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**THE PERCEPTIONS OF GOVERNMENT SOCIAL PROTECTION PROGRAMMES IN
MITIGATING THE CHALLENGES FACED BY STREET CHILDREN IN HARARE
METROPOLITAN PROVINCE IN ZIMBABWE**

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[201105360]

**A THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE
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UNIVERSITY OF FORT HARE

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JUNE 2020

DECLARATION

I, CONSTANCE GUNHIDZIRAI (Student Number: 201105360) declare that this research project entitled: **The perceptions of Government Social Protection Programmes in mitigating the challenges faced by street children in Harare Metropolitan Province in Zimbabwe** is my work. This thesis has not been submitted in any other institution of higher learning. The material used was referenced and cited appropriately.



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DEDICATIONS

I dedicate this work to all the street children in Harare Metropolitan Province in Zimbabwe for their participation that contributed to the success of this research.



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I would like to express my sincere gratitude to my supervisor Prof P.T. Tanga for his unwavering support, unreserved assistance and guidance throughout my academic journey. I am also grateful for his insightful advice and exceptional supervisory skills.

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LIST OF ABBREVIATIONS AND ACRONYMS

ADB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
AIR	American Institutes for Research
ASSAF	Academy of Science in South Africa
BAZ	Bankers Association of Zimbabwe
BEAM	Basic Education Assistance Module
DSW	Department of Social Welfare
ESAPs	Economic Structural Adjustment Programmes
EST	Ecological Systems Theory
FAO	Food Agricultural Organization
FTO	Free Treatment Order
GSPPs	Government Social Protection Programmes
HIV	Human Immune Virus
HRBA	Human Rights-Based Approach
HSCT	Harmonized Social Cash Transfers
ILC	International Labour Centre
ILO	International Labour Organisation

MDGs	Millennium Development Goals
NAPOVC	National Action Plan for Orphans and Vulnerable Children
NGOs	Non-Government Organizations
OHCHR	Office of the United Nations High Commissioner for Human Rights
PASGR	Partnership for African Social and Governance Research
SPPS	Statistical Package for Social Sciences
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNAIDs	United Nations Programmes on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
ZANU PF	Zimbabwe African National Union-Patriotic Front
ZEPURA	Zimbabwe Economic Policy Analysis and Research Unit
ZIMASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation

ABSTRACT

This study was aimed at examining the perceptions of Government Social Protection Programmes in mitigating the challenges faced by street children in Harare Metropolitan Province in Zimbabwe. The study was based on the pragmatism paradigm that triangulated both quantitative and qualitative research methods of collecting data. A questionnaire survey was administered to 202 street children while 32 heads of households were involved in focus group discussions and four Social Workers took part in semi-structured interviews. Drawing from the Human Rights-Based Approach (HRBA), Psychoanalysis Theory and Bronfenbrenner's Ecological Systems Theory (EST) that guided the study, the findings revealed that street children experienced economic, social, physical and psychological challenges that hindered their attainment of full growth and development.



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Findings further revealed that street children adopted various coping strategies to mitigate the challenges they encountered in the streets to ensure sustainability. Furthermore, not all Government Social Protection Programmes were effective in addressing the plights of street children. This was due to inadequate funds, corruption and discriminatory criteria for selection of beneficiaries. These impediments hindered the provision of comprehensive social welfare services to street children, which led street children to adopt various coping strategies to mitigate the challenges they encountered in their efforts to ensure sustainability. The study concludes that Government Social Protection Programmes (GSPPs) such as Basic Education Assistance Module, Child Adoption, Institutional Care, National Action Plan for Orphans and Vulnerable Children, Free

Treatment Order and Harmonized Cash Transfer are not entirely addressing the challenges facing street children in Harare Metropolitan Province. This is because of the criteria used to select street children, which systematically excludes them from benefitting, resulting in extended impoverishment and vulnerability. The study further recommends that the government of Zimbabwe provide productive safety nets and sponsor self-help projects to empower vulnerable households, and source out additional resources such as human resource and finance for Social Protection Programmes from Non-Government Organisations, private companies.

Keywords: Street Children; Government Social Protection Programmes; Challenges; Poverty Alleviation; Coping Strategies; Zimbabwe



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CHAPTER ONE

GENERAL OVERVIEW OF THE STUDY

1.1 Introduction

The well-being of children is of concern to governments of both developed and developing countries. The increase of street children has been at the helm of issues discussed by governments and international organizations. Street children are encountering various challenges such as physical, emotional, social, economic and physiological, which is affecting their attainment of full growth and development. This has led governments to adopt various mechanisms such as government social protection programmes to adequately take care of the needs and welfare of children. This shows that governments are the principal duty bearers responsible for upholding the best interest of children in all circumstances.

In Zimbabwe, the government has adopted the following programmes: harmonized social cash transfer programme (HSCT), child adoption, Basic Education Assistance Module (BEAM), free treatment order, National Action Plan for Orphans and Vulnerable Children (OVC) and institutional care to ensure that children are protected from poverty and vulnerability. Therefore, this research focussed on examining the perceptions of government social protection programmes in mitigating the challenges being faced by street children, specifically in the Harare Metropolitan Province where numbers of street children have been increasing drastically.

This chapter provides a general overview of the study. It elaborates on the evolution of government social protection programmes and street children in Zimbabwe. Therefore, this chapter is divided into the following sections: background of the study, research problem, research questions, research aim and objectives and the significance of the study. This structure ensures that the chapter clearly outlines all issues about this research.

1.2 Background of the study

This study sought to examine the perceptions of government social protection programmes in addressing the challenges faced by street children's in Harare Metropolitan Province in Zimbabwe. According to Devereux (2010), the social protection system is made up of several components, namely social assistance, social insurance and security, development strategies that protect and facilitate livelihoods and transformative steps for promoting social inclusion and social justice. In Zimbabwe, the social protection system was introduced during the colonial era under the Rhodesian government to offer social insurance, social security and social assistance measure to poor and vulnerable people. According to Kaseke (2011), the social protection programmes were fragmented and only offered service and insurance to the non-African population since the colonial government believed that the needs of Africans were met in their peasant economy. This led to the impoverishment of black disabled people, older people, orphans and vulnerable children.

Kaseke (1998) asserts that during the colonial era, the provision of social, emotional and economic needs was a burden to the family. The families provided a unique welfare system in the provision of basic necessities to their aged, disabled, vulnerable children

and orphans. The rapid process of industrialization and urbanisation strained family relationships as people migrated, which greatly affected the poor and vulnerable. However, when the country obtained independence in 1980, the democratically elected government revised and adapted a comprehensive social protection system that was inclusive of people of all races, colour and cultures in Zimbabwe who needed care and protection (Mutasa, 2015).

After the 1980s, there were very few street children in Zimbabwe because municipalities formed harsh laws for children seen roaming around the streets and the Department of Child Welfare would place these children in institutional care facilities (Kudenga & Hlatywayo, 2015). However, after year 2000, street children increased in numbers in all cities and towns around Zimbabwe. The factors that drove children into the streets included the death of parent/parents, economic hardships, parents' divorce, deviance and the effects of structural adjustment programmes just to mention a few (Mhizha, 2010). The spread of HIV also saw an increase of children losing their parents to AIDS (UNAIDS, 2010).

Street child refers to a girl or a boy under the age of 18 years who stays, sleeps and makes a livelihood on the streets without the guidance of an adult person (UNICEF, 2003). The definition of street children is complex and UNICEF (2010) places street children into four categories, which are:

1. The children at risk: those who live with their families but supplement their income by working on the streets.

2. Children on the street: those who spend a portion of their time on the streets but still have a place of residence with some family support.
3. Children of the street: those who maintain minimal relations with their families and spend most of their time on the streets.
4. Abandoned children: those who live completely on their own on the streets without any adult supervision.

The street children are vulnerable because they lack parental guidance, protection and care. This affects their well-being as they experience poverty due to their inadequate access to basic needs that include education, nutritious food, clothing, shelter and medical care (Tuladhar, 2013). The United Nations Convention on the Rights of the Child, 1990: Article 27(1) concur that “every child should have a standard of living adequate for the child's physical, mental, spiritual, moral and social development” (United Nations, 2012, p. 8).

The increase in street children led the government of Zimbabwe to implement child protection programmes and services under the social protection system, which included harmonised cash transfer programme, institutional care, child adoption, the national action plan for orphans, free treatment order and the basic education assistance module to assist orphans and vulnerable children in meeting their needs (Mtapuri, 2012). This study sets out to examine the perceptions of government social protection programmes in mitigating the challenges facing street children in Harare Metropolitan Province. The researcher chose Harare Metropolitan Province as the case study because it is the capital city, and people from various cities and towns migrate to Harare in search of quality living

standards. Furthermore, the researcher grew up in the dormitory town of Chitungwiza, which is near Harare and, therefore has adequate knowledge about the political and economic systems in Harare.

1.3 Problem statement

The increase of street children is a major social concern in Zimbabwe. According to the statistics by the United Nations Children Fund & Ministry of Public Service, Labour and Social Welfare (2016), an estimated 4701 street children are working and residing in metropolitan cities around Zimbabwe. These children encounter psychological, economic and social challenges in trying to make ends meet in the street life they view as a safe place to reside. The challenges include being constantly raided by municipal authorities, being arrested by the police, harassment from the public, emotional stress and the reality that street life is not that profitable as there is stiff competition, and these affect their ability to obtain basic needs that include food, medical services and clothing (Cummings, 2006).

In responding to these challenges, street children have embarked on various coping strategies, including bribing the law enforcement officials, street vending as mechanism of obtain a source of income, indulgence in dangerous drugs and denial as a short-term mechanism to cope (Hai, 2014; Gwanyemba, Nyamase & Bakari, 2016). This shows that street children are living a difficult life as compared to their counterparts who live in healthy family setups (Cummings, 2006). Nevertheless, in responding to this plight the Zimbabwean government social protection system was implemented to uphold human rights and provide social welfare services that sought to improve the lives of needy citizens. Orphans and vulnerable children are entitled to receive child protection services and programmes.

It behoves this study to examine the perceptions of government social protection programmes in mitigating the challenges faced by street children. This is imperative because street children are in dire need of care and protection for them to attain development and growth fully. This study, therefore examines social protection programmes, such as harmonized social cash transfer programme (HSCT), child adoption, Basic Education Assistance Module (BEAM), free treatment order, the National Action Plan for Orphans and Vulnerable Children (OVC) and institutional care (UNICEF, 2010) to provide alternative strategies on how the lives of the street children can be improved.

1.4 Research questions of the study

The study was guided by the following research questions:

- What are the challenges faced by street children in Zimbabwe's Harare Metropolitan Province?
- What coping strategies are street children in Harare Metropolitan Province embarking on to solve their challenges?
- What is the nature and extent of government social protection programmes available for street children in Zimbabwe?
- What are the perceptions of government social protection programmes to mitigate challenges faced by street children in Zimbabwe?

1.5 Research aim

The aim of the study was to examine the perceptions of government social protection programmes in mitigating challenges faced by street children in Harare Metropolitan Province and to propose a model that can enhance this mitigation.

1.6 Objectives of the study

- To identify challenges faced by street children in Harare Metropolitan Province.
- To elaborate on the coping strategies street children in Harare Metropolitan Province embark on to solve their challenges.
- To identify the nature and extent of government social protection programmes available for street children in Zimbabwe.
- To determine perceptions of government social protection programmes in mitigating the challenges of street children in Zimbabwe.



1.7 Significance of the study

Several studies have been done on the topic of street children in Zimbabwe since the 1990s. However, some of them concentrated on explaining the push factors that drive children into the streets, while others explained their survival strategies in the streets. This study is unique in the sense that it examines the perceptions of government social protection programmes in mitigating the challenges facing street children. This study was significant to the street children because it gave them a platform to elaborate on their challenges on the streets. This allowed street children to air their plights so that the government and other relevant stakeholders will have a clear picture of how best they can intervene. Furthermore, this study benefits the government and other relevant

stakeholders in policy formulation and implementation. It allows them to assess the challenges facing street children separately so that their needs are addressed adequately. This study benefits the Department of Social Welfare (DSW) that is solely responsible for the welfare of the citizens. Furthermore, this study provides the DSW with authentic information from the field concerning the perceptions of government of social protection programmes in mitigating the challenges faced by street children. This information is imperative in developing and implementing programmes that directly meet the current challenges being faced by street children.

1.8 Outline of the study

This section explains the outline of the chapters of this study and their specific areas of focus.

Chapter One: Overview of the study

This chapter introduces the study and elaborates on the background of street children in Zimbabwe. It also provides the background to the study, problem statement, research questions, research aims and objectives, significance, the proposed model for government Social Protection Programmes for Street Children and structure of the dissertation.

Chapter Two: Legal and theoretical frameworks

This chapter discusses the legal framework that ensures the wellbeing of children in Zimbabwe, inclusive of the Constitution of Zimbabwe, Children's Act, the Guardianship of Minors Act, the Maintenance Act, the Child Abduction Act and the Social Welfare Assistance Act. The impact of the implementation of legal frameworks on street children

is thoroughly examined. The chapter also elaborates on the theoretical framework underpinning this study, composed of Bronfenbrenner's ecological systems theory and the Human rights-based approach.

Chapter Three: Conceptualisation of Social Protection Systems and Street Children

This chapter conceptualises social protection systems in Zimbabwe. Specifically, it discusses the characteristics, dimensions and types of social protection systems available to ensure the wellbeing of street children in the country. Furthermore, it explains the challenges facing street children and the coping strategies they embark on to mitigate these.

Chapter Four: Literature Review on Government Social Protection Programmes (GSPPs)

This chapter explores Government Social Protection Programmes available for children in Zimbabwe. These include Child Adoption, Free Treatment Order (FTO), Basic Education Assistance Module (BEAM), Institutional Care, National Action Plan for Orphans and Vulnerable Children (OVC) and Harmonised Social Cash Transfers Programme (HSCT). Furthermore, the chapter traces the historical development of social protection in Zimbabwe and the role played by the Department of Social Welfare in the provision of GSPPs.

Chapter Five: Research Methodology

The chapter elaborates on the research methodology used in this study. This includes the study area, data collection techniques, analysis, research approach and design,

population, sample and sampling framework. Also covered are reliability and validity of the study, data analysis, limitations of the study and data trustworthiness. Ethical principles observed in the study are also discussed in this chapter.

Chapter Six: Findings on challenges and survival of street children

This chapter focuses mainly on the presentation and discussion of qualitative and quantitative findings obtained from participants: street children, heads of households and Social Welfare Officers from Harare Metropolitan Province. The findings are supported by literature.

Chapter Seven: Findings on government social protection programmes for mitigating challenges faced by street children

Chapter seven focuses mainly on the presentation and discussion of qualitative and quantitative findings of the study. The findings are supported by literature.

Chapter Eight: Summary of findings, conclusion and recommendations

This chapter presents a summary of findings and draws conclusions and offers recommendations of the study.

CHAPTER TWO

LEGISLATIVE AND THEORETICAL FRAMEWORKS

2.1 Introduction

The preceding chapter gave a thorough explanation of the overview of this study. It provided an introduction and background of social protection programmes in relation to street children in Zimbabwe, problem statement, research questions, aim and objectives of the study and significance of the study. This chapter elaborates on the legal and theoretical frameworks that underpin social protection programmes in Zimbabwe. The Ecological Systems Theory by Bronfenbrenner (1994), Human Rights Based Approach by UNHRC (2006) and Psychoanalysis Theory by (Freud, 1936) guided this study. The Ecological Systems Theory and Psychoanalysis Theory explains the challenges facing street children and factors that drive them into the streets. The Human Rights-Based Approach (HRBA) elaborates the role of government as the principal duty bearer responsible for the provision of welfare services to the citizens.

2.2 International Human Rights Framework

The Human Rights-Based Approach is underpinned by several international declarations and agreements that support the provision of rights to people. For this study, the Universal Declaration on Human Rights is elaborated below.

2.2.1 Universal Declaration on Human Rights (UDHR)

The Declaration of Human Rights was adopted at the General Assembly of the United Nations in 1948 in Paris France (United Nations, 2015). This declaration intended to address issues of inequality, discrimination and segregation as well as to promote the

rule of law and equality, which had been violated during the first and second world war. According to UNICEF Office of Research (2014, p.1), “although this declaration is not part of binding international law, its acceptance by all countries around the world gives great moral weight to the fundamental principle that all human beings, rich and poor, strong and weak, male and female, of all races and religions, are to be treated equally and with respect”. This shows that human rights are inherent to everyone. This led the General Assembly to implement thirty articles that express the rights and freedoms that seek to enhance human development (United Nations, 2015).

The UDHR is supported by six human rights treaties, namely “the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Rights of the Child; the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment; the International Convention on the Elimination of All Forms of Racial Discrimination; and the Convention on the Elimination of All Forms of Discrimination against Women” (UNICEF Office of Research, 2014, p.1). All member states worldwide have ratified one or all these treaties, which holds them accountable for protecting and promoting human rights in their respective countries (UNICEF, 2015; UNDP, 2005).

The UDHR has been adopted in Zimbabwe, as the country is a member of the United Nations. All six treaties that support the UDHR have been incorporated in the Constitution of Zimbabwe Amendment No.2 Act of 2013. Furthermore, this has led to the inclusion of children’s protection and wellbeing in the Constitution as a way of upholding the Convention on the Rights of the Children Treaty (year). This shows that the government seeks to treat everyone in society equally, with respect and dignity. However, the UDHR

has not been practically successful in improving the rights of street children in Zimbabwe. The implementation of the UDHR in Zimbabwe is problematic, as the rights of children are not upheld due to poor accountability in the implementation of GSPPs.

2.3 Legal frameworks on children in Zimbabwe

The government of Zimbabwe introduced the following legislative frameworks to safeguard children: The Constitution of Zimbabwe, Children's Protection and Adoption Act, the Guardianship of Minors Act and the Social Welfare Act. The Department of Social Welfare, which falls under the Ministry of Public Service, Labour and Social Welfare, is responsible for the implementation of these Acts (Murungu, 2001). These acts are discussed in-depth below.

2.3.1 Constitution of Zimbabwe Amendment (No: 20) Act of 2013

In 1980, Zimbabwe became independent and fell under the leadership of the ZANU PF political party (Kaseke, 1998). The government has been amending the Constitution of the country to be all-inclusive and comprehensive in meeting all the current dynamics affecting the political, social and economic well-being of the citizens. Chapter 2 section 19 and 20 of the Constitution provides for the rights of children and the role of government in providing social welfare services (Republic of Zimbabwe, 2013). Section 19 also provides for the best interests of children. It further stipulates that children have a right to a parental or family care, health services, to be protected from maltreatment, access to basic nutrition, access to education and to be protected from exploitation and abuse (Republic of Zimbabwe, 2013). This seems to show that, at least within the constitution, the government is committed to the growth and development of children in Zimbabwe.

In Chapter 2 of the Constitution, Section 30 states that “the state should provide social security and social care to all in need” (Republic of Zimbabwe, 2013, p. 23). This notion motivates the implementation of the social protection system in Zimbabwe, which seeks to fulfil the needs of vulnerable and marginalized people. Both sections 19 and 30 support that street children are entitled to access necessities and social welfare services to enhance their growth and development. The Republic of Zimbabwe passed the Children’s Protection and Adoption Act (2013) and the Social Welfare Assistance Act (Act 10 of 1988).

As the supreme law of the country, the Constitution of Zimbabwe guides all government Ministries in their interactions with members of society. From a provision of the Constitution, the Department of Social Welfare (DSW) was established under the Ministry of Public Service, Labour and Social Welfare (Republic of Zimbabwe, 2013). Within the DSW, a Child Welfare Section was initiated to specifically deal with issues about children. Despite this notable achievement, the DSW struggled to adequately address the entire needs of street children due to inadequate funding, corruption and discriminatory criteria for selection of beneficiaries. Such weaknesses have triggered a mass exodus of children from homes into the streets.

2.3.2 Children’s Protection and Adoption Act (Chapter: 5:06 of 1996)

The Ministry of Public Service, Labour and Social Welfare is responsible for the provision of care and protection of children (UNICEF & Ministry of Public Service, Labour and Social Welfare, 2016). The Children’s Protection and Adoption Act (Chapter: 5:06 of 1996) provides for the categories of children in need of care and protection, which include orphans and all vulnerable children such as street children, destitute, abandoned children,

abused children, disabled children (Masuku, Banda & Rangarirai, 2012). This Act further states that a child who resides and works on the street is in poverty because they lack access basic needs such as food and clothing. (Dhlembeu & Mayanga, 2006). The word child protection applies to child protection, including commercial sexual exploitation, trafficking, child labour, and conventional harmful practices such as female genital mutilation / cutting or child marriage, in prevention and response to crime, exploitation and child abuse (UNICEF, 2006). When a child has been abandoned or orphaned and has no overt assistance, a child is deemed in need of treatment. Sections 10 and 14 of the Children's Act seek to address issues about street children. Section 10 points out that it is a criminal offence for any person, parent/s and guardian to permit a child to be on the streets or to drive a child to live on the streets (UNICEF, 2006).

Wakatama (2007) states that probation and police officers should remove both children of the street and on the streets and rehabilitate them in a safer place. This has led to the establishment of the Children's Court in Zimbabwe. The role of the Children's Court is to deal with matters concerning children. Probation officers and social workers play a vital role in assessing the needs of children and placing them in safe places such as institutional care, Non-Governmental Organisations (NGOs), care centres, family reunification, foster care and adoption (Masuku et al., 2012). As a way of addressing the plight of the children, the DSW implemented the Children's Protection and Adoption Act of 1996 to ensure the wellbeing of vulnerable and deprived children. The Act had its limitations, as the number of children living on the streets increased as it was difficult for the DSW to address all their needs because of limited resources (human and financial). Chinyai (2017) concurs that, the shortage of resources adversely affected the DSW in

providing social protection programmes and services as the department depend more on donor funding. This impediment also affects, Social Welfare Officers as they fail to provide basic necessities such as food and clothing to street children when they visit their offices in Harare Metropolitan Province. Being faced by such plights, street children rely on well-wishers to meet their needs on the street. This shows that, practically the Children's Protection and Adoption Act is not effective in addressing needs of street children.

2.3.3 Social Welfare Assistance Act, 1988 (Act 10 of 1988) (Chapter 17:06)

The government of Zimbabwe adopted the Social Welfare Assistance Act in 1988 to alleviate extreme poverty (Kaseke, 2012). The Social Assistance Act led to the formulation of various assistance programmes. This Act was further amended and changed to The Social Welfare Assistance (Act 22 of 2001) and included Public assistance programmes, child adoption, Basic Education Assistance Module (BEAM), free treatment order, the National Action Plan for Orphans and Vulnerable Children (OVC) and Institutional care just to mention a few (UNICEF, 2010). According to Munro (2003), these social welfare programmes rely on government funding and are administered by the DSW, which falls under the Ministry of Public Service, Labour and Social Service. According to the Social Welfare Assistance Act of 1998, the beneficiaries of social assistance programmes are physically and mentally challenged people, deaf, blind, elderly persons above 60 years, people with chronic diseases, people who are vulnerable to poverty, destitutes, orphans and vulnerable children (Masuku et al., 2012).

To qualify for the social assistance programmes, a means test is conducted by a social welfare officer to ascertain if the person is in poverty and he/she needs government intervention to sustain themselves (Kanengoni, 2016). The street children fall under the

category of people entitled to benefit from social welfare programmes. Munro (2003) & Kanengoni (2016) concur that individuals who do not have a family support system should benefit from the government social protection programmes. The DSW in Zimbabwe is providing government social protection programmes (GSPPs) to people in need as a way of alleviating poverty. An analysis of literature on the role of DSW indicates that not all street children benefitted from GSPPs as they are various internal and external factors which inhibits them to access social welfare services (Mtongo, 2011). This shows that GSPPs are not comprehensively addressing the challenges facing street children in Zimbabwe.

2.4 Social protection system in Zimbabwe

Sherpard et al. (2004), as cited in Mtapuri (2012, p.368), regard social protection as “a set of policies that government can pursue to protect the poor, vulnerable and enable them to participate more productively in economic activity to reduce risk and vulnerability”. The social protection system is made up of several components, including social aid, social insurance, developmental mechanisms that simultaneously “protect” and “promote” livelihoods, and transformative measures that promote social inclusion and social justice (Devereux & White, 2010b, p.2). For this study, social protection system refers to all policies and programmes implemented to alleviate poverty in Zimbabwe by rendering social welfare services.

The right to social protection is recognized by several African and international conventions such as the Universal Declaration of Human Rights (Article 25), Convention on the Rights of the Child (Articles 26 and 27) and the International Conventional Covenant on Economic and Social-cultural Rights (Articles 9 and 10) to which Zimbabwe

and other African states are signatories (Nyamanhindi, 2014; Kararach & Otione, 2016). The provision of social security contributes to poverty alleviation and improved living standard of families.

The social protection system evolved during the pre-colonial era to combat inequalities and enhance the standards of living of vulnerable people (Kaseke, 2003). The social welfare programmes that were available during this period are the old-age pension, compulsory education and free health care and cash grants that were granted only to white people (Kaseke, 1998). This led to the impoverishment of the black people who not only lost their means of production (land and mineral resources) to the whites but also could not have access to social welfare services. Furthermore, Kaseke (2011) noted that vulnerable people relied on the family welfare system during this period, which contributed to migration of the able-bodied people to the cities in search for jobs with the growth of industrialization and the money economy. The social protection system in Zimbabwe is grounded in the following policies: The National Social Protection Strategy (NSPS) of 2002 and the Enhanced Social Protection Programme (ESPP) of 2004 (Zimbabwe Economic Policy Analysis and Research Unit & the Bankers Association of Zimbabwe, 2014)

2.4.1 Enhanced Social Protection Programme (ESPP)

In 2004, the Zimbabwean government launched the social protection system called the Enhanced Social Protection Programme to combat the acceleration of poverty and vulnerability in Zimbabwe (UNICEF, 2010, p.9). The ESPP regards Social protection as “a set of public and private, formal and informal, measures that assist people to manage

risks and minimize the incidents and impact of welfare losses that might have led to the unacceptable living standard” (Gandura, 2009 in Kararach & Otione, 2016, p.405).

The ESPP led to the implementation of formal and informal programmes that had a developmental approach to social welfare services (Chikova, 2013). Midgley (1995, p.25) explains that the developmental approach “is a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development”. The government of Zimbabwe adopted this approach to prevent individuals from relying solely on the government on social services, but rather to cultivate economic empowerment so that they can be economically dependent on their endeavours in the informal sector (Chikova, 2013). This led to the enactment of the Indigenization and Economic Empowerment Act (Chapter 14: 33) in 2010 (Zimbabwe Economic Policy Analysis and Research Unit & Bankers Association of Zimbabwe, 2014). The following section examines the Indigenization and Economic Empowerment Act (Chapter 14: 33).

Indigenization is understood as the involvement of the previously disadvantaged and marginalized individuals in economic activities to allow equal access to the nation’s resources. Empowerment is the enhancement of the economic activities carried out by the indigenous people (Government of Zimbabwe, 2014). This Act supported the activities of both formal and informal entrepreneurs in the growth and development of the economy. The Ministry of Youth, Indigenization and Economic Empowerment and the Zimbabwe African National Union-Patriotic Front (ZANU PF) played a pivotal role in implementing the Zimbabwe Agenda for Sustainable Social-Economic Transformation (Zim-ASSET) economic blueprint in 2013. Its vision was to move “towards an empowered society and

a growing economy” for the country to attain full economic growth and development as well as to restore the country’s position as the breadbasket for the Sub-Sahara Region (Government of Zimbabwe, 2014, p.9).

Under the Zim-ASSET blueprint, there are four clusters, namely Food Security and Nutrition; Social Service and Poverty Eradication; Infrastructure and Utilities; and Value Addition and Beneficiation (Government of Zimbabwe, 2014). Cluster two (Social Service and Poverty Eradication) seeks to address many social issues being experienced by people, including the plights of street children. This cluster is responsible for for the provision of the following; access to basic health services, indigenization and economic empowerment, access to water and sanitation, infrastructure, access to land and agricultural inputs, employment creation, gender mainstreaming, information communication technology and resource mobilization (Government of Zimbabwe, 2014).

Zim-ASSET was not successful as it was not inadequately funded, and its formulation was politically motivated to gather support during and after election. In support to the above, “the swiftness with which the policy was made clearly shows that it was made by some people who were locked up in some high offices with scant knowledge about the realities on the ground” (Shonhe, Hamauswa & Mataka, 2016, p. 8). Furthermore, not all stakeholders: citizens, and non- state actors such as non- government organisations and business community were involved in the consultation process (Uzhenyu & Vutete, 2015).

The inputs of these stakeholders are vital component in the modern-day policy making processes in democratic state, this made ZIMASSET Policy to be labelled a flawed policy

by economists, politicians and intellectuals. ZIMASSET therefore lacked legitimacy, the government failed to secure donor funders and this leads to severe financial constraints in attaining all the goals in Cluster two: Social Service and Poverty Eradication. This affected the provision of social welfare services which were intended to address the plights faced by street children and other vulnerable groups of people in Zimbabwe.

2.4.2 Formal Social Protection Programmes in Zimbabwe

The formal social protection programmes available in Zimbabwe include social insurance programmes (such as pension and other benefits, accident prevention and Workers' Compensation Insurance Fund, survivors' pension, medical aid schemes, maternity scheme, funeral grant), Public Assistance Programmes, Public Works Component and Children in Especially Difficult Circumstances programmes. Others are the food-deficit Mitigation Strategy, Child protection services, Essential Drugs and Medical Supplies, Basic Education Assistance Module (BEAM), Assisted Medical Treatment Order (AMTO), War Victims Compensation, Rural Livelihoods Programmes and Educational Block Grants (UNICEF, 2010; Kararach & Otione, 2016, p.404; Chikova, 2013). The child protection programmes under formal social protection programmes seek to enhance the well-being of orphans and vulnerable children. A street child falls under the category of vulnerable children. The street children require care and protection; therefore, they are entitled to government assistance through the provision of social welfare service.

2.5 Theoretical Framework

This study was underpinned by the Ecological Systems Theory (EST) and the Human Rights-Based Approach (HRBA). To explore the challenges faced by street children, in their environment (street), the Ecological Systems Theory was used. These challenges

emanate from the physical, social, and economic and environmental spheres and they affect the children's development. The Human rights-based approach was used to examine the perceptions of government social protection programmes in mitigating the challenges faced by street children.

2.5.1 Ecological systems theory

Psychoanalytical theories, behavioural and social learning, biological, cognitive development, systems and ecological systems theories are the predominant theories which explain multi-faceted elements of childhood within social science research (Krishnan, 2010). The theories focus on internal processes and external influences that affect a child's development. The Ecological Systems Theory by Urie Bronfenbrenner helps to explain the experiences and coping strategies of children living on the streets. Bronfenbrenner developed the ecological systems theory (EST) to explain human development. The EST is rooted in the ecosystem. Siporin (1980, p.510) underlines that "an ecosystem consists of people, their life situations, and the well-functioning or dysfunction behaviour patterns that result from their interaction". This interaction in the ecosystem has the potential to cause social problems if a breakdown in the chain of command occurs.

The EST argues that development and growth occur during the relationship between people and their environment. This means that the environment lays a crucial role in shaping or hindering the development of children (Berk, 2000). In support of the above argument, Siporin (1980, p.509) denotes that "people and their physical-social-cultural environment are understood to interact in processes of mutual reciprocity and complementary exchanges of resources, through which processes the systemic

functional requirements are met, dynamic equilibrium and exchange balance are attained, and dialectical change takes place”. This shows that EST plays a vital role in understanding humans functioning in their environment. Krishnan (2010, p.5) explains that Bronfenbrenner (ecological systems theory) agree that the environment is “explicitly or implicitly considered as a primary mechanism in children’s development”. The EST holds that, changes that take place in the child’s maturing biological, in their families, community environment and the entire society fuels their development (Paquette & Ryan, 2009). Therefore, change in one layer has either negative or positive which effect the entire layers.

Berk (2000) argues that human development is clearly explained by using the ecological systems theory. He further assumes that to understand human development, one must have a deeper knowledge of the ecological environment in which growth occurs (2000). Therefore, the ecological system theory can be used to trace the growth and development of a child through his interaction with the environment. The EST has been renamed Bio-ecological Systems Theory “to emphasize that a child’s biology is a primary environment fuelling her development” (Paquette & Ryan, 2009, p.1). This shows that child development occurs through processes of the complex interaction between a child and the persons, objects, and symbols in the child’s immediate environment (Bronfenbrenner & Morris, 1998, p.996).

Couchenour & Kent (2016, p.155) maintain that “the state as the sole custodian of children has the right to formulate, implement and manage social programmes to change the course of their development”. This implies that the state has a crucial role to play in achieving children's development; hence, social protection programs are essential.

Paquette & Ryan (2009) state that the ecological systems theory is based on the structure of the environment, which consists of the following layers: Micro, Meso, Exo, Macro and Chrono systems. These systems have both positive or negative effect on a child during the stages of physical, social and psychological development.

2.5.1.2 Principles of EST

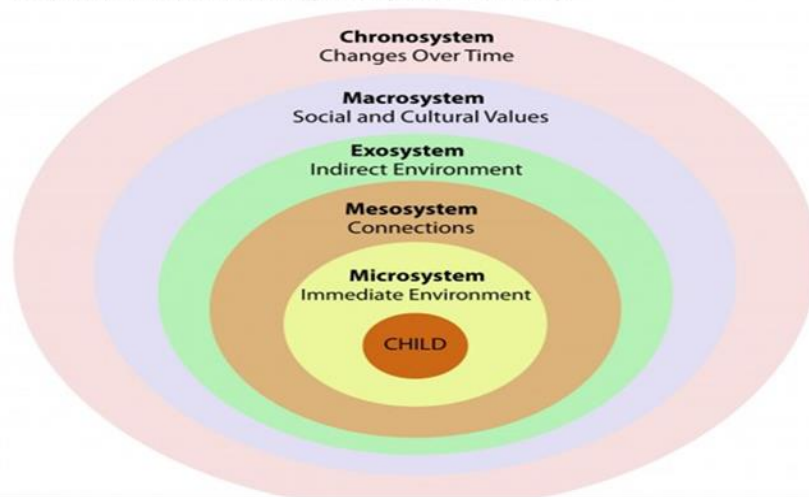
Siporin (1980, p.10-16) explains that the ecological systems theory is grounded in the following principles:

- Exchange balance, the adaptive fitness between subsystems, requires matching external relationships so that attributes of each unit are positively complementary, and the resource exchanges between them are in a state of exchange balance.
- Needs and situation analysis: practitioners should be able to assess the needs and situation that a client is facing (Siporin, 1980). This will assist them in understanding their predicament with a bottom-up approach.
- Dialectical principle of change: this explains that systemic change and transformation of the structure, elements, and processes of a system stem from the inherent dialectical forces expressed in the contradictions and conflicts that occur in the environment. In this study, it refers to changes or transformation in political, social, economic and cultural forces, and how these have affected a child's development.

2.5.1.3 Sub-Systems of Ecological System Theory

The Fig 2.1 below shows the Sub-systems of the ecological environment (Bronfenbrenner, 1979)

Bronfenbrenner's Ecological Systems Theory



The figure 2.1 above shows the sub systems of the EST beginning with the micro-systems function. The **micro-systems** function at a personal level and explain the experiences and relationship a child has with his/her immediate environment (family, peer groups and school) in a face to face setting (Bronfenbrenner, 1994). The relationship between a child and the immediate environment can affect a child positively or negatively. For instance, in circumstances where a child is exposed to abuse, the child may be forced on to the streets where they can escape the traumatic experiences at home.

The **meso-system** comprises the linkage and process between several micro-systems in which a child can swing between various roles due to movement between microsystems (Bronfenbrenner, 1993). The mesosystem is a system of microsystems. For instance, this may include a child's roles within the family, school, peers, and play centres (Bronfenbrenner & Morris, 1998). If the relationships between microsystems are not interwoven, the child's physical, emotional and mental well-being takes a strain.

Exo-system, the environment in which the child is not directly involved in or in which the child has no control over, is considered because it influences the immediate settings in which the developing child lives (Bronfenbrenner, 1994). There are three sub-exo-systems “parent’s workplace, social networks and communities” (Bronfenbrenner, 1986, p.727-728). These subsystems influence the processes and functions of a family, which affect, directly or indirectly, the child’s development (Eckenrode & Gore, 1990). For instance, in situations whereby the parent is frustrated at work and is always away on business work, the bond between children and parents is strained, and this drives children to seek comfort and affection in gangsterism.


Macro-system refers to the consistencies in the form and content of lower order systems (Micro, Meso and Exo) that exist at the level of the sub-culture or the culture as a whole, along with any belief systems or ideology underlying such consistencies (Bronfenbrenner, 1979, p.26). It is known as a blueprint for culture or sub-culture. The issue of HIV/AIDS pandemic falls into this category. AIDS is one of the major causes that force children into the streets after the death of their parents, because society label them as AIDS orphans and do not want to associate with them in fear of contracting the pandemic (Mhizha, 2010).

The **chronosystem** reflects the dynamic transitions, encompassing entries, exits, milestones and turning points over time (Bronfenbrenner, 1993). The transition in life is two-fold: normative (school entry, puberty, entering the labour force, marriage and retirement) and non-normative (death or severe illness in the family, divorce, moving, winning the sweepstakes etc.). These forms of transition occur throughout the lifespan and often serve as a direct impetus for developmental change (Bronfenbrener, 1986,

p.724). When children fail to accept changes in living, such as divorce of parents, they are prone to anti-social behaviours such as arrogance, hostility towards authorities and aggression (Mhizha, 2010). The above mentioned anti-social behaviours are exhibited by children who live and work on the streets. This shows that, environment influence child development.

Lastly the interaction and relationship between a child and the micro, meso, exo, macro and chrono play a vital role in the attainment of their growth and development. Therefore, a breakdown in relationships between the sub-systems trigger an adverse effect on the well-being of a child. This is supported by the challenges (social, physiological and economic) being encountered by street children.

2.5.1.5 The strength of EST



EST explains the individual differences in child development. Identifying these differences allows health practitioners to have a wider understanding when dealing with children who have psychosocial problems (Taylor, 2016). This theory helps to analyse the environment as a whole/ in totality and its influence on human development. This will allow the social scientists to look at all factors that may derail or improve child development. Furthermore, this holistic framework states that Micro, Macro, Exo, Chrono and Meso environments have a significant influence on a child's development (Taylor, 2016).

The EST integrates multiple influences on child development (Siporin, 1980). This allows practitioners to use various eclectic methods to discover factors that have positive and negative influence during the process of a child's growth and development. Furthermore, it will give them adequate information concerning the child and his/her interaction within

the environment. In this study, the EST allowed the researcher to trace the reasons why children resort to living on the street environment. The EST can be applied to a broad spectrum of service situations whereby the client, “a person with a problem”, can be an individual, family, group or a work organization (Siporin 1980, p. 512). In situations where the client is an individual, a social worker is required to assess the relationship that exists between a person and the community, family, work and school. If the client is an organization then the relationship is with the inter-organizational service network, employees and stakeholders (Siporin, 1980; Germain, 1978). This approach allows a social work practitioner to investigate social issues holistically as many factors will be considered in trying to understand problems that arise in communities.

The EST is an “overarching global theory which embraces several limited theories” (Broderick, 1971, p.135). It embraces the application of various perspectives, which allow practitioners to understand a client better in their environment. Therefore, this theory complements of theories, methods and techniques in understanding personalities and behaviours of people.

2.5.1.6 Shortcomings of EST

The EST does not offer comprehensive mechanisms for development. This weakens the theory because by trying to account for every detail of a child’s interaction within the environments, it becomes difficult to select what should be included and excluded (Taylor, 2016). This theory notes that all aspects are considered in terms of systems thinking; this means that all factors needs to be understood as part of a multifaceted system of influence (Taylor, 2016). By so doing, a range factors are considered systematically influential and this makes the EST difficult to implement in practice.

The ecological systems theory focuses more on biological and cognitive aspects of development while excluding the policy aspect. Derksen (2010, p.336) points out that social policy plays a pivotal role in human development. Lastly, the core concepts of an ecological theory, namely homeostasis and system stability, promote the notion that social systems should remain constant rather than evolve. This brings about serious concerns when addressing the issues of power struggles, inequalities, poverty and exclusions. Rotabi (2012, p.125) notes that “stability may be used as an excuse for oppressive systems and maintaining the dominant paradigm”. Following on from this assertion, therefore, the social exclusion theory was applied as it embraces the concept of “change” to alleviate people from poverty, marginalisation and deprivation.

2.5.1.7 Practical implications of EST

The theory of ecology to human development applies to this study because it emphasizes the influence of ecology environment on the development and growth of a child. This theory fits into the study, as the street children are still immature physically, mentally and emotionally. Therefore, their interaction in the street environment hinders their attainment of full growth and development as they experience various physical, social and psychological challenges daily. Furthermore, the street environment poses many social and psychological risks, as they are vulnerable in this hostile environment. The relationship between a child and environment (Macro, Meso, Exo, Micro and Chrono) can also attribute to factors that drove children from their family environment into streets. In addition, the subsystem of the environment has direct and indirect impacts on how a child grows up. Therefore, any negative influences purported by the subsystems greatly affects the growth and development of a child.

Couchenour & Kent Chrisman (2016, p.156) emphasize the role of government intervention programmes in the enhancement of the well-being of a child. This shows that EST recognizes the vital role of social programmes in a child's development. The EST applies to this study as it allowed the researcher to examine the perceptions of social protection programmes (Harmonised cash transfers, Child adoption, Basic Education Assistance Module (BEAM), Free Treatment Order (FTO), National Action Plan for Orphans and Vulnerable Children (OVC) and Institutional care) in meeting the physiological, social and economic needs of street children. The EST clearly explains the issues encountered by children who live and work on the streets.

2.6 Human Rights-Based Approach

The HRBA was developed by the United Nations High Commission of Human Rights and other International Development Organizations. This was after developing nations suggested the implementation of the right to development “as a human right” to deal with social problems hindering human development and addressing issues of social injustices and discrimination (UNICEF, 2015, p.4). Furthermore, this approach looks at issues of deprivation, inequalities, marginalisation and vulnerability that undercut human rights (Schmidt & Traub, 2009). The HRBA understands poverty as a lack of obligation to respond to the rights of individuals, and not in terms of lack of access or human needs and other areas of development (Nyamu-Musembi & Cornwall, 2004). To achieve human development, the HRBA advocates for the provision of civil, social, economic and political rights and freedoms (UNICEF, 2015). This shows that the HRBA is a conceptual framework for the process of human development, which is grounded in protecting and promoting human rights (United Nations for Human Rights Commission, 2006).

2.6.1 Rights enshrined in the HRBA

According to the World Health Organisation (WHO) & United Nations for Human Rights Commission (2009), the human rights-based approach is achieved through the provision of the following rights to the rights holders:

- Right to life, liberty and security: this means that no one should be killed/murdered, and that people should have their dignity and integrity protected.
- Right to water: people should have access to clean water in their environment and it should be affordable and accessible to everyone.
- Right to sanitation: people should have proper sanitation to avoid health problems. This includes protected sources of water, serviced sewage pipes, and garbage collectors in residential and commercial areas to avoid the spreading of diseases.
- Right to food: people should have a balanced diet with all the nutrients needed by the body. This means there must be an adequate food supply chain that is available and affordable to people.
- Right to education: children should not be denied access to schooling; therefore, primary education must be compulsory. Furthermore, they should attend high school and tertiary education and in circumstances where parents and guardians cannot finance them, the government must subsidise and give bursaries (UNICEF, 2007).
- Right to health care: this entails that health facilities (clinics and hospitals) should be accessible and affordable to all. The government should subsidise or offer free treatment to public health facilities so that low or no-income earners can receive

treatment. Furthermore, they should have professional staff and an adequate supply of medicine.

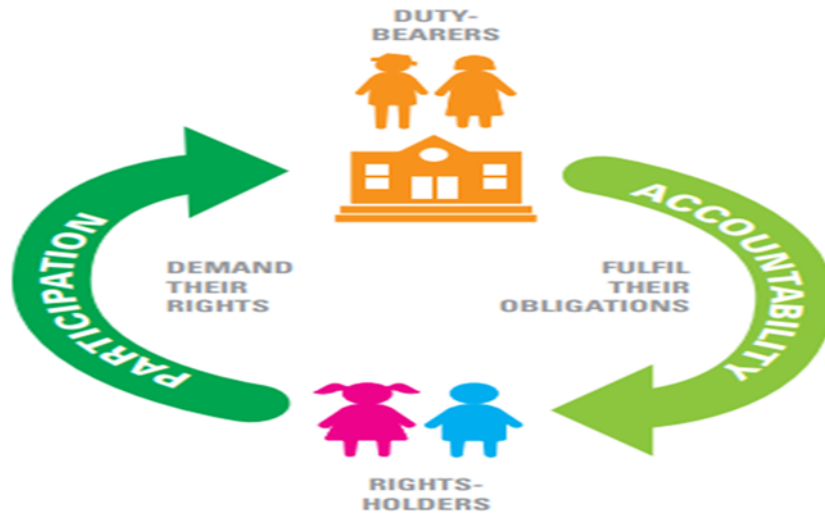
- Right to housing: this means people are entitled to have a roof over their heads. The houses must be habitable and affordable.
- Right to minorities: it this right ensures that all people must be treated equally before the law. They are entitled to practice freedom of religion.
- Right to culture: people have a right to practice their culture and language
- Right to political rights and freedom: this provision states that people should have access to information and should be allowed to participate and air their opinions in matters that concern their well-being.

The challenges encountered by street children in Harare Metropolitan Province in Zimbabwe can hinder their full potential to grow. Therefore, through the provision of the rights mentioned above, in the form of social protection programmes, children will have a better and more improved standard of living.

2.6.2 The relationship between right holders and duty bearers

There are two major parties that play a vital role in the provision and upholding of human rights. These are right holders and duty bearers. The parties both have specific roles and responsibilities, which are elaborated in detail below.

The fig 2.2 below shows the two-fold objectives of HRBA (UNICEF, 2015)



The duty bearers must meet the claims of the rights holders who are (individuals and groups with a legitimate claim). Kirkemann & Martin (2007, p.44) state that “the relationship created between duty bearers and rights holders translates needs into entitlements that can be claimed by right holders and met by the duty bearers”. This means that in a situation where people fail to provide basic necessities for themselves the state is mandated to provide social protection programmes.

Furthermore, if the state fails to provide people with basic needs, it is held accountable for not fulfilling their obligation. According to the United Nations Human Rights Commission (2006), the provision of basic needs has been removed from the arena of charity to the arena of entitlements to be guaranteed. By so doing, this approach upholds equal worth and dignity, and empowers the vulnerable members in society. For this study, the right bearers are the street children for whom the state, as principal duty bearer, provides social protection programmes and services to cater to their needs.

2.6.3 Types of duty bearers

The duty-bearers consist of the principal duty bearers (State) and other non-state entities. These duty bearers are signatory to the United Nations treaties and conventions, and they have vowed to “protect, respect and fulfil human rights” (WHO & UNHR 2009, p.2-3). The duty bearers are required to protect, respect and fulfil the rights of people.

2.6.3.1 Non-state entities

Non-state entity duty bearers include the following:

- Primary duty bearers: parents, teachers, the police, community members and nurses.
- Secondary duty bearers: institutions that closely work hand in hand with the primary duty bearers, such as schools, hospitals and community-based organisations.
- Tertiary duty institutions that have a broader jurisdiction, such as NGOs and private companies.
- External duty bearers: countries, international organizations, and United Nations.

They have no direct involvement but play a pivotal role in enhancing human rights.

2.6.3.2 State as a principal duty bearer

The State must fulfil, safeguard and respect human rights. Respecting means that the state should not hinder citizens from enjoying their rights while protecting implies the state should protect the violation of human rights and fulfilling means the state should promote human rights (UNDP, 2006, p.2). This shows that the state as a principal duty bearer has

an important role to play in the accessibility of rights by the vulnerable, marginalized disadvantaged and excluded people in society.

For this study, the duty bearer who is responsible for the provision of social protection programmes in Zimbabwe is the government. The plight of street children and the challenges they face in their day-to-day working and living on the streets should be solved by the Government. Therefore, the provision of social protection programmes such as Harmonised cash transfers, Child adoption, Basic Education Assistance Module (BEAM), Free Treatment Order (FTO), National Action Plan for Orphans and Vulnerable Children (OVC) and Institutional care is part of government social welfare services and programmes to improve the standard of living of people in need of care and protection. By so doing, the government is fulfilling its obligation through the provision of measures necessary for guaranteeing opportunities (to people in need of care and protection) to access entitlements. However, the complex challenges being faced by street children on streets shows that they are not accessing social welfare services to meet their needs.

2.6.4 Principles of HRBA

WHO & UNHCR (2009) elaborate on the eight principles of HRBA, which have been combined into four pillars that support good governance. These four pillars are as follows:

(i) Universality and indivisibility: This entail that everyone is entitled to human rights. Furthermore, all the rights have equal value, and none is superior/inferior to the other. However, a realistic approach should be put in place to prioritise which rights come first depending on the social phenomenon hindering the right holders. This does not mean the other rights are of less importance than others are.

(ii) Non-discrimination and equality: People are equal and entitled to human rights. All discriminatory tendencies based on age, sex, race, colour, socio-economic status, beliefs or spatial geographical areas should be abolished. Furthermore, it notes that the government, as a principal duty bearer, has a responsibility to create a conducive environment which allows individuals to have access to, and exercise, their rights freely and fully.

(iii) accountability and rule of law: Human rights are embedded in the rule of law, which calls for the rights of citizens and equality before the law. This means all duty bearers are accountable to the right holders and are responsible for coming up with instruments that can measure accountability. Lastly, civil society is the watchdog whose responsibility is to ensure that duty bearers are accountable.

(iv) Participation and Inclusive: This entails that everyone in society has a right to participate in the socio-eco-political environment. No one should be denied this opportunity based on any grounds. The previously disadvantaged, marginalized and excluded individuals should be allowed to exercise this right freely and fully.

2.6.5 Strengths of HRBA

The HRBA strength lies in its holistic framework in addressing issues of poverty and deprivation. This theory, unlike other developmental theories, places all stakeholders at the forefront of alleviating poverty. These include the government, family, the local and international community (UNICEF, 2007a). This is paramount because issues of poverty and deprivation need to be tackled from all angles. This theory translates the needs of people into entitlement; this makes the government the principal duty-bearer whose

responsibility it is to ensure that all citizens, especially the disadvantaged, marginalized and discriminated are given their rights (WHO & UNHRC, 2009). The HRBA is adopted in the social protection systems of many governments.

According to Sepúlveda & Nyst (2012, p.26), “the adoption of a human rights approach to social protection not only responds to international obligations and commitments but also improves the effectiveness of poverty reduction efforts and aligns them with the holistic perspective required to tackle the various dimensions of poverty”. This shows that HRBA intends to alleviate the living standards of people who are in dire poverty. It provides a broader perspective as compared to other approaches on how to deal with poverty and other social ills that inhibit full growth in people. This is elaborated below through comparing it with the charity approach and the needs approach.

Table 2.1: The comparison of HRBA with other approaches

The table 2.1 below shows a comparison of charity, needs and HRBA approaches in addressing social and economic plights faced by people (UNICEF, 2015).

CHARITY APPROACH	NEEDS APPROACH	HRBA
Focuses on inputs, not the outcome	Focuses on inputs and outcome	Focuses on process and Outcomes
Emphasizes Increasing charity	Emphasizes meeting needs	Emphasizes realizing rights
Recognizes the moral responsibility of rich towards poor	Recognizes needs as valid Claims	Recognizes individual and group rights as claims toward legal and moral duty-bearers
Individuals are victims	Individuals are objects of development interventions	Individuals and groups are empowered to claim their rights
Individuals deserve assistance	Individuals deserve assistance	Individuals are entitled to Assistance
Focuses on the manifestation of Problems	Focuses on immediate causes of problems	Focuses on structural causes and their manifestations

HRBA seeks to tackle social issues hindering people from a down-top approach. This is of significance, for it uses a holistic viewpoint that is based on the provision of rights to the right holders to address their plights. The HRBA does not thrust aside other developmental approaches such as the Needs-Based Approach and the Charity Approach but builds upon them by advocating for the right holders to claim their rights and duty bearers to fulfil their obligations (UNICEF, 2015).

2.6.5 Shortcomings of HRBA

The HRBA, like other theories, has weakness. It falls under the discipline of law; therefore, it is written in legal discourse. This language of the law is uttered in rigid legal terminology, which becomes a challenge when interpreting the HRBA to the marginalized, deprived and excluded people (Nyamu-Musembi & Cornwall, 2004). This is because these individuals are either uneducated or have only accessed a low standard of education, which makes it difficult for them to understand the Acts, Sections and Article. This becomes a challenge for the advocacy to express it in such a way that people can understand it and not feel intimidated or undermined.

The HRBA has been criticized because there is a gap between theory and its implementation (Chong, 2011). This is seen under the principle of “indivisibility”, which states that all human rights should be taken as a whole, meaning that all human rights are equal and there is not one more important than another (Nyamu-Musembi & Cornwall, 2004). This becomes a challenge to social justice workers and advocacy as many rights have been violated, especially in developing countries where there are high rates of corruption, violation of human rights, poverty and inequalities. Therefore, to redress the above-mentioned issues, the governments and other stakeholders cannot provide for all human right at once; hence, they must prioritise and state which one should be implemented first, considering the social phenomenon at hand (WHO & UNHCR, 2009).

The other criticism the HRBA falls upon is that "human rights are not universal and that the rights of Western construction are, if not all, the rights specified in its approach based on citizenship" (Hunter, 2012, p. 23). The fact that they are being labelled Eurocentric makes it impossible for developing countries to implement. In addition, other countries

have other pressing issues such as the HIV and AIDS pandemic, hunger, poverty, corruption, political instability and economic downturns. Therefore, the issue of guaranteeing human rights is not a priority of governments of such countries.

2.6.6 Practical implications of HRBA

The HRBA is a development framework that seeks to enhance human growth and development through the provision of social, cultural, economic, and political rights and freedoms in dealing with social phenomena encountered by citizens. This approach is relevant for this research which seeks to explore the challenges encountered daily by children on the streets. Additionally, the HRBA calls for the provision of rights, which will redress the challenges facing street children. This is of significance, as it will allow street children to have a better standard of living and access to entitlements like other children in the family environment.

The HRBA considers the government as the principle duty bearer whose mandate is to provide welfare services to the marginalized, deprived, excluded and vulnerable citizens. Therefore, street children fall into the category of vulnerable groups and are entitled to receive social protection services and programmes. The HRBA enhances their well-being of street children by providing social welfare services.

To address structural injustices, the approach requires the government to establish social protection programmes to help alleviate poverty and vulnerability among street children. Zimbabwe is a signatory to the United Nations, and it was able to implement enhanced social protection programmes in 2010, that sought to improve living standards of vulnerable groups of people. Therefore, this study, through the HRBA, examines the

perceptions of social protection programmes towards in mitigating the challenges experienced by street children.

2.7 Psychoanalysis Theory

The study also draws from the Psycho-analysis Theory that was founded by Sigmund Freud between 1856-1939 (Freud,1949). Sigmund Freud was a neurologist who studied hysteria, disorders of unknown aetiology and obscure and came up with a psychoanalysis treatment for individual experiencing mental life challenges. Garland (1998) notes that literature on trauma in discipline of psychology is based on the psychoanalytic paradigm written by Sigmund Freud. In the past decades various psychoanalysts such as Jacques Lacan, Donald Winnicott and Winfried Bion world-wide continued with developing this theory (Page, 1970). This theory applies to the following areas: as a theory in understanding how the mind operates, in the treatment of persons with psychic problems, as method of research and in viewing social and cultural phenomena (Barlow & Durand, 1995).

Sigmund Freud states that, various mental illnesses affecting people are cause strong impulses within their mind (Arlow, 1969) These impulses arouse from sexual experiences at infancy stage and early childhood , which forms the basis of all trauma and the basis for neurosis as they are at the core of the psyche (Laplanche & Pontalis, 1973). According to Freud (1936), traumatic neuroses are caused by experiences such as death, divorce and accidents and anxiety neuroses emanates from fantasies and sexual experiences. This means when instinctual forces, fantasies and early childhood

experiences are repressed, their impact is when a person experiences various mental health problems. This is evidenced in the life of street children, that face a lot of unbearable situations in their family environment such as death of parents, lack of necessities such as food and clothing which drove them to the street in search of a better life. The above mentioned circumstances faced by street children affects their well-being.

2.7.1 Level of consciousness

The instinctual forces are understood to be the unconscious. In understanding the influence of instinctual force on mental health, Freud developed levels of consciousness which was made up of the id, ego, and super-ego. These levels were explained by McLeod (2019) as follows:

Ego is known as the consciousness part of the mind which exercises the repressions and consolidates various impulses and tendencies before they are translated into action (Freud, 1949). The ego is governed by the reality principle and seeks to control the Ids orders such as (impulsive thoughts, behaviours, and emotions) that can be done by a person unconsciously (McLeod, 2019). Therefore, it provides them with gleams of positive hopes, certainty in life. Empirical literature on street children has revealed that, therapeutic intervention such as individual or group counselling session are helping them to address psychological challenges they are facing on streets. This shows that the ego seeks to mediate between the Id and super-ego.

Id is known as the unconscious part of the mind, which hides the repressed thoughts, emotions, and hidden experiences in early life. The Id is governed by the pleasure principle and seeks to conceal all tensions or conflicts which are associated with attaining pleasure (Freud, 1949). The psychological, social and economic challenges faced by

street children, force them to embark on substance abuse, alcohol abuse and unplanned sexual relations. Their experiences on streets forces them to be irrational. In support Barlow & Durand (1995, p. 25) alludes that, when individuals are irrational, they are “filled with fantasies and preoccupations of sex, aggression, selfishness and envy”.

Super-Ego is known as the voice of the conscience, the moral censor. The super- ego suppresses the Id and forces the ego to act morally instead or realistically (McLeod, 2019). The role of super ego is to control the impulses of the pleasure principles which society prohibits. At the conscious level, it also makes individuals aware of their resulting feelings.

People experience emotional trauma that has been made unconscious “in a process of repression” (Barlow & Durand, 1995, p.94). This is shown in children and adolescents when they experience mental problems such as compulsive behaviours, sleeplessness, depression, and anxieties just to mention a few in their inner conflict and this affects their mental development. This is exhibited by street children who are experiencing difficulties in forming relationships because the street environment hostile and they experience various forms of abuse and neglect; hence they have feelings of isolation and despair

Sigmund Freud developed psycho analysis treatment method to address psychic problems facing people daily. This treatment model involves helping a patient to gain new insight into the unconscious parts such as opening their hidden or unknown feelings, thoughts, dreams, and experiences in life (Freud,1991). By opening the unknown or hidden inner world, helps patients to attain full physical and mental development, personality development and confidence to achieve goals in life. The talking therapy developed by Sigmund Freud helped patients to open on issues that were affecting them

daily such as repressed thoughts, feelings, childhood experiences and dreams that are in unconscious conflict (Lear, 2005). This therapeutic treatment brought back patients to consciousness and this paved way for a positive healing process.

2.7.2 Shortcomings of psycho analysis theory

The psycho analysis theory has various weaknesses as argued by theorists such as Jung, Alder and Skinner. Freud (1949) in his study explained that the trauma and psychic problems affecting a child emanates from their early childhood experiences which has been suppressed (Van der Kolk, 1996). As noted by Block & Gabriel (1998), Jung views parental neurotic difficulties as contributing to mental problems faced by children since they are a powerful bond between the interaction of parents and a child.

Skinner (1954) criticise the methodology used in psychoanalysis. In his study Freud (1949) used mental patients as real instead of as a scientific construct. Therefore, his findings on the level of consciousness are debatable. In support of the statement above, Freud did not use his “mental apparatus” as a postulate system from which he deduced theorems to be submitted to empirical check (Block & Gabriel, 1998). Lastly, the research on trauma has been widely conducted in Western Countries, therefore, applied to other countries in Africa the meaning and symptomatology of trauma in these cultures may differ (Van der Kolk, 1996).

2.7.3 Practical implication of Psychoanalysis theory

The Psychoanalysis theory emphasises that, childhood experiences and traumatic events such as sexual abuse when repressed have a negative effect on the mental health of a person. This theory is relevant to this study as it provides insights of the challenges faced

by street children and their impact on attaining physical and psychological growth in Harare Metropolitan in Zimbabwe.

2.8 Chapter conclusion

The review of the Ecological Systems Theory and the Human Rights-Based Approach pointed to many gaps in the social protection system in Zimbabwe. Through the analyses of these theories, the researcher deduced that, street children are vulnerable to poverty, abuse and starvation despite the availability of social protection programmes that are designed to assist them. The introduction of numerous legislative frameworks such as support the Social Welfare Assistance Act, Constitution of Zimbabwe Amendment (NO:20) and the Children's Protection and Adoption Act plays a vital role in addressing the challenges faced by street children. However, many challenges persist as the frameworks such as Children Protection and Adoption Act are not applicable in Zimbabwe due to cultural and patriarchal views regarding adoption. The weaknesses in the policy frameworks adversely affect street children who rely on government social protection programmes for their survival. The next chapter reviews empirical literature on social protection systems and on street children.

CHAPTER THREE

CONCEPTUALISATION SOCIAL PROTECTION SYSTEM AND STREET CHILDREN

3.1 Introduction

Chapter two above provided the legislative and theoretical frameworks underpinning this study. The legislative framework for this study included the Universal Declaration of Human Rights (UDHR), the Constitution of Zimbabwe, Children's Protection and Adoption Act, the Guardianship of Minors Act and the Social Welfare Act. These legal instruments led to the formulation of social protection programmes in Zimbabwe. The theoretical framework consisted the Ecological Systems Theory (EST) and the Human Rights-Based Approach (HRBA). The EST explained the challenges facing street children and the HRBA examined the perceptions of government social protection programmes in mitigating the challenges faced by street children. This chapter reviews the empirical literature on social protection and street children.

3.2 Contextualizing social protection

The concept of social protection existed during 1900 and 1980s (Devereux & White, 2010b). During this period, social protection referred to circumstances whereby members of the communities bear each other's burdens in times of distress, economic and social upheaval (Gentilini & Omamob, 2011). The word social protection became popular during the era of the industrial revolution, the advent of globalisation and economies became formalised and more market-oriented (2011). This led to the provision of social insurance as workers needed to be protected in case of work accidents, work illness and after retirement (Kaseke, 2010).

The Asian crisis of the 1990s led to the provision of safety nets to manage the shocks and risks, which had affected many economies, especially in developing countries. Therefore, in mid-2000, several social protection policy frameworks were formulated (Shepherd, Marcus & Barrientos, 2004). The safety net is a part of social protection system, which includes food vouchers, school feeding programmes, price subsidies, public assistance (cash and food in exchange of labour) (Mhiribidi, 2010).

Social protection has been transformed from being a macroeconomic stabilizer to be a humanitarian response, as there are various programmes that seek to address socio-economic plights affecting citizens (Gentilini & Omamob, 2011). This shows that social protection is upholding social justice. Maxwell, Webb, Coates & Wirth (2010) elaborate that comprehensive social protection frameworks are being implemented in developing countries in Africa and Asia and they are grounded in the promotion of rights-based initiatives. Based on these assertions, social protection is moving to an integrated system from a pilot programme because it has taken a holistic approach, contrary to a passive perspective it took in the early 1990s (Devereux, 2010a).

3.2.1 International Conventions that supports social protection

Siampondo (2015) argues that the provision of social protection is of paramount importance as it supports human rights enshrined in the Universal Declaration of Human Rights in 1948 (UDHR). Article 22 states that “Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free

development of his personality” (United Nations, 2015 p. 46). To understand the term social protection, one has to understand the underlying factors that led governments, international organisations, community-based organisations and other relevant stakeholders to come up with measures, policies and programmes that form the root of social protection (Mutasa, 2015)

Social protection is a significant subject of debate at many international fora, as both developed and developing countries vowed to alleviate social ills such as poverty and socioeconomic inequalities that have affected the people (Devereux, 2006). The concept of social protection became a dominant theme at the World Summit for Social Development held in Copenhagen in 1995. World leaders agreed to implement policies and programmes that would provide economic and social protection to people in dire life situations (UNICEF Office of Research, 2014).

The provision of social protection to vulnerable groups of people in society became a major objective in eradicating poverty, and it led to the formation of several summits and conferences. These include the World Summit of Children of 1990, the United Nations Conference on Environment and Development of 1992, the World Conference on Human Rights of 1993, the International Conference on Population and Development of 1994, the Fourth World Conference on Women of 1995, the Second United Nations Conference on Human Settlements (Habitat II) of 1996, the World Food Summit of 1996, the United Nations Millennium Declaration of 2000 adopted by the General Assembly, the United Nations World Conference Against Racism of 2001 and the Second World Assembly on Ageing of 2002.

3.2.2 Definitions of social protection

The definition of social protection programmes is centred on alleviating poverty and reducing vulnerability. Poverty is understood as a condition in which poor families spend 20 to 30 per cent of their income on non-food needs (health, clothing, shelter, sanitation, education and transport), as they find it difficult to meet their food requirements (Myburgh, Moolla & Poggenpoel, 2015). Vulnerability is defined as the falling of people into poverty because of instability in the political-social-economic systems (UNICEF Office of Research, 2014). Poverty is therefore understood as a state of being concerned with not having enough while the vulnerability is about having a high probability of suffering a future shortfall (UNICEF, 2010).

Masuku et al. (2012) state that social protection refers to the protection given to the vulnerable people by the government, private sector, non-governmental organisations or community-based organisations through the provision of programmes, policies and services. The United Nations Report on the World Social Situation (2010) as cited in UNICEF (2010, p.14) defines social protection as “a group of policy measures and programmes that reduces poverty and vulnerability and seeks to protect society’s more vulnerable members against livelihood shocks and risks, enhance the social status and rights of the marginalized, protect workers and diminish people’s exposure to risk associated with ill health, disability, old age, and unemployment”.

Siampondo (2015) reiterates that social protection can also be named social security as it is being implemented by governments as a mechanism to curb/minimize contingencies from affecting vulnerable citizens. Social protection is a multi-sector task which requires

a strong working relationship between various departments. This means social protection services are interwoven; for instance, there is a linkage between “social services (welfare, health and nutrition, education, health), economic services (agricultural extension, micro-finance) and emergency and disaster management activities” (UNICEF, 2010 p.44). The above-mentioned services should reach out to the poor so that they can have a better standard of living.

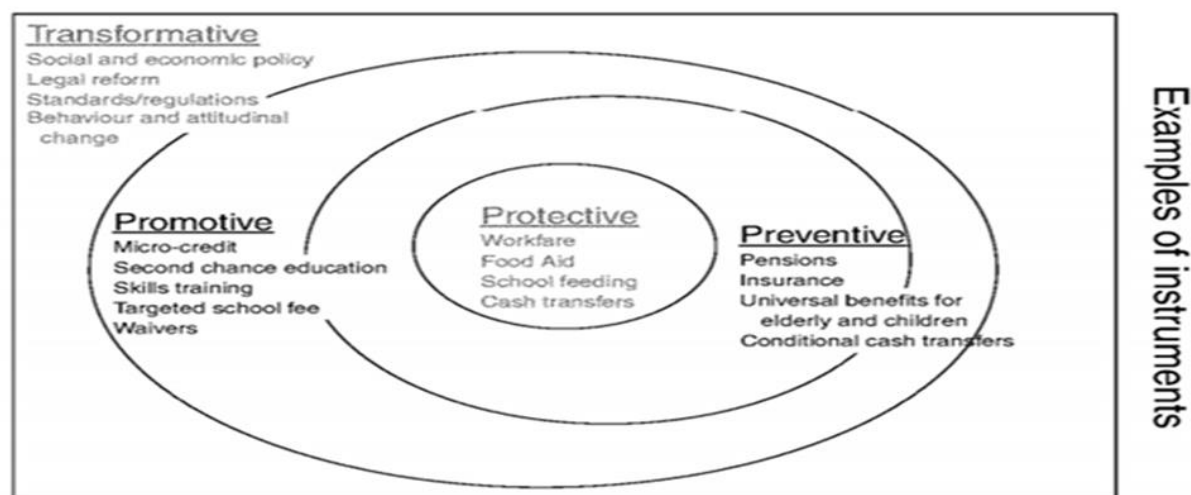
Social protection encompasses policies, programmes, and services that intend to minimize poverty and vulnerability through promoting vibrant labour markets, reducing risks and shocks that affect people by enhancing their capacity to uplift their standards of living. The policies that embody social protection are labour market policies and programmes, social assistance, social insurance, child protection and micro and area-based schemes (Ekpenyang & Udisi, 2016). However, this definition is comprehensive for wage earners and therefore excludes children, as the International Labour Organisation does not allow these to perform any work. Therefore, children are not included in the labour market. However, they are recipients through being part of institutions such as family and school (Mushunje & Mafico, 2010).

3.2.3 Dimensions of social protection

Social protection enhances the well-being of orphans and vulnerable children. The policies that form the backbone of social protection are part of the broader macroeconomic framework that seeks to achieve economic growth and development as well as to attain pro-poor growth (Mushunje & Mafico, 2010). A conceptual framework for

social protection developed by UNICEF (2007a) consists of intrinsic outcomes and instruments for addressing the plights of the poor and vulnerable.

The fig 3.1 below shows a **Conceptual Framework for Social Protection (UNICEF, 2007a)**



The intrinsic outcomes of social protection are transformative, promotive, protective and preventative. The instruments listed below the four intrinsic outcomes are used to address poverty and vulnerability, which are hindering people from attaining full growth and development as well as having a better standard of living. By attaining the four intrinsic outcomes, social protection can cater for and provide for the needs of the poor, discriminated, marginalized, elderly, orphans and vulnerable children (of which street children are a part).

3.2.4. Principles of social protection

Social protection is a broad concept that is based on the following objectives: to protect people from social-economic risks that may hinder their wellbeing, to ensure that people

have access to goods, and to assist people in their endeavours to eradicate poverty and attain sustainable development (Devereux & Sabates-Wheeler, 2004). To attain these objectives, governments and international organisations came up with the principle's equality of treatment, solidarity, inclusiveness, general responsibility of the state and transparency and democratic management (International Labour Centre, 2012).

The principle of equality of treatment states that every human being is entitled to social security and persons should not be discriminated based on race, colour, social background, sex, language or political affiliations (United Nations, 2015). The principle of solidarity encompasses the financing methods used to fund social security. These are, amongst others, full or partial funding, pay-as-you go, taxation, or a combination of these. However, in cases where these techniques fail to provide more funds, the government, as the custodian of the people, should intervene somehow to ensure that its citizens are guaranteed a better standard of living.

The principle of inclusiveness elaborates that social protection programmes should provide coverage to all individuals, be it men women or children who need help and protection (Patel, 2005). It should not be selective and must address all the socio-economic risks that make individuals vulnerable. The general responsibility of the state is that every government is responsible for formulating, implementing and adopting policy frameworks for social protection (Academy of Science in South Africa, 2016). Every government has a responsibility of managing all the social welfare schemes. Lastly, the principle of democratic management entails that the government should notify and explain thoroughly to the employees the purpose and benefits of the percentage of their salaries they take to cover social security.

3.2.5 Characteristics/features of social protection

A study done by Mtetwa & Muchacha (2013) details the features that embody social protection, namely durability, consistency, predictability and transparency. These are further explained as follows:

Durability ensures that the assistance being given to people is for long-term use so that they can enhance their well-being (Mtetwa & Muchacha, 2013).

Consistency demands that the recipient should be certain that services will be provided (Gandure, 2009).

Predictability seeks to redress problems that arise from poverty and vulnerability. It is further argued that since the needs of people are known, it is easy to redress their plights. The beneficiary must be aware of the dates and time when they will receive their services (Gandure, 2009).

Transparency: the provision of social protection programmes and services need to be done in a clear way so that all stakeholders can be accountable. In addition, beneficiaries should be selected through a fair criterion (Gandure, 2009).

The features of social protection discussed above clearly show that social protection programmes seek to alleviate poverty as the major determinant inhibiting people from attaining full growth and development. Therefore, the provision of social protection by the government and other stakeholders is a sign that shows the welfare and well-being of people are of utmost importance.

3.3 Evolution of social protection

Social protection can be traced through three phases, which are pre-industrialization, industrialisation and the new era of globalization (Barrientos & Hulme, 2008). These phases thoroughly explain the nature and circumstances that have led social protection to evolve. The concept of social protection is traced to the 1900s, when it was known as public assistance. It was given in the form of income to meet necessities from the government, local municipality and charities. Its main objective was to alleviate poverty. A mean test would be conducted during the process selecting the beneficiary (Devereux & Sabates-Wheeler, 2004). Those individuals who did not pass the means test would rely on the assistance from traditional structures of social protection such as extended families and community members.



The advent of industrialization in the 20th century brought about changes in the schemes of social protection, as there were changes in the social-economic systems in society. The employees now relied on selling their labour in exchange for income to meet necessities (Barrientos & Hulme, 2008). Nevertheless, in a case where citizens were sick, retrenched, or unable to work because of certain reasons it meant a lack of basic needs in their household. This perpetuated poverty and made governments formulate policies and legislation to protect employees, and this was also supported by the International Labour Organisation Convention on Employment Promotion and Protection Against Unemployment (No. 168) adopted in 1988. The employers were now mandated to provide social security schemes, such as pension fund, accident at work fund and medical aid societies (Chikova, 2013).

The third phase of social protection was influenced by globalization. Globalization is defined as the inter-connectedness of people through social, economic, political and culture (Devereux & Sabates-Wheeler, 2004). This, and changing life pattern of people, has led to many challenges such as extreme poverty, ageing, discrimination, socio-economic political exclusion and gender bias. These challenges can be addressed by policies and strategies of social protection. Both developed and developing countries are re-strategizing their policies and strategies to ensure that they respond to the needs of people (Nin o-zarazu, Barrientos, Hickey & Hulme, 2011; Barrientos & Hulme, 2008). This has led to a wide range of social protection programmes in addressing the social ill encountered by people in society.

3.3.1 Types of social protection



There are four types of social protection, and these are social assistance, social insurance, labour market intervention and community based social protection (Nin o-zarazua et al., 2011; Partnership for African Social and Governance Research (PASGR), 2012). Under these types of social protection is a wide range of programmes that seek to address the plights of citizens in society. The sections below explain the types of social protection highlighted above.

3.3.1.1 Social assistance

Social assistance is a form of social protection in which individuals are assisted in the form of cash or kind by the government or international welfare organisations (Nin o-zarazua et al., 2011). These services are provided to meet the basic needs of people as a way of alleviating poverty. Both developed and developing countries are offering social

assistance programmes such as cash transfer or grants for the elderly, extremely poor, disabled, orphans and vulnerable children, social pension, food aid, school feeding programme and public work (UNDP, 2014).

3.3.1.2 Social insurance

Social insurance refers to schemes that allow people to join programmes and subscribe financially on a monthly basis to prevent risks in the event of shocks in life, such as death or illness (PASGR, 2012). These programmes include medical aid schemes, funeral policy, disaster insurance and accident policy (Devereux & White, 2010b; Dhemba 2013). In African countries, these programmes used to be subscribed to by people in the formal system of employment. However, with current changes in the economy, whereby a greater percentage of people are employed in the informal system, everyone in society has an opportunity to join these programmes (Devereux, 2010).

3.3.1.3 Labour market intervention

The labour market intervention provides programmes for low-income earners in the employment sector. These programmes are grouped into two: passive and active (PASGR, 2012). The active programmes are those in which employees take part, such as skills development and workshops for increasing productivity in workplaces. The passive programmes include employment insurance and pension fund (Barrientos & Hulme, 2008). These programmes seek to protect employees with a low level of education, in cases where they are retrenched or dismissed from work at any point in time.

3.3.1.4 Community-based social protection

Social insurance does not accommodate everyone in society, as some organisations exclude those who are not in formal employment (Dhemba, 2013). Most service providers intend to work with people from the formal sector, for it guarantees them that they will subscribe to their societies without fail as they have a steady income. This has led those people who do not qualify to take social insurance for themselves, their children and extended families to come up with community-based social protection (PASGR, 2012). This has led to the formation of stokvels, where a group of people can form their societies in which they contribute a certain amount per month and that money is used when one of the members is in a crisis (Gunhidzirai & Tanga, 2017).

3.3.2 Social protection and vulnerable groups

In most African countries, social protection is being provided by the government in partnership with local and international organisations to achieve millennium development goals and eradicate poverty (UNDP, 2014). For instance, social protection frameworks intend to improve education and health of poor people as a way of enhancing social-economic development (World Bank, 2012). The governments and their stakeholders/partners develop and implement various social protection frameworks and schemes to address the plight of vulnerable groups, youth, and women (Ward & Seager, 2010).

In this study, social protection refers to government policies and programmes that seek to improve the standard of living of the poor, elderly, disabled, orphans and vulnerable children (OVC). Under the OVC are street children. These policies include the

Constitution of Zimbabwe, the Children's Protection and Adoption Act, the Guardianship of Minors Act and the Social Welfare Act. They led to the provision of programmes such as Public assistance programmes and Harmonised Cash Transfer Programme, Child adoption, Basic Education Assistance Module (BEAM), free treatment order, National Action Plan for Orphans and Vulnerable Children (OVC) and Institutional care in Zimbabwe (UNICEF, 2010).

3.4 Conceptualisation of street children

Conceptualisation refers to a process of explaining what is meant using a certain term (Babbie & Mouton, 2001, p.124-125). This section on empirical literature elaborates the meaning of street children. Street children are a social problem facing many governments, international organisations and policymakers. Street children are found in both developing and developed countries; therefore, it is a worldwide concern that needs to be dealt with decisively. According to the Consortium for Street Children (2011), the total number of street children globally is unknown; even in metropolitan cities it is difficult to come up with an exact figure. However, an estimate done by UNICEF (2010) denotes that there are tens of millions, up to 100 million children living and working in the streets. The rise of street children can be traced to World War 11 and this is elaborated below.

The general population of street children is not homogenous, making it difficult to understand issues about street children. Furthermore, the reasons that drove them into the streets are "fluid" because of one's gender, age and experience (Ray, Davey & Nolan, 2011, p.8). However, the history of street children is not a new phenomenon, for it is traced back to the World War 11. World War 11 led to the destruction of the economy and

social organisation of people in societies. It was during this period when the term street children were coined to refer to vagrant children (Cummings, 2006).

In 1986, the United Nations Children's Fund (UNICEF) came up with policies and programmes that could investigate the plight of children in difficult circumstances for their needs to be taken care of (Mathur, Rathore & Mathur, 2009). There is still a debate among scholars on the use of the term street children, as some view it as stigmatizing children in need of care and protection while others think it gives them a sense of identity (Mulinge, 2010).

According to UNICEF (2010), the term street children refers to children who have experienced trauma because of abuse, exploitation, neglect and poverty. These experiences drive children into streets, and they can stay permanently or return home at night. There is no single definition of the term street children because there are various reasons acting as push factors that drive children into the streets. Furthermore, the choice of being homeless is the last resort a child takes after experiencing trauma and unpleasant living conditions for a long time (Sanchez, 2010; Malindi & Theron, 2011).

Street children are classified into three categories. The first is children of street families. These are children born and raised in the streets. They are involved in various economic activities to earn an income. Then there are children on the street, they spend long periods in the street working and have minimal contact with their families. A portion of their income is used to complement household income. The third is children of the street, which refers to children who stay on the street permanently. They do not have any contact with their

families or relatives (UNICEF, 2010). Furthermore, these are involved in various economic activities that give them an income to meet their basic needs.

The above definition outlines that any child who is seen in the streets selling or loitering is regarded as a street child. This is because children are not supposed to be in this harsh environment, as it hinders their attainment of full growth and development. Kajanda & Chiparange (2015, p. 302) state that the other term that substitutes street children is a street kids, which refers to children who permanently live on the streets as independent “adults”. Asante, Meyer-Weitz & Peterson (2014) define street children as a child of the street; these are children who may have been abandoned, do not have any family members and they live, work and sleep in the streets.

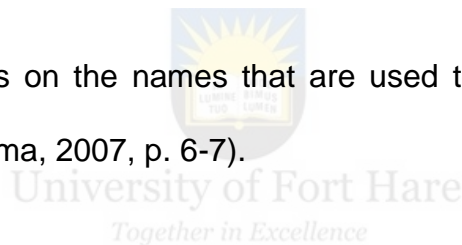
A child on the street, on the other hand, is a child who spends a greater part of their time and day on the streets because of poverty, overcrowd home or abuse at home, but at night they return home (Aptekar & Stoecklin, 2014). Then there are those that are part of a street family, which are children who live with their families on the street because of poverty or circumstances such as war and drought that would have forced them out of their homelands (Asante, Meyer-Weitz & Peterson, 2014; Consortium for Street Children, 2011).

Hartjen & Priyadarsini (2012) define street children as children whose private and public life is well known by everyone because they live, work and sleep in the street where everyone can see their lifestyle. Other authors argue that street children are defined as “nuisance or criminals” by members of the public (Hills, Meyer & Asante, 2016). The reason is that some of them are involved in criminal activities and have tendencies of

obstructing pedestrians on the streets. The labelling of street children is discriminatory hence they feel isolated and their plights are not taken seriously (Gao, Atkinson-Sheppard, Yu & Xiong, 2018). A study done by Mutasa (2015) revealed that any definition which labels or discriminates children should not be used because it is dehumanizing. In support of the above argument, international organisations such as UNICEF and Save the Children denote that children in need of care and protection should not be given names with connotations; therefore, street children should be named “children without parental care” and child soldiers should be renamed children in a conflict of war (Skhosana, 2013, p.30).

3.4.1 Different names of street children

The table below elaborates on the names that are used to refer to street children in different countries (Wakatama, 2007, p. 6-7).



CONTEMPORARY TERMINOLOGIES	EXAMPLES
Malunde (person of the street)	South Africa
Sadak Chhap (stamp of the street)	India
Magunduru (those who sleep anywhere)	Zimbabwe
Vagrant Children	UNESCO, 1951
Homeless children	UNESCO 1950
Poussins (chicks) and Moustique (mosquitoes)	Cameroon
Molineaux (sparrows)	Congo

For this study, street children refer to children on the streets. Bhukuth & Ballet (2015, p. 134) state that children of the street are a vulnerable population because they are prone to social ills such as poverty and institutional abuse. These children are self-reliant, as they work in a hostile street environment that makes them succumb to various challenges that affect their full growth and development.

According to the Republic of Zimbabwe (2013, p.39), children have the “right to education, health care services, nutrition and shelter”. This shows that government as the major duty bearer is solemnly responsible for the provision of social protection programmes to meet the needs of children (physical, social and economic needs) and address their plights. In this study, the researcher examines the perceptions of government social protection programmes in meeting the challenges being faced by street children.

3.5 Factors that drive children onto the streets

There are multi-faceted and complex factors that cause children to run away from home to the streets (Ray, Davey & Nolan, 2011). These can be classified into two categories, which are push and pull factors. The push factors are negative circumstances that drive children from their homes and the pull factors are the circumstances that attract children to the streets (Skhosana, 2013). The push has been categorised into the following: economic, social, physical, environmental and psychological conditions. The pull factors are peer pressure, looking for their parents and searching for a greener pasture (Ward & Seager, 2010; Zarezadeh, 2013). These factors (push and pull) are elaborated below in detail.



3.5.1 Push factors

Push factors are reasons that force children to move away from their families into the streets. These factors are environmental, social and economic. In the discussion below, each push factor is discussed under several subheadings to elaborate on various issues that cause children to live and work in the streets.

3.5.1.1 Environment factors

Environmental conditions play a vital role in driving children into street life. These factors include war conflict and drought (UNICEF, 2011). The wars are caused by differences in political affiliation, and some religious or tribal in nature. In African countries, especially in West African states such as Nigeria and Sierra Leon, war conflict due to political and religious differences has led to the disintegration of families, migration to other countries

as refugees or death of parents or guardians; therefore, children are forced by circumstances to work and sometimes live in the streets as they do not have parental care and protection in their household (Kajanda & Chiparanga 2015). For instance, the civil war in Mozambique not only had devastating effects on the economy but also to the social life of the citizens. Dictator António Salazar played a significant role in impoverishing and killing of the Mozambican citizens (Funada-Classsen, 2013).

The civil war in Mozambique started in 1977-1992 between the Frelimo and Renamo (Shikhani, 2012). The civil war led to the disintegration of families, the collapsing of economies, community ties being broken and displacement of women and children (Kopoka, 2000). This led them to seek refuge in neighbouring countries such as Zimbabwe, Tanzania, South Africa and Malawi just to mention a few. Furthermore, war conflicts in Uganda, Somalia and the Democratic Republic of Congo have led to the creation of the Tongogara Refugee camp in Zimbabwe (UNICEF, 2011). War conflict negatively affects children and drives them into street life to make ends meet. When these children fail to get employment in the urban areas as house cleaners and garden boys, they resort to life on the streets as “beggars, car wash and parking boys” (Mhizha, 2010, p.24).

3.5.1.2 Drought

Drought also plays a major role in causing children to leave home into street life. Climate change is the major reason for drought, especially in Africa’s arid and semi-arid areas (UNICEF, 2011). This has led to a shortage of food in many countries, which makes it very expensive for poor families to sustain their households (Mpofu, 2011). The fact that

children fail to get adequate food has led them to work on the streets to complement household income. Therefore, many children in urban areas are involved in selling goods and commodities in the streets or doing manual work in exchange for income (Mhizha, 2016). Environmental factors harm children for they push them to search for a better life in the streets.

3.5.2 Social factors

Several factors under this category push children into street life. These include family disintegration, child abuse and maltreatment, and HIV/AIDS. They are elucidated below.

3.5.2.1 Family disintegration

Family disintegration includes the dying of the breadwinner or guardian and the separation or divorce of parents, which often lead to the child-headed households (Mabemba, 2017; UNICEF, 2001). The child-headed household encounters many social ills, such as abuse, hunger, lack of access to health care facilities and better education and lack of socialization with other children (Asante, 2015; Malindi & Theron, 2011). These children are socially excluded by circumstance and they lack access to necessities that other children have because of financial constraints. In support of the argument above, Kajanda & Chiparanga (2015) denote that lack of family or community intervention in providing basic needs to child-headed household has led them to opt for street life to make ends meet.

3.5.2.2 Child abuse and maltreatment

Child abuse is another push factor that drives children on the streets. There are many forms of child abuse, including physical, emotional and sexual abuse (Kaime-Atterhog, Lindmark, Persson & Ahlberg, 2007; Orme & Seipel, 2007). These forms of abuse normally occur when parents' divorce and children must live with a stepparent or when a parent dies and children must live with a family relative. If children notice that they are not being treated well as compared to their siblings at the same home, are being denied adequate food, are constantly being physically beaten, sexually molested or they are being nagged a lot, they are affected mentally, emotionally and physically (Bhukuth & Ballet, 2015). When a child experiences any one of the forms of the abuse mentioned above, they run into the streets, which they consider as safe place.

Conticini & Hulme (2007) indicate that physical violence in the form of beating is socially accepted in sub-Saharan cultures, where children are subjected to it to control them and to divert them from doing wrong things. However, when the beating leaves the child with scratch marks on the body or they land in hospitals, it becomes abuse and needs to be reported. Children who succumb to any form of abuse and maltreatment have a greater percentage of running away from home into street life (Kajanda & Chiparanga, 2015).

3.5.2.3 AIDS Orphans

HIV is a global pandemic causing AIDS, which has led to the death of millions of people in both developed and developing countries (UNICEF, 2011). Although the anti-retrovirus treatment (ART) suppresses the virus load to prolong the lives of the people affected by it, the death rate is still high in developing countries where fear of discrimination or

exclusion forces people not to take treatment (UNAIDS, 2010). Furthermore, defaulting treatment and lack of access to a balanced diet are other reasons for the increased death rate. The death of parent/s or guardians leaves a heavy burden on the children, as they become orphans.

In a study done by the UNAIDS (2010), it was revealed that there are 18,8 million children orphaned by AIDS worldwide and 90 percent of these children were in the Sub-Saharan African Region. The fact that the Sub Saharan Region has extreme poverty places children at risk and makes them more vulnerable to social ills. Wargan & Dreshem (2009) are of the view that children suffer a lot when their parents are affected by HIV and AIDS as they bear the burden of taking care of them and assume the family responsibility of providing some source of income to cater for necessities. Therefore, children resort to street vending to earn an income to support their family. Kajanda & Chiparanga (2015) elaborate that AIDS orphans usually become homeless and live on the streets because they would have no one to take care of them.

3.6 Economic factors

Economic factors are another reason for children to leave their houses in favour of street life. These include poverty and the adoption of economic structural adjustment programmes by developing countries.

3.6.1 Economic Structural Adjustment Programmes (ESAPs)

The economic structural adjustment programmes (ESAPs) in the 1990s were economic reforms given by World Bank and IMF to developing countries to jumpstart their

economies, reduce poverty and increase economic growth and development simultaneously (Saunyama, 2013). These economic reforms were privatization, liberalization, reducing government spending and the adoption of a free market system (Mpofu, 2011). However, in most countries that adopted these economic reforms, they failed to achieve positive feedback in their economic arena, and this impacted negatively on the social well-being of the citizens. This led to increased unemployment, economic hardships and poverty.

Household poverty, which is a failure to attain basic needs such as food, clothing, access to schooling and health care led to the advent of children working and living on the streets to make ends meet (Mpofu, 2011). In support of the above argument, a study conducted by Ndiweni & Verhoeven (2013) & Dhali & Mc Quoid-Masene (2011) led to the discovery that structural adjustment programmes played a pivotal role in the increase of street children in Africa towns. This is because families were failing to provide needed resources because of unemployment while the government failed to provide social welfare services because of reduction in government spending.

3.6.2 Poverty

Poverty is multi-dimensional; therefore, it is defined according to a person's socioeconomic status in society (Kachere, 2011, p.34). In support of the above argument, Saunyama (2013) define poverty as lack of income to meet material needs such as food, shelter and clothing. In this study, poverty refers to a situation where households do not have access to basic needs such as adequate food, clothing, health care and education for children (Asante, 2015).

The failure of families to provide for basic needs such as adequate food to children acts as a push factor that drives children to live on the streets to make ends meet at home (Mpofu, 2011). Various studies that have been undertaken show that in developing countries half the children in metropolitan cities who are below the age of 15 are living in extreme poverty (Kajanda & Chiparanga, 2015). In support of the above statement, lack of food in homes force children to go and work on the streets in Nigeria (Aderinto, 2000).

Furthermore, Bhukuth & Ballet (2015) state that in Brazil, rampant economic poverty has led children to work in the streets and assimilate into the street lifestyle. Furthermore, in some instances, they can even send money back home to assist and support their families (Zarezadeh, 2013). This shows the negative effects of poverty whereby children assume the role of adults and work to complement household income. In support of the statement above, Alptekin (2011) and Ekupenyang & Udisi (2016) are of the view that single mother households rely on children who work on petty jobs to increase household incomes because most of them have low levels of problem-solving skills.

3.7 Pull factors

The World Health Organisation (2002, p.2) states that some children are attracted to streets because of desperation as they do not have anywhere to go, while others “are lured because of the promise of excitement and freedom. Therefore, some of the pull factors that lure them into the streets are peer pressure, searching for better standards of living and searching for parent/s.

3.7.1 Searching for a better standard of living

Many people are migrating from rural to urban areas in search of a better standard of living (Ray et al., 2011). This notion of depicting urban areas as poverty-free zones with many social-economic opportunities has increased rural-urban migration (Skhosana, 2013). This has driven children to urban areas; however, the high monetarization of goods and services forces these children to live in the streets (Wargan & Dreshem, 2009).

3.7.2 Peer pressure

Peer influence is a factor that attracts children into the streets (Asante, 2015). Children from rural areas migrate to urban areas under the assumption that there is a better standard of living, employment creation and other various opportunities that can enhance their well-being (Alptekin, 2011). Ward & Seager (2010) denote that pressure affects both urban and rural children. Those from urban areas would envy their peers (children of the streets) who are living an independent life.

Children from rural areas will be attracted by the goods and commodities their peers bring home from urban areas (Skhosana, 2013; Pratibha & Mathur, 2016). Other children are attracted to the streets because of the misconception they have of their friends and neighbours in the street. However, this has led to overpopulation in the urban area and limited job opportunities, as the competition for employment is now stiffer between the skilled and the un-skilled (Kocadas & Ozgur, 2011). Furthermore, urban life is monetised and, therefore, it becomes difficult for them to survive or even afford to pay for accommodation. This leaves them with no choice but to live on the streets, where they survive on begging or working on menial jobs.

3.7.3 Reconnect with guardian/family members

Poverty and economic hardships are the major social issues that are affecting developing nations. This has led to family disintegration as breadwinners migrate to urban areas to search for employment (Ward & Seager, 2010; Dhai & Mc Quoid-Masen, 2011). Therefore, children move to urban areas to be connected and reunited with their family members. In the cases where they fail to locate their family members, they end up working and living on the streets.

3.8 Challenges facing street children and their coping strategies

Zarezadeh (2013) denotes that street children are encountering various predicaments in their economic, social and psychological growth on their day-to-day living and working on the streets. Street living children or street working children are at risk because the streets are a hostile environment (Ferguson, 2012). These children view street life as their safe place, and they embark on various strategies to deal with their challenges. These are elaborated below.

3.8.1 Economic challenges and coping strategy

Street children face economic challenges in their day-to-day living on the street. These include lack of adequate income in meeting necessities as well as the volatile economic environment they work in making ends meet. The sections below elaborate on these factors.

3.8.1.1 Lack of adequate income

The major economic challenge encountered by street children is lack of income due to unemployment. Asante et al. (2014) highlight that street children do not have enough financial resources to provide for themselves necessities such as food, clothing and toiletries. In making ends meet, these children succumb to child labour and this raises a lot of human rights issues as Article 32 Section 1 stipulates that “ States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development” (United Nations, 2012 p.9).

Furthermore, the Labour Act prohibits organisations from employing children below the age of 18yrs (International Labour Centre, 2012). This makes life difficult for street children who need a job to obtain income. The urban lifestyle is monetarised and expensive; therefore, street children encounter lack of adequate food and clothing. Street children have adopted coping mechanisms such as being involved in informal entrepreneurship, joining gangster groups and bribery to survive in the economic environment (Gwanyemba, Nyamase & Bakari, 2016).

Street children rely on donations from members of the society, Non- Government Organisations, Community Based Organisations and well-wishers. These stakeholders provide clothing, sanitary wear for girls and food (Ndlovu, 2015; Malindi & Theron, 2011). Some organisations donate food while members of the society volunteer to cook food for the street children so that they can have a meal once a day (Mhizha, 2010). The street

children are often aware of feeding programmes and they know the designated area and timetable where they will be given food.

In other countries like South Africa, there are mobile food vehicles that deliver breakfast or lunch to street children on certain days of the week, and street children are aware of the schedules of this programme that assists them in fighting hunger (Friberg & Martisson, 2017). However, these charities are not reliable as they rely on donor funders (Bhukuth, & Ballet, 2015). Therefore, street children are forced by circumstances to embark on various economic activities in order to get an income to buy food.

3.8.1.2 Volatile economic environment

To provide for their basic needs, street children are venturing into various economic activities as a way of earning an income (De Benitez, 2007). Street children are involved in economic activities such as street vending, car washing, part-time farming and construction, gambling, luggage carrier, car parking, petty crimes, drug selling, prostitution and gambling for survival (Chamwi, 2014). The increase of street children has led to stiffer competition in the economic activities they engage in; hence, they look for work at places with dense economic activities, such as bus terminus, shopping malls, railway stations and city centres (Bhukuth & Ballet, 2015).

The fact that they are minors working, street children are vulnerable and are susceptible to exploitation in the economic environment. For instance, they can be given lower wages, be overworked, denied leisure and involved in hazardous work activities (Ogunkan & Adeboyelo, 2014; Chande, 2015). In support of the above argument, the International Labour Centre (2012) indicates that jobs in agriculture, construction and domestic work

are some of the worst types of child labour. However, street children do not have an option in choosing jobs, for they must work to get an income to meet their basic needs (Chandi, 2015). Despite facing a lot of challenges in the economic environment, street children find “pride, worth and joy” in enriching their lives by working to provide for themselves (Office of the United Nations High Commissioner for Human Rights OHCHR, 2012, p.19).

3.8.1.3 Coping mechanisms employed by street children

Most of the economic activities employed by street children are in the informal sector, which is not regulated by government or the municipality, and therefore, street children experience bad working conditions (Reshmi & Balwant, 2011). These include harassment by the public, exploitation, human trafficking, abuse (physical, emotional and sexual), and harassment by municipal or police officers (Chande, 2015). The economic activities of street children are their only source of income hence they have adopted a coping mechanism to deal with the challenges they face in their endeavours. The coping mechanisms adopted by street children include consuming leftover food and joining gangster groups for protection and bribery.

Community-Based Organisations rely on well-wishers and donors to fund their food outreach programmes, which means that street children are not guaranteed a meal daily (Chinyai, 2017). To fight hunger, they eat leftover food from customers in restaurants, eat food from the dustbins or expired food thrown away by supermarkets or retail outlets (Hai, 2014; Makomane & Makoe, 2015). In some instances, they provide labour in exchange for food in farms and residential areas.

Street children use whistling as a code to notify their peers that municipal police are there to raid them. This allows street vendors to pack their commodities on the street and hide them to avoid confiscation (Ndiweni & Verhoeven, 2013; Njaya, 2015). They usually hide their goods in nearby shops or under the galley tunnels.

Bhukuth & Ballet (2015) are of the view that the violence experienced by children in the streets is greater than at home. Street children encounter harassment/ violence from all sectors of society; they have formed and joined gangster groups as a form of protection. Forming gangster groups allows street children to feel like a family and consider each other as siblings who look after each other's back (Sanjana, 2019). These gangster groups protect members of their group and fight back together if one of them is in trouble.

Corruption and bribery are also common in the informal sector (Conticini & Hulme, 2007). To prevent the confiscation of their goods, street children pay bribes to the municipal police when they are caught. Some of them even pay in advance to sell their goods and commodities in areas that are prohibited (Asante, Meyer-Weitz & Petersen, 2014). This shows their determination in alleviating poverty through meeting their basic needs from their income generating activities.

3.8.2 Social challenges

Street children encounter many social challenges in their day-to-day endeavours in the streets. These social challenges are categorized into the following: lack of access to education, lack of socialization, discrimination and stigmatization, lack of access to resources, lack of access to health care and they are in a harsh environment. To overcome these challenges, street children have adopted various coping mechanisms to

assist them to adapt in this social environment. The social challenges are elaborated below in detail.

3.8.2.1 Lack of socialisation

Socialization is the process of nurturing children to fit in and adapt to society's values and norms. At a social level, the process of socialization is carried out by the community, families and schools (Cummings, 2006). This process of socialization is important in the attainment of growth and development of a child as well as in knowing the norms and values of a society (Mhizha, 2010; Aptekar & Stoecklin, 2014). The fact that street children do not have parental or adult guidance denies them the opportunity to know what is wrong and right in society (Pratibha & Mathur, 2016). Therefore, they are vulnerable to negative influence from their peers. A study by De Benitez (2007) showed that many street children in Africa are involved in exploitative and illegal sex with a minor, alcohol and drug abuse and illegal activities because they do not know what is acceptable and unacceptable in society.

3.8.2.3 Lack of access to proper sanitation

Sanitation is vital for people in communities because it helps them to curb environmental diseases, which can affect their well-being. Street children require proper sanitation such as a good living environment with working water taps, sewage pipes, garbage collection and toilets (Chinyai, 2017). The above-mentioned sanitation is difficult to provide to them since they live in an open and unprotected environment. Hai (2014) and Grundling et al. (2004) revealed that these children can go for days without bathing and changing clothes. This poses a risk to street children. Hai (2014) explains that street children lack access

to proper sanitation, which makes them vulnerable to diseases such as stomach pain, diarrhoea, fever and skin diseases.

In support of the above argument, Behura & Mohanty (2008) note that lack of washing facilities for street children has increased their chances of being affected by skin infections and disease such as dysentery, hepatitis, malaria, scabies, polio, and tuberculosis. Street living is not safe for children because of bad air and land pollution, which also lead to diarrhoea and vomiting (De Benitez, 2011). The Office of the United Nations High Commissioner for Human Rights (2012) elaborates that street children fear they will not be treated well at health care facilities. Therefore, when experiencing an illness, they do not seek medical treatment.



3.8.2.4 Violence

Violence and abuse are some of the factors that drive children into the streets. However, when these children seek refuge in the street they are faced with other forms of violence and abuse from government officials and civilians (Sewpaul, Osthus, Mhone, Sibilo & Mbhele, 2012). This violence and abuse are in the physical, emotional and sexual form (Office of the United Nations High Commissioner for Human Rights OHCHR, 2012). Violence experienced by street children often came from people that they work along with in the streets, other street children in gangs, the police and municipality officials (Ray et al., 2011). The violence experienced from the police when street children are in contact with the criminal justice system is disheartening because when they present their cases they are not investigated or taken seriously; in fact, they are viewed as criminals instead of victims (UNICEF, 2011; Myburgh et al., 2015).

De Benitez (2007) is of the view that street children experience violence in public areas and even in welfare shelters where they are supposed to be protected and cared for; the staff and other inmates also abuse them. Many of these incidents are found in countries such as Egypt, Cambodia, Bangladesh and Tanzania (Consortium for Street Children, 2011). Furthermore, street children are harassed and they experience violence as punishment for things that they did not do; for instance, when an uprising or social unrest occurs the main target of the cause will be street children, yet in many instances it is members of the society (Hartjen & Priyadarsini, 2012; Fiasorbor & Fiasorgbor, 2015).

3.8.2.5 Lack of access to education

According to the United Nations (2015), every child has a right to education. This means they should have access to primary, secondary and tertiary education. Constitutions of both developed and developing countries also emphasise the importance of education because it is a determinant of broadening an individual's mind in alleviating poverty (Reshmi & Balwant, 2011). In developing countries, street children do not go to school because it is expensive, which makes it difficult for them to work and educate themselves (Flynn, 2008). This dilemma makes street children's life unbearable because they do not have any form of schooling (informal or formal) and this makes it difficult for them to be employed (Chande, 2015; Apteker & Stoecklin, 2014). Therefore, in meeting their basic needs, street children rely on working in the informal sector, which is a volatile environment that is also highly competitive.

3.8.2.6 Stigmatization

Members of society view street children as troublesome (Uys & Middleton, 2014). The fact that street children live outside parental guidance gives society the notion that they are deviants who are against social norms and values (Makope, 2006). The society is not sympathetic to challenges facing street children as they view them as uncontrollable. Therefore, street children are given names with connotations and are at risk of emotional and physical abuse from the members of society.

3.8.2.7 Coping strategies in fighting social problems

Due to social problems that negatively affect street children in their social environment, they have developed a mechanism to assist them to adjust and adapt to their environment. This includes joining gangs, in which senior street children teach them street survival skills and techniques (Friberg & Martinsson, 2017). These skills are contrary to societal norms and values hence we see street children pickpocketing and becoming involved in shady deals like drug trafficking and prostitution for survival (Gwanyemba et al., 2016).

Street children do not have the tertiary qualification to fit into formal employment. Therefore, they rely on the informal sector to earn a living. In metropolitan cities, they are involved in manual labour jobs such as construction, mining and farming (Ruparanganda, 2008; Gao et al., 2018). However, this negatively affects their health, as they are not physically fit to do strenuous work. Due to the unavailability of proper sanitation, street children have resorted to the bush system when relieving themselves, and they use nearby streams/rivers for bathing and laundry (Grundling, De Jager & De Fourie, 2004).

3.8.3 Psychological challenges

Street children face psychological problems and trauma in their street environment. These challenges include mental health, stress, and psychoactive substance use (Brown, Begun, Ferguson & Thompson, 2015). The psychological problems arise due to various economic and social challenges they encounter in trying to make ends meet. This affects their growth and development, as they must adapt to the negative coping mechanisms as strategies to stabilise their minds. The above-mentioned psychological factors are discussed below in depth.

3.8.3.1 Stress

Stress is one of the psychological factors that affect street children. It is caused by thinking a lot about life and reasons that pushed one to live and work on the streets (Ferguson, 2012). Stress affects street children psychologically because they are still children and are not fully developed emotionally, cognitively or physically. Therefore, seeing children of their age enjoying life whilst they are encountering multitudes of problems to survive drains them mentally (Wargan & Dresheim, 2009). Furthermore, changes in their lifestyle (transitory) are also a cause of stress (Hadland, Marshal, Kerri, Montaner & Wood, 2011). Street children do not have a permanent place of stay in the streets, as they migrate from one end to another because of various reasons that include running away from municipal police or avoiding fights with other peers. This causes problems such as loneliness, isolation and lack of developing an emotional attachment to other people (Zerihun, 2015).

The stress that is experienced by street children is intense to the extent that it causes them mental health problems. These mental health problems include emotional issues

and psychiatric disorders (Brown et al., 2015). Most of the street children do not have access to therapeutic services; therefore, it affects their social life and interaction with other peers on the streets (Zerihun, 2015; Ferguson, 2012). The reality of the matter is that street children are failing to cope with street life which makes adaptability difficult besides having nowhere to go.

3.8.3.2 Psychoactive substance abuse

The use of psychoactive substance abuse is high among street children. This includes the overdose use of medication, alcohol and drug abuse (Asante et al., 2014). According to Mhizha (2010 p.219), in Zimbabwe the substances used by street children are “alcohol, tobacco, *kachasu*, *maragadu* and *mbanje*: these drugs are taken to assuage the impact of adversities in the streets (notable are hunger, stress, cold weather and hopelessness”. This leads to chances of increased accidents, unprotected sex and unplanned pregnancies and sexually transmitted diseases and infections (UNAIDS, 2010; Zerihun, 2015). Some street children use them as a form of coping mechanism to avert thinking about the problems they encounter daily while others use them because of peer influence. The continuous use of substances affects not only the mental but also the physical health system such as the liver, heart and brain complications (Hadland et al., 2011).

3.8.3.3 Coping strategies

Street children lack access to emotional and moral support as well as therapeutic services to constructively deal with problems they are encountering in life. This further affects their whole being (social, physical and economic life) and therefore hinders their attainment of

growth and development. To deal with these challenges, street children have engaged in drug and alcohol abuse as a short-term avoidance coping mechanism (Mhizha, 2010).

3.8.4 Physical challenge

Street children face bodily harm in their day-to-day living and working in the streets. This is caused by being involved in early sexual relationships. Factors that cause bodily harm include involvement in underage sex and having non medically supervised abortions. These are elaborated below.

3.8.4.1 Sexual relationships and HIV/AIDS

Street children are involved in underage and illegal sexual relationships (Fiasorgbor & Fiasorgbor, 2015). This harms their wellbeing when they fail to cope with the consequences of their actions. There are three forms of sexual relationship in the streets and these are survival sex, rape and commercial sex (Mhizha, 2010). Survival sex is whereby street girls agree to sex in exchange for food and toiletries. Rape is whereby they are coerced into intimate and commercial sex in exchange for money with other street boys or members of the society who seek to exploit them (Orme & Seipel, 2007). There are three forms of sexual clients for the street girls, which are street boys whom they engage in sex for protection from street gangs, the street working youth that they engage in sex with for commercial purposes, and, lastly, the municipal police or uniformed police whom they engage in sex with to be protected from detention (Ferguson, 2012).

The street boys view sex as pleasure while girls view sex as a means of survival. Street children are involved in underage sex and this expose them to sexually transmitted

diseases and infections (Orme & Seipel, 2007; Taylor, 2016). Therefore, street children are vulnerable to HIV infection because they are involved in premature sex with different partners without protection (Ferguson, 2012). Street girls are at risk of being raped by older men who believe in the ritual that if they sleep with virgin girls their business will be successful (Makope, 2006).

In a study by Rurevo & Bourdillon (2003), a group of 30 street boys and girls agreed to be tested for HIV and 28 of them were found positive while 2 were found seronegative. Devereux (2006) states that street boys are involved in drug and alcohol abuse to enhance their sexual behaviour, which in turn puts them at high risk of contracting HIV. This shows that street children are at high risk of contracting HIV and other sexually transmitted infections.

3.8.4.2 Un-safe abortion

Street girls are involved in sexual intimacy in exchange for food and clothing, which not only puts them at risk of HIV and AIDS but also of having unwanted/unplanned pregnancies (Asante, 2016). This leads them to have non medically supervised abortions, which put their lives at risk (Fiasorgbor & Fiasorgbor, 2015). In most instances, street girls fear discrimination and being disrespected by nurses; therefore, instead of going to public hospitals/ clinics for safe abortions, they have the procedure performed in the street (Zerihun, 2015). This puts them at risk of emotional and physical harm because the streets are not a safe environment to conduct such a process.

Furthermore, the unplanned pregnancies can also lead to miscarriages and premature deliveries because the street girls will not be receiving anti-neonatal services (Flynn,

2008). In a study done in Nigeria, it was noted that majority of street girls discovered later that they were pregnant after being raped and had already contracted sexual diseases, and in fear of giving birth to a child without a father they went for street abortions, which used strong traditional herbs (Fawole, Ogunkan & Adekeyo, 2004).

3.8.4.3 Coping strategy

Street boys and girls have multiple partners they engage in sexual relationships with for various reasons. This poses a danger to contracting sexually transmitted diseases and infections. In a study by Ngwenya (2015), when street children contract sexual diseases they fear to go to clinics and, therefore, resort to using traditional medicines they purchase from traditional healers. A study conducted in South-Western Nigeria reported that, traditional medicines used are effective in curing some of the sexual transmitted infections; however, others are too powerful and have negative effects on other bodily organs like liver, kidney and heart (Fawole et al., 2004). Therefore, public health institutions encourage street children to seek medical treatment when they experience physical ailments.

3.9 Chapter Conclusion

This chapter elaborated on the social protection system and on the phenomenon of street children in Zimbabwe. The historical background and characteristics of social protection were explained in detail. Furthermore, legal frameworks such as the Universal Declaration of Human Rights (UDHR), the Constitution of Zimbabwe, Children's Protection and Adoption Act, the Guardianship of Minors Act and the Social Welfare Act that underpin social protection system in Zimbabwe were elaborated on thoroughly.

Lastly, the challenges faced by street children as well as the coping strategies the street children embarked on to survive were discussed. The next chapter explains the role of the Department of Social Welfare and the nature of Government Social Protection Programmes available in Zimbabwe.



CHAPTER FOUR

GOVERNMENT SOCIAL PROTECTION PROGRAMMES

4.1 Introduction

The previous chapter elaborated on the social protection system and various legislations underpinning its implementation in Zimbabwe. Furthermore, the chapter defined street children and explained social, economic, physical and psychological challenges they face on the street. In addition, the coping strategies they resorted to in solving these challenges were discussed. This chapter explains the historical development of the social protection system in Zimbabwe, the role of the Department of Social Welfare and the nature of government social protection programmes available. These include the Basic Education Assistance Module (BEAM), Harmonised Social Cash Transfer programme, National Action Plan for Orphans and Vulnerable Children, Institutional Care, Free Treatment Order (FTO) and Child Adoption.

4.2 Street children and social protection programmes in Zimbabwe

Zimbabwe is a landlocked country located in Southern Africa. Its capital city is Harare, which has a population of more than 5million (Government of Zimbabwe, 2014). Like other capital cities in Sub Saharan Africa, Harare has faced several social challenges such a poverty, unemployment, overpopulation, limited economic opportunities and an increasing number of children on the streets (Chinyai, 2017). The above-mentioned social ills have led to the evolution of Social protection in Zimbabwe.

The increase of street children and social protection programmes that mitigate their plight in Harare Metropolitan Province is the core of this study. However, literature indicates that there are no specific social protection programmes and services that deal with the plight of street children. Nonetheless, the available programmes fall under child protection services, which deal with issues affecting orphans and vulnerable children (OVC). Street children fall under OVC; thus, they are entitled to child protection and care from the government (Republic of Zimbabwe, 2013).

4.2.1 History of the social protection system in Zimbabwe

The evolution of the social protection system in Zimbabwe is traced through three phases, namely the pre-colonial, colonial and post-colonial periods (Kaseke, 2010). These phases provide a detailed development of social protection programmes and services in Zimbabwe. During the pre-colonial era, Zimbabwe encountered social problems such as poverty, vulnerability, deprivation and exclusion (Nhapi & Mathende, 2016). The social structure of people was organized through kinships and inheritance. Their economic activities were based on agriculture and hunting, which provided a source of income for their families (Kaseke, 1998). The needs of vulnerable people in society, such as the elderly, the disabled and orphans and vulnerable children (OVC) were being catered for by informal social protection (Siampondo, 2015, p.4).

To address the plights of the people, which included lack of food, of clothing and limited access to health care and education amongst other factors, the nuclear family played a vital role of providing a safety net (Kaseke, 2012). In circumstances where the nuclear family could not, extended family members or the community would intervene (Mushunje,

2006). However, the advent of colonial powers led to the demise of informal social protection systems as it led to industrialization, which precipitated migration of economically active people and private ownership of land (Kaseke, 2003). This in turn led to impoverishment of vulnerable people, especially those in the rural communities who mainly relied on families (nuclear/extended) and community members to cater to their needs.

The scramble for Africa by imperial European powers led to the colonization of Zimbabwe by Britain (Nhapi & Mathende, 2016). During the colonial era, poverty and inequalities continued to increase and this led the British government to implement a social protection system to provide social welfare services to needy people. Dhemba, Gumbo & Nyamusaru (2002) elaborate that provision of government social assistance such as old-age pension, compulsory education and free healthcare and cash grants was based on race. White and coloured people were the main beneficiaries of social welfare assistance while black people were excluded (Nhapi & Mathende, 2016). This led to the impoverishment of black people who not only lost their means of production (land and mineral resources) during this colonial period but were also denied access to social protection by the Rhodesian government.

The Zimbabwean people were denied access to economic, social and political freedom by the Rhodesian government. This led to war against the British rule, which was won by the black majority in 1980 (Kaseke, 1998). The new democratically elected government played a vital role in redressing the previous policies and programmes implemented by the Rhodesian government, which were discriminatory. The government formulated the

Constitution of Zimbabwe, which, amongst other things, intended to redress past imbalances in the social welfare system (Republic of Zimbabwe, 2013)

The Department of Social Welfare (DSW) was created and it falls under the Ministry of Public Service, Labour, and Social Welfare, with the mandate to provide social services to all citizens in a non-racial and discriminatory tendency (Republic of Zimbabwe, 2013). This led to the development and implementation of the Social Welfare Assistance Act, which led to the provision of various social protection programmes in Zimbabwe (Siampondo, 2015).

Dhemba, Gumbo & Nyamusara (2002) point out that the provision of social welfare services is the responsibility of the government (as the principal duty bearer) along with other stakeholders such as local authorities, non-governmental organisations and the private sector in the form of social corporate responsibility. This post-colonial-era led to the adoption of a comprehensive social protection system in Zimbabwe to address social, economic, physical and psychological challenges that were affecting the citizens (Kaseke, 2011).

4.3 Nature of social protection programmes

There are two forms of social protection in Zimbabwe, namely social insurance and social assistance (Kaseke, 2003). Social assistance is provided to people who live below the poverty datum line (Kaseke, 2012). It is a non-contributory scheme that is funded with public funds, and is made up of the provisions of the Basic Education Assistance Module, Support to people with disabilities, Institutional grants, the Harmonised Social Cash Transfer programme, Rural livelihood programmes, war veteran compensation,

Education block grants, the Public Assistance scheme, Food-deficit mitigation strategy, Support to older persons, Drought relief public works programme, Child protection services, Grain loan scheme, as well as the Assisted Medical Treatment programme among others (UNICEF, 2010, p. 29-30; Yablonski & Bell, 2009). All citizens in Zimbabwe are entitled to access to social assistance.

Social insurance provides social protection to the formal sector in Zimbabwe. It is used to protect the workforce, their families and beneficiaries against risks and shocks such as work accident, retrenchment and death and sickness that may hinder their well-being (Chikova, 2013). The government of Zimbabwe established the National Social Security Authority (NASSA) to replace the occupational schemes that were not comprehensive enough to provide social insurance to the labour force (NASSA Act of 1989: Chapter 17: p4). NASSA provides to the employee the national pension scheme and the accident prevention and workers compensation insurance fund (Chikova, 2013). Under these schemes are Maternity leave, Retirement pension and grants, the invalidity pension and grants, the survivors' pension and grants, the Funeral Grant and workers' compensation and medical aid schemes (Kaseke, 2011).

In 2010, the Zimbabwean government launched the "Enhanced Social Protection Programme" to combat the acceleration of poverty and vulnerability in Zimbabwe (UNICEF, 2010, p.9). Mushunje & Macifo (2010, p.266) submit that the "Enhanced Social Protection Project (ESPP)" is a part of the government social protection strategy. The ESPP is supported by African and International Conventions such as the Universal declaration of human rights (article 25), Convention on the Rights of the Child article 26 and 27 and International Convention on Economic, Social and Cultural Rights (article 9

and 10) to which Zimbabwe is a signatory (Nyamanhindi, 2014). This led to the formation and implementation of various social protection programmes (SPP) to deal with issues affecting people in Zimbabwe. These (SPP) are heavily reliant on donor funding and the UNICEF plays a pivotal role in financing these programmes (Dhemba, 2013). The following social protection programmes have been implemented by the DSW in mitigating the challenges facing street children.

4.3.1 National Action Plan for Orphans and Vulnerable Children (OVC)

Orphans and vulnerable children include children with one parent, disabled children, abused children, working children, abandoned children, homeless children, children in conflict with the law and married children (Nyamanhindi, 2014). In support of the definition above Mtapuri (2012) explains that OVC include children with one parent, child-headed families, children with disability and HIV/AIDS orphans. The National Action Plan for Orphans and Vulnerable Children is a framework that provides interventions and ensures that children's needs are well met (Garutsa, 2012). This plan of action is a brainchild of Save the Children, who proposed it during an HIV and AIDS project in 2004. This followed an increase in children in need of care and protection. The action plan was adopted and launched by the government of Zimbabwe in 2005 (Garutsa, 2012).

UNICEF (2010, p.33) points out that there are 3, 5 million children who are vulnerable to poverty in Zimbabwe. Therefore, the National Plan for Orphans and Vulnerable Children intends to address challenges facing orphans and vulnerable children, their communities and families (UNICEF & Ministry of Public Services, Labour and Social Welfare, 2016). This programme seeks to provide education, healthcare services, protect children against

abuse and exploitation and birth certificate registration (UNICEF, 2010). Masuka et al. (2012, p. 64) support the above argument and point out that the National Action Plan for OVC is a “social protection initiator for vulnerable people” as it intends to improve their standard of living.

Ndlovu (2011, p.45) asserts that its vision was to “reach out to all orphans and other vulnerable children in Zimbabwe with basic services that will positively impact their lives”. This framework is based on 10 principles as elaborated by NAP for OVC: children have the capacity, as well as the right, to participate in decisions that affect them; children are not a homogenous group and diversity of approaches and instruments need to be adopted in promoting their rights; children are resilient and have a great capacity for self-reliance; non-discrimination in the provision of essential services to children; the need to promote gender equality, or pay equal attention to the roles of girls and boys; orphanhood, though a critical driver of poverty and vulnerability, is not the only major driver (Ministry of Public Services, Labour and Social Welfare, 2010).

There is a need to build on existing structures, and to pay attention to family ties and traditional capital, effective coordination of human, material, and financial resources at all levels to make maximum use of local resources and avoid duplication, close collaboration between government, civil society, and private sector, mainstreaming of cross-cutting issues such as HIV and AIDS, child participation, disability and gender in all programmes, strategies, and approaches and harmonizing development partner support for NAP II, in line with the Paris Declaration Principles on Aid effectiveness (Ministry of Public Services, Labour and Social Welfare, 2010).

The National Action Plan for OVC is divided into two phases. Phase (1) was conducted during the period (2004-2010), and the government of Zimbabwe agreed to work with donor agencies (UNICEF, 2007b). Furthermore, community-based organisations and Non-government organisations played a vital role in assisting orphans and vulnerable children (OVC) (Mtapuri, 2012). It aimed to reach out to poor families, households and OVC through the provision of basic needs (UNICEF & Ministry of Publics Service Labour and Social Welfare, 2013).

The services they provided during this phase were registering of birth certificates, livelihood support, health care services, child protection, access to education and other social welfare services such as counselling (Masuku et al., 2012). UNICEF & the Ministry of Public Services, Labour and Social Welfare (2013) assert that NAP (1) was effective in fulfilling its aim, as the plan was able to reach out to 410000 OVC. This was a period of political and economic upheaval in Zimbabwe, but despite these challenges, NAP (1) managed to reach out to 10 of the poorest districts in the 10 provinces of the country (Masuku et al., 2012).

Phase (11) took place between 2011-2015 and was based on assisting orphans and vulnerable people in the poorest districts of the 10 provinces of Zimbabwe (Dhemba, 2013). These programmes received \$85million from the international community and UNICEF to cater for the needs of vulnerable children and this funding was used to provide them access to education, healthcare and nutrition (UNICEF & Ministry of Public Service, Labour and Social Welfare, 2013). This phase took place to assist families to cope with risks, stresses and shocks (Mtapuri, 2012). Intervention at this stage occurred through the provision of education through BEAM and the provision of child protection services

(Mutasa, 2015). The target of this programme included the disabled people, child-headed services and families with many extended relatives.

A mean test was used to evaluate recipients. Therefore, those who did not meet the criteria could not be included in this scheme. During this phase, qualifying, vulnerable members of the community were being given \$25 US dollars per family and \$10 US dollars a person per month (UNICEF & Ministry of Public Service, Labour and Social Welfare, 2016). Street children fall into the category of vulnerable children, but for them to access cash transfer depended on whether they met the criteria for selection.

Dhemba (2013) argues that this cash is too little to meet basic needs based on the study by the United Nations, which revealed that the poverty datum line is \$1, 25 per day. UNICEF (2010) states that the NAP does not priorities the needs of children as they are not reiterated in the framework. Furthermore, it does not mention the need to alleviate children from extreme poverty. This shows that NAP is a valuable instrument to organise resources but not effective enough as a plan for action.

4.3.2 Basic Education Assistance Module (BEAM)

The Government of Zimbabwe introduced the enhanced social protection project, which led to the birth of BEAM in 2001, as it was one of the components of the Regional Hunger and Vulnerability Programme (Chitekwe-Biti, 2009). BEAM was grounded on the following four principles: the community was responsible for choosing the needy children to be beneficiaries of this programme; the chosen candidates would have their school fees/levies paid for a period of 12 months; to continue being a beneficiary, the child had

to be attending school; and at least 50 per cent of beneficiaries were supposed to be girls (Government of Zimbabwe, 2014).

Basic Education Assistance Module (BEAM) services are offered by the Ministry of Education, Sports and Culture together with the Department of Social Welfare (UNICEF, 2010). BEAM aims to reduce school dropouts and the number of children failing to attend school because of financial reasons by providing them a fee waiver (Mtapuri, 2012; Mhiribidi, 2010). BEAM consumes a large portion of funds set aside for social protection programmes by the government (Kaseke, 2012). However, donors play a vital role in supporting this programme by donating funds.

The beneficiaries of this programme are children from a difficult background, those who are almost dropping out and those who have dropped out of school (Ministry of Public Services, Labour and Social Welfare, 2011a). The fee waiver is used to pay school fees for disadvantaged children, their examination fees and stationery (2012). This programme has assisted several children from disadvantaged family backgrounds to access education at primary and secondary levels (Mushunje, 2006).

This programme was established in 2001, and by the end of 2005 it had managed to enrol 969 962 students (Dhemba, Gumbo & Nyamusara, 2002). The national policy framework for BEAM states that 50 per cent of high school students benefiting from this scheme should be girls in-order to promote the girl child (Ministry of Public Services, Labour and Social Services, 2010). BEAM has been fused in the National Action Plan for Orphans and Vulnerable Children because education has been strongly supported by the

millennium development goals as a tool of fighting poverty (Ministry of Public Works, Labour and Social Welfare, 2010).

BEAM provides stationery, fee waivers, textbooks and other learning materials to reduce educational deprivation for students from disadvantaged backgrounds (Gandure, 2009; Garutsa, 2012). This is a challenge because of the turmoil in the political-economic nature of Zimbabwe, for investors are relocating to other countries; therefore, it decreases the revenue that is supposed to support this programme (Mtapuri, 2013). In support, the introduction of the Indigenisation Act led to the movement of foreign investors, private companies and non-governmental organisations, which led to the under-funding of this programme.

The Government of Zimbabwe & World Bank (2016) state that the increase of school levies /fees affects this programme as the budget is exhausted at the beginning of the year. Therefore, fees increase in the middle of the term to dropouts. The Government of Zimbabwe & World Bank (2016) point out that this programme does not consider children who stays far from school and those with difficulties in learning. This proves that the BEAM programme was designed in such a way that it may not be sustainable to cater to educational needs for all orphans and vulnerable children.

4.3.3 Institutional Care

The provision of institutional care is another form of social protection provided to destitute, homeless, OVC and disabled people in Zimbabwe (Masuku et al., 2012). Institutional care is where residencies are built with an aim of accommodating the disadvantaged or vulnerable people in society by providing them with a permanent or a temporary residence

or a day care service (Ministry of Public Services, Labour and Social Welfare, 2010). There are 56 residential institutions established by the government of Zimbabwe for this purpose (Gandure, 2009). Some are rehabilitation centres. At these residences, there are childcare workers, social workers, nurses and psychologists to provide services for the needs of the above-mentioned groups of people (Mtetwa & Muchacha, 2013).

The government of Zimbabwe has built institutional homes, rehabilitation centres and youth care centres in each of the provinces in Zimbabwe (UNICEF, 2010). These centres provide shelter and food for vulnerable people. They are registered at the Department of Social Welfare and get a grant per month to assist them in covering the cost (food and utilities) at their residences (UNICEF & Ministry of Public Service, Labour and Social Welfare, 2013). They receive \$15 per child and are also involved in fundraising programmes to cover their total expenses (UNICEF & Ministry of Public Service, Labour and Social Welfare, 2013).

Street children fall under the category of OVC; they are entitled to shelter at institutional care facilities. The Department of Social Welfare is playing a vital role in relocating them from the streets to these residences. However, because of a lack of qualified practitioners (social workers and psychologists) at some of these children's homes, the street children are still experiencing delinquency behaviours (Gandure, 2009). Furthermore, other children are naturalised in street life, and therefore, always return to the streets. Mutasa (2015) denotes that the economic downturn has hindered the provision of services to street children since their institutions are being underfunded and heavily rely on donors. Hence, they are failing to accommodate more children from the streets.

4.3.4 Free Treatment Order (FTO)

The government of Zimbabwe, together with Ministry of Health and the Department of Social Welfare, came up with the FTO programme to provide a fee waiver for those who cannot afford to access health services (Mutasa, 2015). The people who qualify to benefit from this programme are the aged, the destitute, orphans and vulnerable children (2015). FTO assists the disadvantaged, poor and homeless people in the community who do not have an income to pay for medical services (Gandure, 2009). These individuals are provided with a voucher or a letter from the Department of Social Welfare to access free medical services at provincial and public hospitals (Masuku et al., 2012). The voucher or letter covers the medical cost and allows the patient to use it for reviews/check-up (Chikova, 2013). The purpose of this voucher is to reduce the death rate of people dying at homes because of insufficient funds to receive medical treatment.

However, to qualify for this scheme, one must pass a mean test to assert that they need care and protection from the government (Masuku et al., 2012). This process is conducted by social workers at the Department of Social Welfare and nurses at the hospitals to ascertain that those people who need fee waiver assistance are poor (Ministry of Public Services, Labour and Social Welfare, 2011b). However, these programmes exclude street children who are vulnerable to several diseases in the street, such as diarrhoea, typhoid, skin diseases, malnutrition, stress and depression due to the volatile environment they operate in day and night (Chinyai, 2015).

Furthermore, some of the street children may be shy to go and receive medical treatment for illnesses such as sexually transmitted diseases or other sexually related diseases for

fear of being stigmatized (Nyamukapa, 2016). As a result, they put their lives at risk, and chances of infecting others are high as they are an increase in sexual activities on the streets. In solving the challenges of OVC pertaining to medical treatment the FTO has been unsuccessful in assisting those in need because of underfunding. The Ministry of Health and Public works budget has been reduced because of the economic downturn, and, therefore, cannot afford to waive medical bills for all people in need of assistance (Nyamukapa, 2016).

Furthermore, the economic downturn has led to a shortage of medical practitioners; these have been migrating abroad to seek better opportunities and hospitals have been facing shortages of drugs and vaccines for children (Masuku et al., 2012). The challenges encountered by the FTO hinder the attainment of positive feedback from those in need. Furthermore, it shows that the social protection programme has been ineffective in mitigating the plight of OVC. However, the FTO programme managed to provide 25 000 people with a fee waiver to receive treatment from government clinics and hospitals (Chikova, 2013).

4.3.5 Child Adoption

Child adoption is another social protection programme used to assist OVC by providing them with a stable family environment. The Child adoption programme is institutionalized in the Children's Act [Chapter 5: p.6] (UNICEF & Ministry of Public Service, Labour and Social Welfare, 2016). It elaborates that children who need care and protection should be eligible for adoption. The child's family will be given the priority but if they are not able to

provide for the needs of the child, he or she can be placed in foster care or an adoption placement (Masuku et al., 2012).

Child adoption is a process whereby a person agrees to take full custody of a child into their family (Dhlembeu & Mayanga, 2006). According to the Children's Act, children who fall into the category of being adopted are the neglected, homeless, abused, abandoned, orphans and vulnerable children (UNICEF, 2010). The process of adoption is carried out by social workers from the Department of Social Service and the children's court. They are responsible for interviewing the prospective parent and assess if they can provide a stable environment for a child (Mhizha, 2016).

The child adoption programmes place children in the streets with respective families who are willing to assist them. However, the number of street children is increasing at an alarming rate because the notion of child adoption is not socially and culturally embraced in African countries (Asante, 2015). Therefore, even though street children are placed in family environments, they still suffer from behavioural and emotional issues. Masuku et al. (2012) and Chamwi (2014) further argue that African people do not want to adopt children because of cultural superstitions, such as fearing the wrath of ancestors brought by raising a child with a totem different from yours.

4.3.6 Harmonised Social Cash Transfer (HSCT)

The harmonised social cash transfer programme is grounded in the Social Welfare Assistance Act [Chapter 17, p.06] (Ministry of Public Services, Labour and Social Welfare (2011a). HSCT operates under three levels: output, impact and outcome level. At the output level, the HSCT intends to increase the purchasing power of poor households by

providing them with unconditional cash transfers (Mtethwa & Machacha, 2013). Furthermore, at the outcome level, the HSCT sought to increase the consumption level so that it rises above the food poverty datum line. Lastly, at the impact level, human development should be attained, as an increase at the consumption level will lead to great improvement in all sectors of life, including economic, health, education and death rate (Mtethwa & Machacha, 2013).

Furthermore, at the impact level of HSCT, the increase in consumption of goods and services is meant to lead to improved nutrition status, health and education and to the reduction of child mortality (Schubert, 2011). It is imperative to note that the programme has only reached 10 districts and is earmarked to reach the 30 most vulnerable districts by 2015. This pilot programme is earmarked to reach out to 89 101 households by the third year of implementation (Schubert, 2011). The Public Assistance Programme, on the other hand, is the precursor.

Devereux (2006) is of the view that this programme was urban biased. Therefore, the rural poor did not have access to the services received by the urban poor. As a result, its effectiveness in combating social phenomena inhibiting the poor and vulnerable people from attaining full growth and development was hampered. The government of Zimbabwe and other relevant stakeholders implemented the harmonised social cash transfer programme (UNICEF & Ministry of Public Service, Labour and Social Welfare, 2018). Therefore, the Public Assistance Programme is a precursor to the Harmonised Social Cash Transfer Programme (Mtetwa & Muchacha, 2013, p.3).

The (HSCT) programme falls under the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) 2011-2015 (Mtetwa & Muchacha, 2013). The main objectives of this programme were to alleviate household poverty, minimize chances for the beneficiaries to be involved in risky coping strategies for survival such as prostitution, early marriages and child labour (UNICEF, 2013). Nyamukapa (2016, p.1) states that the “Harmonised Social Cash Transfer (HSCT) aimed to lift poor families out of poverty while increasing consumption on health and education for children”. This shows that HSCT seeks to uplift the standard of the well-being of the vulnerable and less privileged in society.

This HSCT programme targets vulnerable poor households and labour-constrained households. FAO (2018) explains that a household is constrained when there are no able-bodied members between the ages of 18 and 59 years, and where there are, if one able-bodied person is caring for more than three dependents or has dependents who are severely disabled or have chronic illness and require intensive care. Mtetwa & Muchacha (2013) assert that the disabled, destitute, people unable to work, child-headed households, orphans and vulnerable people (OVC), the elderly, and poor households are the groups of people who should benefit from the HSCT programme. The HSCT defines a child as an individual who is below the age of 18. Street children falls into the category of OVC; therefore, they are entitled to be beneficiaries of this programme (Nyamukapa 2016).

The HSCT is funded by the government of Zimbabwe, the UK Department for International Development (DFID) and the United Nations Children’s Fund (UNICEF) (Food and Agriculture Organisation FOA, 2018). For monitoring and evaluation, UNICEF

provides technical and implementation support services. Kaseke (1998) states that to be a beneficiary a person would have to undergo a mean test to prove that they have failed to get assistance from families and they do not have any means of getting an income. Social Welfare Officers in the Department of Social welfare are responsible for assessing the individuals to see if they meet the criteria of being the recipient of this programme (Ministry of Public Services, Labour and Social Welfare, 2011a). When a person has passed the mean test, they are entitled to an unconditional cash payment of \$10-25 every month (UNICEF & Ministry of Public Services, labour and Social Welfare, 2013).

Since its initiation in 2011, the HSCT reported that the average disbursement of \$20 per month was insufficient to meet household needs, let alone allowing a reserve, specifically for children's needs (UNICEF & Ministry of Public Services, labour and Social Services, 2013). This shows that, the financial assistance given to vulnerable people in Zimbabwe is insufficient to meet their daily needs.

The HSCT is based on the residual approach, which states that the family and market system are responsible for the well-being of people (Dhemba, Gumbo., & Nyamusara, 2002). This makes it difficult for street children to have access to cash transfer, as they must pass through the mean test. The fact that street children ran away from their home/families disqualifies them from benefiting from this scheme. Therefore, their plight remains unsolved and this perpetuates poverty. Furthermore, the breakdown of the family support system due to globalization, modernization, and rural-urban migration has led to the impoverishment of street children (Dhemba, 2013).

4.4 The role of non- state actors in providing social protection for street children

Zimbabwe, street children are a concern for both government and Non-Governmental Organisations (NGOs). The state, as the principal duty bearer and non-state entities such as NGOs are mandated by the United Nations Human Rights Commission to provide social protection to street children (WHO & UNHRC, 2009). Therefore, NGOs are involved in the following social protection programmes and services to street children: capacity building, rehabilitation, provision of children's homes, advocacy and lobbying (Mhizha, 2010).

Humanitarian NGOs in Zimbabwe also provide social protection programmes and services to children in ensuring that their needs are met. NGOs are involved in capacity building to assist street children in obtaining the skills needed in the economic sector (Mpofu, 2011). Capacity building refers to a process whereby individuals, groups, and organisations enhance their abilities to mobilize and use resources to achieve their objectives on a sustainable basis (Chinyai, 2017). Efforts to strengthen abilities of individuals, groups, and organizations can comprise a combination of (i) human skills development; (ii) changes in organizations and networks; and (iii) changes in governance/institutional context (Watkins, West & Visser, 2012).

In Harare, Zimbabwean organizations such as Young Africa Skills and Training Centre and Youth Zimbabwe are involved in providing short-term courses such as baking, building, art, craftwork and sewing (Gunhidzirai & Tanga, 2017). These courses are sources of economic activities in which the candidates can embark in as income-

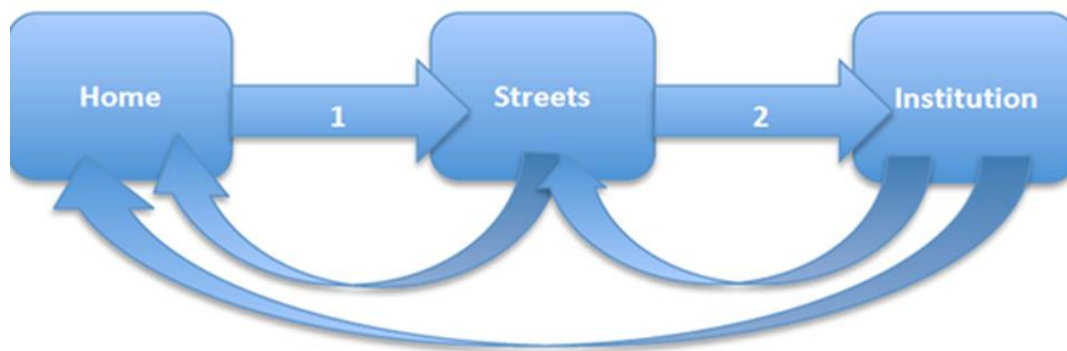
generating projects. Encouraging street children to embark in these courses decreases the numbers in the streets.

Street children encounter various social and economic challenges such as violation of their rights, lack of basic needs, poor sanitation and stigmatization in their day-to-day working and leaving on the streets (Mtonga, 2011). In assisting street children with the above-mentioned challenges, NGOs such as Care and Plan International are also involved in advocacy and lobbying. These organizations play a vital role in lobbying for human and children's rights for street children to the government, which is the principal duty bearer (WHO & UNHRC, 2009). Furthermore, they force the government to implement policies that cater to the needs of children, which led to the adoption of the Nation Action Plan for Orphans and Vulnerable Children in 2004 (UNICEF, 2011). In advocacy, they embark on awareness campaigns educating communities in working together with them and the government in assisting to provide basic needs for street children and devising a strategy to reduce the number of children in the streets (Ibrahim & Hulme, 2010).

Non-state actors such as NGOs, Community based Organizations and Churches adopt a rehabilitation approach in assisting children of the streets (Mtonga, 2011, p.14). He further argues that this approach views street children not as delinquents but as children who have been forced to live in the streets by economic, social and political turmoil. Therefore, these children need to be assisted through offering therapeutic counselling services, enrolling them in rehabilitation and family reunification programmes (Mushunje & Mafico, 2010).

NGOs also provide residential care facilities to street children. In these children's homes, NGOs are responsible for the welfare and well-being of these children and this includes providing them with food, clothing, access to education and medical services (Mtonga, 2011). To cater for these expenses, most NGOs have been involved in income-generating projects, receive donations and the social service department provides them with a minimum grant (Nyamukapa, 2016).

The fig 4.1 below shows the movement of street children from home to street and institutional care facilities (Mtonga, 2011)



The figure shows that when children move from home they go to the streets and when they fail to cope, others return home while some go to institutional care facilities. However, upon being rehabilitated others go for family reunification and back home while others return to the streets for various reasons.

4.5 Gaps identified in the literature on street children and social protection programmes

There are several studies undertaken on street children in both developed and developing countries. These studies addressed various aspects of dilemmas facing street children; nonetheless, these studies did not fully interrogate the perceptions of government social protection programmes in mitigating challenges facing street children. This is imperative since the government is responsible for the welfare of orphans and vulnerable children. Furthermore, this study sought to explore the challenges facing street children in the streets. This is vital because their needs are evolving as the state of the country's economy and political situation is changing too. Therefore, their coping strategies are also changing to meet the challenges they are encountering currently.

Furthermore, the literature also revealed that both government and non-governmental organisations are playing a vital role in assisting street children to have their needs satisfied. However, in many developing countries such as in the African continent, non-governmental organisations, the international community organisations, and community-based organisations are the major stakeholders in funding programmes for social protection. Both developed and developing countries are signatories to international policy and frameworks on children, and they, therefore make the provision of social protection a top priority.

The gap identified in the literature on street children and social protection is that the authors of the reviewed works do not emphasise the importance of government intervention. This is so because the government is the custodian of children, hence their

needs and challenges should be fulfilled by the state. Therefore, this study examines the perceptions of government social protection programmes to mitigate the challenges faced by street children in Zimbabwe. It contributes to the international body of knowledge on street children since the proliferation of street children in major towns and cities is a global concern.

4.6 Chapter conclusion

This chapter elaborated on government social protection programmes available in Zimbabwe. The author clearly outlined the enhanced social protection programme exclusively and explained these programmes: BEAM, harmonized cash transfer, child adoption, FTO, Public Works and NAP for OVOP in solving challenges faced by street children. However, it was established that there are no specific (SPP) programmes to deal with street children. Therefore, the government social protection programmes that assist street children fall under OVC. This shows the weakness of the Department of Social Welfare because it does not cater to the specific needs of each orphan and vulnerable child in Zimbabwe. The next chapter explains the research methodology that underpinned this study.

CHAPTER FIVE

RESEARCH METHODOLOGY

5.1 Introduction

The preceding chapter was a review of empirical literature on the social protection system in Zimbabwe. The review was specifically interested in how the social protection system seeks to mitigate the challenges of street children. The researcher reviewed that social protection programmes are administered to street children in both developed and developing countries. This chapter describes the research methodology underpinning this study. It includes the scope of the study, the area of the study, research design, research approach, population of the study, sample and sampling procedure/ technique, instruments of data collection, analysis of data, limitations of the study, scope of the study, data trustworthiness, significance of the study and ethical considerations.

5.2 Area of the study

Harare Metropolitan Province is the capital of Zimbabwe. It is surrounded by satellite towns such as Chitungwiza, Norton and Epworth (Government of Zimbabwe, 2014). Below, the researcher elaborates on the economic and demographic systems in Harare metropolitan province.

5.2.1 Economic system

The economic system in Harare Metropolitan Province is made up of the formal and informal sector. However, it should be noted that the informal sector has dominated the metropolitan due to various factors that have caused high unemployment. To survive, residents have embarked on various entrepreneurial activities such as vending of green vegetables, clothes and craftwork (Ndiweni & Verhoeven, 2013). Furthermore, there are industrial sites such as Southerton and Coca Cola where a lot of manufacturing companies are situated (Njaya, 2015). Some people are employed in these areas and others in companies and organizations that are in the metro.

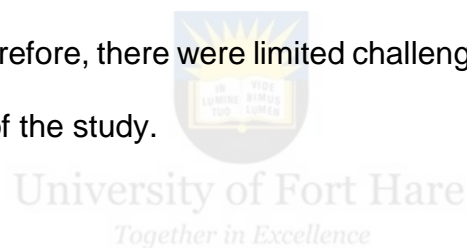
5.2.3 Demographic system

The population of Zimbabwe is estimated at 16, 967, 445 and Harare metropolitan province constitutes 2,098 million of this (Zimbabwe National Statistic Agency, 2018). Residents reside in high, medium and low-density areas in the city. Njaya (2015) elaborates that there are 36 suburbs in Harare Metropolitan Province, which are grouped thus: 15 are high density, 8 are medium density and 12 are low-density suburbs. It should be noted that there has been an increase in informal housing slumps since 2005 when the government launched Operation *Murambatsvina* (clean-up campaign) (Zimbabwe Economic Policy Analysis and Research Unit & Bankers Association of Zimbabwe, 2014).

These clean-up programme led to the destruction of informal structures such as backyard cottages and spaza shops in the residential areas, home industries and shacks (Bratton & Masunungure, 2006, p.24). The families that were evicted were placed in informal settlement areas outside Harare where the provincial officials sought to develop those

areas to be inhabitable. This led to the creation of slums in Hopely, Cassa banana, highlands squatter settlement and White cliff (Chitekwe-Biti, 2009).

The dominant languages spoken by many people in Harare Metropolitan Province are Shona, Ndebele and English. However, other languages are such as Xhosa, Kalanga, Ndaou, Chewa, Tonga, Shangani, Chibarwe, sign language, Sotho, Venda, Khoisan, Nambya and Tswana are also spoken as they are officially recognised languages in Section 6 of Chapter 1 of the Zimbabwean constitution (Republic of Zimbabwe, 2013). The researcher chose Harare Metropolitan Province as the case study because it has the highest rate of street children in Zimbabwe. Furthermore, the researcher grew up in Harare Metropolitan Province, and she is familiar with the socio-economic-political environment in Harare. Therefore, there were limited challenges encountered in collecting data from the participants of the study.



5.3 Research paradigm

Social science and natural science studies are based on various philosophical assumptions that determine the validity of the research and the research methods suitable for soliciting knowledge from that study (Saunders, Lewis & Thornhill, 2009). It is vital to thoroughly understand the underlying assumptions before conducting and evaluating any research project. In support of the statement above, the procedure in conducting research is based on the following dimensions: epistemology, ontology and methodology (Christensen, Johnson & Turner, 2015).

Ontology is the philosophy of reality, epistemology seeks to explain the relationship between the researcher and the people under study, and hence it is based on the

philosophy of knowledge (Whitteker, 2013). Methodology is the process of inquiry undertaken by the researcher in data gathering (Babbie, 2007). The dimensions above conceptualize the importance of choosing a paradigm that suits a study. Neuman (2014) states that paradigms dominant in research include positivism, interpretivism and pragmatism. This study is underpinned by the pragmatism paradigm which incorporates qualitative and quantitative research methods.

5.3.1 Pragmatism paradigm

The word pragmatic is derived from the Greek word “pragma” which refers to the practice, work, the action of activity and thinking “(Moshe, Christopher & Boin, 2015, p.2). Furthermore, Tashakorri & Teddie (2003) affirm that pragmatism paradigm seeks to provide answers to a social phenomenon under study by using qualitative and quantitative research approaches. Saunders, Lewis, & Thornhill (2012) state that, the research philosophy which underpins pragmatism are the research questions. Therefore, this study is grounded on both qualitative and quantitative research questions that seek to examine the perceptions of GSPPs in mitigating the challenges faced by street children.

It should be noted that the pragmatic paradigm aims to produce qualitative and quantitative data that allows a researcher the opportunity to research areas of curiosity by means of approaches that are appropriate and consuming results in an optimistic routine according to the value system of the scholar (Saunders et al., 2012; Hall, 2013). This shows that, the pragmatism paradigm combines both positivist and interpretivist paradigms in a single study

For this study, a survey questionnaire was used in collecting quantitative data from 202 street children. The qualitative data was gathered from 4 focus group discussions held with heads of households and from the depth interviews conducted with 4 Social Welfare Officers in Harare Metropolitan Province. The quantitative data collected was analysed using the Statistical Package for Social Sciences (SPSS) Version 26 of 2019, which is a scientific method that presents data in numerical form and thematic analysis was used to analyse qualitative data.

According to Oppong (2014), epistemic relativism suggests that information can be expressed from numerous points of view subject to numerous impacts and interests. To recognise the reality, information should consequently be positioned within a specific societal context or historical perception. Therefore, the epistemological location of this study is relativism as it is embedded in the social elements. The social element is embedded in this study, as it examines perceptions of GSPPs in mitigating challenges faced by street children.

Axiology of pragmatism is defined as the notion that realizes an optimist value towards an end (Du Plooy, Daves & Bezuidenhout, 2014). In understanding axiology pragmatist researchers state that, they employ qualitative and quantitative research methods to establish a thorough comprehension of people's distinctive certainties (Oppong, 2014). Therefore, the researcher holds the view that the opinions and sentiments of the participants: Social Welfare Officers, heads of households and street children contribute significantly to examining perceptions of GSPPS in mitigating challenges faced by street

children. In this study, the researcher reported the opinions and sentiments of the participants without manipulating them to suit the outcome of the study.

5.4 Research design

Mason (2013) posits that a research design intends to answer the research questions of the study through the following processes: (1) the data collection process, (2) the instrument development process, and (3) the sampling process. This study adopted the exploratory sequential research designs.

5.4.1 Explorative sequential design


An explorative sequential design was adopted in this study. Teddie & Tashakkori (2013) elaborate that explorative sequential design is grounded in mixed methods design classifications. Creswell & Plano Clark (2018) define explorative sequential as a design which combines quantitative and qualitative data collection instruments and analysis in a sequence of phases. In this study survey questionnaire, focus group discussions and interviews were used to gather qualitative and quantitative data from the participants: Social Welfare Officers, heads of households and street children.

Creswell & Plano Clark (2007, p. 75) state that, in qualitative studies researchers adopts an exploratory sequential design when ““measures or instruments are not available, the variables are unknown, or there is no guiding framework or theory”. In the study the population of the street children is unknown because they are migratory in nature. Teddlie & Tashakkori (2003) denote that, the intent of an exploratory research is to gather qualitative findings which will assist in the development of quantitative methods: therefore, data collection is done in two stages. In this study, the researcher first explored

qualitatively the perceptions of GSPPs in mitigating the challenges faced by street children through focus group discussions and interviews.

The second stage occurs after the themes and statement gathered from the qualitative analysis formed the basis of the questionnaire survey used in the same study (Berman, 2017). The researcher collected and analysed the quantitative data from street children. The research questions formed the basis on which qualitative and qualitative data gathered was presented in this study. Therefore, this study is an exploratory sequential design, in that it does show exploratory and sequential features in addressing the perceptions of GSPPS in mitigating challenges faced by street children.

5.5 Research approach



The research approach is also known as “multiple sciences” because it refers to various ways of answering a question since in research there is no single answer to a question (Neuman, 2014, p.61). There are several factors that influence a researcher to adopt a research approach and these include the types of research questions that underpin the study, the aim of the study and the role being played by the researcher (Maree, 2007). In this study, the research questions were intended to gather both qualitative and quantitative data, hence triangulation of both qualitative and quantitative approaches.

5.5.1 Triangulation of qualitative and quantitative approach

Thornhill et al. (2009) state that triangulation of qualitative and quantitative is highly desirable because it helps to understand a social phenomenon. Triangulation of qualitative and quantitative approaches applies to this study because it helped gain an in-

depth understanding of some trends and studying diverse perspectives on street children in Harare Metropolitan Province. Although the qualitative and quantitative approaches are different in many ways, they both complement each other in their quest to understand a phenomenon (Christensen et al., 2015).

Therefore, in this study, the qualitative approach complemented the quantitative approach by collecting data through focus group discussions and interviews. This allowed the challenges faced by street children to be thoroughly explored. Furthermore, the research questions of this study are (how, what, why and when), which because the study is both descriptive and explorative.

5.5.2 Quantitative approach

Jackson (2011, p.102) states that a quantitative approach is structured and the researcher “typically starts with a hypothesis for testing, observes and collects data, statistically analyse the data and draw a conclusion”. In this study, a semi-structured questionnaire was used to gather quantitative data, which were further presented in numerical form. The quantitative approach uses quantitative research designs such as quasi-experimental, correlational, experimental and surveys (Whittaker, 2012: Remler & Ryzin, 2011). In this study, a survey questionnaire was employed on street children because they yield a high score of respondents.

A quantitative approach is viewed as rationalist, objectivist and positivist because it believes in the application of scientific methods in generating knowledge (Maree, 2007, p.50). This shows that a quantitative approach is grounded in the positivism paradigm.

Furthermore, quantitative researchers understand knowledge, reality, social and natural environments from a positivism perspective (Creswell,2009). Therefore, quantitative studies apply scientific methods to understand and predict people's experiences.

This study, therefore, adopted the Statistical Package for Social Sciences to analyse descriptive quantitative findings gathered from street children. The quantitative approach applied to this study because the most effective strategy to gather information from 202 street children was through a survey questionnaire, which gathers data on programmed instruments that produce numbers and statistics.

5.5.3 Qualitative approach

Jackson (2011) explains that a qualitative approach occurs in the field or environment where the participants conduct their day-to-day activities. She further elaborates that the researcher is concerned with making sense and interpreting what they are observing. The qualitative approach describes a phenomenon from the participants' viewpoints to have a broader understanding of the complex situation (De Vos, Strydom, Fouché & Delport, 2011).

In support of the statement above, a qualitative approach is used by the researcher to answer complex phenomena through understanding it from the participants' viewpoint. This shows that participants' views are subjective. The qualitative approach is derived from the interpretivism paradigm. Qualitative researchers understand knowledge, social environment and reality from the interpretivism perspective (Denzin & Lincoln, 2011).

Furthermore, individual perceptions and experiences play a vital role in understanding a phenomenon under investigation.

Hennick et al. (2011) are of the view that the qualitative approach seeks to examine people's experiences using qualitative research methods such as interviews, focus group discussions and observations. In this study, interviews were conducted with Social Workers from the Department of Social Welfare and Focus Group. Discussions were conducted with Heads of Households in Harare Metropolitan Province. The qualitative approach was applicable in this study since the researcher sought to understand the experiences and challenges faced by street children. Furthermore, the study intended to examine the perceptions of government social protection programmes in addressing plights faced street children.



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5.6 Population of the study

Rubin & Babbie (2013) define a population as a set of entities where all the measurements of interest to the researcher are represented. Jackson (2011, p.147) elaborates that population is a “group consisting of all the sampling units relevant to the research question”. Therefore, population refers to the group of people the researcher intends to study. In this study, population refers to all street children, heads of households and Social Workers in Harare Metropolitan Province. It should be noted that, size of population for street children is unknown because they are migratory in nature.

5.6.1 Sample and Sampling Procedure

Kothari (2004, p.55) defines a sample as a “plan for obtaining a sample from a given population”. During the process of selecting the sample, the researcher must bear the following aims: “avoidance of bias in the selection of a sample, and to attain maximum precision for a given outlay of resources” (Kumar, 2011, p.42). There are various factors that must be considered by the researcher before selecting the sample and these include the type of universe, sampling unit, budget constraint, and size of the sample, source lists and sampling procedures (Bryman, 2004).

For this study, the sample was made up of 256 subjects. This was subdivided into three categories: the first one had 220 respondents (Street children) aged between >10-20 years. However, only 202 street children agreed to take part in the study. The second category was made up of 4 participants who were Social Workers from the Department of Social Welfare and the last category was made up of 32 participants who were heads of households who were purposively sampled from four different suburbs in Harare Metropolitan Province.

5.6.2 Sampling procedure

Teddie & Yu (2007) explain that sampling is a process in which individuals who can respond to research questions of a study are chosen from the population. Therefore, sampling is done for the researcher to collect the richest data from selected participants. In support of the arguments above, sampling refers to “the process of selecting a few (a sample) from a bigger group (the sampling population) to become the basis for estimating or predicting the prevalence of an unknown piece of information, situation or outcome

regarding the bigger group” (Kumar, 2011, p.193). This study sought to examine the perceptions of government social protection programmes in mitigating the challenges faced by street. Therefore, non-probability sampling procedures to select the participants who took part in the study.

5.6.3 Purposive sampling

Purposive sampling falls into the category of non-probability sampling. It should be noted that non-probability sampling is applied in a study when the population is not known (Denzin & Lincoln, 2011). Neuman (2014, p.274) explains that “judgmental” sampling is when a researcher uses his or her judgment and expertise in selecting the participants who have adequate knowledge of the study. Maree (2007, p.79) on the other hand states that purposive sampling means that “participants are selected because of some defining characteristics that make them the holders of the data needed for the study”.

The purposive/judgmental sampling framework was used in selecting the Social Workers, heads of households and street children in Harare Metropolitan Province. The reason for selecting Social Workers purposively is that they have adequate knowledge on the provision of social protection programmes and challenges experienced by street children. The heads of households were chosen purposively because they have experience in interaction with street children in Harare and may have children or relatives who live on street. Lastly, street children were purposively selected because, they are the ones experiencing the challenges on the streets. This shows that, Social Workers, street children's and heads of households could respond to the research questions of this study.

5.7 Data collection methods

Qualitative and Quantitative research apply different data gathering methods. This is because qualitative studies seek to collect soft data in the form of words while quantitative studies collect data in the form of numbers (Leedy & Ormrod, 2013). For this study, interviews, field notes and focus group discussions were used in collecting qualitative data and a survey questionnaire gathered quantitative data.

5.7.1 Qualitative data gathering techniques

In this study, the methods of data collection employed were interviews and focus group discussions. An interview is a process whereby the interviewer asks questions to the participants as a way of soliciting data (Kumar, 2011). This process aims to gather descriptive information which un-veils participants' understanding of social reality (Christensen, Johnson & Turner, 2015). The type of interviews was the in-depth.

5.7.1.1 In-depth interview

In-depth interviews were conducted with (n=4) Social Welfare Officers in Harare Metropolitan Province. This was because they had vast knowledge of government social protection programmes since they worked in the Department of Social Welfare. Furthermore, their work involved assisting vulnerable groups such as street children. Therefore, they knew their plights. The in-depth interview guide used in this study was sub-divided into five sections as follows:

- **Section A:** Biographical information
- **Section B:** Overview of Social Welfare in Zimbabwe

- **Section C:** Nature of Street children in Harare Metropolitan Province
- **Section D:** Social protection programmes in Zimbabwe
- **Section E:** Perceptions of social protection programmes in mitigating challenges faced by street children

The interview guide was in simple English. An average of half an hour was taken to complete the interview with a participant. In this study, in-depth interviews allowed the researcher to probe for more information during the face-to-face interviews with the participants (Padgett, 2008). The researcher solicited information on street children and social protection programmes from the social workers because they are intermediators between the government and street children in Zimbabwe. Lastly, in-depth interviews have a high response rate; therefore, the researcher was able to solicit and probe for more information from the interviewee (De Vos et al., 2011). In this study, the researcher was able to interview all participants because they were available at their respective workplaces.

The demerit of the in-depth interview is that it was costly for the interviewer because the key informants were placed in different districts of the Department of Social Welfare in Harare Metropolitan Province. However, the researcher was able to organise two interviews per day to cut on transport cost.

5.7.1.2 Focus group discussions (FGDs)

FGD “is a form of strategy in qualitative research in which attitude, opinions or perceptions towards an issue, product, service or programme are explored through a free and open discussion between the members of a group and the researcher (Remler & Van Ryzin, 2011, p. 523-524). This shows that FGD is a form of interviews that are with a group of

people on a certain topic under discussion. For this study, FGDs were with heads of households from various suburbs in Harare Metropolitan Province. The reason for the choice of these participants was that they had vast information on challenges facing street children and had direct experiences with the Department of Social Welfare.

To gather the qualitative data from the participants, the interviewer made an interview guide. The interview guide consisted of open-ended questions that sought to answer the research questions that guided this study. The interview guide for FGDs solicited information on the role of communities and government effort in the provision of social protection programmes to mitigate the challenges faced by street children.

In this study, the researcher conducted four focus group discussions with the assistance of three facilitators whose role was to organise and coordinate the discussions with heads of households. These participants were residents of Chitungwiza, Epworth, Glen Norah and East View high-density suburbs in Harare Metropolitan Province. The researcher chose these residential areas because they have a high unemployment rate and household poverty (Mhizha, 2016). Furthermore, each FGD consisted of eight members. The members in the FGDs gave consent to the interviewer on the use a tape recorder. This was vital for the study because all information given by the participants was to be captured in an exact way, they elaborated it. All the four FGDS held took less than an hour, as the participants were punctual and very organised.

The advantage of using FGDs is that the researcher can collect rich data which is difficult to gather using other instruments of data collection. The participants can build on each other's ideas to provide a deeper insight into the phenomenon under study and this

information cannot be collected from an interview with an individual (Hennick et al., 2011). The facilitators of FGD in this study were able to gather information from participants who had relatives or children that run away from home and went into the streets. They elaborated on the issues that drove the children away from a personal point of view. Furthermore, an FGD is less expensive compared to other qualitative methods, making FGDs in academic fields and professional areas (Stangor, 2011). Focus group discussions in Chitungwiza, East View, Glen Norah and Epworth the FGDs took place at pre-school centres that were convenient to all the participants. This way the participants did not incur any transport costs. The interview guide for FGDs was transcribed in simple English, and the facilitators were available to explain questions that were unclear to the participants.

The demerit of FGDs is that there are participants who may dominate or are outspoken during the discussion, and these individuals may block views of other less assertive participants (Krysik & Finn, 2013). In overcoming this challenge, the researcher and the facilitators ensured that participants did not divert from the discussion.

5.7.1.3 Field notes

The researcher of this study used field notes in the form of a diary during the gathering of qualitative data from the participants. Dawson (2002) submits that the importance of field notes is that they contain descriptions of the researcher's reflections regarding conversations, interviews, photographs, moments of confusion, audio and video recordings, intuitions, plans and the stimulation of new ideas during the study. In this study, the researcher's diary contained observations noted during interviews, the

information given by respondents during the distribution of the questionnaire and information discussed with experts in the field. The researcher's diary was important in this study because it contained reflections and thoughts gathered during the research process and it gave a clearer picture to the researcher on whether there were any changes to be done.

5.7.2 Quantitative data gathering techniques

In this study, a survey questionnaire was used to gather quantitative data. A questionnaire contains a list of questions that are drawn from the research questions, the respondents will read and interpret these questions and write down their responses (Kumar, 2011, p.145). For this study, a semi-structured questionnaire was used to gather information on the nature of challenges faced by street children.

5.7.2.1 Semi-structured questionnaire

A semi-structured questionnaire is made up of open and closed-ended questions (Mc Laugh, 2012). An open-ended question seeks to solicit more information and allows the respondent to explain thoroughly, while closed-ended questions allow a single response (Leedy & Ormrod, 2013; Mason, 2013). The semi-structured questionnaire used in this study required the respondents to give a single answer or to give an explanation. This means the semi-structured questionnaire had both qualitative and quantitative questions.

The semi-structured questionnaire was subdivided into five sections as follows:

Section A: Background of street children

Section B: Challenges faced by street children

Section C: Coping strategies adopted by street children in solving their challenges

Section D: Government social protection programmes

Section E: Perceptions of government social protection programmes

A total number of 202 street children took part in the survey. The questionnaires were administered in public areas such as shopping centres, Anglican church, Methodist church, Harare Gardens, Africa Unit Square, bus terminus and streets in Harare Metropolitan Province. The main reason for distributing the questionnaires in public areas was that street children do not stay or work in the same geographical area. Three research assistants, who were clarifying questions that were not clear to the respondents, assisted the researcher. Furthermore, they assisted respondents who experienced challenges in filling the questionnaires. The respondents in this study spent less than an hour in completing the questionnaire because other respondents needed assistance and clarifications on the questionnaire. The semi-structured questionnaire was in simple English.

The advantage of using a semi-structured questionnaire is that it upholds the ethical principle of anonymity and this increases the likelihood of getting a response to sensitive questions (Creswell, 2009). In this study, street children were able to answer sensitive questions that sought to explain the challenges they were facing daily. Furthermore, a researcher can study many populations easily by distributing questionnaires publicly (Jackson, 2011). The semi-structured questionnaire applied to this study because the researcher intended to solicit information from 202 street children, which is many participants that cannot be interviewed individually.

The disadvantage of a questionnaire is that it does not allow the researcher to clarify issues. The respondents may misinterpret the question or not understand it and therefore fail to complete the question (Bryman, 2012). However, in this study the researcher distributed the questionnaire in a public place and sincerely asked the children to complete it in the presence of the researcher and her research team to offer clarifications of issues that are ambiguous/not clear. Lastly, the disadvantage of a questionnaire is that the application is limited to a certain population who can read and write (Stangor, 2011). However, in this study since the respondents were street children the researcher made use of research assistants who assisted in clarifying issues they were failing to understand.

5.8 Testing for reliability and validity in quantitative data collection instruments

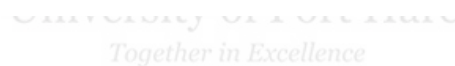
A semi-structured questionnaire was used to collect quantitative data in this study. To test for data trustworthiness of the research findings, the researcher tested the reliability and validity of this instrument. This is elaborated below.

5.8.1 Reliability

Kumar (2011) posits that reliability is attained when the research instrument applied in the study is consistent and stable, which means the research findings are accurate and reliable. In addition, reliability implies the same construct is measured under similar conditions repeatedly and the results remain the same (Padgett, 2008). The dominant scientific methods used in testing the reliability of an instrument are inter-rater, test-retest, split-half reliability and internal consistency (Leedy & Omrod, 2013).

This study applied test-retest reliability. Jackson (2011, p.83) elaborates that test and retest reliability is whereby “reliability coefficient is determined by assessing the degree of relationship between scores on the same test administered on two different occasions”. The study adopted test-retest. A questionnaire to solicit information on the perceptions of government social protection programmes to mitigate challenges faced by street children. In this study the questionnaire was used to gather data from street children in Harare Metropolitan Province. The findings were collected, analyzed and interpreted. In ensuring the instrument used collected reliable data, the researcher used the same questionnaire on a sample of 50 street children from Harare Metropolitan Province. The findings obtained were similar, this shows that questionnaire responded to the research questions of this study.

5.8.2 Validity

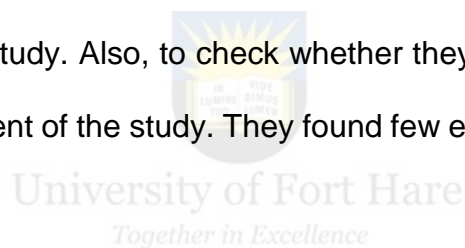


Rubin & Babbie (2013) explain that validity is the capacity of a research instrument to measure what it is intended to measure. In support of the definitions above, the validity of an instrument is the extent at which an instrument measures what it is intended to measure (D'Cuz & Jones, 2014). The following methods are applied in testing the validity of an instrument: content, face, external, construct, and the criterion (Mc Laughlin, 2012). For this study, face and content validity was adopted.

Christen et al. (2015) defines face validity as the degree to which an instrument measures what it is intended to measure, and field experts play a vital role in assessing the instrument since the face validity cannot be quantified. This study adopted face validity

because it used a questionnaire survey to gather quantitative data. In this study, face validity was done by sending the semi-structured questionnaire to two different statisticians from the University of Fort Hare's Department of Statistics. This allowed the quantitative experts to scrutinize the questionnaire as a way of ensuring that it is understandable, easy to interpret and that the questions are directly linked to the research questions of the study.

Leedy & Omrod (2010) defines content validity as the extent to which a measurement instrument is a representative sample of the content area being measured. In this study, the semi- structured questionnaire was given to two Post-Doctoral Fellows in the department of Social Work to check questions whether they are responding to the research questions of the study. Also, to check whether they are written clearly and can measure the intended content of the study. They found few errors in grammar which they corrected.



5.9 Testing for data trustworthiness in qualitative data collection instruments

Qualitative studies apply the following evaluation criteria: credibility, dependability, conformability and transferability to test the trustworthiness of the research findings (Mason, 2013). Stangor (2011) explains that reliability and validity are aspects of quantitative research, which, however, when applied to qualitative research check for credibility and trustworthiness of the findings. This study applied conformability, dependability, transferability and credibility in testing for data trustworthiness in qualitative findings. These are elaborated below.

5.9.1 Credibility

Credibility is defined as a strategy in qualitative studies that is applied to determine the extent to which research findings and the process of data analysis are trustworthy (DCuz & Jones 2014). Trochim & Donnelly (2007, p.149) indicate that “credibility involves establishing that the results of qualitative research are believable from the perspective of the participants in the research”. This means that credibility intends to prove that the research findings are trustworthy. This study adopted member checking as a strategy to ensure the credibility of the findings.

Creswell (2009) postulates that member checking refers to when you verify your understanding of what you have observed with that which was observed. Member checking was applied in this study through allowing a few of the participants who took part in the in-depth interviews and focus group discussions to evaluate the findings and the conclusions, to check whether their views, opinions and responses were elaborated correctly. This process allowed the research findings to gain congruence and validation.

5.9.2 Transferability

Transferability is parallel to external validity and seeks to ensure that the research findings are generalized to other contexts (Hall, 2013). In determining transferability, the researcher adopted a strategy of explaining the detailed description of the research context (Padgett, 2008). Denzin & Lincoln (2011) state that, it is difficult to determine the transferability of the study to other contexts because participants' experiences and perceptions may differ. In this study the researcher tried to achieve transferability by

explaining thoroughly the process of data collection, analysis and interpretation so that other scholars can track and duplicate in a diverse setting.

5.9.3 Dependability

According to Babbie & Mouton (2001), dependability refers to the replication of the same results, with the same subjects in the same environment. This shows that dependability seeks to gather the same data if the same instrument was tested twice (Mason, 2013). This study used peer examination as a strategy used to determine the dependability of the research findings. The researcher kept all records of documents and materials in data collection, analysis and presentation for them to be replicated by post-doctoral researchers in the Department of Social Work at the University of Fort Hare. Furthermore, they were provided with the researcher's memos and field notes which contained information gathered from the fieldwork.



5.9.4 Conformability

Christensen et al. (2015) define conformability as the extent to which the research findings can be collaborated by other researchers. Elo, Kaariainen, Kanste, Polkki, Utriainen & Kyngas (2014) state that conformability is parallel to objectivity, which is used to test for reliability and validity of quantitative findings. In determining the conformability, the researcher explained the process of data collection and made available the questionnaire, interview guides used in gathering qualitative and quantitative data to other scholars. The researcher avoided mixing perceptions of the participants by representing each participant with a code number such as **SWO** for Social Welfare Officers and **HH**

for heads of households. Lastly, the researcher did not manipulate the results in anywhere and presented it in their original context as cited by the participants.

5.10 Data analysis process and methods

This study triangulated interviews, FGDs and questionnaire to examine the perceptions of the government social protection programmes in mitigating challenges faced by street children. Therefore, qualitative and quantitative data was gathered from the participants: Social Welfare Officers, street children and heads of households. Data analysis refers to a process of minimising large amounts of data to a controllable size, whereby various statistical techniques and measurements are used to interpret the results in agreement to objectives underpinning the study (Cooper & Schindler, 2013). In this study thematic analysis was adopted for qualitative findings and descriptive analysis was adopted for quantitative findings.

5.10.1 Thematic Analysis

This study used an in-depth interviews and a tape recorder with Social Welfare Officers and heads of households as instruments in data collection. Therefore, qualitative data was gathered from the participants of this study. The qualitative data obtained was analysed using a qualitative approach of thematic analysis. In social science studies, thematic analysis is used to analysis qualitative data from interviews (Judger, 2016).

Braun & Clarke (2006, p. 79) define thematic analysis “as a method used for ‘identifying, analysing, and reporting patterns (themes) within the data’”. The researcher followed the

stages of the thematic analysis which includes data familiarisation, code generation, theme search, themes revision and theme definition (Burnard, 1991; Braun & Clarke, 2006). The researcher chose this method of analysis because it produces a rigorous analysis in responding to the research questions of this study.

The interviews and focus group discussions conducted were few, therefore manually analysis was used to transcribe the qualitative data gathered from the participants. The researcher read all the interview transcripts of the participants and listened attentively to all audio recordings in order to obtain accuracy translation. After this procedure, the researcher translated all interviews into verbatim. Judger (2016, p. 4) states that, “the importance of translating the interviews as they were transcribed was first to understand the meaning rather than the language, or linguistic features first”. The researcher developed 4 major themes and various sub-themes that were drawn from the research questions of this study. The analysis was driven by the theoretical interest in examining the perceptions of government social protection programmes in mitigating challenges faced by street children.

5.10.2 Descriptive analysis

Quantitative findings were gathered from street children in this study. The questionnaires used in the study were edited by the researcher to ensure consistency and accuracy of the findings with the question’s intention. This made it easy for them to be arranged for coding which is an integral part of data analysis. Coding refers to classifying the data gathered with symbols or special identification names (Gibbs & Taylor, 2010). The

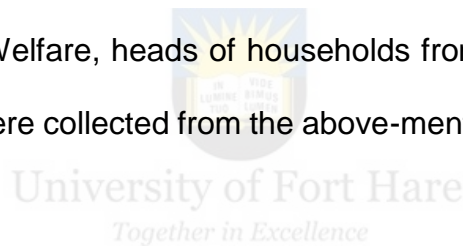
questions were coded by assigning numbers on excel spread sheet in order to clearly categorise responses which permitted efficient analysis. After coding the responses of street children, the data was run on SPSS Version 26 of 2019 (which has some advanced statistical tests and upgrades on scripting and statistics process) using descriptive statistics. Landau & Everitt (2004) explain that, descriptive statistics is used for summarising data frequencies and it measures central tendency such as (mean, mode and standard deviation). The data generated from this process was analysed using frequency distribution. The frequency distribution is a table in which all the scores are recorded next to one another (Leedy & Omrod, 2010). The results produced in this analysis are presented in the form of pie charts, tables, and bar graphs. Therefore, the percentages attached to the bar graphs and pie charts form the principal basis of comparison amongst the variables that were analysed. The use of descriptive analysis applies to this study, as it allowed massive data gathered on the perception of government social protection programmes to mitigate challenges faced by street children to be presented in a simple practical way.

5 .10.3 Applicability of qualitative and quantitative data analysis strategies

It should be noted that, both qualitative and quantitative data obtained seek to respond to the research questions of this study. It should be noted also that qualitative data played a complimenting role to quantitative data. Therefore, the research questions of this study formed the major headings in presenting qualitative and quantitative data. The information presented on bar graphs and pie charts are substantiated with direct quotations from the participants.

5.11 Scope of the study

The government of Zimbabwe has come up with several social protection programmes to mitigate the needs of orphans and vulnerable children. Street children fall into the category of vulnerable children and are therefore entitled to be recipients of these programmes. The following government social protection programmes: Child adoption, Basic Education Assistance Module (BEAM), free treatment order, National Action Plan for Orphans and Vulnerable Children (OVC) and Institutional care programmes were examined in this study. These are the programmes that being implemented by the Department of Social Services under the Ministry of Public Service Labour and Social Services at the time of the study. The participants of this study were Social Workers from the Department of Social Welfare, heads of households from different residential areas and street children. Data were collected from the above-mentioned participants in Harare Metropolitan Province.



5.12 Limitations of the study

The University Research Ethics Committee delayed issuing the researcher an ethical clearance certificate and this affected the timeline for collecting data from the participants. However, the researcher employed three research assistants and data were collected within two months. The role of research assistants in this study was to recruit participants, secure venues for FGDs, facilitate focus group discussions and translating research guides to the participants: heads of households and street children. Furthermore, they also explained the purpose of the study and translate consent forms to the participants. The role of the researcher in this study was to interview all the Social Welfare Officers. Furthermore, the researcher was responsible for recording all FGDs sessions using field

note, whereby notes were written whilst the group was in session for the purpose of drawing secondary source for data analysis. Lastly the researcher prepared data gathered for analysis, transcribed the recordings and interview guides, and analysed the data. This study was not funded; therefore, the researcher experienced financial constraints in printing 220 questionnaires, transport costs for research assistants and their allowance. The researcher was able to print one questionnaire and photocopy to minimise the expenses. While photocopying reduced the quality of the copies, these were still clear enough to facilitate the data collection process. In this study, 220 street children were supposed to take part in the survey questionnaire. However, only 202 took part in this study as data was saturated. Furthermore, some of the street children could not fill in the questionnaire, and research assistants helped them out.

5.13 Ethical considerations

Neuman (2014, p.157) defines ethics as “principles and guidelines developed by professional organizations to guide research practice and clarify the line between ethical and unethical behaviour”. In this study, ethics needed to be upheld because the researcher was invading people’s private lives. Therefore, the ethics of social science research guided this study. In this study, the ethics observed included applying for an ethical clearance letter, confidentiality, honesty and trust, informed consent, voluntary participation, and avoidance of harm (Leedy & Ormrod, 2013, p.108). These are detailed below.

5.13.1 Research ethical clearance letter

The researcher obtained an ethical clearance letter from the University Research Ethics Committee (UREC). The ethical clearance letter stated that the topic under study was accepted by the research ethics team of the University, the research questions are relevant to the study and instruments of data collection are suitable for soliciting data from the population of this study. Furthermore, the researcher requested permission and was granted a letter from the Head Office of the Department of Social Welfare at Compensation House in Harare to interview Street Children, Social Welfare Officers and heads of households.

5.13.2 Informed consent

Denzin & Lincoln (2011) explain that informed consent is whereby subjects are informed about the nature and purpose of a study before they participate. Furthermore, informed consent requires the researcher to give a detailed plan of the study and to explain how it will affect the participants (Somek & Lewin, 2011). In observing the informed consent principle, the researcher thoroughly explained the nature of the study to the participants before commencement of the study. The researcher informed the participants of the aim and objectives of the study. This was vital because the participants are always entitled to have adequate knowledge of what is going to be involved in the study.

Furthermore, the researcher asked for permission from the key informants of this study to use a tape recorder during interviews. This is supported by De Vos et al. (2011) who elaborate that researchers must obtain informed consent from research participants before recording their voices or images for data collection. After thoroughly explaining the

above-mentioned information to the participants, the researcher gave them informed consent forms to sign as a way of showing that they have understood what they are involving themselves in and that they were not coerced in any form.

5.13.3 Avoidance of harm

When participants take part in a study, they are vulnerable to harm because their personal life will have been put on the spotlight. Denzin & Lincoln (2011) states that they can be harmed through feeling uneasiness and intrusion in their private life. This study intruded into the private lives of street children as it involved exploring their nature, challenges and living conditions on the streets. Therefore, because this topic was sensitive it placed street children in a vulnerable situation as the questions asked had the potential to harm them emotionally or psychologically. In avoiding the harm, the researcher debriefed the participants who were affected emotionally or psychologically.

5.13.4 Voluntary participation

Anne et al. (2013) explain that voluntary participation is informing the participants they should voluntarily agree without any persuasion and that they can withdraw from the study without any penalty. For this study, the participants who took part in the survey questionnaire, in-depth interviews and focus group discussions were not coerced or manipulated in any way to take part. To prove that they had agreed to take part in the study voluntarily, each of the participants signed an informed consent form.

5.13.5 Honesty and trust

Padgett (2008) denotes that findings should not be manipulated or changed in any way because this is unethical and they, therefore, should be presented in their original context. In this study, the researcher was honest in presenting the findings in the exact words as aired by the participants. Furthermore, Leedy & Omrod (2013) state that unexpected findings should be presented as they are, even though they might cast some doubt on the approach or design underpinning the study. In this study, the researcher presents the findings as they are and does not fortify them. Furthermore, the researcher presented the direct quotations from the participant in the exact way they would have elaborated on it during the process of data gathering. This study, therefore, upholds honesty and trust.



5.13.6 Confidentiality

Rubin & Babbie (2013) explain that there are two forms of confidentiality, namely absolute and relative. He further explains that absolute confidentiality means the researcher will not share the information obtained from another person. Relative confidentiality, on the other hand, entails that the researcher will share the information with another person (Hennick et al., 2011). In this study, the qualitative and quantitative data gathered from the participants were shared with the research supervisor. Confidentiality entails that the researcher protects the information obtained from participants and stores it in a device that cannot be accessed by any other person (De Vos et al., 2011). In this study, the participants' names and physical addresses do not appear in the study. This is done to protect their identity. Furthermore, the participants were assured that the interview guides and questionnaires would be burned to avoid any third person from accessing their

information. Lastly, in presenting qualitative findings from Social Welfare Officers and heads of households, the researcher used codes to hide the identities of the participants.

5.14 Chapter conclusion

This chapter described the research methodology that was used in collecting, analyzing and presenting data in this study. The researcher explained the research process of this study, such as the research paradigms, research approach, research design, population, and sampling just to mention a few. The next chapter focuses on the presentation and discussion of the findings of this study.



CHAPTER SIX

FINDINGS ON CHALLENGES AND SURVIVAL OF STREET CHILDREN

6.1 Introduction

The previous chapter focused on the research methods that were used in this study. This chapter presents and discusses the research findings that were obtained from questionnaire survey with street children, focus group discussions with heads of households in different suburbs and interviews with Social Workers/Social Welfare Officers in the Department of Social Welfare in Harare Metropolitan Province in Zimbabwe. The research questions of this study formed the major headings for presenting both qualitative and quantitative findings. The research questions are used in the presentation of findings to provide more clarity and understanding in line with the research problem of the study. The quantitative data is presented in the form of tables, pie charts and bar graphs. Qualitative data complement the quantitative data and are presented in the form of themes derived from the research questions. The findings are discussed in line with the literature and theoretical framework. The theories used in this study are the Human Rights-Based Approach (HRBA), Psychoanalysis Theory and the Ecological Systems Theory (EST). The following research questions guided the study:

What are the challenges faced by street children in Zimbabwe's Harare Metropolitan Province?

What coping strategies are street children in Harare Metropolitan Province embarking on to solve their challenges?

What is the nature and extent of government social protection programmes available for street children in Zimbabwe?

What are the perceptions of government social protection programmes to mitigate challenges faced by street children in Zimbabwe?

However, this chapter deals with the first two questions.

6.2 Demographics of participants

This section provides a profile of street children, Social Welfare Officer/Social Workers and heads of households who took part in this study. The data gathered from the participants are presented in the tables below.

6.2.1 Characteristics of street children

A semi-structured questionnaire was used to collect data from 202 street children. The table below shows the demographic characteristics of street children, including gender, age group, life status of the biological mother, life status of biological father, previous place of residence, current place of residence, duration of stay on the street, level of education and whether the street children had siblings. The demographics information is elaborated in the table below.

Table 6.1: Characteristics of street children (n=202)

Characteristics	Frequency	Percentages %
Gender		
Male	155	76.7
Female	47	23.3
Total	202	100
Age		
<10yrs	40	19.8
10-15yrs	79	39.3
16-20yrs	83	40.9
Total	202	100
Status of the biological mother (alive or passed on).		
Yes (Still alive)	81	40.1
No (Deceased)	107	53.0
Not sure (whether still alive or deceased)	14	6.9
Total	202	100
Status of the biological father (alive or passed on)		
Yes (Alive)	69	34.2

No (Deceased)	97	48.0
Not sure (whether still alive or deceased)	38	17.8
Total	202	100
Previous place of residence		
Town	80	39.6
Rural areas	54	26.7
Other cities	58	28.7
Other countries	10	5.0
Total	202	100
Current place of residence		
On the streets	153	75.7
At home	24	11.9
Others (in between streets and home)	25	12.4
Total	202	100
Siblings		
Yes	158	78.2
No	39	19.3
Not sure	5	2.5
Total	202	100
Duration of stay on the streets		
6-11 months	46	22.8
1-3yrs	60	29.7
4-6yrs	43	21.3

7-8yrs	27	13.4
9-10yrs	14	6.9
>11yrs	12	5.9
Total	202	100
Level of education		
Primary	73	36.1
Secondary	64	31.7
Pre-school	27	13.4
Others	38	18.8
Total	202	100

Table 6.1 above shows the previous place of residence of street children who took part in the survey questionnaire. It shows that 39.9% of the respondents came from towns in Harare Metropolitan province, 28.7% migrated from other cities, 26.7% of the participants came from rural areas, while 5% of the respondents migrated from other countries. The respondents were also asked a question on their current place of residence. Most of the street children, 75.7%, revealed that they resided on the streets. A few respondents (12.8%) reported that they were staying in other places such as in between the streets and homes, while (11.9%) revealed that they stayed at home.

The gender distribution shows that 76.7 % of the respondents were males and 23.3% were female. This indicates that male street children constitute the largest number of respondents who took part in this study. The study was also interested in establishing the status (alive or passed on) of the biological mothers of the street children. The findings

above show that 40.1% of street children confirmed that their biological mothers were still alive, and 53.0% reported their biological mothers had passed on while 6.9% of the street children indicated that they were not sure whether their mothers were alive or dead.

The respondents were asked a question regarding the status of their biological fathers. The findings above indicate that 48% of street children revealed that their fathers were deceased, 34.2% reported their biological fathers alive, whereas 17.8% of street children were not sure whether their fathers were alive or had passed on. The biological sibling distribution has shown that 78.2% of street children had siblings, and 19.3% of the street children stated that they did not have siblings, while 2.5% of the respondents indicated that they were not sure whether they had siblings.



The education distribution on the table above shows that 36.1% of the respondents indicated that they had attended primary level, followed by 31.7% of the street children who reported to have attended secondary level while 13.4% of the street children noted that they had only attended pre-school. A further 18.8% of the street children explained that they had attended informal education. These findings indicate that many street children are illiterate and need to be empowered with skills and education to improve their lives.

Table 6.2: Descriptive statistics on characteristics of street children

	N	Mean	Std. Deviation	Std. Error Mean
Age	202	2.68	.909	.064
How long have you been living in the streets	202	2.70	1.440	.101

The model is the highest observation in each of the item.

The table above shows: mean and standard deviation of age and duration of stay on street. The respondents have been staying in the street are 2.68 ± 0.909 and 2.70 ± 1.440 , respectively. The average number of respondents living in the street is higher than the average number of their corresponding age distribution.

6.2.3 Characteristics of heads of household

An interview guide was used to gather data from (32) heads of households who took part in (n=4) focus group discussions. The table below shows demographics characteristics of the heads of the households such as gender, age group, members in each household, employment status, place of residence and children/relatives on the streets.

Table 6.3: Characteristics of heads of households

Heads of Households (HH) Code	Gender	Age	Members in each household	Employment status	Place of residence	Children/ relatives on the streets
HH1	Female	39	8	Unemployed	Chitungwiza	1
HH2	Female	25	2	Employed	Chitungwiza	0
HH3	Male	65	6	Retired	Chitungwiza	2
HH4	Female	27	4	Unemployed	Chitungwiza	0
HH5	Female	29	4	Unemployed	Chitungwiza	0
HH6	Female	32	3	Employed	Chitungwiza	0
HH7	Male	32	5	Employed	Chitungwiza	0
HH8	Female	40	6	Retired	Chitungwiza	3
HH9	Female	38	2	Employed	Epworth	0
HH10	Female	55	6	Unemployed	Epworth	1

HH11	Female	66	8	Retired	Epworth	0
HH12	Female	46	4	Employed	Epworth	0
HH13	Male	40	4	Unemployed	Epworth	3
HH14	Female	28	3	Unemployed	Epworth	0
HH15	Female	33	5	Employed	Epworth	2
HH16	Female	26	5	Unemployed	Epworth	0
HH17	Female	43	4	Unemployed	East View	1
HH18	Female	49	2	Employed	East View	0
HH19	Male	35	3	Employed	East View	0
HH20	Female	39	5	Retrenched	East View	2
HH21	Male	35	5	Employed	East View	0
HH22	Female	34	6	Unemployed	East View	0
HH23	Female	31	4	Unemployed	East View	1
HH24	Female	28	4	Employed	East View	1
HH25	Male	42	3	Retired	Glen Norah	1
HH26	Female	47	8	Unemployed	Glen Norah	3
HH27	Female	39	3	Retrenched	Glen Norah	1
HH28	Male	41	6	Unemployed	Glen Norah	2
HH29	Female	24	5	Unemployed	Glen Norah	0
HH30	Female	29	3	Employed	Glen Norah	1
HH31	Female	38	3	Retrenched	Glen Norah	2
HH32	Male	41	4	Employed	Glen Norah	1

Table 6.2 shows that the majority of the participants (25) were female while a few (8) participants were male. Therefore, females dominated the largest number of participants who took part in the focus group discussions. The findings are corroborated by the report of Zerihun (2018) who explored the factors that led to children occupying the streets and coping mechanisms they used to mitigate the challenges. The age distribution shows that the majority of the participants were between 25 and 35 years and were followed by participants who fell within the age range of 36-45 years. A few of them were in the age range of 46-55 years, while those that were of the age range of 56 and above represented the least number of participants interviewed.

The employment status distribution shows that most participants were unemployed. Very few participants were employed while the least significant number of participants were either retrenched or retired. These findings indicate that children from households with unemployed breadwinners were vulnerable and were likely to go and work on the streets as a way of increasing household income or to go and stay there permanently to escape household poverty. The family composition distribution of the participants shows that most of the participants have many members within their household and only a few participants had a few members in their household.

The participants were asked a question on whether they had children or relatives on the streets. The findings revealed that (17) participants reported that they did not have children or relatives on the street while (15) participants stated they had children or relatives residing on the streets. The participants who took part in the focus group discussions resides in Chitungwiza, East View, Glen Norah and Epworth, which are residential areas in Harare Metropolitan Province.

6.3 Findings based on research questions

This section presents both quantitative and qualitative findings gathered from the participants (Social Welfare Officers, heads of households and street children) who took part in this study. The findings are categorized into four major headings that respond to the research questions of the study. Each major heading is made up of various sub-headings as presented below.

6.3.1 Challenges faced by street children

One of the focus areas of this study was to explore the challenges faced by street children. The participants, inclusive of street children, heads of households and Social Welfare Officers, explained the challenges facing street children daily. These challenges were grouped into four categories as follows: economic, physical, psychological and social. This shows that street children are at risk as they face numerous plights that trigger child poverty and vulnerability. The Ecological Systems Theory (EST), Psychoanalysis Theory and Human Rights-Based Approach (HRBA) clearly explain the challenges faced by street children and the implications these have on their physical, social and mental development. Therefore, the use of both theories was fundamental in this study.

6.3.1.1 Economic challenges faced by street children

The study results show that street children in Zimbabwe are faced with severe social and economic challenges. These challenges include lack of adequate income to access basic needs such as accommodation and food, harassment by municipal officials, high levels

of crime on the streets and the harsh and volatile economic environment. These challenges are explained in detail below. The Ecological Systems Theory (EST) and Psychoanalysis Theory supports the findings on economic challenges faced by street children. It states that the eco-system affects the attainment of human development. This reveals that street children are in dire need of care, protection, social welfare services and assistance.

Lack of access to food

Street children are experiencing hunger and starvation on the streets. This is mainly caused by lack of income to buy food. Street children who took part in this study revealed that they did not have access to balanced meals, and they worked extremely hard to get a single meal per day. The figure below explains how and where street children obtain food daily.

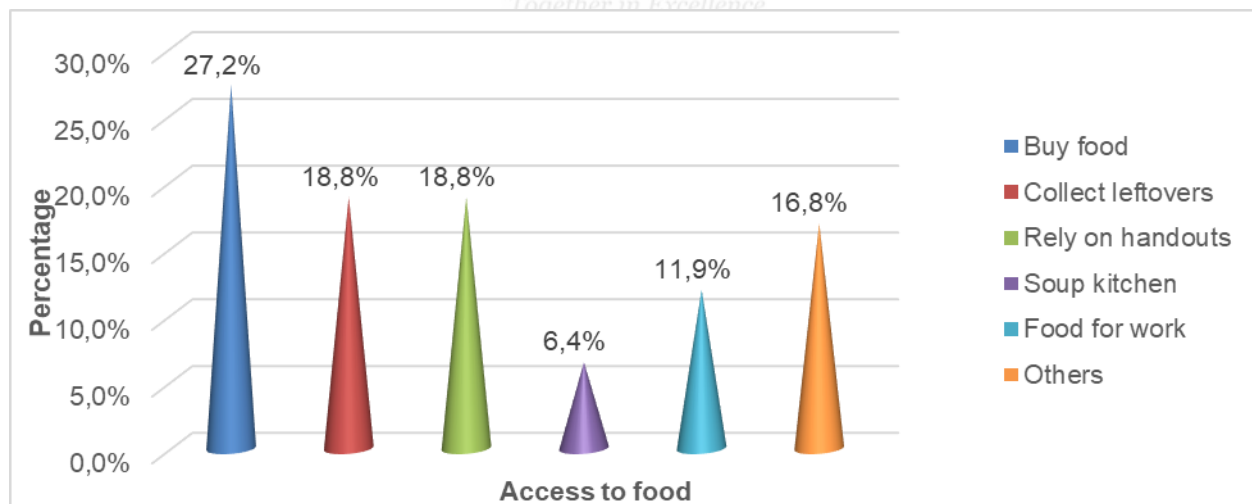


Fig 6.1: Access to food

Figure 6.1 above shows that 27.2% of street children bought the food they ate and 18.8% of them obtained their food from leftovers while 18.8% relied on handouts. In addition, 16.8% received food from other sources such as churches like the Anglican and Methodist churches and some from Community Based Organizations within Harare Metropolitan Province such as *Kwa Mai Zuva* in Mbare. Also, 11.9% of them worked to get food and 6.4% of street children relied on the soup kitchens.

The findings indicate that street children got assistance in the form of food from members of the public and other institutions. However, it should be noted that the food they were receiving was not adequate as their physical appearance showed signs of malnutrition and general lack of a balanced diet. Furthermore, household poverty was alarming, and this left street children vulnerable. In support of the above findings, participants Heads of Households and Social Welfare Officers reported that:

At the taxi ranks, robots and in the streets, street children are begging for food or money. Even their physical appearance has deteriorated due to lack of balanced meals (HH1).

Accessing food is a major challenge to street children. However, churches around the central business district such as the Methodist, Anglican and Grace for Hope and others are providing one meal per day for street children (SWO1).

The findings are in line with Pratibha & Mathur (2016) and Alem & Laha (2016) who conclude that street children on the street do not have a balanced diet. Drawing from this

assertion, therefore, street children are susceptible to various deficiency linked diseases such as anaemia and malnutrition. These findings are also supported by EST, which reveals that lack of access to basic needs such as food affects a child's attainment of full growth and development. This explains why street children appear younger than their actual age. Because of malnutrition, they have stunted growth, and at the same time sound more like adults in their thinking capacity (Taylor, 2016). Drawing from this discussion, the EST applies to this study as it clearly explains factors that affect the wellbeing of children.

Lack of access to accommodation

Most of the street children in the sample did not have a permanent place of sleep at night; hence, they moved with their goods daily from one place to the other. Such a nomadic pattern of survival for street children indicates that streets are inhabitable and unsafe for their well-being. The table below reports on various places where street children slept during the night.

Table 6.4: Accommodation for street children

Sleep place at night	Frequency	Percentage
Pavement	27	13.4
Under the bridge	23	11.4
Taxi rank	31	15.3
At filling station	11	5.4
Rent per night	25	12.4

Others	85	42.1
Total	202	100.0

Table 6.4 above indicates that 42.1% of the street children revealed that they slept at the railway station, *Mbare* market area, *Mukuvisi* river and Westgate cinema while 15.3% of the street children sleep at taxi ranks. In addition, 13.4% of street children slept on the pavement; 12.4% rented sleep places per night. Furthermore 11.4% of the street children sleep under the bridge. A significant number 5.4% of street children slept at filling station.

The findings show that street children did not have a permanent place of sleep at night in the streets of Harare Metropolitan Province. The hostile nature of the street environment forced street children to move from one place to another. This shows that streets are dangerous places and many activities take place at night, forcing street children to move to other places where they feel secure to sleep. However, other street children came into the streets to work and beg for money and food but later returned home at home at the end of the day to sleep. In support of the results presented above, participants noted that:

Early morning, I see street children sleeping in-front of shops on cardboard boxes and with their legs covered in plastic to obtain heat. Others sleep along Mukuvisi River, warming themselves with firewood (HH11).

Poverty in high-density suburbs such as Glen Norah, Chitungwiza, Epworth and East View Tafara have forced parents to send children

into the City to beg or work for food and money and at night they return home (SWO3).

The findings above are supported by Hai (2014, p.48) who argues that street children are regarded as “floating people” because they do not have a permanent place to sleep during the night. Therefore, street children sleep anywhere, as long they is a vacant place. The findings paint a picture contradictory to the provisions of the HRBA, which advocates for every citizen in a country to be entitled to proper and safe shelter.

Conflict with municipal officials

Despite the widespread poverty and unemployment, Harare Metropolitan Province still discourages children from staying or working on the streets. Such a scenario creates tensions between street children and municipal officials who have the responsibility of enforcing municipal rules and regulations. Findings of the study have shown that street children have repeatedly violated municipal bylaws by staying, sleeping and working on the streets. Such violations of municipal regulations have led to a series of arrests and detainment of street children by law enforcement agents.

The findings further revealed that street children were involved in illegal activities such as gambling, theft, selling drugs and various commodities that are prohibited by the municipality. Furthermore, they conduct their economic activities in undesignated areas, which led to urban sprawls as litter became scattered everywhere in the city. The participants also indicated that:

Street children bath in public toilets and wash their clothes in fishing ponds at parks in the City. This tarnish the image of Sunshine City (HH17).

Contrary to the above argument, participant HH21 explained thus:

Some of the street children are removing litter from the streets by collecting waste products, plastic bottles, cans and cardboard box for recycling in exchange for money. Furthermore, others are into begging, so they are not all in conflict with the municipal officials.

Street children conflict with the municipal officials because of the economic activities they are doing such as stealing, hawking, car-washing and scouting at taxi ranks. This affects the movement of the public and tourists in the capital city (SWO).

These findings are concurring with Chande (2015) who explains that street children are harassed and detained by law enforcement officials because they violate municipal rules and regulations. The above findings are corroborated by Psychoanalysis Theory, which states that psychological problems encountered by children harm human development. This is shown by the lack of confidence, poor self-esteem and mental illness such as anxiety, bipolar and other related disorder amongst street children in Harare Metropolitan Province.

Street children involved in criminal activities

To make a living in Harare, street children embark on many criminal activities that include stealing and robbing among others. The responses of street children to a question on this are illustrated in the figure below.

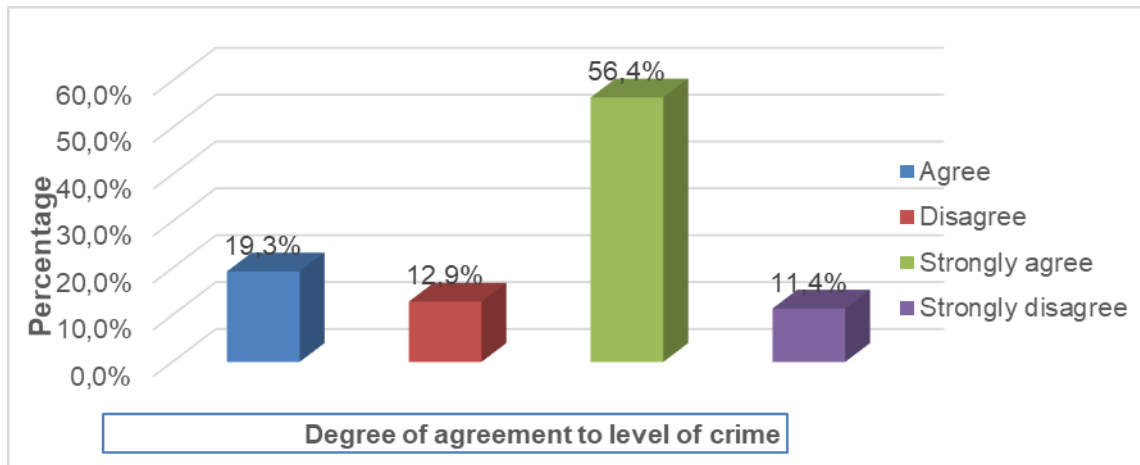


Fig 6.2: Level of crime on the streets

As indicated on Figure 6.2 above, 11.4% strongly disagree that street children were committing crimes; 56.4 % of street children strongly agreed as regards committing crimes. Furthermore, 12.9% disagreed and 19.3% of street children agreed.

The findings show that the deteriorating economic conditions associated with high poverty levels and unemployment have led to an increase in criminal activities by street children around the Harare Metropolitan Province. In some situations, the members of the public are vulnerable to harassment by street children. In support of the argument above, heads of households and Social Welfare Officers had the views that:

Some streets are no longer safe as street children harass and take wallets, phones, plastics bag with groceries and hair wigs. Even at robot they grab items on the seat and run along Mukuvisi River and the railway station (HH9).

Unlike HH9 above, participant HH16 revealed that:

Unemployment and high costs of living are forcing people to commit crimes in the city. Some people are coming from various suburbs to steal and conduct illegal activities to earn income, knowing the blame will be on street children.

Economic instability has led to decrease of donor agencies and well-wishers who provided basic necessities to street children. This drove them into criminal activities taking place in the city. Many of them are re-offenders and have been incarcerated for drug selling and petty crimes. Some of them elaborate that they were trying to make ends meet while others were coerced by street elders (SWO4).

These findings are consistent with Gwanyemba et al. (2016, p.63) who established that criminal activities and street environment are interrelated, and this has created a negative perception for children living and working on the streets. In addition, the findings reflected that most crimes committed by street children were motivated by the need to make ends meet on the streets. These findings do not fit well in the HRBA, which stipulates that

persons are entitled to social security when they are in dire poverty and cannot sustain themselves.

Risks encountered in various economic activities

Street children in Zimbabwe are exposed to risks and vulnerability, as the environment they operate in is hostile to children. Findings of the study show that street children are encountering various challenges in operating their economic activities. Some of the challenges include stiffer competition and theft of products amongst street children, which hinders their economic endeavours to yield high returns. Furthermore, they also encounter lack of storage facilities for their products, climate change, violating municipal rules and regulation. In addition, the participants reported thus:

The economic activities done by street children affect their health because it is physically strenuous. They offload trucks full of building materials or food at Coca Cola Industrial site while others search for used products in the garbage without gloves for recycling (HH 18).

Street children visit our offices for referral letters to the clinics because of various physical ailments such as skin diseases, chest pains and back pains caused by overworking (SWO 3).

The findings are supported by Myburgh et al. (2015) who affirm that street children are vulnerable to physical and mental breakdown because of the nature of economic activities they embark on to meet their basic needs. This assertion indicates the level of street children in their quest to establish a living on the streets. The EST revealed that the

environment is explicitly or implicitly considered as a primary mechanism in children's development (Krishnan, 2010). Therefore, a closer analysis of the lives of street children in Harare Metropolitan Province revealed that the street environment is hostile and affects the process of child development, as they experience emotional, mental and physical break down. This shows that EST is in line with the findings gathered from the participants who took part in this study.

6.3.1.2 Physical challenges faced by street children

Street children in Harare Metropolitan Province encounter physical challenges daily, and these include illness, various forms of abuse, lack of sanitation, vulnerability to STDs or STIs and unplanned pregnant on the streets. The EST states that development and growth occur during the relationship between people and their environment (Krishnan, 2010). The findings have further shown that the physical environment created numerous challenges, which pose a negative impact on the development of children. The EST is therefore applicable to this study as it attests to the notion that the street environment is not conducive enough to promote the growth of street children.

Physical ailments

Living and working on the streets makes street children vulnerable to numerous ailments. This is caused by the dirty environment and strenuous jobs they embark on daily to make ends meet. The ailments experienced by street children affect their attainment of full growth and development. The figure below shows the ailments that are affecting street children.

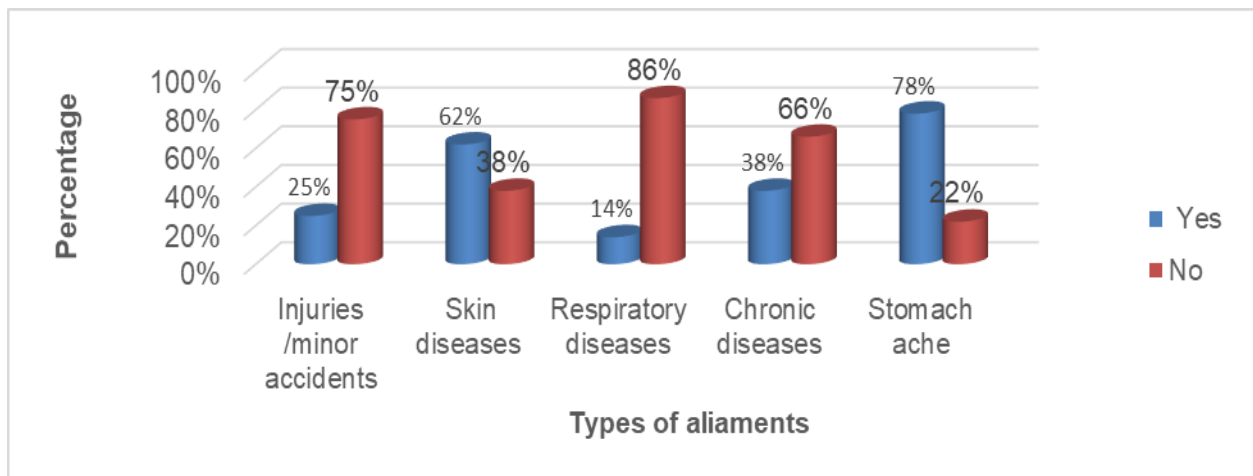


Fig 6.3: Physical ailments

Figure 6.3 above indicates that 78% of street children had suffered from stomach aches. In addition, 62% of the sampled street children had been affected by skin diseases. Furthermore, 38% of street children had chronic diseases. In addition, 25% of street children had been involved in injuries/minor accidents. Lastly, 14% of the street children had contracted respiratory diseases.

Deducing from these findings, street children are vulnerable to physical ailments such as colds, skin diseases, deficiencies, body pains and chronic diseases such as sugar diabetes, respiratory diseases, high blood pressure and HIV and AIDS. This is caused by lack of balanced diet, poor hygiene and a polluted physical environment. In support of the above argument participants reported that the following:

The physical appearances of street children say a lot about their wellbeing on the streets. The street environment is dirty, and this makes them vulnerable to various diseases (HH25).

Street children came for referral letters to seek treatment and medication from public institutions (clinics and hospitals). In circumstances whereby street children are involved in a hit and run accidents or street violence the police transport them to Parirenyatwa Hospital (SWO3).

The above findings are consistent with Malindi & Theron (2011) who maintained that street children are susceptible to physical and mental ailments because of poor sanitation, lack of balanced diet, and unhealthy living style. The above findings are supported by EST, which states that the immediate environment plays a vital role in human development. This shows that the street environment is causing more a lot of harm to street children, as there are factors beyond their control, which affects their physical development.

Various forms of abuse

The findings of the study show that street children are vulnerable to all forms of abuse, such as physical, sexual, psychological and emotional abuse. The figure below shows the findings gathered from street children.

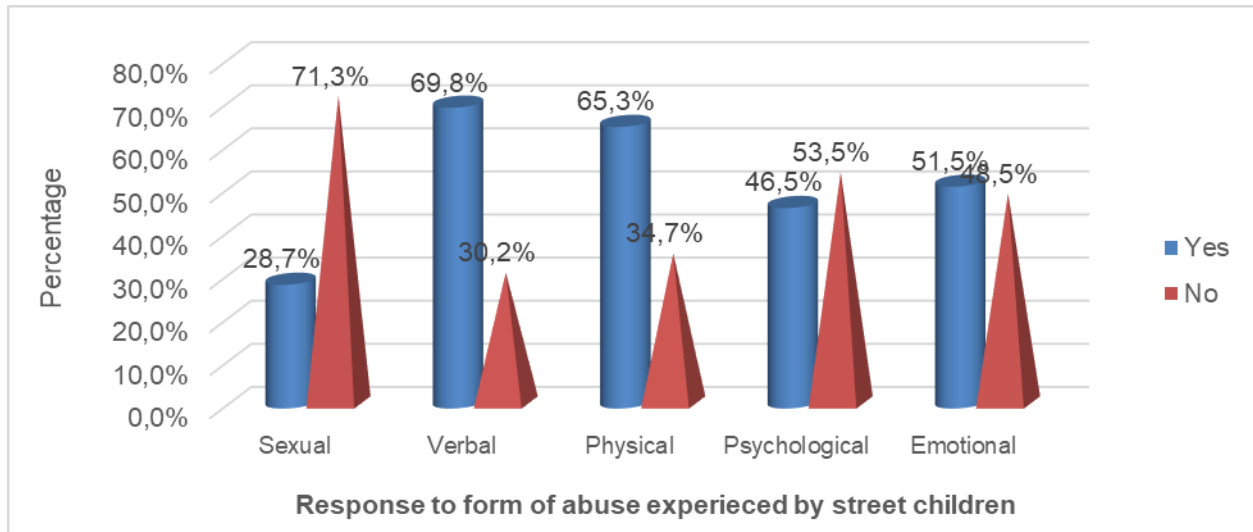


Fig 6.4: Forms of abuse experienced by street children

Figure 6.4 above indicates that 69.8% of the sampled street children had experienced verbal abuse. Furthermore, 65.3% of street children had been physically abused; 51.5% of street children had experienced emotional abuse. In addition, 46.5% of street children in the study had been psychologically abused. Lastly 28.7% had experienced sexual abuse

Street children are vulnerable to all forms of abuse because the nature of the street environment is violent. These children do not have anyone to protect and nurture them; hence, they are victims of abuse and violence that occur on the streets. Street children are constantly harassed, beaten, sexually abused and tormented on the street. The participants of this study revealed that:

Street girls are being coerced to engage in sexual intimacy along the railway station and Mukuvisi River during broad daylight in exchange for food or money by street boys or male perverts (HH14).

We have been receiving an increase of reports from the police about physical and sexual abuse cases of children living on the streets. In our investigations, the perpetrators are elderly street children, members of the public and municipal officials (SWO1).

The findings above concur with a study conducted by Fiasorgbor & Fiasorgbor (2015), which revealed that physical, sexual and psychological abuse were being experienced by both boys and girls who lived and worked on the streets. However, Sewpaul, Osthus, Mhone, Sibilo & Mbhele (2012) affirm that street girls are at a higher risk of being sexually abused than street boys because physically they are not strong to resist, which results in many girls being lured into prostitution. There are various forms of abuse encountered by street children, which makes life on street unbearable, and creates a place of discomfort and despair. The Psychoanalysis Theory reveals that stress, anxieties, depression and other psychotic ailments encountered by children affect the attainment of physical and mental development (Barlow et al., 1995). This shows that Psychoanalysis Theory applies to this study as it shows how the challenges faced by children are affecting their physical and mental development.

Lack of sanitation

Street children do not have proper sanitation in the street environment. This has exposed them to numerous diseases because the environment is unhealthy and inhabitable. The

table below explains the challenges experienced by street children to access proper sanitation.

Table 6.5: Lack of proper sanitation

Lack of sanitation	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Toilets	58	28.7	144	71.3
Bathing facilities	61	30.2	141	69.8
Water	70	34.7	132	65.3
Clean environment	98	48.5	104	51.5

Table 6.5 above shows that 71.3% of the sampled street children did not have access to toilets. In addition, 69.8% of the street children who participated stated they did not have access to bathing facilities. Furthermore, 65.3% of the street children stated that they did not have access to water. Finally, 51.5 % of street children thought that their environment was not clean.

These findings revealed that street children in Harare Metropolitan Province did not have access to sanitation, including toilets, bathing facilities and clean drinking water. Many of the street children resorted to the use of backyards and warehouses as toilets, urinated on the streets, bathed in prohibited areas in the city. The participants of this study further elaborated that:

Harare gardens are now unsafe as a place of relaxation because street children are always roaming around, bathing and doing laundry in the public toilets and fishponds when security is not around (HH18).

The public toilets in and around the city are no longer functioning because of lack of water, blockage or are dilapidated. This makes it difficult for street children and the public who rely on these facilities (SWO2).

The findings are in line with Grundling, De Jager & De Fourie (2004) who revealed that inefficiency and corruption in public institutions has a negative bearing on street children, who do not have access to public toilets and safe drinking water due to dilapidated municipal infrastructure. The lack of proper sanitation, as Chinyai (2017) observes, causes poor hygiene and makes street children susceptible to various physical ailments, which include skin and water-borne diseases. Drawing from the HRBA, street children are entitled to the following: the right to water, sanitation, safe and clean environment. This shows that the findings of this study contradict some major tenets of the HRBA.

High risk of Sexually Transmitted Diseases (STD) or Sexually Transmitted Infections (STI) amongst street children

Street children are vulnerable to sexual diseases because of participation in unprotected sex. It should be noted that some of the street children are still immature people and older take advantage of their immaturity and coerce them into sexual relationships. This leads to an increase of the risk of contracting HIV amongst street children.

The findings reveal that street children in Harare Metropolitan Province were contracting STIs and STDs on the streets. Furthermore, some reported having engaged in sexual relationships with multiple partners among the street children and members of the public in exchange for food and money. This contributed to them being infected. Drawing from these findings it becomes apparent that street children are at risk contracting of STDs and STIs. In support of the findings above, interviews revealed that:

I have seen children who are ill coming to our church in search of spiritual healing. During the conversation, that's when they reveal how they are living on the street and we advise them to seek medical treatment (HH18).



As a department, we are experiencing an increase of street children requesting referral letters to the public hospitals for treatment of various physical ailments such as STDs and STIs, skin diseases and respiratory problems while others have chronic diseases (SWO2).

The findings resonate with Orme & Seipel's (2007) submission that rape, delinquent behaviour, substance use, promiscuity and peer pressure are the factors contributing to the increase of STDs, HIV and AIDS amongst street children. Furthermore, sex is regarded as a commodity in exchange for food, money and protection (Ferguson, 2012; Taylor, 2016). The EST reveals that the relationship between a child and the immediate environment can affect a child positively or negatively (Bronfenbrenner & Morris, 1998).

The EST applies to this study since the street environment is highly volatile and has a negative impact on the well-being of children as situations coerce them to take part in sexual activities as survival strategies.

6.3.1.3 Psychological challenges

Street children were experiencing emotional and mental problems because of the circumstances they face and their interaction with peers and members of the public. The psychological challenges were triggered by abuse, neglect, abandonment traumatic events which they experience on the street environment. They had an adverse effect on their attainment of growth and development.

Stress and depression

Life on the streets is very difficult because street children face various challenges daily. The challenges include hunger and all forms of abuse. Negative feedback and treatment from the public have a negative effect on the emotional and mental well-being of the street children. This distorts the assumption they have that streets are safe place. The circumstances faced by the street children are strenuous and cause stress and depression.

The findings of the study revealed that street children experienced stress and depression and these were exhibited through excessive alcohol consumption, abuse of drugs and violent behaviours. Street children often cried, begging for assistance or slept in unsafe places. This shows that their physical well-being was not being taken care of. A household head stated that:

Two street children came to our church for assistance and they explained their horrific experiences on the streets. We could deduce that these children needed immediate intervention because their life was completely shattered. Even on the streets or bus terminus, street children look miserable and often sleep on pavements crying (HH19).

A social welfare officer also stated:

The economic hardships and political upheaval on the country has a negative impact on their mental wellbeing. This causes mental strain and breakdown which results in high levels of stress (SWO4).

The findings of this study are in line with Zerihun (2015) who observed that social and economic issues encountered by street children affected their physical, emotional and mental well-being. Furthermore, it led to issues of adjustment, lack of emotional attachment and various stress-related diseases. The Psychoanalysis Theory asserts that the experiences on street environment, contribute to trauma and various mental health issues on children. In Harare Metropolitan Province the street environment was hostile and street children encountered all forms of abuse and violence. The street environment made street children prone to mental breakdowns, and this affected their attainment of full growth. In addition, Psychoanalysis Theory supports the findings as it holds that the street environment has negative effects on the wellbeing of street children.

6.3.1.4 Social challenges

Street children in Harare Metropolitan Province encountered various social challenges. These include violence, peer pressure and different perceptions of street children by members of the public. This section explains the findings gathered from the participants of this study.

Victims of violence

Street children experienced violence on the streets of Harare Metropolitan Province daily. This was due to the hostile nature of the street and the several illegal activities that take place on the streets. The lives of street children were at risk as they were victimized and did not have a safe place to hide when violence broke out.

The findings of the study revealed that street children were victims of social and political violence that took place in Harare Metropolitan Province. These include street fights caused by fighting for street boundaries, illegal activities gone wrong, political demonstrations and social-economic unrest. These activities placed the lives of street children in danger, as they had no alternative place of safety. Therefore, they were often victims, were wounded and throbbed up during violence outbreaks. One participant observed that:

Street children are victims of violence during political and economic demonstrations that take place in town. They are often beaten up by law enforcement officers as they are suspected to be

perpetrators who are given money by anti-government organizations to destabilize peace in the country (HH11).

Contrary to the above argument, HH 20 elaborated:

Street children are involved in violent activities and this makes certain streets in Harare not safe to walk because street fights often take place and they use dangerous weapons such as knives, bottles and sticks.

A social welfare officer corroborated the above by saying:

Street children are often involved in street fighting because of violation of street rules. The street warlords are always under the influence of alcohol or drugs and this makes the results horrific (SWO2).

The findings above are corroborated by Chinyai (2017) who reported that perpetrators of violence to street children are their peers, employers, members of the public as well as law enforcement officers. This often leads to street children being wounded and others dying during the fighting (Orme & Seipel, 2007, p.491). The HRBA specifies that people are entitled to Right to life, liberty and security, their dignity and integrity protected. However, the findings contradict these rights because street children were being victimised, were vulnerable and had no protection on the streets.

Peer pressure

Negative peer pressure is experienced by street children in Harare Metropolitan Province. Street children were often pressured or coerced to adapt and adjust to fit the street environment. The figure below elaborates on the various activities that street children indulge in on the streets.

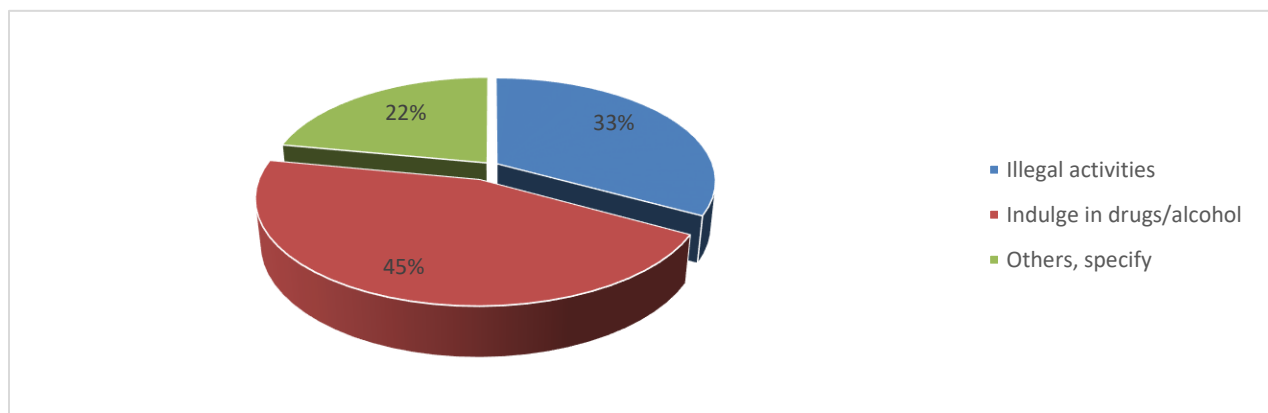


Fig 6.5: Peer pressure

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Figure 6.5 above indicates that 45% of them forced to indulge in drugs/alcohol and 33% of the sampled street children had been coerced into illegal activities. Lastly, 22% of the street children were involved in other activities.

The findings state that peer pressure was a key factor in the street environment. Street children were forced to engage in illegal activities, alcohol and drug consumption and sexual activities. Furthermore, the differences in age made the older ones to influence the decisions of the younger ones. The above argument was also supported by the interview participants elaborated that:

Street children look and act the same, it is like they were born of the same mother. They all sniff glue and smoke marijuana and are very disrespectful (HH05).

However, social welfare officer stated that:

The older street children coerce younger street children to do various activities that take place in the streets. The refusal to follow instructions has negative effects on their stay on the streets (SWO1).



Ekepenyang & Udisi (2016) had similar findings. They who conclude that street rules coerce street children to abide in fear of punishment, and the feeling of being accepted by peers' forces street children to indulge in the activities that others are doing. Furthermore, the failure to fit in the group results in various forms of abuse such as being physically beaten and confiscation of one's earnings, food and clothing (Asante, 2015). The EST states that environment has a negative or positive influence on a child's development. This theory supports the findings of this study, which show that the street environment has a negative impact on growth and development of street children, as they are vulnerable to external pressures that put them at risk and in need of protection from the government.

Perceptions of the public towards street children

Several challenges encountered by street children on the streets receive little or no attention from the public. Nonetheless, sympathizers in the form of church organizations and a few well-wishers in the form of food handouts were evident in Harare Metropolitan Province. However, this was not enough to ensure that street children are recognized as human beings with at least basic human rights who deserve decent treatment from the public. It can be argued that the perceptions of members of the public towards street children varied depending on their interactions. The figure below elaborates perceptions of the public towards street children as derived from the study results.

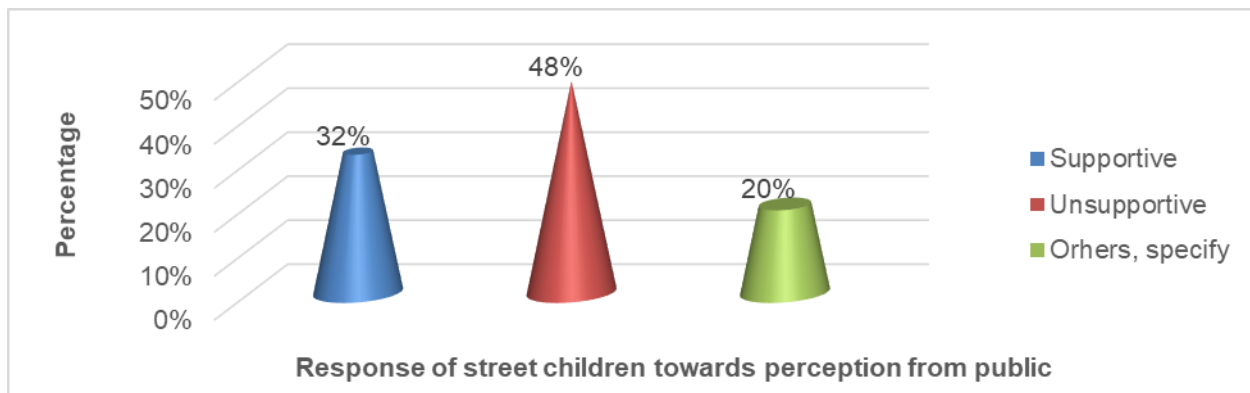


Fig 6.6: Perceptions of public towards street children

Figure 6.6 above shows that 48% of street children stated that members of the public were unsupportive, while 32% of the sampled street children stated that members of the public were supportive. On the other hand, 20% of the street children reported receiving mixed feelings from members of the public.

The findings further reflected that members of the public and street children did not have good relationships. The reasons for this were that street children were considered disrespectful, and they stole from the public and caused disorder and congestion on the streets. Street children were given nicknames such as *zvigunduru* (sleep anywhere) and *zvibhonda* (mentally disturbed people). Furthermore, the public accused street children of tarnishing the 'good image' of Harare Metropolitan Province by indulging in illegal activities and polluting the land and fishponds in the city. In support of the argument, participants said that:

Street children are perpetrators who harass and rob the elderly, the sick and pregnant women. This has been constraining the relationship between the street children and the public (HH24).

The issues facing street children are complex and affect their well-being and behaviour. The public may see them as deviances, rebellious, unruly and disrespectful but it's the negative effects of the street environment (SWO1).

The findings are consistent with a study conducted by Gwanyemba et al. (2016) that noted that members of society have a negative perception of street children because of the experiences they encounter in the streets. Furthermore, the relationship between street children and society is hostile because the latter perceive the former to be mischievous, disrespectful and lawbreakers (Uys & Middleton, 2014). The EST stipulates that a breakdown in the relationships between the sub-systems affects the development of a

child (Krishnan, 2010). The EST is corroborated by the findings of this study, which indicate that street children were failing to get adequate support from the public and this affected their social roles and interpersonal skills. This way, their growth and child development were hindered.

Relationships amongst street children

The study results show that street children depend on each other for meeting their basic needs and surviving on the streets. Such brotherhood and sisterhood spirit enabled street children to interact and form relationships amongst themselves. The figure below shows the nature of the relationships extant amongst street children.

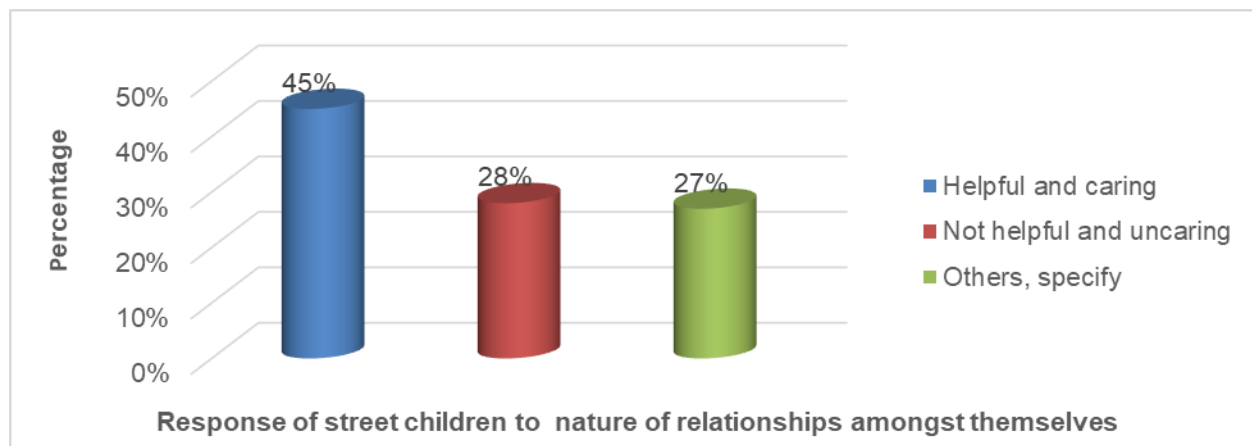


Fig 6.7: Nature of relationships amongst street children

The figure above shows that 45% of the sampled street children were helpful and caring to each other while 28% were not helpful and were uncaring. A further 27% of the street children provide distinct explanations that described the different types of relationships amongst themselves.

The findings revealed further that relationships are formed on the streets to offer compassion, support and protection to each other. Furthermore, street children involved in the same economic and social activities played together. In some instances, street children were forced by circumstances and street gang leaders to be part of a group and develop relationships with others. This shows that street children rely on each other; hence, relationship formation is a necessity for survival. The participants reiterated that:

Street children of the same age play together, support and protect each other. It is a way of distressing and sharing the burden they encounter daily (HH09).

The relationships amongst street children are complicated because they are based on adherence to street rules. The violation of street rules often leads to street fighting with others being wounded during the altercations (SWO1).

Hills, Meyer & Asante (2016) findings resonate with the above. Street children have good relationships amongst themselves and consider each other as surrogate families that encourage, protect and provide emotional support to each other (Hills, Meyer & Asante, 2016). Furthermore, the relationships amongst street children depend on age and gender, and this leads to the development of networks of friendships because they have a similar lifestyle (Myburg et al., 2015). Therefore, the emotional bond created by street children “acts as a strong contributor to the resilience of these youngsters” (Malindi & Theron,

2010, p.23). The EST is centralised on the interaction and relationships between subsystems (Paquette & Ryan, 2001). This theory applies to the findings because street children rely on each other to adjust and adapt to the streets.

6.4 Coping strategies adopted by street children

The above findings reveal that largely, EST and HRBA apply to this study. These theoretical frameworks explain how challenges faced by street children are affecting their daily lives and the attainment of growth and development. The second research question of this study explored coping strategies adopted by street children in solving challenges they were facing on the streets. The findings show that street children were not receiving adequate assistance from the Department of Social Welfare, which has led to increased child poverty. Therefore, street children adopted economic, social, physical and psychological coping mechanisms in addressing their daily plights.

6.4.1 Economic coping strategies

The general indication from the results of the study is that street children rely on themselves to meet their basic needs such as food, water, clothing and toiletries. These necessities require money; therefore, street children adopted economic strategies to earn incomes. The findings revealed that street children were involved in various income-generating activities, including indulgence in commercial sex work, reliance on donations and bribery to generate income. These coping strategies are elaborated below.

Indulgence in commercial sex work

Commercial sex is an economic strategy street child embark on to survive on the streets. The numerous challenges faced by street children forced them to indulge in sex. The

figure below reports on the various reasons that force street children to indulge in commercial sex on the street.

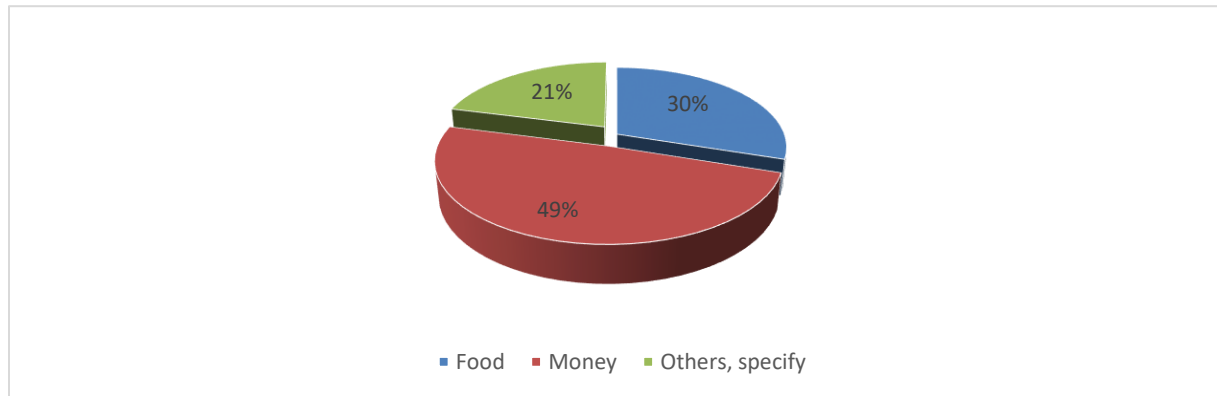



Fig 6.8: Indulgence in commercial sex

Above, figure 6.8 shows that 49% of street children engaged in commercial sex for money and 30% of street children did it for food. About 21% of street children provided various reasons such as peer pressure, to receive clothing and blankets and for protection during street fights.

The findings revealed that street children were indulging in commercial sex work as a survival strategy to meet various needs such as income, food, protection and others. The commercialization of sex is widespread amongst street children themselves and between street children and members of society who prey on these vulnerable children. Furthermore, street children engaged in unprotected sex to receive higher income. They also experienced all forms of abuse during sexual encounters. During the interviews, the researcher was told that:

There is a high rate of street children being infected with STDs and STIs. Studies that have been conducted revealed that they are engaging in commercial sex with multiple partners without using protection and they are exchanging syringes or needles during the drug intake (SWO2).

Members of the society involved in satanic rituals are preying on street children for sex in exchange of \$ 5/10 dollars Zimbabwean bond notes. This is leading to a high death rate of children on the streets (HH18).



The findings corroborate Orme & Seipel's (2007) conclusion that street children are involved in sex in exchange for money and other necessities to survive on the streets. Kaime-Atterhog, Lindmark, Persson & Ahlberg (2007) state that street girls have limited economic opportunities as compared to boys on the street; hence they work as sex workers to earn income. The HRBA advocates for the right to development "as a human right" to alleviate poverty (UNICEF, 2015, p. 4). Drawing from the findings it can be concluded that harmonized cash transfers (HSCT) are not accessible to street children. This contradicts the key assumptions of the HRBA.

Involvement in economic activities

The declining formal economy in Zimbabwe, alongside high unemployment rates, has made life unbearable for street children. Therefore, they embark on various informal economic activities as a strategy for generating income. The findings show that street

children rely on the informal economy in meeting their basic needs such as include food and clothing. The economic activities done by street children in Harare Metropolitan Province are elaborated in the figure below.

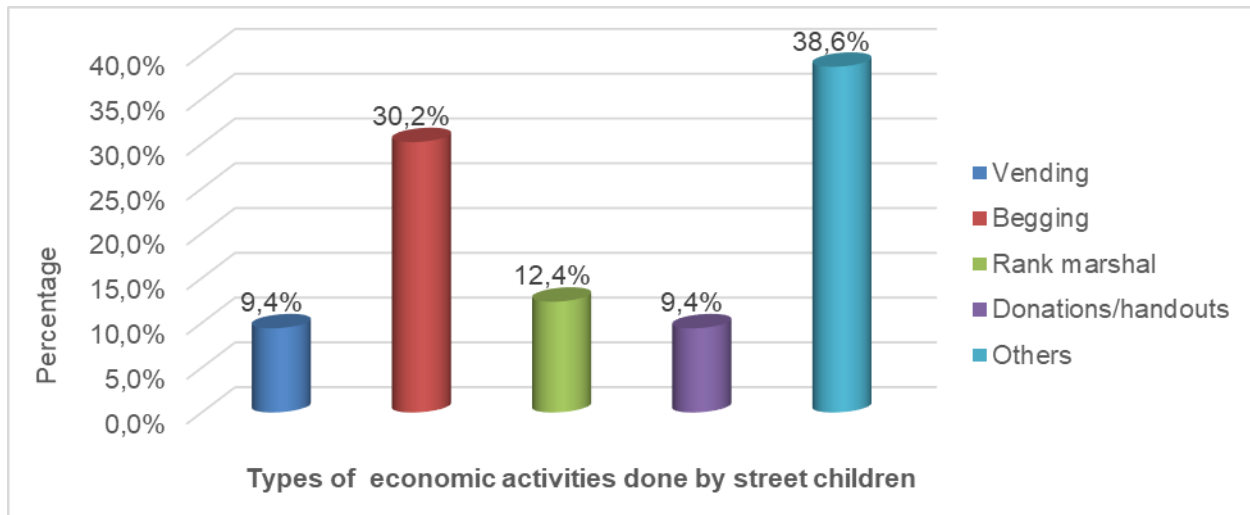


Fig 6.9: Economic activities

Figure 6.9 above shows that 38.6% of the sampled street children were involved in various economic activities such as luggage carriers, car wash and recycling. This is followed by 30.2% of the street children who relied on begging while 12.4% of them were rank marshals (In the African context, these are individual who controls the movement of taxis at public taxi ranks). In addition, 9.4% of the street children relied on donations and a further 9.4% were street vendors who sell perishable commodities at the taxi ranks.

The findings revealed that street children are involved in various informal entrepreneurial activities such as recycling, luggage carrying services, street vending, car washing, parking boys and being cobblers just to mention a few. These activities were done on the

streets, parks and taxi ranks where the public were their customers. The participants elaborated that:

Street children are hard workers and do not refuse any job available even if the remuneration is low because they need money (HH25).

Some of the street children are into art and drawing, sculpture crafting and music/poetry. It is their source of income on the streets; however, they refuse to be placed in institutional care, which makes it difficult to find sponsors for them (SWO3).

Studies conducted by Grundling et al. (2004) and Gao, Atkinson-Sheppard, Yu & Xiong (2018, p.80) corroborate the findings above and explain that street children venture into informal activities because organisations are prohibited by labour laws to employ children. The informal economy is playing a vital role in alleviating poverty among vulnerable people (Ndiweni, & Verhoeven, 2013), including street children. The HRBA stipulates that the government should ensure that citizens have the right to social security and services to alleviate poverty. Drawing from the findings above, the government, as principal duty bearer, is failing to provide social welfare services to street children. This contradicts the arguments held by the HRBA.

Bribery

Street children in Harare Metropolitan Province are involved in various economic activities for income-generation to meet their daily necessities. It should be noted that most informal economic activities done by street children violate municipality rules and regulations. This results in conflicts between municipal officials and street children. Therefore, street children relied on bribery as a strategy of neutralizing the hostility from municipal officials. The figure below shows the forms of bribery the street children were involved in.

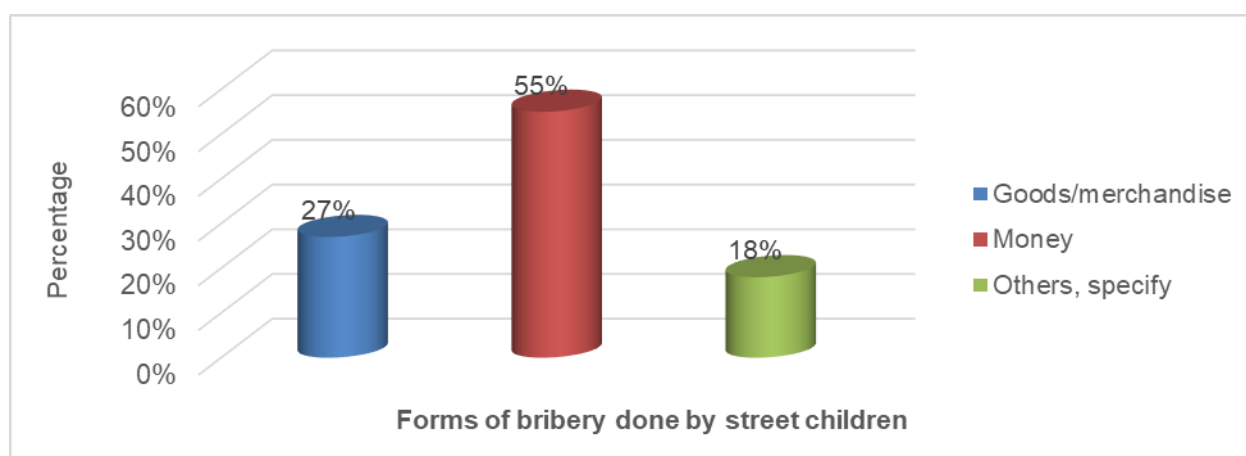


Fig 6.10 Bribery of municipal official

As shown in figure 6.10 above, 55% of the sampled street children had bribed municipal officials with money while 27% of them had bribed them with goods/merchandise that they were selling on the streets. About 18% of street children elaborated various ways such as negotiating with officials to avoid arrest.

The findings indicate that street children bribe municipal officials when they are caught violating municipal rules or for them to conduct business in prohibited areas. Furthermore, street children are misusing public facilities such as toilets and parks, which they are using as bathing areas, drug dealing spots and zones for pickpocketing from members of the

public. Street children have adopted bribery as a coping strategy to avoid arrest. The participants who were interviewed maintained:

Families with members working in the City of Harare do not experience hunger or poverty because municipal officers confiscate all perishables from the vendors. The majority of vendors are street children who have been hired by green farmers to sell their produce in town (HH33).

Street children are complaining of being harassed, forced to pay to avoid a criminal record, being physically abused and their goods impounded by municipal officials (SWO2).



The findings above concur with Njaya (2015) who reports that bribing is a strategy done in metropolitan cities by people found violating rules and regulations. This shows that most economic activities done by street children are prohibited. However, Ogunkan & Adeboyejo (2014) assert that law enforcement officers take advantage of street children to confiscate their goods and demand bribery, knowing they feel intimidated to report them to the police. The HRBA calls for the adoption of a comprehensive social protection system that aims to address structural injustices (Hunter, 2012). This shows that HRBA does not apply to the findings because street children are in dire poverty and are devising various strategies such as bribing to make needs meet.

Involvement in illegal activities

The collapse of the Zimbabwean economy has led to a reduction in donations and part-time activities to earn income. This has strained street children who need basics such as food, clothing and money that are required daily. To address their plights, street children have embarked on various illegal activities as a coping strategy to earn income.

The findings show that street children were involved in illegal activities such as petty theft, selling of drugs, gambling on the streets, street hawking and touting just to mention a few. These activities were a source of income but are against the law. This put the street children on a collision course with law enforcement officers. The heads of households and Social Welfare Officers reported that:



Street children attack and steal from elderly people, the sick and pregnant women on the outskirts of the city. Even at car parks, they smash windows and steal accessories from inside the cars for resale. It's no longer safe to travel alone in town too early or too late in the day (HH25).

Most of the youth who go to detention centres are street children because they are involved in criminal activities, either by peer pressure or to make ends meet on the streets (SWO1).

Aptekar & Stoecklin (2014) and Gwanyemba et al. (2016) agree with the findings above that street children are involved in criminal activities to earn income for their basic needs and are therefore labelled by society as hooligans and vagabonds. The involvement of street children in illegal activities shows that GSPPs are not addressing plights faced by street children. This shows that the findings of this study are not supported by HRBA. This argument is affirmed by the government of Zimbabwe's failure to provide for the basic needs of street children.

6.4.2 Physical coping strategies

Street children experience physical challenges such as illness, physical and sexual abuse, unplanned pregnancy and lack of sanitation just to mention a few. This forces them to adopt physical coping strategies since they receive little or no assistance from the government. The findings show that alternative treatment methods are adopted by street children when they are ill, and abortion when they fall pregnant. These coping strategies are elaborated below in detail.

Methods of treatment available to street children

The findings revealed that street children were vulnerable to various physical ailments on the streets. The main reason is lack of hygiene, which left them vulnerable to contagious diseases linked to the unhealthy environment they lived in. Therefore, street children adopted various methods of treatment, and these are shown in the figure below.



Fig 6.11: Methods of treatment available to street children

Figure 6.11 shows that the majority (45.5%) of the street children who participated in this study relied on other methods of treatments than the clinic, such as spiritual intervention and natural healing when physically ill. Only 31.7% of the street children visited public clinics or hospitals while 16.3% of the sample self-medicated and 6.4% visited traditional herbalists. The participants interviewed in both one on one interviews and focus group discussions revealed that street children had resorted to various means to obtain treatment when they were physically ill. In support of the findings above, heads of households and Social welfare officers maintained that:

The collapse of the health system in Zimbabwe has a negative bearing on street children who work hard to buy food and medicines for themselves when they are physically ill. In difficult times, others go to apostles of white and red garments (mapostori) to seek spiritual healing for the physical ailments (HH15).

The Department of Social Welfare does write a referral letter to children requiring serious medical attention such as operations, scans and chronic diseases to Parirenyatwa Group of Hospitals. The unavailability of medicine in government pharmacies and the persistent striking of doctor's forces street children to seek medication from the New Start Centre, PSMAS and surrounding private clinics that offer free treatment to street children (SWO3).

The findings concur with a study conducted by Friberg & Martinsson (2017) that shows that high levels of corruption in government adversely affect the public health system and social welfare assistance because of underfunding and this increases the plight of the street children who depend on public services. The HRBA states that citizens have a right to access health services, and the government of Zimbabwe has provided the Free Treatment Order to vulnerable people. However, it should be noted that other street children are also receiving treatment from other institutions such as the Street Ahead Organisation. The HRBA is applicable to these findings because the government is upholding the right to health care by allowing street children to receive free treatment from a public institution.

Methods adopted by street girls when pregnant

Sexual abuse and prostitution are some of the factors contributing to an increase in teenage pregnancies on the streets. These factors have detrimental effects on street girls who are young, struggling to provide for their basic needs and do not have a social support system to assist throughout the pregnancy. Street girls are therefore forced to

make hard decisions about their future when they fall pregnant. The figure below explains some of the options taken by street children when they fall pregnant.

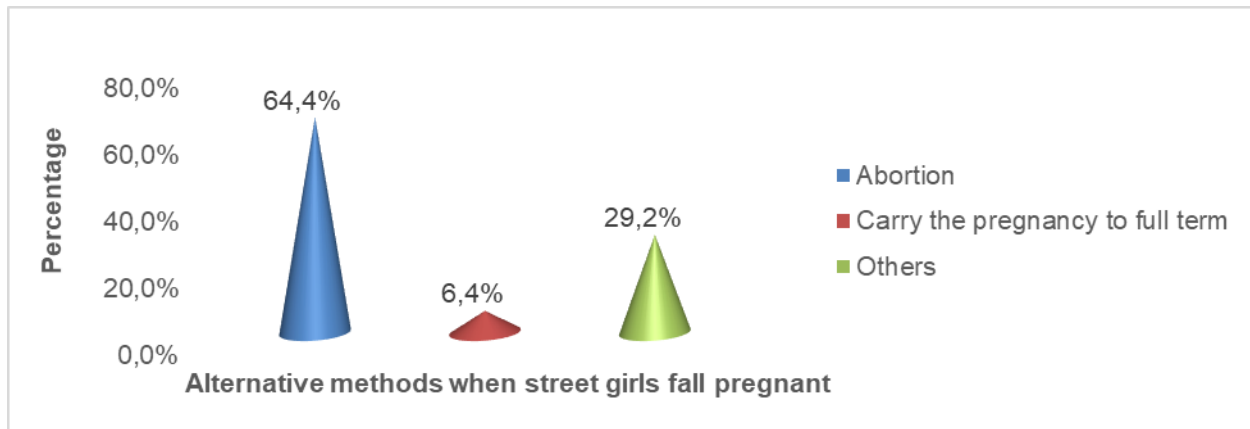


Fig 6.12: Alternative methods when street girls fall pregnant

Figure 6.12 above shows that a huge majority (64.4%) of the sampled street children practiced abortion while 29.2% reported that they seek advice from their friends and relatives and 6.4% of street children elaborated that they carried the pregnancy to full term.

The findings maintained that street girls are vulnerable to sexual abuse by street boys and paedophiles from society. This results in unplanned pregnancies that are a menace to street girls. Street girls who have been living on streets for a long time have experience in abortions while those ones who are still new on the streets fear complications of abortion and resort to carry the pregnancy to full term. The heads of households and Social welfare officers underlined that:

Street girls do abortion through buying herbal substances to insert on the birth canal from dormitory towns like Epworth, Chitungwiza and Mbare for less than 5US dollars (HH28).

Some street children ask for advice when they fall pregnant in terms of abortion it can only be done with a court order under specific situations and the services are provided by the Ministry of Health and Child Care. However, we do encourage them to do adoption, foster care or agree to partake in family intervention programmes so that they can be accepted back home by their families or guardians (SWO4).

The findings above are consistent with the study of Asante (2016) that shows that street girls have been at a high risk of having an abortion, as it is difficult and expensive to nurture a child on the streets. The EST confirms that a breakdown in the relationships between a child and their immediate environment has an impact on growth and development. Drawing from the findings, the EST applies to this study as street girls are facing rape and prostitution, which have led to unplanned pregnancies. Furthermore, they suffer physically and mentally as they are forced to make a difficult choice about the pregnancy.

6.4.3 Psychological coping strategies

On the general, results show that street children are experiencing all forms of abuse, mental and emotional breakdown on the streets. Furthermore, adapting to street life is very difficult since they must learn to provide for and protect themselves. These issues

strain them mentally and affect their interaction with their peers. In order to address these psychological challenges, street children have adopted therapeutic interventions, and some use of alcohol and drugs as coping strategies. These coping mechanisms are described and explained in detail below.

Substance use

Substance use is a coping strategy street child find comfort in when they are dealing with the psychological problems they encounter in the streets. The use and consumption of various substances bring relief and give a sense of relaxation to street children. Therefore, once they are high or under the influence of alcohol and are heavily intoxicated, they no longer worry about the challenges they are experiencing. The figure below displays various substances used by street children in the sample.

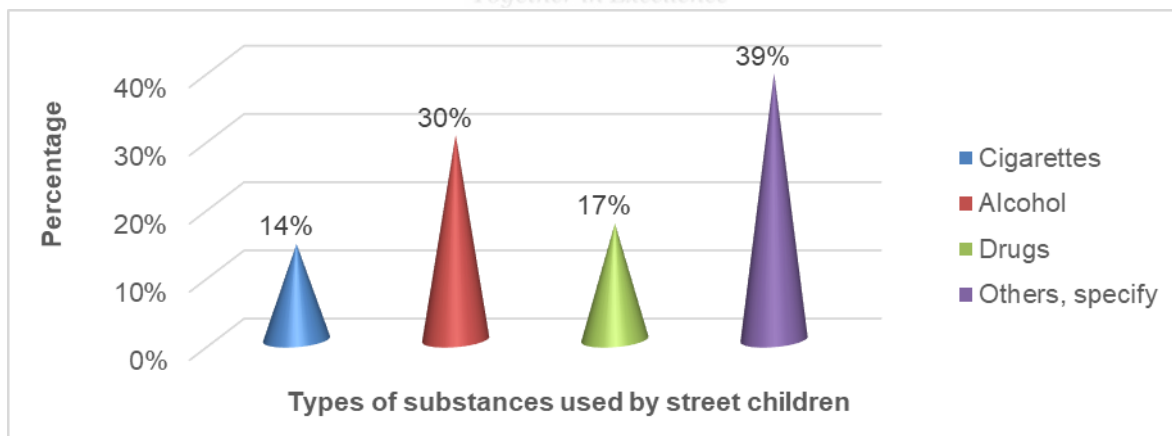



Fig 6.13: Substance use

Figure 6.13 indicates that 39% of the street children who participated in this study reported to have been using various substances such as pills (acetaminophen and opioids for

cancer patients and benzodiazepines and lithium for mental ill patients). Street children buy the above-mentioned pills on the black market. Furthermore, 30% of street children reported that they indulged in alcohol (kachasu and traditional brewed beer). In addition, 17% of street children revealed that they used drugs such as (opiates and bronco cough syrup) which they inject on themselves, whereas 14% said they smoked cigarettes such as (*dagga and whonga*).

The findings show that street children were using various substances to cope with psychological problems. The use of these substances is high in winter and in the rain because they provided a lot of energy. Heads of households and Social welfare officers observed that:



Street children are disrespectful, have unruly behaviour and they do not conform to any societal values because they are always under the influence of drugs (HH15).

Street children are selling drugs and prohibited goods in the streets for a commission from drug dealers. This easily makes drugs and alcohol accessible to street children (SWO1).

The study results resonate with findings of studies by Zerihun (2015, p.96) and Nhapi & Mayanga (2016) who reported that street children experienced issues of adjustment in the street environment and therefore coped by using various substances. This shows that substance use is a strategy used by street children to escape the harsh realities of life. Substance abuse among street children is a sign of dysfunctional family setups where the

system has failed to support a child. This is consistent with the EST, which assumes that sub-systems must work together in harmony for children to attain full growth and development. Drawing from the findings, the EST applies to this study because the failure of the micro and meso systems in nurturing and providing for the child has a negative effect on their development.

Therapeutic intervention

It was established that street children were seeking various therapeutic interventions to deal with the psychological problems they were experiencing on the streets. This shows that street children are in dire need of solving their problems to function well on the street environment. The figure below shows different forms of therapeutic interventions that were helping street children to cope with their challenges in life.

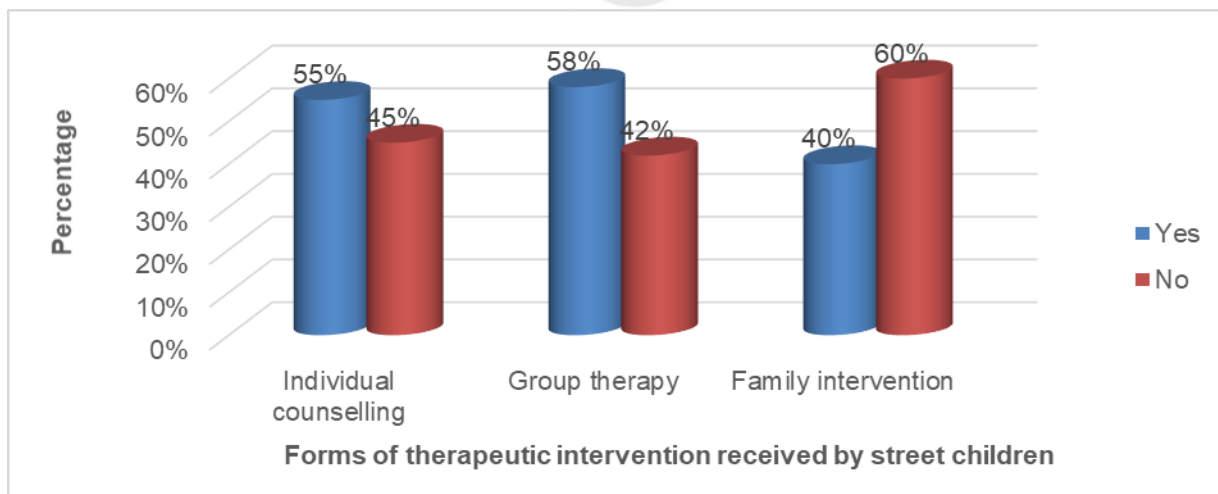


Fig 6.14: Therapeutic interventions

As seen in figure 6.14 above, 58% of the street children had received group therapy; 55% of the street children in the study had received individual counselling. Lastly, 40% of the street children had received family intervention.

The findings further show that street children were receiving therapeutic interventions from the DSW, churches, Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and members of society. This shows that street children experienced various problems that hindered their physical and mental well-being. From the interviews, it emerged that:

At our church, the pastor and elders provide emotional and spiritual guidance to orphans and vulnerable children. Every quarter of the year, people contribute food and clothing to provide for children in need (HH08).

We provide rehabilitation, counselling sessions and facilitate reintegration with families. Due to shortage of Social welfare officers in the Department, we do referral of some of our clients to Street Ahead and Chiedza Child Care Centre as well as other registered Non-Profit Organizations (NPOs) which are under the Department (SWO2).

The findings above concur with a study done by Mokomane & Makoe (2015). These noted that social workers provide various therapeutic interventions, outreach

programmes, family-based work as well as preventative work to address the needs of street children. By addressing psych-social problems affecting street children, social workers are playing a pivotal role in restoring the worth and dignity of children in need of care and protection (Gao et al., 2018). The HRBA ascertains that citizens have rights to social welfare services. Providing therapeutic services to street children shows that the government is upholding human rights. Therefore, the HRBA applies to this study because the government is making efforts to address plight of street children.

6.4.4 Social coping strategies

In this study, street children reported facing social problems such as poverty, violence and peer pressure in the streets. This affects their interactions and relationships with other children. To address these issues, they adopted various coping strategies such as affiliation to gangs and reliance on donations. These are explained in detail below.

Gangs

Street children are joining gangs as a coping strategy to deal with social issues on the streets. The joining of a gang is either voluntary or by coercion. The results of the study show that most streets in Harare Metropolitan Province have been demarcated and are controlled by different street lords. Street children are therefore expected to be affiliated with a gang of their choice as these represent family. Furthermore, these gangs care, protect and provide for each other.

The findings reflect that street children join gangs with members who are doing the same income-generating activities, who come from the same dormitory towns and who spend most of their time on the same streets in the city. Positively, gangs support each other

during hard times. However, they also influence each other to do criminal activities such as petty theft and portrayal of unruly behaviour towards the society. Peer pressure exists within the gangs. During interviews, the researcher was told that:

Street children are into gangs and they tend to do the same things. Furthermore, they act tough and fierce so that they can be recognized as “hard cores” amongst peers and members of the public (HH26).

Contrary to what was indicated by the above participant, HH07 reported that:

Not all street children are into gangs; others work or beg on the streets and return home at night while others are accompanying adults in difficult circumstances to seek assistance on the streets. Gangs exist on the streets in Harare and the disagreements amongst themselves have led to street fights, which often lead to injury or death of their members. Law enforcement officers have warned the public not to pass by other streets and parks at night because they will fall victim to street gang members (SWO2).

The findings are supported by studies done by Hills et al. (2016) who confirm that street gangs provide emotional strength, social and economic support system amongst street children. Based on the EST, the family as a subsystem of society has failed in its role to protect, nurture and provide for street children and, therefore it has been substituted with

gang groups. This shows the resilience of street children in addressing plights they face on the streets. Deducing from the findings above, it can be concluded that the EST fits into this study as it helps in explaining how street children are addressing their plight.

Donations

Street children also rely on donations and handouts as coping strategies in meeting necessities on the streets. This shows that street children are in dire need of assistance and are vulnerable to absolute poverty. The figure below shows forms of donations that street children receive from donors.

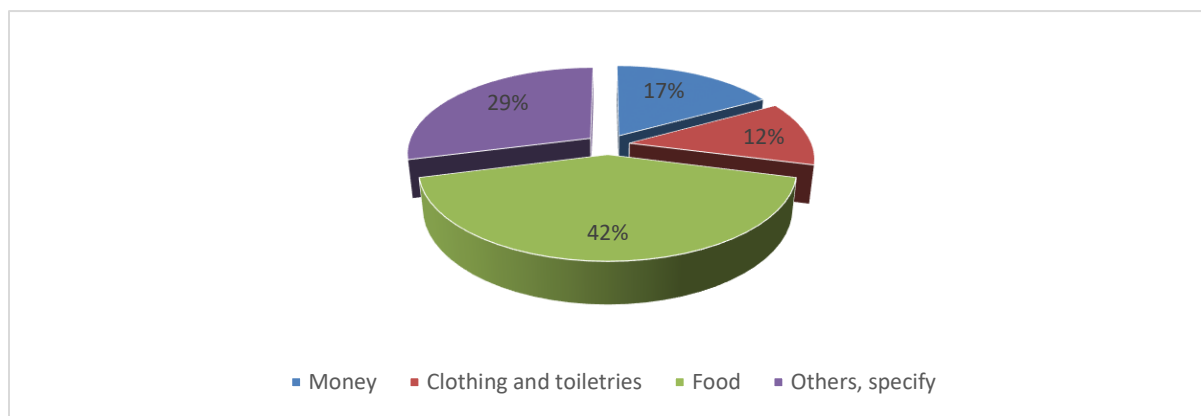


Fig 6.15: Donations

Above, figure 6.15 shows that 42% of street children had received food whilst 29% of them had received various necessities and goods. The findings indicate that 17% of the sampled street children had received money, whereas 12% had received clothing and toiletries from donors.

The findings show that street children received food, clothing, shoes, toiletries and blankets from donors and churches such as the Anglican, Victory and Methodist church, which were playing a vital role in charity work. This shows that society is assisting to alleviate poverty amongst street children. The participants of this study that were interviewed maintained that:

The municipal officials have placed containers in every branch for people to drop in the items they are no longer using for charity purposes. This programme is greatly assisting orphans, child-headed households, street children and children with chronic ailments (HH19).



As the Department of Social Welfare, we do provide clothing and food parcels to orphans and vulnerable children. However, the budget for social services is currently strained due to the underperforming economy. This has led to the screening process of people in need of government assistance in donations (SWO3).

The findings concur with Mokomane & Makaoae (2015) conclusions that street children rely on donations from the public, private institutions and well-wishers to meet their basic needs. This shows that society is playing a vital role in ensuring that street children obtain physical, social and economic needs to improve their living conditions. The HRBA elaborates that non-state entities such as primary, secondary and tertiary duty bearers

have the responsibility of assisting vulnerable people in society. The findings also indicate that non-state entities are playing a vital role in addressing the needs of street children. This shows that HRBA is applicable to this study.

Recreational and Social Activities

Street children are involved in various recreational activities as a coping mechanism of dealing with the psycho-social problems they are experiencing on the streets. Recreational activities help street children to create a social and emotional bond with their peers. Furthermore, such activities encourage social cohesion where they share their experiences and help each other to overcome challenges of street life.

The findings revealed that street children were participating in sporting games such as soccer, draft and chess, drama and literacy classes on the streets or at North Cot Remand and Training Centre. Furthermore, others were involved in the music industry and craftwork and they showcased their talents whilst at the same time distracting themselves from challenges they encountered on the streets. Participants stated that:

Street children play hobbies for fun and as a way of getting income through betting (HH16).

Individuals adapt to situations differently, as for street children socializing and being involved in various recreational activities allows them to share their experiences (SWO1).

These findings are in line with Asante et al. (2014) and Aptekar & Stoecklin (2014) who noted that street children participated in recreational activities to increase their confidence, self-efficacy, assertiveness and gain emotional and personal strength to overcome challenges on the streets. These findings are complemented by the EST, which explains that all sub-systems must be interrelated for the entire system to function. In this study, street children support each other in all sub-systems such as the economic, social, physical and emotional by working together and assisting each other in solving their plights.

6.5 Chapter conclusion

This chapter presented and discussed findings gathered from street children, Social Welfare officers and heads of households in Harare Metropolitan Province. The qualitative data from Social welfare officers and heads of households complement the quantitative data from street children. The findings reported that street children experienced physical, social, economic and psychological challenges on the street. However, in trying to survive the streets, street children embarked on various coping strategies to solve the challenges they faced. Furthermore, the findings also reported that coping strategies employed by street children were affecting their attainment of full physical and psychological growth. This was supported by similar studies done on street children in South Africa, India, Argentina, Rwanda, India, Uganda, Bangladesh and Kenya. The following chapter presents and discusses findings on government social protection programmes aimed at mitigating challenges faced by street children.

CHAPTER SEVEN

FINDINGS ON GOVERNMENT SOCIAL PROTECTION PROGRAMMES TO MITIGATE CHALLENGES FACED BY STREET CHILDREN

7.1 Introduction

This chapter presents and discusses the research findings obtained from the questionnaire survey with street children, focus group discussions with heads of households in different suburbs and in-depth interviews with Social Welfare Officers from the Department of Social Welfare in Harare Metropolitan Province. The research questions of this study formed the major headings for presenting both qualitative and quantitative findings. The research questions were used in the presentation of findings to provide more clarity and understanding in line with the research problem of the study. The quantitative data is presented in the form of tables, pie charts and bar graphs. The qualitative data complement the quantitative data and are presented in the form of themes derived from the research questions. The findings are discussed in the context of the literature and the theoretical framework for the study. The Human Rights-Based Approach (HRBA), Psychoanalysis Theory and Ecological System Theory (EST) formed the theoretical framework of the study. The following research questions are relevant to this chapter:

What is the nature and extent of government social protection programmes available for street children?

In what ways are government social protection programmes effective in mitigating the challenges faced by street children in Zimbabwe?

7.2 Nature and extent of Government Social Protection Programmes (GSSPS)

The Department of Social Welfare (DSW) is designed to help alleviate poverty and discrimination among vulnerable members of society through the formulation and implementation of government social protection programmes. This section explains the role of the Social Welfare System in Zimbabwe and GSPPs such as institutional care, National Action Plan for Orphans and Vulnerable Children, Harmonized cash transfer, Free Treatment Order, Child Adoption and Basic Assistance Education Module. This section examines how GSPPs are mitigating challenges faced by street children.

7.2.1 Social Welfare System in Zimbabwe

The Social Welfare System is playing a vital role in ensuring that the best interests of children are upheld in all matters concerning their wellbeing. This has led to the development of the Child Welfare Section under the DSW. This Section handles child-related issues and seeks to ensure that children have access to social services in alleviating child poverty. The sections below explain the understanding of Social Welfare System (SWS), services being provided by DSW, the relationship between street children and DSW and GSPPs available for street children.

Understanding Social Welfare

The SWS is responsible for the well-being of people in Zimbabwe. It deals with matters concerning children, adults, the physically challenged and the elderly in society. The findings of this study show that SWS seeks to ensure an equal distribution of resources to alleviate poverty; the government is upholding the Rights of people and social services

and programmes target the poor, vulnerable, disabled, marginalized and discriminated members of society. This ensures them a better standard of living. In support of the above arguments, participants of this study said:

Social Welfare assists people who have various problems with solutions, resources or do referrals to Community Based Organization (HH27).

Social Welfare in Zimbabwe is guided by the National Social Protection Policy Framework. This framework seeks to ensure that citizens attain a better standard of living through the provision of services and programmes by the DSW (SWO2).

The findings are consistent with studies done by Mhiribidi (2010) and Mutasa (2015) which noted that social welfare involves the provision of the following needs for physical and mental well-being: justice, economic security and self-actualization to citizens. This shows that Social Welfare is people-centred, and the wellbeing of people is of paramount importance to the government. These findings correspond with the HRBA, which affirms that a government is responsible for ensuring the rights of citizens are uphold and fulfilled to alleviate poverty and restore human dignity and worth. Drawing from the findings, it can be concluded that HRBA is applicable to this study.

Services provided by DSW

The results of the study show that street children are facing serious challenges that hinder them from attaining full growth and development. To address these challenges, the DSW has devised various services for OVC. These include therapeutic, social income assistance services, and child services that specifically address the needs of children.

The study shows that street children are receiving various types of counselling such as educational, mental health, family and rehabilitation counselling. These help them deal with the psycho-social problems they are experiencing. Furthermore, to meet their social-economic needs children are receiving food parcels, clothing and other necessities gathered from donors. By so doing, DSW is playing a vital role in ensuring that Children's Rights are upheld, and they have access to necessities. The Social Welfare Officers and heads of households maintained that:

Street children do receive clothing and food parcels from the DSW.

In many instances, NGOs and CBOs are providing them with a lot of support. Some churches are providing them with a meal once a day as well (HH15).

We provide individual and group counselling to street children, provide life skills programmes and family reunification services. Furthermore, we encourage them to voluntarily join institutional care facilities so that all their needs can be provided for (SWO4).

Hills et al. (2016) state that social workers provide various intervention strategies such as outreach programmes, building skills, providing counselling, enhancing a safe and supportive environment and family-based programmes to street children. The HRBA asserts that people are entitled to social protection from the government. The provision of social welfare services and programmes to street children by the DSW shows government's commitment to upholding the rights of children. This shows that HRBA fits into this study because the government is playing its role as a custodian of children in ensuring that the needs of street children are met.

7.3 Government Social Protection Programmes (GSPPs)

The challenges facing children in Zimbabwe led to the implementation of GSPPs such as harmonized social cash transfer, Free Treatment Order, Child Adoption, National Action Plan for Orphans and Vulnerable Children, Institutional Care and Basic Education Assistance Module (Government of Zimbabwe & World Bank, 2016). The programmes mentioned above are intended to address the needs of OVC to alleviate child poverty and ensure they attain full growth and development. The figure below shows whether street children are aware of GSPPs.

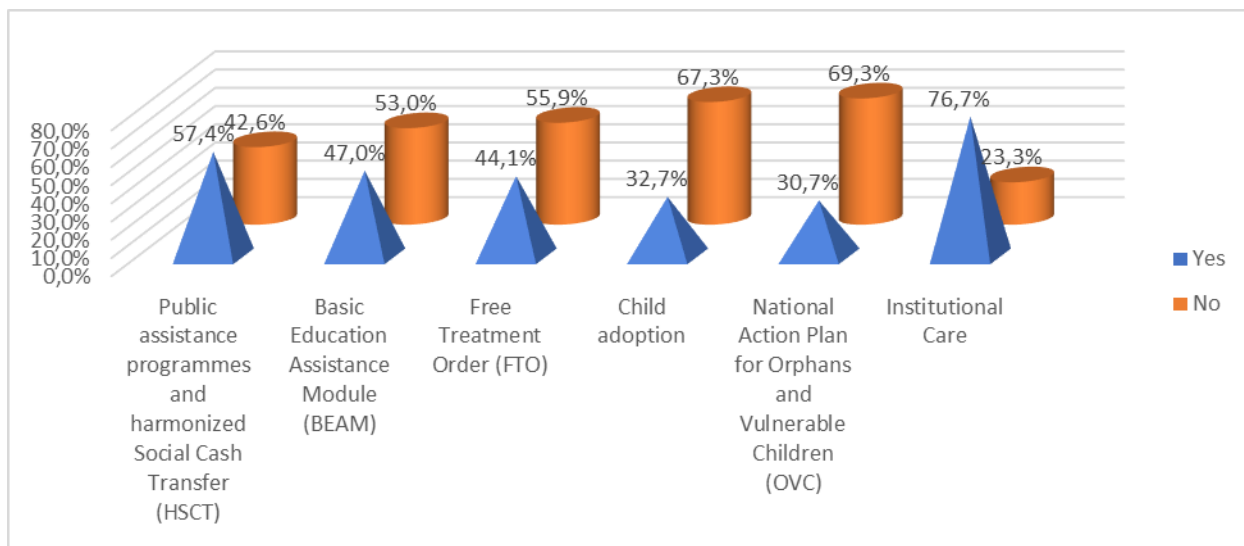


Fig 7.1: Government Social Protection Programmes

Figure 7.1 shows that 76.7% of the sampled street children were aware of Institutional care and 57.4% of the sampled street children were aware of HSCT. Furthermore, 47.0% of the street children were aware of BEAM. In addition, 44.1% of the children living on the streets who participated in this study were aware of the FTO; 32.7% were aware of Child Adoption Service. Lastly, 30.7% of the sampled street children were aware of NAPOVC.

The findings also show that not all street children are aware of GSPPs. However, some of the street children are were aware of these programmes because they had once visited the DSW or had been informed by peers on the streets. It should be noted that the implementation of GSPPs is a sign that government is committed to fighting child poverty. In support of the above findings, interviewees in this study stated that:

Street children are not receiving adequate assistance from the Department of Social Welfare. Their existence on the streets in large numbers shows that they are not aware of GSPPs (HH1).

The DSW held public forums, create awareness campaigns on OVC and radio talks whereby we inform members of public of the social protection services and programmes available to enhance people's well-being of people and alleviate poverty (SWO3).

The findings are consistent with Kaseke (2010) who argues that the social protection system in Zimbabwe has loopholes, causing some of the programmes implemented to discriminate against some vulnerable people in need of social welfare assistance. In support, Alem & Laha (2016, p.2) claim that SPPs are grounded on a curative approach (in the short run) and not a preventative approach. The HRBA holds that a government should provide social protection to its citizen, and this includes providing social security and assistance services. By so doing, the government will be upholding fundamental human rights of the citizens. As evidenced by the findings of this study, many street children are not aware of GSPPs.

7.4 Perceptions of GSPPS in mitigating challenges faced by street children

The government of Zimbabwe has implemented the following programmes: Child Adoption, BEAM, HSCT, NAPOVC, Free Treatment Order and Institutional Care to ensure that the needs of children are met. The results in this regard are presented and discussed below.

Street children's response to services provided by DSW

The results of the study show that street children in Harare Metropolitan Province face many challenges in meeting their necessities. This has driven street children to seek social service assistance from the DSW. The figure below shows responses of street children on services provided by the DSW.

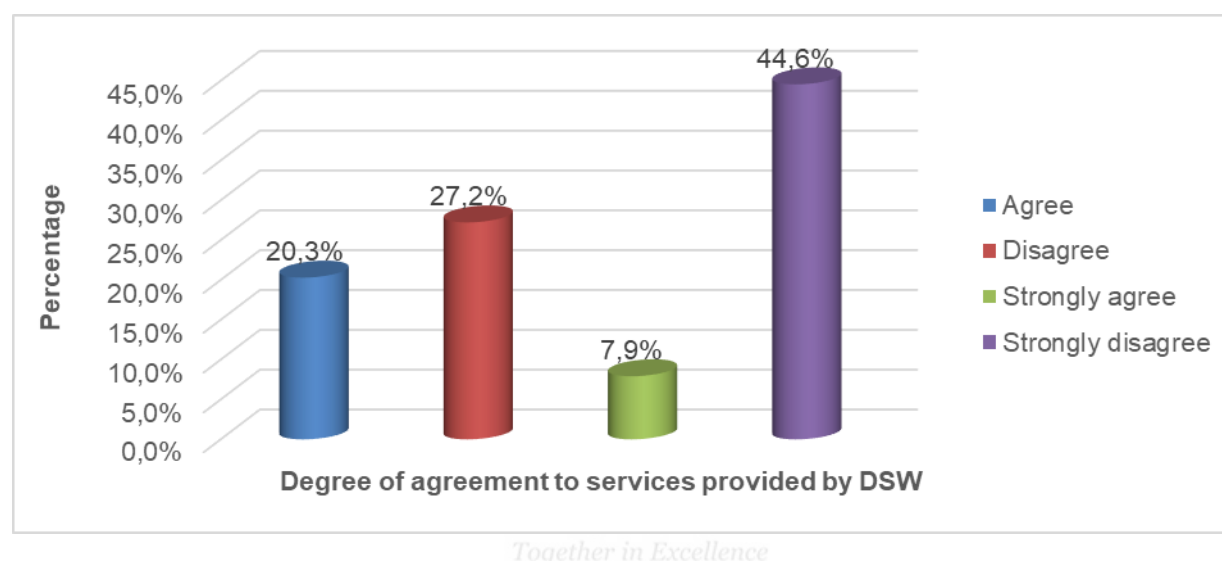


Fig 7.2: Street children's responses on services provided by DSW

As shown in figure 7.2 above, 44.6% of the sampled street children strongly disagreed that the service provided met their needs while 7.9% of them strongly agreed that the services provided met their needs. In addition, 27.2% of street children disagreed that the services provided addressed their needs. Lastly, 20.3% agreed that the services provided met their needs.

The qualitative findings indicate that street children are experiencing various challenges, such as social, economic, physical and psychological challenges on the streets. This shows that services being provided by the DSW are ineffective to address the economic,

social physical and psychological challenges they are facing on streets. Furthermore, evidence shows that street children had resorted to seeking assistance from CBOs and churches, an indication that services offered by the DSW are not mitigating the challenges faced by street children. From the interviews and focus group discussions, the following major views emerged:

DSW is not providing services that address challenges faced by street children. This is shown by an increase in petty theft crime and begging around the city (HH19).

We provide services and programmes for OVC, which include (street children). However, for them to be effective, they must be implemented where these children are in a stable social environment such as institutional care facilities or the home environment (SWO1).

The findings concur with those of Myburg et al. (2015) who revealed that street children are not receiving adequate services from the government and this is evidenced by an increase of children begging and working on the streets. The HRBA views poverty as a lack of obligation to respond to the rights of individuals and a lack of access to human needs and other areas of development (UNICEF, 2015). An analysis of the study findings indicated that the DSW is not adequately providing services and meeting the needs of street children.

Street children who accessed GSPPs

The DSW is responsible for implementing GSPPs to people in dire poverty. The figure below reveals the various responses given by street children who accessed GSPPs through the DSW. The responses of street children varied depending on whether they were beneficiaries or not.

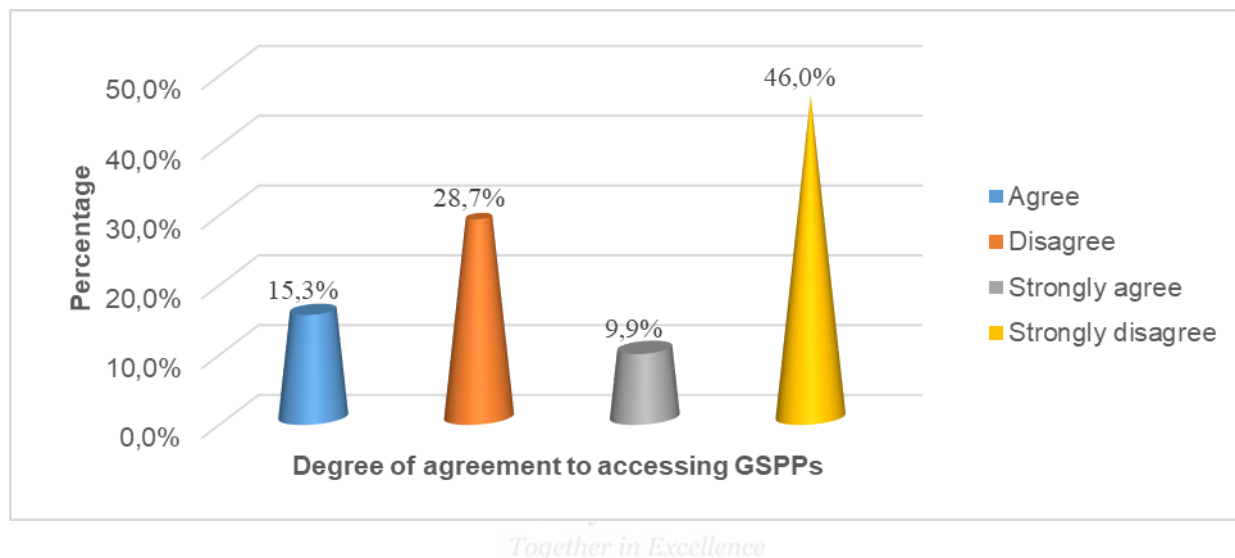


Fig 7.3: Street children who accessed (GSPPs)

The figure above shows that 46.0% of the sampled street children strongly disagreed that they had accessed GSPPs and 9,9 % strongly agreed they have accessed GSPPs. Furthermore, 28.7% of the street children disagreed they had accessed GSPPs. Lastly, 15, 3% agreed that they had accessed GSPPs.

The findings reported that most street children failed to access GSPPs because they did not meet the requirements of being a beneficiary. Furthermore, other street children feared being judged by SWOs, and therefore refrained from visiting the DSW. The heads of households and Social Welfare Officer stated that:

Street children are not getting any form of assistance from DSW.

The government needs to tackle issues of corruption and mismanagement in the DSW. Donated items from Red Cross such as porridge, clothes and cooking oil for OVC are being sold on the streets (HH14).

The decrease in budget and lack of human resources is prohibitive of the efficient provision of services to street children and all OVC who need government assistance. This makes it difficult to deliver needed services to our clients (SW04).

The findings are supported by Chamwi (2014) who revealed that many internal and external factors hindered street children from benefiting from government social protection programmes. UNICEF (2015) submits that government programmes and services fail to address individual needs of street children. The HRBA states that people have rights to education, food, adequate shelter, health care and sanitation just to mention a few (Sepulveda & Nyst, 2012).

7.5 Evaluating Government Social Protection Programmes (GSPPs)

The DSW has implemented various GSPPs, such as BEAM, NAPOVC, FTO, Child Adoption, Harmonized Cash Transfer and Institutional Care to address challenges facing OVC including street children. This study intends to evaluate whether GSPPs are

addressing the physical, psychological, social and economic needs of street children in Harare Metropolitan Province Zimbabwe.

7.5.1 Effectiveness of GSPPs in addressing plights faced by street children

Street children adopt various coping strategies to meet their needs. Furthermore, others are relied on other institutions, such as churches, CBOs, NGOs and well-wishers in addressing challenges encountered daily. This shows that GSPPs are not mitigating the plights faced by street children. The argument above is supported by figure 7.4 below that shows responses of street children.

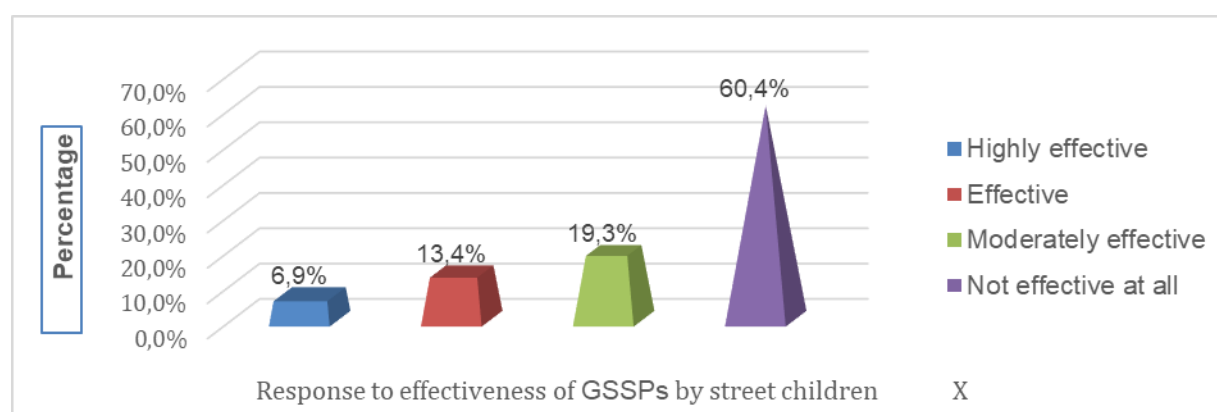
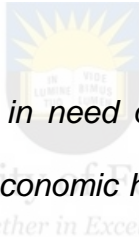


Fig 7.4: Effectiveness of the GSPPs in mitigating challenges faced by street children's

Figure 7.4 above indicates that 60.4% of the sampled street children indicated that GSPPs were not effective and 6.9% of street children said GSPPs were highly effective. Furthermore, 19.3% of street children stated that GSPPs were moderately effective. Lastly, 13.4% of the street children reported GSPPs to be effective.

The DSW has implemented various GSPPs as a strategy to ensure that orphans and vulnerable children such as street children's needs are met for them to attain growth and development. However, the qualitative findings from interviews and focus group discussions, just like the quantitative ones above, revealed that GSPPs were not catering for the needs of street children. They submitted that:

Street children are involved in various criminal activities to make ends meet. This clearly shows that social protection programmes are not effective in solving poverty and challenges facing people, including street children (HH29).



The number of children in need of care and protection has accelerated because of economic hardships. This has made it difficult for GSPPs to solve all challenges facing OVC (SWO2).

The findings are consistent with Sanjana (2019) and Chande (2015) who reported that the legal frameworks supporting social protection system have loopholes as they discriminate against street children. Such unchecked discriminatory tendencies make it difficult for street children to access social protection programmes and services, unlike other vulnerable children such as those in child-headed households and children in difficult circumstances. While the HRBA states that the government is the primary custodian of children, GSPPs have been failing to address challenges faced by street children in Harare Metropolitan Province. The findings show that GSPPs do not fall into the framework of HRBA.

7.6 Challenges faced by DSW and street children

The DSW is encountering challenges in the implementation and provision of GSPPs. This makes it difficult for the DSW to cater to all the needs of street children as the policies that underpin these programmes exclude street children, as they do not meet the requirements. Furthermore, street children were encountering challenges accessing GSPPs, which drove them to adopt a various coping mechanism to meet their needs.

Challenges faced by the DSW

The study established that the DSW encountered various challenges in the implementation and provision of GSPPs. These challenges hindered the effectiveness of DSW in meeting the needs of their client (street children). This negatively affected the standard of living of children living on the streets, as they relied on government social assistance to meet their necessities. Furthermore, this increases poverty, deprivation and vulnerability among street children.

The findings show that internal and external factors are negatively affecting the implementation and provision of GSPPs. This makes it difficult for the DSW officials to effectively render social welfare services to street children. Furthermore, the findings indicate that limited resources forced the DSW to conduct a screening process for the beneficiaries of GSPPs. Due to the screening process, street children had fewer chances of being beneficiaries as they did not meet the qualifying requirements. In support of the findings above, participants revealed that:

Corruption and lack of professionalism from DSW are hindering the provision of GSPPs to street children. The donated food items from Red Cross which are intended for children in difficult circumstances are seen being consumed by friends, relatives and families of SWO (HH26).

The budget given to DSW by treasury is little to meet all challenges faced by OVC, children with chronic illness, physically and mentally challenged children, child-headed household, street children and children in difficult circumstances (SWO3).


The findings corroborate the views contained in the Handbook of UNICEF & Ministry of Public Services and Social Welfare in Zimbabwe (2016), which affirms the existence of various pieces of laws and policy statements that are not mutually supportive of each other. This has adverse effects on the implementation and provision of GSPPs. The uncoordinated policy framework is spelt in the EST, which states that a breakdown or dysfunction of a sub-system affects the whole system (Rotabi, 2012). This shows that EST relevant to this study; the failure of government policy affects the effectiveness of the DSW to solve challenges faced by street children.

Challenges faced by street children

Street children relied on government assistance to receive social welfare services. This was implemented through being enrolled in GSPPs as beneficiaries. However, street

children in Harare Metropolitan Province state various challenges they are facing in accessing GSPPs. This forces them to adopt various coping mechanisms to meet their needs.

The qualitative findings show that street children faced internal and external factors that made it difficult for them to access GSPPs. The internal factors were those that emanated from within DSW, such as limited resources, bureaucracy in administration and difficult screening process just to mention a few. Furthermore, the external factors include being above the age limit for beneficiaries and increase of criminal activities on the streets. The participants elaborated that:



Street children require birth record and birth certificates and witness to testify they need government assistance. It is difficult to gather this requirement together in-order to qualify the vetting process to benefit GSPPs (HH13).

The majority of street children are above 18 years of age. According to the Constitution of Zimbabwe, they are now adults, and therefore, cannot qualify for children's assistance (SWO3).

The findings corroborate findings of the study by Dhai & Mc Quoid-Mason (2011) who argue that street children are not accessing government social assistance, and this leads to an increase in child impoverishment, deprivation, vulnerability and poverty. The HRBA explains that the government is responsible for the welfare and well-being of its citizens

by upholding their socio-economic-political rights. The failure of street children in Zimbabwe to access GSPPs is a violation of their rights stipulated in the HRBA.

Strategies of reducing number of children on the streets

The study reported that family, community and government have a responsibility to play in ensuring that children do not run away onto the streets. Therefore, various strategies must be implemented to remove children from the toxic street environment. Some of the strategies that could be adopted include to impose stiffer punishment for parents/guardians who neglect and abuse children, increase the budget for the DSW and provide for families in difficult circumstances. In support of the above, participants elaborated that:



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There must be a place of safety in each community, where abused, neglected and vulnerable children can walk in and get assistance (HH13).

Families that are experiencing socio-economic challenges should seek external support structures such as extended families, other community members and community based. This helps to reduce household poverty (SWO4).

The findings are consistent with Zerihun (2015) who explains that government and all relevant stakeholders should work together in providing social welfare services that address the needs of street children. This way, the government will be able to reduce the number of street children and improve their standard of living. The EST states that sub-systems must be integrated into the entire system to be functional. Therefore, the participation of all stakeholders in society will assist in addressing the challenges facing street children. This shows that the EST applies to findings of this study.

7.7 Chapter conclusion

This chapter presented and discussed findings generated from the data gathered from street children, Social Welfare Officers and heads of households in Harare Metropolitan Province. The qualitative data from Social Welfare Officers and heads of households complemented the quantitative data from street children. The findings reported that GSPPs were not effective in addressing the challenges faced by street children. Furthermore, it was established that the DSW was experiencing internal and external challenges, which were negatively affecting the provision of social welfare services to street children. This was supported by similar studies done on street children in South Africa, India, Argentina, Rwanda, India, Uganda, Bangladesh and Kenya. The next chapter presents a summary of the findings and provides conclusions and recommendations of this study.

CHAPTER EIGHT

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

8.1 Introduction

The previous chapter was based on the presentation and discussion of findings. The descriptive quantitative findings were complemented by qualitative data. This chapter presents a summary of the findings, draws the conclusions from the findings and provides implications of the theories to the study. The study also offers recommendations which were categorised into: Policy, Practice and Future research to the Government on how it can address challenges faced by street children.

8.2 Summary of findings

This study was aimed at examining the perceptions of government social protection programmes in mitigating challenges faced by street children in Harare Metropolitan Province in Zimbabwe. In this study, the researcher was guided by the following research objectives:

To identify challenges faced by street children in Harare Metropolitan Province.

To elaborate on the coping strategies street children in Harare Metropolitan Province embark on to solve their challenges.

To identify the nature and extent of government social protection programmes available for street children in Zimbabwe.

To determine perceptions of government social protection programmes in mitigating challenges faced by street children.

8.2.1 Challenges faced by street children

Street children are facing numerous challenges to survive on the streets. These challenges are categorised into economic, social, psychological and physical challenges. Below, the challenges faced by street children in Harare Metropolitan Province are summarised.

The findings revealed that street children were facing economic challenges on the streets. Living on the streets in an urbanised area requires one to have an income to meet basic needs; therefore, this becomes a challenge for street children to meet their daily needs. The quantitative descriptive findings noted that the majority of street children did not have proper accommodation, lacked access to food, were often in conflict with municipal officials, encountered risks in their economic endeavours, and circumstances forced them to be involved in criminal activities. The economic challenges above affected the well-being of children, and this led to the increase of child poverty in Zimbabwe.

In support, the qualitative findings from Social Welfare Officers (n=4) revealed that economic instability had led to a decrease in donor agencies and well-wishers and harmed the lives of street children who solely relied on government assistance to meet their needs. Furthermore, heads of households asserted that street children were in dire need of care and protection because they were barely making ends meet on the streets. This shows that lack of income increases the vulnerability of street children.

The findings also showed that street children were experiencing physical challenges on the streets. These physical challenges included various physical ailments, many forms of abuse, lack of proper sanitation, vulnerability to sexually transmitted diseases (STDs) or sexually transmitted infections (STIs). The quantitative findings indicated that most street children were suffering from the above-mentioned physical challenges. This affected street children's attainment of full growth and development as they were constrained physically and psychologically. The physical challenges were unavoidable because the street environment was dirty and volatile and street children did not get protection from the government.

Social Welfare Officers lamented that bullies and gangsters existed on the streets and often coerced the weaker, the younger and girls into doing activities that harm their physical well-being. However, heads of households reported that the street environment was not habitable for the children because of high levels of violence. Furthermore, other members of the public took advantage of street children's circumstances to abuse them emotionally, verbally and sexually while others engaged them in prostitution in exchange for money. This made the street children vulnerable to STDs and STIs.

Apart from economic and physical challenges, street children also experienced psychological challenges on the streets. The findings indicated that street children faced high levels of stress and depression. This was caused by the economic, physical and social challenges they were experiencing daily. The nature of the street environment is hostile for children, although it may appear as a safe place. This affects their psychological well-being. Social Welfare Officers also lamented that they were receiving a huge number of cases for therapeutic intervention which hindered the provision of

efficient service to street children. Most of the children had been involved in alcohol and drug abuse as a coping mechanism while others displayed unruly behaviours and were disrespectful. Furthermore, heads of households explained that street children often slept on pavements crying and looking miserable. In situations whereby members of the public and street children were involved in a dialogue, street children reported a whole lot of unpleasant experiences they faced on the streets.

Lastly, street children experienced social challenges on the streets. The findings assert that street children were often victims of violence, coerced to peer pressure and received negative perceptions from members of the public. The descriptive quantitative findings indicated that many street children had encountered social challenges. This was unavoidable because all illegal and socially unacceptable activities took place in the street environment. The qualitative findings from Social Welfare Officers asserted that the older and more mature street children coerced and manipulated the younger ones and dictated rules on the streets. This harms younger street children who must abide by rules and do only that which they are tasked. In the case whereby they refuse, they are punished and receive severe bad treatment. Heads of households elaborated that members of the public had negative perceptions on street children because they thought of them as thieves, with bad behaviours, involved in criminal activities, and defied societal norms and values.

8.2.2 Coping strategies adopted by street children

Street children experienced various challenges, which included social, economic, physical and psychological. These experiences taught them to be independent, able to protect themselves and provide for themselves. This means that life on the streets is

tough and requires one to be resourceful. Therefore, street children embarked on various coping strategies to address the challenges they faced on the streets. Below, the researcher summarises the physical, psychological, social and economic coping strategies used by street children.

The study established that street children embarked on various economic activities, including, participation in commercial sex, bribery of municipal officials upon being caught violating municipal by-laws and being involved in illegal and criminal activities to earn an income. This shows that street children require an income to meet their necessities. Therefore, they are willing to do anything that allows them to access basic needs (food, clothing, access to medical care and others). The descriptive quantitative findings also revealed that many street children embarked on various economic coping strategies to make ends meet. The qualitative findings from heads of households reported that lack of employment and other opportunities for parents had driven street children to hustle. Therefore, the street children quickly adopted any opportunity that sought to yield good returns in terms of income.

Street children are vulnerable to various physical ailments such as colds, rash, pneumonia, tetanus, body sores, STDs and STIs due to promiscuity. The findings revealed that street children had adopted physical coping strategies such as abortion and the use of various forms of treatment. The descriptive quantitative findings indicated that many street girls conducted illegal or non- medical abortion. Furthermore, the findings indicated that many street children relied on various ways to access treatment when they were physically ill. This is supported by qualitative findings from heads of households who elaborated that street children visited churches such as the Methodist, Anglican and

Victory, organisations such as Street Ahead and New Start Centre and Community-Based Organisation such as *Mai Zuva in Mbare* high-density suburb for free treatment. Furthermore, Social Welfare Officers revealed that the collapse of the economy adversely affected the public health care system, affecting the Free Treatment Oder (FTO). This is shown in the failure of public hospitals and clinics to offer adequate services to patients. Street children are the most affected because they rely more on public services.

The findings revealed that street children have adopted social coping strategies such as joining gangs, seeking donations and being involved in recreational and social activities. These coping strategies played a vital role in addressing social challenges such as the violence that was experienced on the streets, peer pressure, poverty, and negative perceptions from the public. Social Welfare Officers indicated that street children joined gangs for protection, and so that they could have a feeling that they belonged to family. Qualitative findings from Social Welfare Officers and heads of households denoted that street children relied on donations to meet basic needs such as food, clothing, toiletries and other necessities. By so doing, street children tried to alleviate poverty amongst themselves. Lastly, recreational and social activities were done to create an emotional and social bond amongst street children.

The findings of the study also indicated that street children experienced stress and depression in the street environment. Therefore, they adopted psychological coping strategies such as therapeutic interventions and substance abuse. The quantitative findings revealed that the majority of street children sought individual, group or family counselling from the Department of Social Welfare. Heads of households also indicated that some children visited churches for counselling and spiritual growth. Social Welfare

Officers, on the other hand, affirmed that there was an increase in cases of therapeutic interventions, but because of being understaffed the DSW referred street children to NGOs such as Street Ahead and Childline for assistance.

The descriptive quantitative findings reported that most street children were using various substances such as pills, drugs, cigarettes, alcohol and others to cope with daily stress and depression. In support of the findings above, heads of households and Social Welfare Officers indicated that substance abuse was high on the streets because of peer pressure and others are being coerced by gangsters. Furthermore, various substances were sold on the streets, allowing street children easy access to substances and drugs.

8.2.3 Nature and extent of government social protection programmes available for street children



The government of Zimbabwe, through the Department of Social Welfare (DSW), is playing a vital role in the welfare of vulnerable children. This led to the creation of the Child Welfare Section in the DSW to deal with issues facing children. To ensure that children's wellbeing is catered for, the DSW implemented various government social protection programmes such as Free Treatment Order (FTO), Basic Education Assistance Module (BEAM), Institutional Care, Harmonised Cash Transfer, Child Adoption and National Action Plan for Orphans and Vulnerable Children (NAPOVC). The DSW is, therefore, offering services to enhance the wellbeing of children.

The findings indicated that not all street children were aware of government social protection programmes such as FTO, BEAM, and Institutional Care, Harmonised Cash

Transfer, Child Adoption and NAPOVC. The quantitative findings confirmed that most street children were not aware of GSPPs available at the DSW. Only a few, especially those who had lived long on the streets, were aware of GSPPs because they had visited or benefited from services offered at DSW before. The qualitative findings from Social Welfare Officers revealed that the DSW held public forums, creating awareness campaigns on Orphans and Vulnerable Children (OVC) and radio talk shows just to mention a few of the services offered to vulnerable children in society. Contrary to the quantitative findings, heads of households insisted that street children were aware of GSPPs offered at DSW, but also knew that it was a waste of time to seek assistance because of the DSW's incompetence and inefficiency. It appears that GSPPs are good on paper and the services they intend to offer are remarkably excellent. However, they fail to implement them and for street children. Their situation becomes dire because they do not meet the requirement to qualify for these services.

The findings indicated that many street children who sought assistance were partially assisted. However, Social Workers explained that street children did not want to go through processes and procedures, with the result that they did not receive assistance from the DSW. Social workers explained that for a street child to be a beneficiary of the entire GSPPs, they were mandated to return home, be institutionalised, or be placed under adoption or foster care. However, street children insisted on living on the streets, which makes difficult to offer them services such as grants and education. In addition, heads of households explained that there was severe red tape in accessing services from the DSW. This acted as an obstacle that hindered the next step of the procedure. For

street children, the process was draining, and, therefore, many ended up not completing the processes.

8.2.4 Perceptions of government social protection programmes in mitigating challenges faced by street children

The Government of Zimbabwe, through the DSW, has implemented GSPPs such as the Free Treatment Order (FTO), Basic Education Assistance Module (BEAM), Institutional Care, Harmonised Cash Transfer, Child Adoption and National Action Plan for Orphans and Vulnerable Children (NAPOVC) to assist vulnerable children to access basic social services. This study revealed that the DSW faced challenges in implementing GSPPs. As a result, street children also faced challenges in accessing GSPPs.

The findings revealed that GSPPs were not accessible to street children. Some street children pointed out that they were denied on the basis that they did not satisfy the selection criteria and others because they were over 18 years of age. Furthermore, street children explained that they were denied because they had family and, therefore, were supposed to reconcile with them and return home. The qualitative findings from interviews with Social Workers revealed that the DSW had budget constraints, was understaffed and lacked coordination of these programmes with other Ministries such as Education, Health and Public Works. These challenges contributed to the ineffectiveness of GSPPs in mitigating challenges faced by street children.

The study asserted that GSPPs were not effective in solving social, economic, physical and psychological challenges faced by street children. The participants of this study expressed their views and opinions toward the effectiveness of Free Treatment Order

(FTO), Basic Education Assistance Module (BEAM), Institutional Care, Harmonised Cash Transfer, Child Adoption and National Action Plan for Orphans and Vulnerable Children (NAPOVC) in solving challenges faced by street children.

Harmonized cash transfers are a social protection programme that seeks to alleviate poverty by providing grants to vulnerable people. The findings indicated that street children were not receiving grants from the DSW. They did not meet the selection criteria. The Social Welfare Officers explained that there were procedures to be met for a person to be a beneficiary and street children did not qualify. Furthermore, heads of households that economic instability has led to the failure of DSW to provide adequate social welfare services needed by street children and other vulnerable children.

Most street children were not attending school. The findings reflect that they did not qualify for subsidy and BEAM. BEAM pays fees and stationery for vulnerable children. However, for children living on the streets, it is difficult to attend school. The qualitative findings from Social Welfare Officers stated that street children could only qualify for educational assistance if they were residing in a stable environment that encouraged learning. The refusal of street children to reconcile with families, to be adopted or to be placed in care facilities made it difficult for them to access subsidies from BEAM. Heads of households pointed out that street children were rebellious, and the fact they were hustlers on the streets had thwarted the thought of attaining education.

NAPOVC aims to ensure that children have national documents such as birth certificates and national identity cards. The findings revealed that many street children did not have national documents. They indicated that acquiring birth certificate or national identity card

is not a priority because these documents could easily be lost or stolen at night on the streets. Furthermore, some did not know their birth records while others did not have relevant information needed to acquire such documents, making it difficult to attain these documents at the Registry Offices. Social Welfare Officers and heads of households explained that some street children had been assisted to obtain national documents before, including during elections when it was very easy to get these free of charge. However, the nature of the environment they lived in made it difficult to keep them safe.

Institutional Care facilities provided by the government were not meeting the needs of street children. Street children who had been institutionalised before indicated that children's homes and rehabilitation centres were not adequately resourced. For this reason, some street children involuntarily re-joined the streets and others did not want to be institutionalised at all. Social Welfare Officers confirmed that they had budget constraints and could not allocate enough resources towards meeting the needs of vulnerable children. Furthermore, they relied on donor funding in-order to finance government social protection programmes fully. In support of the quantitative findings, heads of households pointed out that children in care facilities were abused by others. Living conditions in the children's homes were also poor.

Street children had not embraced child adoption as an alternative strategy to remove them from the street environment. The findings indicated that most street children did not want to be put up for adoption or foster care, citing fears of being abused as well as the cultural myth that surrounds issues of adoption. In support of Social Welfare Officers also indicated that very few street children or any other vulnerable children were keen to be adopted. Heads of households also indicated that families were struggling to make ends

meet due to high unemployment and retrenchment of breadwinners, which situations make it difficult to adopt.

The findings affirm that many street children sought medical assistance from NGOs, community-based organisations, churches and private organisations. Only a few street children admitted to having received assistance from the DSW to access FTO. These children confirmed receiving treatment from public hospitals and clinics. Furthermore, some of them were chronically ill but did not receive medications every month. Social Welfare Officers indicated that they gave street children documentation to seek medical treatment at public institutions. In situations whereby accidents occurred at night, the police accompanied the victims to hospitals and they still got free treatment. However, heads of households insisted that public health facilities were inefficient and understaffed. Treatment in Zimbabwean public hospitals are no longer free. Due to socio-economic circumstances facing the country, street children were caught in between, as all pharmacies in Harare are selling medication US dollars.

8.3 Theoretical Implications

This study was underpinned by the Human Rights-Based Approach (HRBA), Psychoanalysis theory and Bronfenbrenner Ecological Systems Theory (EST). The EST was significant in explaining relationships that co-exist between people and their immediate environments. The Psychoanalysis Theory explained the effects of childhood experiences and traumatic situations faced by street children on streets. The HRBA elaborates on the importance of human rights in alleviating poverty and vulnerability. In

this section, the researcher explains the relevance of the theoretical framework used in this study.

The HRBA was imperative in this study because it placed the government as principal duty bearer in society. This was supported by the findings that indicated that government formulated GSPPs to address the plight of vulnerable children. This shows that the Zimbabwean government is concerned with the wellbeing of street children, and therefore seeks to address their challenges through the provision of various social protection programmes. Furthermore, HRBA was relevant to this study because it highlighted the role of government in upholding the rights of people. This is important for street children because they require government intervention to achieve full growth and development.

EST seeks to unveil the effects of interaction between people and their environments. The findings of this study indicate that street children are experiencing numerous challenges that emanate from the street environment. This explains why street children are experiencing various challenges such as different forms of abuse, vulnerability to various ailments, stress and depression, lack of proper sanitation, exposure to violence, and peer pressure, which leads them to conflict with municipal officials. The EST is relevant to this study because it clearly shows how the economic, social and cultural environments affect the attainment of a child's development. Therefore, government social protection programmes implemented by the DSW are vital for addressing plights faced by street children. Lastly, the EST allowed the researcher to understand the relationship between street children and the street environment.

The psychoanalysis Theory elaborated thoroughly on the effects of childhood experiences on their psychological development. The findings revealed that, street children are always in conflict with the municipal officials because of their presence on the streets. Furthermore, street children embark on various activities such as illegal drug dealings which are prohibited. Therefore, street children are constantly arrested, detained and physical beaten up by the municipal officials. The constant confrontations between street children and municipal officials create a lot on stress, depression and trauma on street children. The evidence on the findings provided above, shows that Psychoanalysis Theory was significant in this study as it revealed how street environment was affecting the psychological wellbeing of street children

8.4 Recommendations of the study

The recommendations of this study are drawn from the findings of the study and they are envisaged to assist the government of Zimbabwe to holistically address plights of street children. The researcher categorised them as follows: Policy, Practise and Future research.

8.4.1 Policy

The government of Zimbabwe has formulated various policies that seek to ensure children's rights and that their needs are executed for the attainment of full growth and development. The Social Welfare Officers in the DSW are implementers of these policies. The social protection system of Zimbabwe has led to the development of GSPPs that seek to address the plights of children. The findings revealed that Social Welfare Officers did not have specific policies for street children in Zimbabwe. This is problematic because

children's needs are different and therefore require different policies and programmes to address. The one size fits all policy does not allow Social Welfare Officers to holistically tackle the root problems of each group of children (vulnerable, disadvantaged, street children and child-headed households and disabled children) just to mention a few. This has therefore led to the persistence of challenges faced by street children despite government intervention through SPPs. The researcher, therefore, deduced that Social Welfare Officers should assess the needs of children separately and propose solutions that seek to address those needs. This is vital for street children because the challenges they are facing on the streets are different from those faced by other children in need of care and protection from the government.

The findings indicated that many street children are being labour exploited and underpaid for services they render to companies that specialise in waste management and recycling. The researcher recommends that the Department of Local Government should lobby for laws that fight against child labour. Furthermore, these companies must pay stiffer penalties because they are endangering the lives of children and underpaying them. The researcher recommends that law enforcement should prosecute dealers who sale harmful substances such as drugs and alcohol to children. These substances are harming the physical and psychological development of children and introducing them criminal activities when under the influence of substances. Policies on children formulated by the government require other ministries such as Education, Health, Finance and Agriculture to work together in providing services needed by street children. The findings revealed that there is lack of coordination and cooperation between DSW and other Ministries and this has hindered efforts to address plight of street children. Therefore, street children fail

to access some of the services they need. This calls for all government ministries and stakeholders to participate in developing policies concerning children because they both offer vital services needed for attainment of growth and development.

8.4.2 Practise

The role of Social Workers is to individual, groups, families and communities that are vulnerable to ensure that they attain a better standard of living. The findings noted that Social Welfare Officers were not adequately assisting street children in the challenges they are facing daily on the streets. This was revealed by various economic, social, physical and psychological coping strategies they are adopting as a mechanism to address the challenges on their own.

One of the roles of Social Workers is to mobilise resources. The findings have revealed that Social Work Practise in Zimbabwe is facing limited resources to comprehensively address challenges faced by street children. This includes limited finance to provide services needed and limited human resource to monitor and evaluate GSPPs. This calls for the government to increase human resource and budget for DSW because there are multiple challenges being faced by children. Furthermore, Social Welfare Officers should be able to source financial resource from the private sector, International Organizations and other sectors instead of relying on government assistance. This way, they will be able to finance social protection programmes and services fully.

The government of Zimbabwe should enhance the management and efficiency of Social Protection Funds. This is achievable through proper allocation of funding for each social protection programme. Furthermore, the administrative officers should ensure that

administrative costs are minimised to improve the level of benefits. There should be establishment of contact centres around metropolitan and satellite cities in Zimbabwe. These contact centres will allow street children to receive therapeutic services and various social welfare services, which include shelter, clothing, food and therapeutic services to the street children. This will enable challenges being faced by street children to be addressed effectively.

The Government should provide productive safety nets and sponsor self-help projects to empower vulnerable households. This will minimise the chances of children working on the street to increase household income. Furthermore, there will be a few children running away from home due to poverty. The law enforcement agency should enforce a stiffer penalty and punish parents and guardians who abuse and neglect children. These are the dominant push factors forcing children into streets. Therefore, criminalizing neglect of children will reduce the chances of children running to the streets.

In conclusion, the DSW should adopt a paradigm shift and move away from being a Welfare Organisation to a Developmental Organisation. This will allow Social Welfare Officers to participate in the development of policies that govern Social Work Policy and Practice actively. Thus, they will be able to provide better services to street children through holistically assessing their needs and tackling them with policies that specifically intend to solve them. Furthermore, Social Welfare Officers must monitor and evaluate Social Work Policies and must advocate for amendments to the policies if they are not meeting the needs of children.

The government should source out additional resources such as human resources and finance for SPPs from Non-Government Organizations, private companies, and development partners. This will enable DSW to provide adequate social welfare services to street children and others in need of government assistance to improve their standard of living. Embarking on external sourcing of resources will enable funding for GSPPs to be consistent and sustainable. Furthermore, policymakers must be thoroughly informed about plights encountered by street children, as many of them are often sensitive and overlooked because they are hidden. This will assist them in policy formulation so that they respond to their needs.

8.4.3 Future studies

This study investigated the perceptions of government social protection programmes in mitigating the challenges faced by street children. It should be noted that the researcher did not entirely address the broader social protection system. The following section is on suggestions on future research issues around GSPPs and street children in Zimbabwe.

The findings reported that GSPPs are not entirely addressing the challenges faced by street children due to several factors discussed in the literature. Since the study focuses on the challenges of GSPPs, it could not interrogate other issues. Examples are issues related to the capacity of the DSW, the economic and technological environment, and how these influence social protection programmes designed for vulnerable children. Therefore, future researchers in this field can conduct both qualitative and quantitative studies to determine the role of non-state entities in addressing the plight of street children

in an economically unstable state such as Zimbabwe. These non-state entities are categorised into primary duty bearer, which includes parents, teachers, the police, community members and nurses; secondary duty bearer, which is made up of institutions that closely work hand in hand with the primary duty bearers such as schools, hospitals and community-based organisations; and tertiary duty bearers. Tertiary duty bearers include institutions that have a broader jurisdiction, such as NGOs and private companies. Lastly, External duty bearers, which are made up of international institutions such as UNICEF, have no direct involvement but play a pivotal role in enhancing human rights. To enhance development and attain physical and psychological development as well as alleviate child poverty, these stakeholders must work with the government. This way, they will be upholding children's rights. Therefore, it is important to investigate what other key stakeholders are doing in improving the well-being of street children in Zimbabwe.

Furthermore, future can examine the institutional constraints facing government departments and how they impact on the economic and social lives of street children in Zimbabwe and other countries. This will create a pool of knowledge on Social Protection Systems in Zimbabwe and will make it easy for readers to examine perceptions of GSPPs in mitigating challenges faced by street children in the country. Furthermore, this will unveil other challenges being faced by the street children that were not revealed in this study. Such studies will contribute to the body of knowledge for street children.

The findings of the study show that the Department of Social Welfare is facing numerous challenges in implementing GSPPs and this has a negative impact on the well-being of street children. The researcher, therefore, suggests that studies should be carried out on challenges facing the Social Work Profession in upholding rights of street children. This


is imperative because the Social Work Profession is responsible for enhancing the wellbeing of people. Exploring the challenges that they are encountering helps to address gaps that are inhibiting street children from accessing GSPPs.



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APPENDICES

APPENDIX 1: INTRODUCTORY LETTER



University of Fort Hare
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Dear Participants

My name is Constance Gunhidzirai and I am a PhD student in the Department of Social Work/Social Development at the University of Fort Hare (Alice Campus). I am undertaking a research project on **The perceptions of government social protection programmes in mitigating the challenges faced by street children in Harare Metropolitan Province in Zimbabwe** as a requirement for a PhD in Social Work. This study seeks to examine the perceptions of Government Social Protection Programmes (GSPPs) such as Child Adoption, Harmonised Cash Transfer, Institutional Care, and Free Treatment Order (F.T.O), National Action Plan for Orphans and Vulnerable Children (NAPOVC) and Basic Education Assistance Module (BEAM) in solving the challenges facing street children. Furthermore, the study will explore the challenges facing the Department of Social Welfare in the provision of social welfare services to street children.

The researcher seeks to gather the above-mentioned information from the participants who are: Social Welfare Officers, heads of households and street children. the researcher will administer a semi-structured interview guide to the Social Welfare Officers, while

Heads of households will participate in Focus Group Discussions and street children will respond to the questionnaire survey. The duration of time for both participants will be less than 45 minutes. Furthermore, the researcher will uphold confidentiality and anonymity and participation in this study is voluntary. The data gathered from these participants is for academic purpose only and will be relevant to the Department of Social Welfare, Development Practitioners and Policy Makers in broadening their perspectives on how best they can improve the standard of living for street children in Zimbabwe. For any information that needs clarification on this study, please contact me on Cell No: **00263774171180 or constancegunns@gmail.com**



APPENDIX 2: INFORMED CONSENT FORM

Thank you for agreeing to participate in this study. My name is Constance Gunhidzirai, a student researcher enrolled for the Doctor of Philosophy in Social Work at the University of Fort Hare, Alice Campus in Eastern Cape Province of South Africa. This form details the purpose of this study, a description of the involvement required and your rights as a participant.

Title of the Dissertation: The perceptions of government social protection programmes in mitigating the challenges faced by street children in Harare Metropolitan Province in Zimbabwe

Procedures:

The participants will engage in a survey questionnaire, focus group discussions and interviews that will take not more than 45 minutes to complete. The questionnaire for street children will be distributed in the public areas in Harare Metropolitan such as Copa Caban Rank, Charge Office Rank, Market square, Roadport taxi ranks in Harare, Metropolitan. The interviews with Social Welfare Officers will take part in the Department of Social Welfare Offices in Harare. The focus group discussions will be held in the following residential areas: Glen Norah, Chitungwiza, Epworth and East View. The participants can skip any question which makes them uncomfortable. The respondents are free to discontinue the interview, focus group discussion or survey questionnaire without any penalty.

Benefits:

The participants will enjoy the learning experience.

Ethical principles to be observed:

The researcher will uphold and guarantee confidentiality by (using of pseudo names on subjects and not sharing your information with anyone except the research supervisor), informed consent (subjects will be informed about the nature of the study and its objectives), voluntary participation (subjects will not be forced to be part of the study) and avoidance of harm (if the study has a negative impact on the mental and emotional wellbeing the subject he or she is free not to be part of it).

Signature of Participant:

Contact details of the researcher: Gunhidzirai Constance, (00263774171180):

constancegunns@gmail.com



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APPENDIX 3: SEMI-STRUCTURED QUESTIONNAIRE FOR STREET CHILDREN

SECTION A: Background of street children

1. How old were you when you moved away from home?

1. Below 10yrs	2. 10-15yrs	3. 16-20yrs
-------------------	-------------	-------------

2. Which gender do you fall in?

1. Female	2. Male	3. Others
-----------	---------	-----------

If respond is 3, please specify



3. Is your biological mother alive?

1. Yes	2. No	3. Not sure
--------	-------	-------------

4. Is your biological father alive?

1. Yes	2. No	3. Not sure
--------	-------	-------------

5. Where do you come from?

1. Town	2. Rural areas	3. Other cities	4. Other countries
---------	----------------	-----------------	--------------------

If respond is 3 or 4, please specify

.....

.....

6. Where do you currently live?

1. On the streets	2. At home	3. Others (in between home and streets)
-------------------	------------	---

7. Do you have any other siblings?

1. Yes	2. No	3. Not sure
--------	-------	-------------



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If **Yes**, please elaborate on where they are living and how many

.....

.....

8. How long have you been living in the streets?

1. 6-11 months	2. 1-3yrs	3. 4-6yrs	4. 7-8yrs	5. 9-10yrs	6. 11yrs and above
----------------	-----------	-----------	-----------	------------	--------------------

9. Do you have a birth certificate or identification card?

1. Yes	2. No
--------	-------

10. What level of education did you reach?

1. Primary	2. Secondary	3. Pre-school	4. Others (Please specify)
------------	--------------	---------------	----------------------------

If response is **4**, explain the form of education you attended

.....

.....

SECTION B: Challenges faced by street children

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11. Which of the following physical ailments have you experienced during your stay in the streets?

Physical ailments	YES	NO
Injuries/minor accidents		

Skin diseases		
Respiratory diseases		
Chronic diseases		
Stomach ache		

12. Have you ever experience psychological illness?

.....

.....

13. They are high crime rates committed by street children according to the Department of Social Welfare?

1 Agree	2. Disagree	3. Strongly agree	4. Strongly disagree
---------	-------------	-------------------	----------------------

If respond is **1 or 3** please explain the reasons for that

.....

.....

14. What economic activities do you embark on for survival?

1. Vending	2. Begging	3. Rank marshal	4. Donations/ handouts	5. Others / Please specify
------------	------------	--------------------	---------------------------	-------------------------------

If respond is **5** kindly elaborate the economic activities, you do

.....

.....

15. What challenges do you encounter in your economic activities?

.....

.....

19. Where do you get food to eat?

1. Buy food	2. Collect leftovers	3. Rely on handouts	4. Soup kitchen	5. Food for work	6. Others (Please specify).
----------------	-------------------------	------------------------	--------------------	---------------------	-----------------------------------

If respond is **6**, kindly elaborate

.....

.....

16. Where do you sleep at night?

1. Pavement	2. Under the bridge	3. Taxi rank	4. At filling station	5. Rent per night	6. Others (specify
-------------	------------------------	-----------------	--------------------------	----------------------	-----------------------

If respond is **6**, please elaborate.

.....

.....

17. Do you have access to the following sanitations on the streets?

Please respond to the question by ticking on the box

Sanitation	YES	NO
Toilets		
Bathing facilities		
Water		

Clean environment		
-------------------	--	--

18. Which form of child abuse have you personally experienced in the streets?

Please respond to the question by ticking on the box

Form of abuse	Yes	No
Sexual		
Verbal		
Physical		
Psychological		
Emotional		

Kindly elaborate on the form of abuse you experienced.

.....

.....

19. Have you been a victim of violence?

.....

.....

20. Which of the following have you done under peer pressure from other street children?

1. Illegal activities	2. Indulge in alcohol and drugs	3. Others, specify
-----------------------	---------------------------------	--------------------

.....

.....

21. Have you ever contracted Sexually transmitted diseases (STDs) or Sexually transmitted infections (STIs)?

.....

.....

22. Explain the nature of the relationship amongst other street children?

1. Helpful and caring	2. Not helpful and uncaring	3. Others, specify
-----------------------	-----------------------------	--------------------

.....

.....

23. What are your perceptions of the general public towards street children?

1. Supportive	2. Un supportive	3. Others, specify
------------------	---------------------	-----------------------

.....

.....

24. Explain the circumstances where you ever conflicted with the municipal officials?

.....

.....

.....

SECTION C: Coping strategies adopted by street children in solving their challenges

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25. Are you affiliated to any gangster group in the street?

.....

.....

26. What form of recreational and social activities are being done in the streets?

.....

.....

27. Which of the following bribery method do you adopt when caught violating municipal rules and regulations?

1. Money	2. Goods/ merchandise	3. Others, specify
----------	--------------------------	--------------------

.....

.....

28. Which of the following led to your indulgence in commercial sex?

1. Money	2. Food	3. Others, specify
----------	---------	--------------------

.....

.....

29. Which of the following substances have you used?

1.Cigarettes	2. Alcohol	3. Drugs	4. Others specify
--------------	------------	----------	----------------------

.....

.....

30. When physically ill which form of treatment do you adopt?

1.Self- prescription of medication	2. Visit the Clinic/ hospital	3. Visit traditional herbalist	4. Others specify
---------------------------------------	----------------------------------	-----------------------------------	----------------------

If respond is **4**, kindly elaborate

.....

.....

31. What form of donations/handouts have you received from the public or organizations working in Harare?

1. Food	2. Money	3. Clothing and toiletries	4. Others specify
---------	----------	----------------------------	-------------------

.....

.....

32. What is being done by street girls when they fall pregnant on the streets?

1. Abortion	2. Carry pregnant to full term	3. Others, specify
-------------	--------------------------------	--------------------

.....

.....

.....

33. Have you ever being involved in any form of illegal activities?

.....

.....

34. Which form of therapeutic intervention have you received from the Department of Social Welfare?

Please respond to the question by ticking on the box

Therapeutic intervention	YES	NO
Individual counselling		
Group therapy		
Family intervention		

35. What do street girls do when they fall pregnant on the street?

1. Abortion	2. Carry the pregnancy to full term	3. Others (specify

If respond is 3, kindly elaborate

.....

SECTION D: Government social protection programmes

36. What is your understanding of Social Welfare?

.....

.....

37. What form of services are you receiving from the Department of Social Welfare?

.....

.....


38. How effective are the services provided by the Department of Social Welfare in solving your challenges?

1. Agree	2. Disagree	3. Strongly agree	4. Strongly disagree
----------	-------------	-------------------	----------------------

39. Are you aware of the following government social protection programmes?

Please specify by ticking your respond in the box below

Government social protection programmes	YES	NO
Harmonised Social Cash Transfer Programme		

Basic Education Assistance Module (BEAM		
Free Treatment Order (FTO)		
Child adoption		
National Action Plan for Orphans and Vulnerable Children (OVC)		
Institutional Care		

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If your response is **Yes**, which one/s have you being a beneficiary.

.....

.....

SECTION E: Perceptions of government social protection programmes

40. In your opinion do you agree that government social protection programmes are accessible to all street children?

1. Agree	2. Disagree	3. Strongly agree	4. Strongly disagree
----------	-------------	----------------------	-------------------------

41. How effective are government social protection programmes in solving your challenges?

1. Highly effective,	2. Effective	3. Moderately Effective	4. Not effective at all
----------------------	--------------	-------------------------	-------------------------

42. What challenges you are facing in accessing government social protection programmes/services from the Department of Social Welfare?

.....

.....

43. What do you think can be done to reduce the number of children in the streets?

.....

.....

Prepared by Gunhidzirai Constance

APPENDIX 4: SEMI-STRUCTURED INTERVIEW GUIDE FOR SOCIAL WELFARE OFFICERS AT DEPARTMENT OF SOCIAL WELFARE

SECTION A: Personal information

Please specify by ticking your respond in the box below

1. Which gender do you fall in?

Female	Male	Others, specify
--------	------	-----------------

2. How old are you?

Below 25yrs	26-30yrs	31-35yrs	36+
-------------	----------	----------	-----

3. What is your highest level of qualification?

Diploma	Degree	Others, specify
---------	--------	-----------------

4. Which position do you currently hold at work?

Supervisor	Senior	Junior
------------	--------	--------

5. How long have you been working at the Department of Social Welfare?

Below 5yrs	6-10yrs	11-20yrs
------------	---------	----------

SECTION B: Overview of Social Welfare in Zimbabwe

6. What is your understanding of the term Social Welfare?

.....

.....

7. Who is responsible for the formulation and implementation of social welfare policies, programmes and framework in Zimbabwe?

.....

.....

8. Who are the intended beneficiaries/recipients of social protection programmes?

.....

.....

9. Which criteria do you use in selecting the beneficiaries/recipients?

.....

.....

10. What is your role as Social Workers in the Department of Social Welfare in Zimbabwe?

.....

.....

SECTION B: Nature of Street children in Harare Metropolitan province

11.What is your understanding of the term street children?

.....

.....

12. What are some of the reasons that drove children into the streets?

.....

.....

13.Where are these street children coming from?

.....

.....

14.Which gender contributes to the highest number of street children in Harare Metropolitan Province?

.....

.....



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15.What challenges are being brought forward to your Department by street children?

.....

.....

16.What survival methods are being done by street children in Harare Metropolitan Province?

.....

.....

SECTION C: Social protection programmes in Zimbabwe

17. What is the aim of implementing social protection programmes in Zimbabwe?

.....

.....

18. Who are the funders of social protection programmes in Zimbabwe?

.....

.....

19. What criteria do you apply in the selection process of the beneficiary of government social protection programmes?

.....

.....

20. Which methods of transferring information do you use to notify street children about services offered by your Department offers to them?

.....

.....

21. What form of services do you offer for street children?

.....

.....

SECTION D: Perceptions of social protection programmes in mitigating challenges faced by street children

22. After providing social protection programmes, is the number of street children is decreasing or increasing?

.....

.....

23.How effective are social protection programmes in solving the challenges faced by street children?

.....

.....

24.What other programmes/services are you offering to street children's in solving challenges they are encountering?

.....

.....

25.What are some of the challenges being faced by the Department of Social Welfare in mitigating the plights of street children?

.....

.....

26.In your opinion what can be done to overcome those challenges?

.....

Your time and cooperation will be highly appreciated.

APPENDIX 5: LIST OF QUESTIONS FOR FOCUS GROUP DISCUSSIONS WITH HEADS OF HOUSEHOLDS

1. Which gender category do you fall in?
2. How old are you?
3. How many members reside in your household?
4. How many children/ relative do you have who stay on the streets?
5. What are the reasons that drive children into the streets?
6. What should families do to prevent children from the streets?
7. What form of steps can you take to bring back children from streets?
8. Which are some of the challenges being faced by children in the street?
9. Which services or programmes are available in the community for street children?
10. How effective are these services or programmes in mitigating the challenges being faced by street children?
11. What are the problems being faced by the public because of the increase of street children in the metropolitan?
12. What should the government do to ensure children are kept from the streets?
13. How effective are government social protection programmes in solving challenges faced by street children?

Your time and cooperation will be highly appreciated

Prepared by Gunhidzirai Constance

APPENDIX 6: ETHICAL CLEARANCE CERTIFICATE



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Together in Excellence

ETHICS CLEARANCE **REC-270710-028-RA Level 01**

Project Number: TAN011SGUN01

Project title: **The role of government social protection programmes in mitigating the challenges faced by street children: A case of Harare Metropolitan Municipality in Zimbabwe.**

Qualification: PhD in Social Work

Principal Researcher: Constance Gunhidzirai

Supervisor: Prof P. T. Tanga

Co-supervisor: N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby grant ethics approval for TAN011SGUN01. This approval is valid for 12 months from the date of approval. Renewal of approval must be applied for BEFORE termination of this approval period. Renewal is subject to receipt of a satisfactory progress report. The approval covers the undertakings contained in the above-mentioned project and research instrument(s). The research may commence as from the 22/08/19, using the reference number indicated above.

Note that should any other instruments be required or amendments become necessary, these require separate authorisation.
Please note that the UREC must be informed immediately of

- Any material changes in the conditions or undertakings mentioned in the document;
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

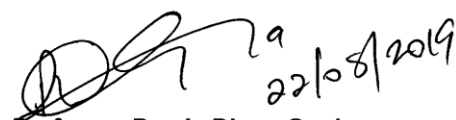
The UREC retains the right to

- Withdraw or amend this approval if
 - Any unethical principal or practices are revealed or suspected;
 - Relevant information has been withheld or misrepresented;
 - Regulatory changes of whatsoever nature so require;
 - The conditions contained in the Certificate have not been adhered to.
- Request access to any information or data at any time during the course or after completion of the project.

Your compliance with DoH 2015 guidelines and other regulatory instruments and with UREC ethics requirements as contained in the UREC terms of reference and standard operating procedures, is implied.

The UREC wishes you well in your research.


Yours sincerely



Professor Pumla Dineo Gqola
Acting UREC-Chairperson
 22 August 2019

APPENDIX 7: LANGUAGE EDITING CERTIFICATE

<table border="1"><tr><td>B</td><td>S</td></tr><tr><td>C</td><td>C</td></tr></table>	B	S	C	C	BE STILL COMMUNICATIONS For effective communication solutions	landamasuku@gmail.com +27835841854; +27618043021
B	S					
C	C					

Professional
EDITORS 
Guild

CERTIFICATE OF EDITING

This document certifies that a copy of the thesis whose title appears below was edited for proper English language usage, grammar, punctuation, spelling, and overall style by Dr Nhlanhla Landa whose academic qualifications and professional affiliation appear in the footer of this document. The research content and the author's intentions were not altered during the editing process.

TITLE: THE ROLE OF GOVERNMENT SOCIAL PROTECTION PROGRAMMES IN MITIGATING THE CHALLENGES FACED BY STREET CHILDREN IN HARARE METROPOLITAN PROVINCE IN ZIMBABWE


AUTHORS: CONSTANCE GUNHIDZIRAI [STUDENT NO. 201105360]

Note: The edited work described here may not be identical to that submitted. The author, at their sole discretion, has the prerogative to accept, delete, or change amendments made by the editor before submission.

DATE: 19 JUNE 2020

EDITOR'S COMMENT

The author was advised to effect suggested corrections in regards to clarity of terms, referencing style, statistical accuracy, consistency in structure and logic, and expression. The author was advised to consult the supervisor regards the phrasing of the title of the report.


Signature

PhD Applied Linguistics (UFH), MA Applied Linguistics (MSU), BA (Honours) English and Communication (MSU)
Professional Membership: A member of the Professional Editors Guild