in a different place? What made you move here?
- If you have moved, did you lose contact with close friends or family?
- Is it difficult to make new friends when you move into a new area?
- What makes it easier to fit in with a new group of street children ?
- Have you had different groups of friends? If so, why did you change your friends?

(e) Developmental changes of adolescence.

Key Question:

What things are good and what things are difficult about growing up and being an adolescent?

Probes, if needed:

- What is it like to be an adolescent? Are you like other adolescents? What is different about you?
- Do you worry about growing up? Do you worry about your size or appearance?

Example

A street children project in The Russian Federation found asking, “Is it better to be a child or an adult ?” got more response from boys than, “What is it like to be an adolescent?”. The project also found that the questions about growing up and worrying about appearance brought forth a lot of comments from girls when used in focus group discussions.

3. Normalization of substance use.

Key question:

What problems concerning substance use are there in your community ?

Probes, if necessary:

- What do street children in your community think of substance use?
- Which substances are all right and which substances are bad to use? Which is the most harmful substance and which is the safest?
- Where do street children get their substances from?
- How easy is it for street children around here to get substances? Is it easier to obtain substances here than elsewhere?
- Do street children prefer using certain substances or do they use different substances depending on their availability?
- In what way has there been a change in the availability of different substances around here over time?
- How much does the cost of substances influence the type and amount of substances that street children use? Has there been a change in the cost of the substances that they use?
- Do street children use more substances when they live on the streets or when they live elsewhere?
- Do most street children use the same substances as their friends? Do friends encourage others around here to use substances? If so, why?
- Do street children get hassled by the police or others because of their substance use?
- Do you think that advertising, sponsorship or marketing of substances influences street children?

4. The Effects of substance use.

Key questions:

What are the main reasons street children use substances? What effects do they get from using substances such as cannabis, alcohol, tobacco, glue, etc.?

Probes, if needed:

- What substances do you/street children use? Which is the favourite substance? Which is the least favourite substance?

You may prompt from the following list:

- Alcohol
- Tobacco
- Cannabis (e.g. marijuana leaf, hashish, resin/oil)
- Natural opioids (e.g. heroin, opium, morphine, codeine)

- Synthetic opioids (e.g. methadone, pethidine, omnopon)
 - Cocaine (e.g. coca paste, cocaine salt, crack)
 - Amphetamine-like stimulants (e.g. methylphenidate, methamphetamine, MDA, ice)
 - Stimulant/Hallucinogens (e.g. MDMA, bromo-DMA)
 - Other stimulants (e.g. ephedrine, caffeine)
 - Hallucinogens (e.g. LSD, psilocybin, peyote, mescaline, PCP)
 - Hypnotosedatives (e.g. barbiturates, benzodiazepines, methaqualone)
 - Volatile substances and aerosols (e.g. petrol, glue, benzene)
 - Others (e.g. khat, kava, pitchuri, nutmeg, betel nut)
 - Prescription drugs
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- How often do you/street children use these substances?
 - How much of the substance do you/street children use each time? Do you/street children get intoxicated?
 - How do you/street children take these substances?
 - When did you/street children first start using these substances?
 - Why do you/street children take them? How do the substances affect you/street children? Do you/street children enjoy them?
 - Where do you/street children prefer to go to use substances?
 - Who do you/street children use these substances with? Do you/street children use substances when alone? Do you/street children share substances with others?
 - What do you/street children find is good/bad about taking substances?
 - What effect does taking substances have on your health or the health of street children ?
 - How do you feel about your taking substances?.
 - What does your family feel about your substance use? Or How does substance use affect family life around here?
 - How does your substance use affect your friendships? Or How does substance use affect friendships?
 - How does your substance use affect your study or work?
 - Have you/street children been in trouble with the police because of (your) substance use?
 - Have you/street children had to leave a place you/they were living in because of your/ their substance use?
 - Do you/street children go without things such as food or clothes so that you/they can buy substances?
 - Does substance use affect your/someone's sex life? Do you/street children usually have sex when you/they take substances?
 - Have you/street children ever been in an accident after using substances?
 - Have you/street children ever been in fights during or after using substances?
 - Do you/street children feel guilty about using substances?
 - Do you/street children need help because of (your) substance use? Would you/ street children like help to do something about (your) substance use?
 - Has anyone told you/street children that you should do something about your/their substance use? Do any of your friends have a substance use problem?
 - Have you/street children ever been treated for a substance problem? Can a person with a substance problem be helped or cured?
 - How do you feel about street children who sell substances?

5. Attachments.

Key Question:

Who or what is most important to you?

Probes, if needed:

- What is/ was your family like? Are you still in contact with them?
- What do you like about your family? What don't you like about your family?
- (If away) What do you miss about your family? Would you like to visit your family or go back and live with them? Would your family welcome you back?
- Who is most important to you in the family?
- What are your thoughts about school? (same for non-formal education) What is/was the most useful thing about school?
- How well did/do you do at school? (same for non-formal education) How did/can you keep up with the schoolwork?
- How did/do you get along with your teachers? (same for non-formal education)
- Would you consider going back to school? (same for non-formal education)
- Do you have a few close friends, many not very close friends, or no real friends? Who is your closest friend?
- Whom do you trust? Whom don't you trust? Who do you turn to when you need help?
- Whom do you admire? Who is your hero?
- Whom do you most agree with -your parents/carers, your friends, your teachers/employer, or your sexual partner?
- Whom do you feel most comfortable with?
- Who admires you? Who says good things about you?
- Who are you most like?
- Do your parents/carers approve of your lifestyle? Do your parents/carers approve of your friends?
- Do your friends approve of your parents/carers?
- Do/did your parents/carers have a substance use problem? Did you leave home because of your parents'/careers' substance use?
- Did you leave home because of sexual, physical or emotional abuse?
- Is religion important in your life?
- Do you like your work?
- What is your employer like?
- Do you have a pet? How do you feel about your pet?
- Do you own anything that is very special to you?

6. Skills, competencies and coping strategies.

Key questions:

What things do you think you are best at? How have you managed to survive the difficulties in our life?

Probes, if needed:

- What are the most difficult problems that you have to deal with?
- How do you usually deal with these problems?
- What could you learn that would help you cope better?
- What do you do when you feel anxious or stressed? What do you do when you feel sad or depressed?

- What do you do when you feel angry? How do you try to control your anger or violence?
- Do you have any problems sleeping? What helps you to sleep?
- What do you do to make you feel better about yourself?
- How do you try to stop street children from forcing you to do something you don't want to do?
- What do you do to try to control your substance use?
- What special skills do you need to work or to earn money?

7. Resources.

- Where do you get your information from? Who do you speak to and listen to? What information do you trust? Who wouldn't you listen to or take notice of?
- Where do you go for medical treatment? Do you feel comfortable there? Are you treated well there? How could the service be improved? Who do you listen to about medical and health information?
- Who do you see to help you find shelter or a place to live?
- Who helps you get food?
- Where do you go to find clothing?
- Where do you go for recreation? What do you do for fun? What would you like to do for recreation? Do you play any sports? Would you like to play sports?
- Where do you spend most of your time? Where would you like to spend time?
- Are you involved in any educational activity? If so, what are you learning?
- Have you had any training for a job? If so, where? What kind of training would you like? How would it be helpful?
- If you can read, what do you read and what would you like to read?
- Do you watch television, video, movies, or listen to the radio? Which do you trust, and which provides you with the best information?
- Do you read information pamphlets and posters? Do you believe them?
- What kind of information would you take notice of, e.g. colourful, humorous, frightening, serious?
- Where do you find out about information on substances?
- Where would you go to get help for a substance problem?
- Who could give you advice about your diet?

8. General health issues.

- How has your general health been in the past?
- What problems have you had with your health? Have you had any accidents? Do you suffer from any allergies? Have you any problems with your teeth? Have you ever had a sexually transmitted disease?
- Do you suffer from any long term disability?
- Have you ever required medical treatment, e.g. for malaria, tuberculosis, parasite infection? Have you ever been admitted to a hospital? If so, why? Have you had any, operations?
- Have you ever been treated by a psychiatrist or psychologist? Why did you need such treatment?
- Are you receiving any treatment now? Are you satisfied with your medical treatment? How can it be improved?
- Has your substance use caused any problem with your health?
- What immunizations have you received?
- What do you normally eat? Do you think that this is a good diet? How could it be improved?

9. Risk behaviours.

Key Question:

Example of asking question directly:

Do you take any risks with your life or safety? If so what type of risks?

Example of asking question indirectly:

Do you think street children take risks with their lives or safety? If so, what type of risks?

Probes if needed:

- Do you/street children around here do somewhat risky or daring things? How do you/street children around here show off to your friends? How do you/street children around here prove yourself?
- What do you/street children around here need to do to be accepted by the other street children?
- Do you/street children around here get involved in fights? Do you/street children here carry/use a knife, gun, or other weapons? Do you/street children around here break the law for fun, to be accepted by others, or to survive in the streets?
- Do you/street children around here do risky things to earn money or to get food, clothes, shelter, etc?
- Are you/street children around here sexually active? Have you ever been forced to have sex? Do you provide sex to survive? Have you ever had sex with a person of the same sex? How many sexual partners have you had/have now?
- Have you any children or have you been pregnant? Have you ever had an abortion? If so, where?
- What are sexually transmissible diseases? What is HIV? AIDS? Have you ever had a sexually transmissible disease? Are you/street children around here at risk of becoming infected with HIV or with other sexually transmissible diseases ?
- Do you use any form of contraception? What type? How often?
- What is 'safer sex'?
- Do you/street children around here experiment with different combinations of substances? What combinations do you/street children around here use? Do you/street children around here ever take substances which you don't know about?
- Do you/street children around here do risky things after using substances, such as committing a crime, climbing buildings or trees, swimming, having sex with strangers, or walking across a busy street?
- Do you use substances alone or with other street children? Where do you use these substances?
- Have you ever injected a substance? How did you inject it? If so, did you share the needle, syringe, water, or any other utensils with someone else?
- Where do you get your clean needles and syringes from? Do you re-use them? How do you clean them and with what?
- Who would you ask to find out more about the substances you use, and how could you protect yourself from any harm?

Menu B: Service Provider.

The second menu (Service Provider Question Menu) is for collecting data from adults who are involved with street children. Questions to be asked of adults can also be asked in a focus group, an interview, or a survey.

1. Demographic information.

- What is the sex ratio of street children?
- What is the age range and average age?
- Where do they come from? Where do their parents come from?
- What are the literacy and educational levels like?
- Where do street children live, sleep, spend most of the day?
- Where are their parents? Who and where were they raised? Do they come from institutions?
- What is their religious involvement?
- Do they work?

Note: The term, ‘street children’ is used throughout the sample Menu Questions for Service Providers. Remember the definition of street children used by the WHO Street Children Project on substance use is broadly defined (see the introduction). You will need to adapt the term to fit your local needs. For example, instead of street children, you may want to say “homeless children” or “children living in slums”. An organization in Canada, found that the terms “street kids” and “street youth” were preferred.

2. Stress.

a) Major life events.

- What kind of tragedies have street children been exposed to?
- What disasters or major changes has the local community been exposed to?
- How was the community affected? How did the community respond?
- How have these tragedies and disasters affected the children? What help have they received to cope with the trauma of these tragedies and changes?
- What major risks do street children have to contend with on the streets?
- Are street children scared of being harmed? How or by whom?
- Have street children been affected by any major illness?

b) Everyday stresses.

- How do street children spend each day?
- What do they have to do to survive on the streets each day? What are their priorities?
- What are the problems that they have to deal with? How do they cope?
- Where do they sleep?
- How do they find shelter, food and clothing?
- How do they keep clean?
- How do they pay for their basic needs, recreation and substances?
- Are street children involved in survival sex?

c) Enduring life strains.

- What are the social, cultural, health, political, environmental, industrial and economic problems of the local community?
- How do these affect the street children? What are the future prospects like for street children?
- What are the main social factors which contribute to their homelessness?
- How do street children feel? Do they suffer from depression? What is their self-image and self-esteem like? How do they express their feelings?
- Do street children harm themselves or commit suicide?

d) Life transitions.

- How mobile are street children? What are their movements and why do they move?
- How stable are their contacts with their family, peers and health and welfare services?
- What kind of changes do street children experience? How do they adjust to these changes?

e) Developmental changes of adolescence.

- What problems of adolescence do these street children experience?
- Are these problems similar to other adolescents?
- Are street children concerned about their size or appearance?
- Do they understand the normal developmental changes of adolescence?

3. Normalization of substance use.

- What substance problems exist within the community?
- What substances are used in the community?
- What is the attitude of the community towards different substances, substance use and substance users? What substance use is condoned and what substance use is not accepted by the community?
- Do street children use substances?
- How does the community influence substance use?
- How easy is it to obtain both licit and illicit substances in the community?
- Are substances more readily available for street children?
- Do peers and families influence the substance use by street children?
- How important is advertising, sponsorship and 'pushing' in influencing substance use by street children?
- How are street children who take substances treated by the police or other law enforcement officers?
- What strategies (e.g. health education campaigns) are used in the community to prevent substance related problems?

4. Substance use and its effects.

What substances do street children use? What are the preferred substances? What combinations are used?

- Why do street children use substances?
- How are these substances used or what is the route of administration?
- How often do street children use these substances? How many children are dependent on substances?

- Where are these substances obtained from?
- How do they pay for them?
- Where do they use these substances? Who do they use them with?
- Do they sell substances?
- What are the main problems that they experience through their substance use?
- What are the greatest risks to street children through their substance use?
- What are the greatest concerns that the community and your organization have about the use of substances by street children? Do street children cause problems for the community?

5. Attachments.

- What kind of families do street children have or come from?
- Are street children still in contact with their families? Do they miss their families?
- Could they return home to live with their families?
- What are the reasons for street children leaving home?
- How common is physical, emotional and sexual abuse in these families?
- How do their families feel about their children living on the streets?
- What problems do their parents have? Is it common for their parents to have a substance problem?
- Who are their friends? How strong are these friendships?
- Whom do they trust? Who don't they trust?
- Whom do they admire? Who acts as role models for them?
- Who admires them? Who gives them complements and positive messages? What are street children good at?
- How are they valued in the community?
- What has their schooling experience been like? Why have they left school?

6. Skills.

Competencies and coping strategies

What coping skills do street children use to survive on the streets?

- Are there positive learning experiences associated with living on the streets?
- What are the most difficult problems that they have to deal with?
- How do they cope with depression, anxiety, anger and fear?
- Compared with other children, what living and coping skills do they lack?
- How do street children learn new skills?

7. Resources.

- Where do street children get their information from? What information do they trust? Who do they trust as information providers? In what form is the information more likely to be accepted? What information resources are available to them? Have any resources been specifically developed for street children?
- Where do street children go for medical treatment or advice? What medical services are available? How accessible are these services to street children? Is training offered to service providers to improve delivery of services to street children? Has the training been evaluated?

- Are reproductive health services available for street children? Are condoms and other contraceptives easily available to street children? Is testing for HIV and other Sexually Transmissible Diseases (STDs) offered for street children? Is pre- and post-test counselling available? Is treatment for STDs available? Is care and support available for street children who are infected with HIV and those who have AIDS?
- Where do street children go for advice or treatment related to substance use? What substance treatment and advisory services are available to street children? What strategies are used? How accessible are these services for street children?
- Are there any services specifically for adolescents? How are street children treated by these various agencies?
- Do any agencies provide a range of services in one location? What agencies provide an outreach service? How are outreach services provided? Who utilizes the outreach services?
- Where do those children go to find shelter? What kind of accommodation and accommodation services is available? How accessible are these services to street children?
- Where do street children go to find food? What services are available to feed street children? How accessible are these services to street children?
- Where do street children get dressed? What services are available to provide clothes for street children? How accessible are these services to street children? Where and how do they clean their clothes?
- Where do street children go to wash? What services provide facilities for street children to wash? How accessible are these services to street children?
- What do street children do for recreation? Where do they go for recreation? What recreation services are available for street children? How accessible are these services to street children?
- Where do street children go to find formal and non-formal educational opportunities? What educational services are available to street children? How accessible are they for children? What percentage of children are able to read, write, and do basic mathematics?
- Where do street children go to find employment? What vocational training and employment services are available to street children? How accessible are these services to street children?
- Where do street children go for counselling or emotional support? What counselling services are available for street children? How accessible are these services for street children?
- Where do street children go for religious or spiritual guidance? What religious support is available to street children? How accessible is this support to them?
- Where do street children go for legal advice or support? What legal advice and rights are available for street children? How accessible are these services to street children? What human rights abuses do they suffer? Who abuses them?
- Where do street children go for physical protection when they are threatened? What protective services are available to street children? How accessible are these services to street children?
- Are there networks of community agencies which deal with street children? How do these networks operate?
- Has any research been conducted or data collected on the problem of street children in the community?
- Where do agencies dealing with street children go for advice or support?
- What exposure do street children have to the mass media, such as television and radio? What mass media health education programmes are available to street children?
- Where do street children working with street children get their training from?

8. General health issues.

What are the main health problems of these street children? What type of long term disabilities do street children suffer from?

- What is the prevalence of sexually transmissible diseases (including Hepatitis B & C, HIV infection, gonorrhoea, syphilis) and other infections among street children?
- How common are accidents and other trauma among street children?
- How common are psychiatric illnesses among street children?
- Do street children suffer from nutritional disorders?
- Do street children experience dental problems?
- What are the common health problems in the general community? How do these problems differ from the problems experienced by homeless children? What factors contribute to these differences?

9. Risk behaviours.

- What kind of risk behaviours do street children indulge in? Which of these behaviours pose the greatest risk to the children and to the community?
- How common is injectable substance use in this group of children? How common is needle sharing? What knowledge do street children have of safer substance using practices? What are the greatest risks to street children through their substance use?
- How common are unplanned pregnancies among street girls? How are these pregnancies managed?
- What contraception is used by street children? What is their understanding of safer sex, and how widely is it practiced?
- How common is survival sex/prostitution in this group of street children?

Learning Activity



1. Identifying assessment questions.

Review the question on the previous pages and identify information about street children that you need for your work as a street educator. Try to think of a few questions that you would like answered. The six parts of the **Modified Social Stress Model** could serve as a guide to the general issues that may be important in your situation. Write a few questions about each area of the model.

- Street children's level of stress/distress and how the child reacts to stress eg. is the child depressed, anxious, or lonely?

- The prevalence of substance use and its acceptance in the community.

- The effect substances typically have on street children.

- The number, type, and strength of street children's emotional attachments.

- Street children's competencies and coping strategies.

- Resources that are accessible to street children.

Put a **star** next to the information that appears most important to you.

2. Asking questions.

Read the following conversation between a street girl and a street educator.

- Educator: "What made you decide to leave home?"
Girl: "I had to leave home."
Educator: "Was there something special that happened to make you leave home?"
Girl: "My mother said I had to earn money."
Educator: "What did she need the money for?"
Girl: "To take care of the new baby."
Educator: "How did you feel about having a new baby at home?"
Girl: "I didn't like it. The baby cried all the time and my mother was tired."
Educator: "What else changed when the baby was born?"
Girl: "After the baby was born, he slept with me on my mat."
Educator: "Who slept with you?"
Girl: "Jose."
Educator: "Who is Jose?"
Girl: "Mama's friend. He's the papa."
Educator: "You must have been unhappy when Jose started sleeping with you on your mat."
Girl: "He was nice. He bought me a new dress and a necklace."
Educator: "How did your mother like it when Jose slept on your mat?"
Girl: "She was angry. She said I had to go and earn money now."

How well do you think the educator asked questions? Give reasons.

Would you have asked things differently? Specify.

3. Asking open-ended questions.

Try changing these yes/no questions into open-ended questions.

- Do you always stay here?

- Have you been sniffing solvents?

- Do you see your family?

Now try to come up with at least 3 open-ended questions to find out the following information:

1. Why a street child ran away from home.

-
-
-

2. How a street child feels about living on the street.

-
-
-

3. Why a street child stole something from a youth centre.

-
-
-



Lesson 3 - Methods for collecting information

3.1 Collecting information on street children.

A number of methods that have been used by the WHO Street Children Project are described in this lesson. One particular method, **Focus Group Discussion**, has been used extensively. Most of the methods described in this module require considerable skills and knowledge. Either you should get trained in the use of these methods of collecting information or engage people conversant with their use to support you if required. You can get more information on their use from materials for further reading.

3.2 Focus Group Discussions.

A Focus Group Discussion (FGD) is an organized discussion among 6 to 12 individuals on a single topic for a specified duration. It helps in the collection of qualitative (feelings or perceptions of target audience) information. The process of group interaction stimulates active participation and encourages ordinary dialogue (including differences of opinion) among members of the group. The assessment is better if the dialogue resembles a normal, serious discussion. The focus group technique is especially useful for an in-depth exploration of street children's and service providers' views on the given topic.



A focus group discussion is an organized discussion among 6-12 individuals on a single topic.

- **Preparing for Focus Group Discussions.**

Steps that need to be kept in mind during the preparation for a focus group discussion include:

- **Decide what you want to know.** It is not possible to discuss every issue related to street children and substance use or sexual and reproductive health in a single focus group. Decide what information you need to know the most. Make a checklist of the general questions and probes. **General or key questions** allow group members to reveal their general perceptions and attitudes and **specific questions or probes** help to develop deeper discussions of these perceptions and in understanding the decision making process of group members. The list will remind the facilitators during the discussion of all the issues that need to be discussed. Ideally, at least one current or former street child could be a part of the planning group for the FGD.



Decide what you want to do.

- **Identify the participants.** The children themselves can answer many questions but, to get a complete picture, organize a group discussion with service providers, community leaders, ordinary residents, or law enforcers. Participants for these groups can be selected on the basis of the questions that need to be answered.
- **Characteristics of members of the street children focus group.** Determine whether you want street children with similar or different backgrounds in the same group eg. vendors, sex workers, those using substances or at risk of sexual and reproductive health problems. Girls should be separated from boys because they often do not speak much in the presence of boys, especially if there are more boys than girls in the group. It is important to get information about street girls because their lives are different from those of street boys in several important ways. They may have more needs and may face more dangers than street boys.
- **Characteristics of members of service providers focus group.** Invite members of the community who are in close contact with street children (such as community nurses, doctors, social workers, community development officers, volunteers, vendors who employ street children, parents, teachers, law enforcement officers etc.). It is often helpful to invite service providers from a range of different organizations. Mixing participants from different organizations in the same FGD can promote an interesting exchange of ideas and information and increase motivation to attend.

- **Plan the Focus Group Discussion.**

- **Date and Time:** Ensure that the timing of the discussion is convenient to all participants. The time that suits street girls may be different from the time that suits street boys. Choosing an appropriate time may be particularly important for service-provider groups.
- **Confirm attendance:** Keep in contact with the participants in person or in writing.
- **Venue:** Arrange the meeting point. The place should be safe, comfortable and easily accessible. It should offer privacy.
- **Presentation material/aids and seating arrangement:** Prepare visual aids (flip charts, writing materials, or art supplies). Make seating arrangements and place teaching aids in a manner that promotes participation and communication, e.g. sitting in a circle provides better eye contact and improves communication.
- **Plan the focus group discussion:** Identify the facilitator, observer and recorder, and fix the duration (2 hours).

- **Roles of participants in Focus Group Discussions.**

All participants of the FGD, have an important role in ensuring the quality and progress of the discussion. The roles of various participants are given below:

- **Facilitator:** the facilitator should preferably be of the same sex as the FGD members, should speak the same language and be familiar with the topic for discussion. Ideally, he or she should have had the experience of working directly with street children. The members of the group must feel that the facilitator cares about them and their problems. It is best to ask street children and service providers who they think would be a good facilitator for their respective groups. The facilitator should:
 - introduce the themes being discussed and create a conducive environment for discussions.
 - establish confidence and trust among participants and ensure that each group member is participating.
 - control the group, keep discussion focused and help participants present their ideas and feelings to the group.
 - protect members of the group from personal attacks, putdowns and criticism.

With a group of more than six street children or service providers it is better to have two facilitators. A single facilitator might not be able to guide the discussion and pay attention to the emotional needs of the participants at the same time.

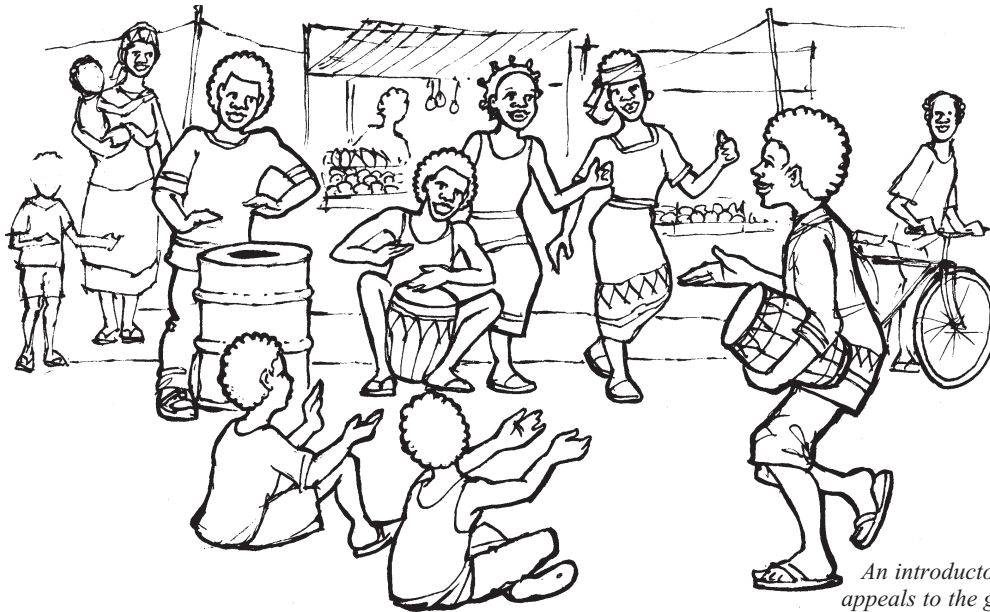
- **Recorder:** this should be someone who can prevent his or her own opinions from influencing the information he or she records. The person must also have writing skills, observation skills, and familiarity with the dialect or slang of the group. The recorder should:
 - note the date and time of the meeting, number of group members, and their name and age.
 - note the proceedings in the words of the group members so that other readers can actually get the 'feel' of the discussion.
 - from time to time help the facilitator by making suggestions on how to make the discussion more meaningful.
 - check the notes immediately after the discussion for completeness and accuracy.

Recording is a critical task because hearing the 'voice of street children' is the very purpose of focus group discussions. Documenting only what is actually stated is a skill that can be developed. One way to practice this skill is to simultaneously record the discussion on paper and on an audio (or video) tape, and then compare the two.

- **Observer:** The person must have observation skills and should observe:
 - the process of the discussion, the flow of dialogue, the emotional atmosphere and problems that hinder communication.
 - nonverbal cues e.g. silence, restlessness and posture.

- **How to conduct a Focus Group Discussion.**

- **Welcome the participants:** welcoming the participants puts them at ease. A warm, pleasant atmosphere will help street children and service providers relax, develop trust in the other participants, and express their ideas. With street children, an introductory activity that appeals to the group, such as a song, a prayer, or a brief game, will help get the group started. You can do this with an adult group if local practices permit it.



An introductory activity that appeals to the group is useful!

- **Start the discussion:** state the general purpose of the FGD and explain the rationale and the procedures. Ask the group for questions, suggestions, and expectations. Go over the basic ground rules such as one person speaking at a time, respectful listening, or keeping what is said confidential (not sharing what is heard in the FGD with others outside the group). Begin the discussion with a general, open-ended question about the topic. Many street children projects have found it best to start with less personal, non-threatening questions.
- **Facilitate the dialogue:** pay attention to the process and the content of the discussion. The process includes issues such as:
 - who speaks and who does not.
 - what topics are avoided.
 - what issues upset the group.
 - whether the pace of the discussion is slow or quick.
 - how the participants interact with one another and with the facilitator.

Encourage the participants to share as much information and as many insights as possible. Try to maintain an atmosphere in which participants take each other seriously. Help to make it safe for participants to share the feeling behind their opinions.

- **Deal with tiredness and discomfort during the discussion:** it is vital to be flexible with the FGD process with street children. Keep sessions short where needed. Do not ask too many questions in each session. One may break the monotony through humour or a game. You could offer snacks as an incentive if this suits your situation. However, incentives can have a negative impact. For example, street children expecting payment or similar incentives associated with any contact with researchers or street educators could result in having one organization having an advantage over the other organizations who do not offer incentives although they still offer quality services. Keep the emotional atmosphere of the discussion at a level that can be tolerated by all the participants. If any of the members become too distressed, ask the group to take a break while you address his/her feelings. Over time, you will develop your own ways to keep the discussion friendly, comfortable and informative.

- **Conclude the FGD:** towards the end of the session, restate the objectives of the FGD and summarize the main points made by the participants and ask them if the discussion has missed any important issues or questions.
 - Express sincere appreciation for the participants' attention, time, and contributions.
 - If the information has not already come up in the course of the discussion, ask the participants to answer a few questions about their background (age, education, and place of birth).
 - Inform the participants of subsequent activities, if any.
 - End the FGD with a feeling of togetherness. Sing a song, shake hands, or do a similar activity that affirms the group and puts a sense of closure to the time spent together.

- **Important considerations during Focus Group Discussions.**
 - **Barriers to effective Focus Group Discussions:** In this WHO Children Project the following barriers were identified.

Attitudinal problems such as uncertainty on the part of service providers as to why they should participate in focus groups and how their input would benefit their work or help the community. Some centres have faced quite a lot of difficulty in recruiting service providers to participate in such discussions.

Problems of logistics, such as finding convenient times and places to meet.

Carefully consider the best way to approach and involve service providers in your area. Developing basic community support for the project and an open discussion on practical issues and concerns (e.g. roles, responsibilities, funding etc.) may remove some of the barriers.

 - **Incentives for participation in FGDs:** in Honduras, participating street children were taken out for a pizza after each meeting. In the Philippines when the children participated in the FGD they were given a bag of rice. Children who returned home often gave the rice to their family, whereas those living on the street traded the rice at restaurants or shops for food. Another strategy is to offer transport to the meeting. Incentives may have negative implications for future activities if they are not maintained. Determine incentives based on available resources.

3.3 Case Studies.

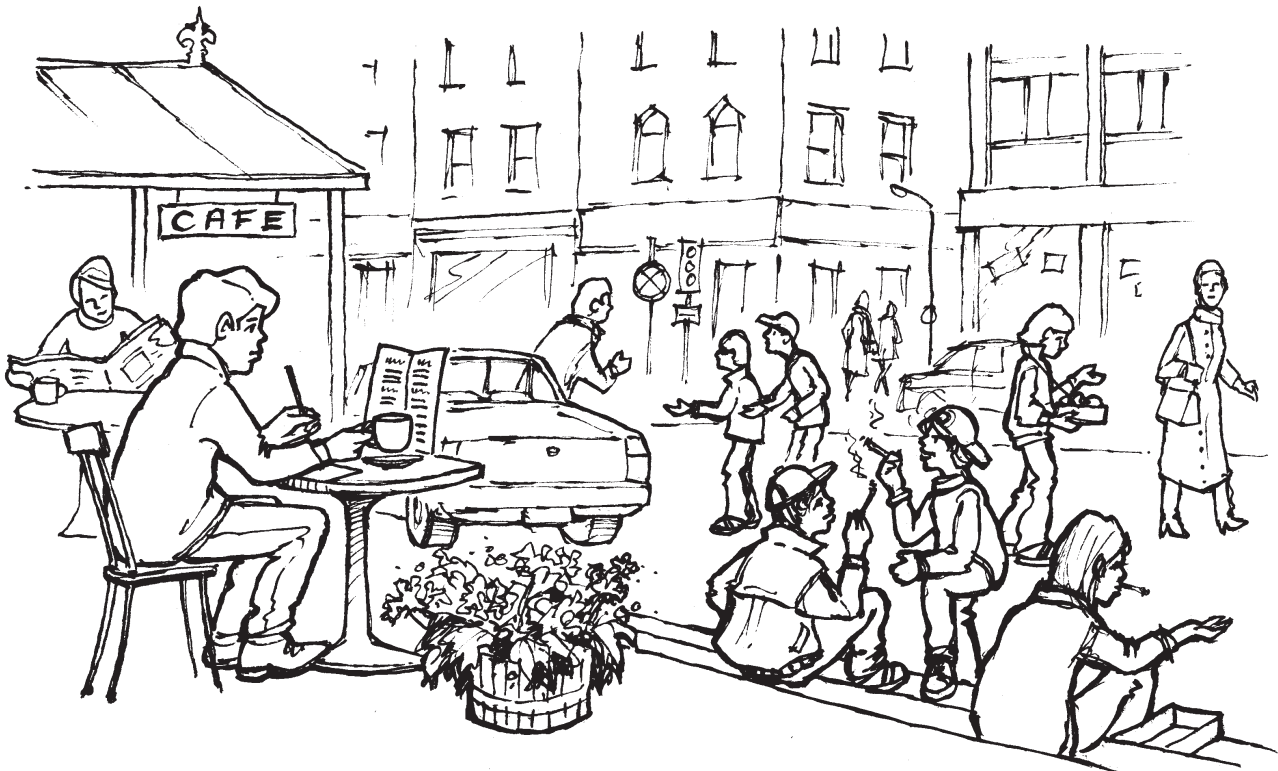
A case study is a detailed description of one person's or one group's experience with an issue, e.g. a description of how one street child began experimenting with substances, became a heavy user, and then stopped using the substance. Case studies help to put pieces of information into their proper perspective and they make a greater emotional impact than do statistical data.

Case studies are particularly useful for describing individuals or subgroups which do not fit the typical pattern of behaviour. If there are very few street girls in your area, do case studies of some of the girls, rather than studying them as a group. Case studies on particularly resilient street children could help in the identification of healthy strategies for survival on the streets.

3.4 Observation.

Using this method, an observer watches a specific group of street children or a specific location while trying not to attract much attention. The person records as many observations as possible in a field diary. The observer might record everything he or she sees in a 'free-flowing style,' or he/she may concentrate on specific behaviours that have been decided in advance.

Observation is a good technique for coming up with new ideas about the lives of street children which could be tested later. It is also a good way to validate (confirm) the data collected by interviews or questionnaires. Safety issues must be considered, if the investigator is observing illegal activities.



Observation is a good technique of coming up with new ideas about the lives of street children.

3.5 Key Informant Interviews.

A key informant study is a series of interviews with several key individuals or experts on a topic. Key informants are individuals with first hand information about street children. These individuals can be resource persons in the government, health facilities or other service organizations in the community. The same questions are asked during all the interviews, but the interviewer is free to ask follow-up questions in order to get as much information as possible from the informant.

The following could be the experts on the subject of substance use and sexual and reproductive health among street children: former street children, ex-substance users, parents of street children, drug dealers, sex workers, employees of street children projects, social workers, health workers, street educators, teachers, researchers, religious leaders and community leaders.

- **How to ensure an effective key informant interview.**
 - Identify key informants.
 - Inform the community or organization about the interviews.
 - Contact individuals to be interviewed well in advance.
 - Arrange for adequate translation if language barriers exist.
 - Provide adequate information to the contact persons e.g. purpose and objectives of the project, length of interview etc. Prepare a relatively formal outline with the questions you may want to ask and be prepared to take careful notes.
 - Observe existing cultural norms.
 - After the field visit analyse and discuss the findings with relevant people, e.g. key informants, street educators, and administrators.

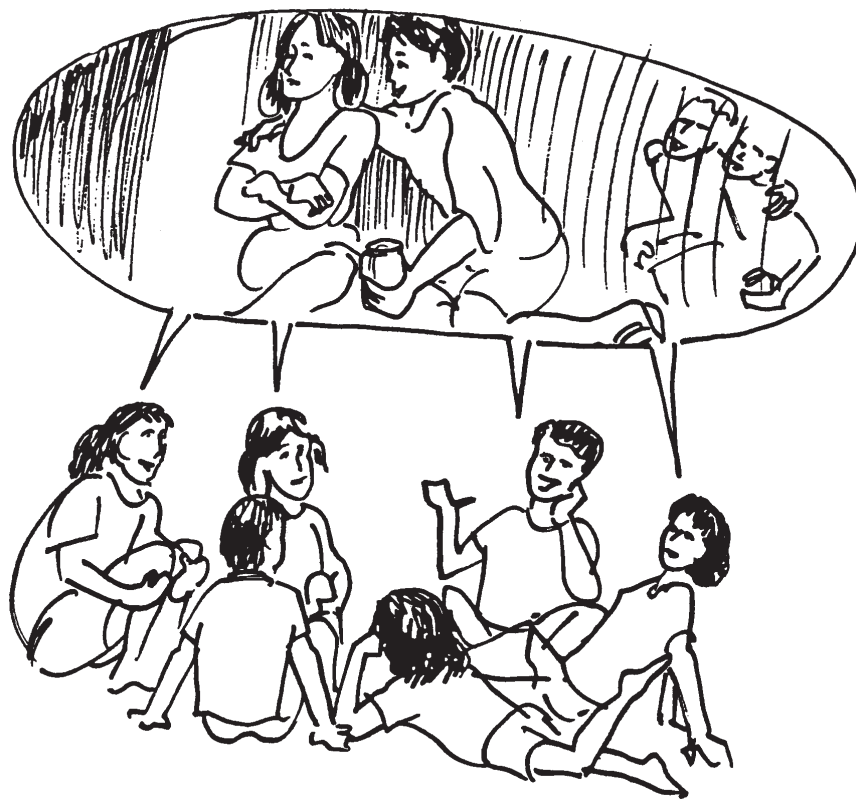
3.6 The narrative research method.

This technique is especially designed to study the **sequence** of events that are involved in a behaviour. It is a good method to study topics where processes, rather than simple single behaviours have to be assessed. For example, learning to use substances, making the transition from home to street, deciding to have sex while under the influence of substances etc. could be studied with the narrative method.

In narrative research, the subjects of the study create realistic stories about something that takes place in their normal environment. Street children can be asked to make up stories about ordinary street children. In a group setting, street children can be asked to role play (details of role play are provided in **Module 7: Teaching street children**) various characters to assist in the development of a detailed story-line regarding the pattern of events that lead to the end point under consideration, for example, a street child's decision to use a substance for the first time.

A questionnaire can be developed on the basis of the story. It can be administered to other street children in the area, and information about the process of starting and continuing the use of substances can be obtained.

More information on case studies, observation and key informant studies can be found in a WHO document -Qualitative Research for Health programmes, document no. MNH/PSF/94.3



Narrative method helps to study a sequence of events in a behaviour.

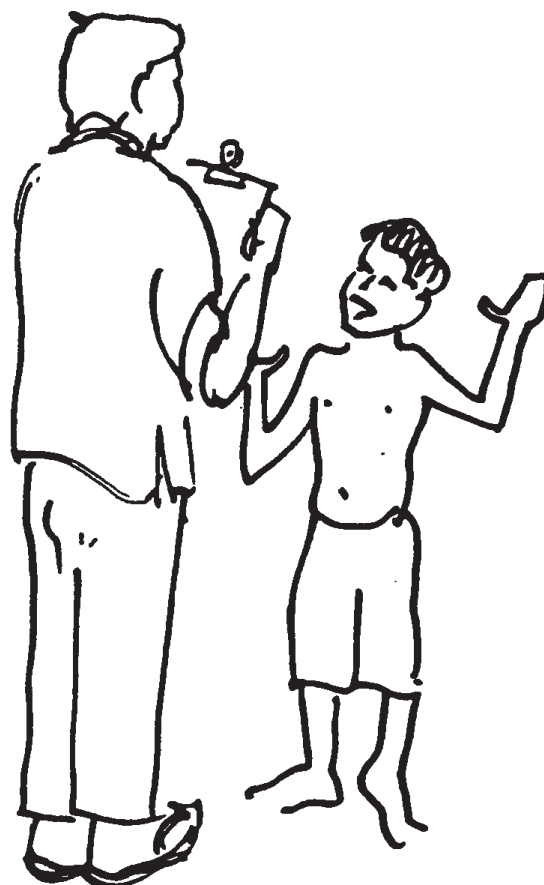
3.7 Surveys.

Surveys can provide more detailed information than the key informant interviews. A survey is a questionnaire or interview given to a relatively large number of street children, service providers, families, or others. The exact questions and the range of responses are set in advance. Surveys are useful when numerical data about a topic is needed, for example, the number of different substances used by street children. Surveys can help in the comparison of results from a given assessment to data about other assessments and settings. Quantitative information that surveys provide may be required for interventions that have to do with the community rather than an individual street child. A donor organisation may also ask for such data when they have to provide funds for activities.

- **How to prepare a tool for survey.**

A questionnaire that has already been written and used in other assessments can be used to collect information. This helps in saving time and in comparison of results from the assessment with data about other groups and settings. If information is required on issues on which pre-existing questionnaires are not available, you can develop your own questionnaire. The steps involved in the development of questionnaires are given below:

- 1) Identify main questions for which quantitative information is needed (e.g. knowledge about risks, awareness about condom use, substance use, and reasons for using substances).
- 2) Develop questions using words that are understood in the local culture, e.g. for condoms, sex, substances and other sensitive topics. It is important that the words used are accurate.
- 3) Test the questions among a group of street children or health care providers.
- 4) Modify the questions based on the test.
- 5) Add an introductory note on the purpose and method of assessment. This helps in allaying apprehension regarding the assessment in the minds of the subjects.



Surveys provide more detailed information than key informant interviews.

3.8 Projective methods

Projective assessment methods allow participants to express their thoughts and feelings in an unstructured, creative, and often nonverbal way. One of the most popular projective methods that researchers use with children is drawing. Instead of asking children to verbally describe their families, the investigator could ask them to draw a picture of the family. The children project thoughts and feelings onto the paper. The person collecting the information should discuss the drawing with the child immediately afterwards to be able to understand the message the child is conveying in the drawing. Use of projective methods require training in psychology, because of the complexities involved in the individual's productions (e.g. drawings), which make the task of interpretation difficult.

Example

Street educators and researchers in Bolivia have experimented with a more contemporary version of projective drawings. They have given cameras to street youths who have then documented their own activities by taking photographs.

It is important to remember that many street children may not want their activities recorded on film, regardless of whether the activities are legal or illegal. Gang members, corrupt police officials or drug traffickers may try to harm street youths who draw them or take their picture. So, these need to be used judiciously.

Learning Activity



1. Methods for collecting information:

- Make a list of important areas for which you need to collect information. Against each area, list the most appropriate method for collecting the information.

Areas	Method

2. Questions for focus group discussion. (Refer back to the menu of questions.)

- Develop at least 4 questions that you could ask street children in relation to substance use and sexual and reproductive health during focus group discussions.

- Develop at least 4 questions that you could ask service providers in relation to substance use during focus group discussions.

3. Surveys.

- Develop 7 questions you could ask street children during a survey on their background.



Lesson 4 - Analyzing information and preparing an Action Plan

Information that has been collected has to be interpreted (analyzed) before it can be used effectively for developing or modifying the programme. Since the focus group discussion method was extensively used in this project, the example on analysis of information will be on this method only. Consult local experts on how other information on various methods could be analyzed.

4.1 Analyzing information from a Focus Group Discussion.

- **Collate the responses.**

Make a list of statements or responses to a given issue or question. Record the number of times a particular response was given. Avoid making quantitative-numerical conclusions about the topic on the basis of the FGD.

Even at the time of collation of responses, it is important that the exact words of the participants be documented. This gives other readers an opportunity to make their own conclusions about what a child really meant to communicate by a certain statement. If the same questions were put before more than one group of participants, the data for each discussion should be analyzed separately to bring out the similarities and differences in views expressed by different groups.



Analyze information before developing or modifying a programme.

- **Study FGD responses to develop conclusions.**

Tentative conclusions regarding the needs of street children, services provided and the services which need to be developed or improved should be reached after studying the responses made in FGDs. These should be reviewed with a small team composed of street educators, members of the Community Advisory Committee, street children, and programme managers. The conclusions drawn will help in making decisions about the need to start, adapt/develop or discontinue interventions.

- **Give feedback to the participants.**

Providing feedback about the discussion can itself be an effective intervention. It demonstrates that you believe that the ideas and opinions of the participants are important. Feedback also encourages the street children to think further about their lives, needs, and involvement with substances and other risk behaviours.

Tell them about the data and offer your conclusions by calling the group together again, sending a written description to those who can read or by speaking to members individually. The accuracy of the data should be confirmed and the participants should be asked for their interpretation and for additional ideas to deepen the analysis of the results. A brief report of these discussions should be written.

Example

Honduras:

The initial results of the focus group discussions are given to all the staff and volunteers of an established street children project in Honduras. It has been found that after this briefing, the project team discussed the information and considered various issues needing immediate attention or further assessment. As the project has been in operation for some time, FGDs were used to collect information about the on-going needs of street children, identify any changes in their substance use patterns, and monitor their responses to the project activities.

4.2 The Action Plan.

The team should find ways to implement various activities on the basis of the analysis. Ask the following questions to develop an action plan:

- What problems should be given higher priority?
- Which problems can be corrected easily?
- Which activities should be started or improved?
- Are adequate resources available?

For the action plan to be relevant, it must be specific to the identified needs or problems, and it should incorporate short-term and long-term goals and objectives. The plans should be updated regularly to take into account the changing nature of street life, the current availability of resources and services, developmental issues, and the fluctuating motivation of street children.

Learning Activity



1. Developing an Action Plan:

An action plan form has been provided to guide you. This format could be used in your programme or it might have to be adapted further to suit your context.

ACTION PLAN

Target Group	Causes of risky behaviour (Findings)	Objective(s)	Type of intervention	Specific activities and Strategy	Resources	Place/site of intervention	Time frame
(Example) Street Children	Street children do not know the consequences of unprotected sexual activities	Provide information on risks of unprotected sexual activities	Information, education and communication	Identification of messages Message development Selection of media of communication Resource mobilization Information dissemination	Posters Video if available Street children Professional personnel Interested community members	Shelter for street children Any other convenient place	January 2001 onwards
Street girl	She needs condoms to prevent sexually transmitted diseases and pregnancy	?	?	?	?	?	?

Complete the missing information on the street girl.

2. As a group, share experiences on the barriers and limitations you have faced in trying to address the needs of street children in relation to sexual and reproductive health issues.

Bibliography and further reading

UNICEF (1988). *Methodological Guide on Situation Analysis of Children in Especially Difficult Circumstances*. Lima, United Nations Children Education Fund. (Methodological Series, no. 6).

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WHO (1993). *The Narrative Research Method: A Guide to It's Use*. Geneva, World Health Organization(ADH/WHO/93.4).

WHO (1994). *Qualitative Research for Health programmes*. Geneva, World Health Organization (MNH/PSF/94.3).

Key Messages

- **Collection of information about street children is essential for a better and in-depth understanding of their situation, needs and problems. It helps in developing strategies, monitoring actions and in assessing the effectiveness of interventions.**
- **The MSSM provides a good organizing principle for arranging questions that can be asked of street children and service providers.**
- **Open-ended questions can help in greater exploration of the need and problems of street children.**
- **A variety of methods can be used to collect information about street children. While choosing a method due consideration should be paid to the skills of the people who will collect the information and to the resources available.**
- **The community, street children and other service providers can play a major role in the process of collection of information.**
- **Information collected must be analysed to develop action plans and appropriate interventions.**



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