



Retrak
inspiring street children

RETRAK REPORT

Evaluating outcomes: Retrak's use of the Child Status Index to measure wellbeing of street-connected children

Su Corcoran and Joanna Wakia
April 2013

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CONTENTS

Executive summary	iv
1. Introduction	1
1.1. Retrak's work with street children	1
1.2. Retrak's family reintegration programme	2
1.3. Retrak's monitoring and research	3
2. Methodology	5
2.1. Data collection: the Child Status Index	5
2.2. Data inclusion	9
2.2.1. Missing Data	9
2.2.2. Data quality	9
2.2.3. Population Characteristics	10
2.3. Data analysis	12
2.4. Limitations	13
3. Retrak Ethiopia	14
3.1. Findings	14
3.1.1. Evaluating outcomes at Retrak	14
3.1.2. Analysing deprivation on the streets	16
3.2. Discussion	18
3.2.1. Evaluating outcomes at Retrak	18
3.2.2. Analysing deprivation on the streets	20
4. Retrak Uganda	22
4.1. Findings	22
4.1.1. Evaluating outcomes at Retrak	22
4.1.2. Analysing deprivation on the streets	24
4.2. Discussion	26
4.2.1. Evaluating outcomes at Retrak	26
4.2.2. Analysing deprivation on the streets	27
5. Conclusion	29
6. Recommendations	31
6.1. Reintegration programme implementation	31
6.1.1. Reintegration is successful and needs investment	31
6.1.2. Outreach is a critical part of the process	31
6.1.3. Support must focus on education and psychosocial reintegration	31
6.2. Reintegration monitoring and impact assessment	32
Bibliography	34

Lists of tables and figures

Table 1a and 1b: Child Status Index domain goals and scores.....	7
Table 2: Number of assessments for each time cohort used in the two analyses	9
Table 3: Demographic averages of children who exited or progressed and in total.....	11
Figure 1: Retrak's model.....	2
Figure 2: Percentage of children by region of origin who exited or progressed and in total	11
Figure 3: Spider plots showing changes in wellbeing by Retrak journey in Ethiopia, 2011-12.....	15
Figure 4: Frequency distribution curve showing differences in deprivation number with time in Retrak programmes in Ethiopia, 2011-2012.....	16
Figure 5: Frequency distribution curve showing cumulative percentage of the children with deprivations for each region in Ethiopia, 2011-2012.....	16
Figure 6: Frequency distribution curve showing cumulative percentage of the children with deprivations by age at assessment (two groups) in Ethiopia, 2011-2012	17
Figure 7: Frequency distribution curve showing cumulative percentage of the children with deprivations by age, at arrival on the streets, in Ethiopia, 2011-2012	17
Figure 8: Frequency distribution curve showing cumulative percentage of the children with deprivations by number of years in education in Ethiopia, 2011-2012.....	18
Figure 9: Frequency distribution curve showing cumulative percentage of the children with deprivations by time on the street in Ethiopia, 2011-2012.....	18
Figure 10: Spider plots showing changes in wellbeing by Retrak journey in Uganda, 2011-12	23
Figure 11: Frequency distribution curve showing differences in deprivation number with time in Retrak programmes in Uganda, 2011-2012	24
Figure 12: Frequency distribution curve showing cumulative percentage of the children with deprivations for each province in Uganda, 2011-2012	24
Figure 13: Frequency distribution curve showing cumulative percentage of the children with deprivations grouped by age at assessment (two groups) in Uganda, 2011-2012.	25
Figure 14: Frequency distribution curve showing cumulative percentage of the children with deprivations grouped by age at assessment (three groups) in Uganda, 2011-2012.....	25
Figure 15: Frequency distribution curve showing cumulative percentage of the children with deprivations grouped by age on arrival to streets (two groups) in Uganda, 2011-2012.	26
Figure 16: Frequency distribution curve showing differences in deprivation number with time on the streets in Uganda, 2011-2012.....	26

EXECUTIVE SUMMARY

Retrak's vision is a world where no child is forced to live on the street. The child is always at the centre of our work and therefore measurements of organisational impact must place the progress of the child at the centre of assessment. In establishing a system of measurement to effectively and consistently monitor the changes in the lives of children as a result of Retrak's work, the Child Status Index (CSI) has been adapted to apply to the context of children connected to the street. This paper is the initial review of the findings of the CSI in the pilot period, 2011 and 2012, as a measurement of child wellbeing and a tool for tracking children's progress along their Retrak journey to establish the impact of Retrak's programmes in both Ethiopia and Uganda.

The CSI, developed by Measure Evaluation¹, allows Retrak to trace the progress of the child along the Retrak journey, as they transition from the street to family homes, and comprises of a system of indicators to assess the multidimensional wellbeing of the individual child.

The CSI assessments were conducted with cohorts of children on streets who access Retrak's drop-in centres (baseline); at the point of reintegration with their families (placement); and again at intervals of approximately six months during follow-up with the child and their family (follow-up within six months of placement, between six months and one year of placement, and more than one year since placement). Each indicator of wellbeing on the CSI is given a score between one and four. Children scoring one or two, a deprivation score, for any indicator are considered to be at risk in that domain of wellbeing. Retrak's aim is to ensure that children's wellbeing improves after their placement at home, and continues to progress, and that they become deprivation free.

Summary of findings

This pilot study has demonstrated that Retrak's reintegration programmes contribute to improvements in children's wellbeing.

Through analysing children's wellbeing on their journey with Retrak in both Ethiopia and Uganda it is possible to show that:

- **The wellbeing of the children improved across all areas of wellbeing during their time in Retrak's reintegration programmes. Family reintegration programmes with street children are successful. We have shown that such programmes are able to overcome children's prevalent deprivations in shelter, care, abuse and exploitation and legal protection experienced when they are living alone on the street at an increased level of vulnerability.**
- **Performance and access to education were areas of wellbeing which were slow to improve at the placement and follow up level. This could be partially a result of the national education systems and its ability to support the successful reintegration of vulnerable children into the classroom.**
- **In Ethiopia, wellbeing in the areas of emotional health and social behaviour were also slow to improve at placement and follow-up. Much of this is to do with the survival traits developed by the children to help to combat stigmatisation while on the streets.**
- **In Uganda it was shown that wellbeing in the areas of food security, shelter and legal protection were of concern at all stages of a child's journey with Retrak.**

Analysing the data collected for each child reflecting their life on the street, highlights the following trends:

- **Street-connected children and youth in Ethiopia, over 14 years old, have more deprivations than those under 14; and all new arrivals to the street in Ethiopia have fewer deprivations than those who have spent a number of months there. The longer a child spends in the street the more deprivations they experience.**
- **In Uganda children aged 14 or 15 years have fewer deprivations than those aged 13 years and younger. Unlike the Ethiopia data, those aged 14 years and younger when they migrated to the street have fewer deprivations than those children aged over 14 years.**

¹ For further information on Measure Evaluation go to: www.cpc.unc.edu/measure

- **There is a relationship between the level of schooling achieved by the children in Ethiopia and the number of deprivations they experience: the longer the child spends in school before migrating to the street the lower the number of deprivations on average.**
- **There appears to be little distinction between region of origin and level of deprivation for both countries. In Uganda the data showed that children on the streets of Kampala and originating from Kampala and the surrounding district are just as disadvantaged as their peers from further afield, showing that their proximity to their family is of little benefit.**

Recommendations

This pilot study has demonstrated that reintegration programmes contribute to improvements in children's wellbeing and that the Child Status Index is an extremely useful tool to monitor reintegration programmes through tracking children's wellbeing. In addition, this study has shown that the risks children face on the streets vary according to age, education and other variables.

Therefore, the following recommendations are made regarding reintegration programming and the use of the CSI in monitoring these programmes.

Reintegration is successful and needs investment

This study has shown that reintegration of street-connected children is a successful intervention. When considering this alongside the evidence of the risks and costs of institutional care, deinstitutionalisation must be encouraged and family reintegration promoted as the first priority. This work needs significant investment and emphasis in national and international policies.

Outreach is a critical part of the process

Outreach work on the streets must target younger children and those who have recently arrived. These are the children who are more vulnerable on the streets and who are more likely to progress successfully into reintegration. In addition, outreach work should target all children on the streets, despite their regional background, as once they arrive on the streets their place of origin does not appear to give them any advantage or ability to avoid risk.

Support must focus on education and psychosocial reintegration

Reintegration programmes must assist children to re-enter formal education, both through education and skills programmes prior to reintegration and through addressing inadequacies in access and quality of Universal Primary Education. In order to reduce the number of children on the streets, national governments and education authorities must ensure that their education systems are able to meet the needs of vulnerable children who are at risk of turning to the streets and of street-connected children who are returning to formal education.

In order to meet children's psychosocial needs it is also vital to provide counselling and psychosocial support, to ensure every child has a solid foundation on which to build a strong attachment with a capable care-giver, and to foster support amongst the wider community.

Reintegration monitoring and impact assessment

Retrak will continue to develop its use of the CSI and encourages other practitioners working with street-connected children to use it both for case management purposes and for monitoring changes in children's wellbeing on the streets and during the reintegration process. When using the CSI in this way it is important to collect multiple assessments for each child; carry out baseline assessments as early as possible; provide opportunities for staff to discuss the tool and compare their results in order to reduce subjectivity; disaggregate data by variables which may impact wellbeing at baseline and during the reintegration process; and explore ways of using CSI data in evaluations and longitudinal studies and impact assessments.

1. INTRODUCTION

1.1. Retrak's work with street children

Retrak works to ensure that no child is forced to live on the streets. We aim to provide street-connected children with a real alternative to street life through outreach and basic service provision, leading to family reintegration, foster care or independent living. To complement this, Retrak is expanding its work in family preservation and community empowerment to prevent highly vulnerable children coming to the streets, and in child protection in conflict and disaster situations.

Retrak began in Kampala, Uganda in 1994 as a football club providing street-connected children with the opportunity for play and, for a short while at least, an escape from day to day problems and dangers. Recognising both the need and the potential, Retrak expanded the scope of its work in Uganda in 1997, and later opened a centre in Addis Ababa, Ethiopia and began supporting partners in Kenya in 2007. In 2012 Retrak also began working with partners in Tanzania.

Retrak's model of work with children on the streets focuses on successfully returning children to safe homes in families and communities, where each child feels a sense of belonging through a secure attachment to caring adults. This provision of quality family care is internationally recognised as the best environment for children to grow and develop fully, and a right of all children.²

Retrak's model³ provides the framework for our activities, ensuring we provide consistent care to both children and their families and communities as we journey with them (figure 1). For children, this journey begins with outreach while they are still on the streets. The next step involves actively dealing with past experiences, identifying strengths and resources and exploring future choices. New attachments may come through family reintegration, foster care or independently with support in a community.

Success depends equally on families and communities. Their journey begins by making contact through home visits, community activities and recruiting foster carers and community mentors. Retrak works alongside each care-giver, through training and resourcing so they can build healthier environments to nurture and support children.

Retrak ensures success continues through follow-up and care for each child, their siblings, care-givers and the whole household, as well as involving the wider community to provide support.

Retrak works towards success across all areas of a children's wellbeing, both whilst they are in Retrak's care and when they are living with family and community. Wellbeing is measured in the areas of health, safety, emotional wellness, education and training, and economic independence. Children and their care-givers must be able to sustainably maintain this wellbeing without Retrak's support, in a way which is appropriate and suitable for their context.

² Clay, R et al (2012) 'A call for coordinated and evidence-based action to protect children outside of family care', *The Lancet* 379:9811; Safe Families Safe Children (2011) *Breaking the cycle of violence – building a future for the most excluded*, Safe Families Safe Children coalition; UN General Assembly, *Convention on the Rights of the Child*, Resolution 44/25 (20 November 1989) New York, United Nations; UN General Assembly, Human Rights Council, *Guidelines for the Alternative Care of Children*, A/Res/64/142 (24 February 2010) New York, United Nations; Williamson, J and A Greenberg (2010) *Families, Not Orphanages*, Better Care Network Working Paper 9, New York, Better Care Network

³ Retrak (2011), *Retrak's model: journeying together*, Manchester, Retrak

Figure 1: Retrak's model⁴



1.2. Retrak's family reintegration programme

Central to Retrak's model of work is family reintegration.⁵ As stated earlier, a caring family is considered the best environment for children's growth and development, therefore enabling children who have become separated from their families to return to the care of their family is a key intervention. Before any alternative care options are explored, the possibility of children being reunified with parents or other relatives must be explored. In addition, even once a child is placed in alternative care it is recommended that a child maintains ties with their family if it is possible and if it is in their best interests.⁶

There are numerous reasons why children resort to life on the street, among them: poverty, war and famine. However, in Retrak's experience a key factor is the breakdown of family relationships. This might be the separation of parents and their subsequent remarriage; children being orphaned, often due to HIV/AIDS; emotional, physical and sexual abuse of a child or spouse; parents sending children into the streets to beg or steal; and neglect of children's wellbeing.⁷

Consequently, family reintegration can appear to be extremely challenging for street-connected children. However, Retrak has helped over 1,200 street children return to their families, with over 70% remaining at home after six months.⁸ Drawing on this experience Retrak has developed a set of family reintegration Standard Operating Procedures (SOPs),⁹ research on which was recently endorsed by UNICEF.¹⁰

As laid out in Retrak's SOPs, successful family reintegration programmes must see family as the first priority; be child-centred; (re)build positive attachments between child and care-givers; and involve community in providing support. Key steps in the reintegration process are:

⁴ Ibid

⁵ Retrak defines family reintegration as the process through which a child is returned back to his/her immediate or extended family (either where s/he lived before or with another family member), and is able to reintegrate into family and community life where s/he receives the necessary care and protection to grow and develop.

⁶ UN General Assembly, Human Rights Council, *Guidelines for the Alternative Care of Children*, A/Res/64/142 (24 February 2010) New York, United Nations

⁷ Csiky, C (2009), *Keeping children out of harmful institutions: why we should be investing in family-based care*, London, Save the Children UK; Smith, K and J Wakia (2012) *Retrak technical brief: Family reintegration for children living on the streets*, Manchester, Retrak; Thomas de Benitez, S (2011) *State of the World's Street Children: Research*, London, Consortium for Street Children

⁸ Retrak (2012b) *Retrak monitoring report 2011*, Manchester, Retrak (internal document)

⁹ Retrak (2013) *Retrak Standard Operating Procedures: Family reintegration*, Manchester, Retrak

¹⁰ Kauffman, ZL and KM Bunkers (2012) *Retrak report: De-institutionalization of street children in Addis Ababa, Ethiopia*, Manchester, Retrak

- **building trusting relationships with children and working with them individually to determine their best interests;**
- **assessing the family's situation, providing support, and building understanding of the child's experiences;**
- **supporting the child and family through placement;**
- **regularly following-up and assessing needs and wellbeing, and taking swift action if a child is at risk; and**
- **gradually phasing out support.**

In order to remain child-focused and be able to monitor children's progress, needs and wellbeing, Retrak has developed a toolkit¹¹ to help guide social workers in their decision-making process. This toolkit helps social workers to take a wide range of factors into account when making future care plans, with the participation of each child and her/his family. The data gathered through this toolkit also allows Retrak to monitor its performance at a programme level.

Retrak is in the process of piloting a database to improve data collection, data quality and data availability. This includes information on children's journeys into reintegration. The aim is to ensure that quality data is readily available to aid case management for individual children and families, improve programme monitoring, inform research and influence policy.

1.3. Retrak's monitoring and research

Retrak is committed to developing its monitoring and research activities, especially through the active participation of children and their families, in order to change policy and practice in favour of children. It is clear that there is a lack of coordinated information about street-connected children in general, and about the effectiveness of interventions which aim to benefit them.¹²

Existing research about children connected with the streets has been criticised for the lack of coordination between academic research and development practice, and vice versa¹³. Studies are often conducted in isolation focusing on too specific a geographical area, ethnic group, academic discipline etc, and there is very little evidence of the academic research impacting programme planning at the organisational level; or of the practical lessons learned by organisations feeding into academic reporting.

This has ramifications for work that aims to advocate for street-connected children, especially at policy level. Without information available in the public domain, policy is not written or is written poorly, and without policy there is no impetus for governments to actively support vulnerable children connected with the streets or in danger of being forced onto the streets. Laws need to be written and funds allocated to specifically protect their rights.¹⁴ A better informed knowledge base to advise these developments as well as the interventions carried out by organisations on the ground must be prioritised.

More widely in academic and civil society sector research, there is the demand to look more closely at measuring the impact of interventions on beneficiaries' lives. For example, as Sen and many others argue, only measuring a person's income does not take into account their ability to transform this income into improvements in standards.¹⁵ Similarly, civil society organisations who only report on the services they deliver, with no focus on the changes and impacts these bring about in their beneficiaries' lives, are not fully demonstrating the success of their work.¹⁶

¹¹ Further information on the SOPs and accompanying toolkit, as well as training opportunities is available from Retrak: mailbox@retrak.org

¹² Flukea, JD, et al (2013) 'Systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care' *Child Abuse & Neglect* 36: 722– 731; Thomas de Ben tez, S (2011) op cit

¹³ Thomas de Ben tez, S (2011) op cit

¹⁴ ACPF (2010) *The African Report on Child Wellbeing 2011: Budgeting for children*, Addis Ababa, African Child Policy Forum

¹⁵ Barrientos, A and C Lasso de la Vega (2011) *Assessing wellbeing and deprivation in later life: A multidimensional counting approach*, Brooks World Poverty Institute working paper 151; Sen, A (1985) *Commodities and Capabilities*, Amsterdam, North-Holland; Sen, A (1993) 'Capability and well-being' in M Nussbaum and A Sen (Eds), *The Quality of Life* (pp. 30-53) Oxford, Oxford University Press; Sen, A (1999) *Development as Freedom*, Oxford, Oxford University Press

¹⁶ Hedley, S et al (2010) *Talking about results*, London, NPC

Retrak aims to play a role in addressing this gap by sharing the results and the lessons learned so far, from a pilot study monitoring children's wellbeing during Retrak reintegration programmes in Ethiopia and Uganda throughout 2011 and 2012. This paper is an initial step in sharing the pilot study findings, regarding the nature of children's deprivation on the street and the impact on children's wellbeing during Retrak's reintegration process. The aim is to contribute to the wider discussions on street child monitoring and research and to review the pilot findings, in order to draw recommendations for both Retrak's programming and monitoring processes in the future.

2. METHODOLOGY

2.1. Data collection: the Child Status Index

In order to effectively and consistently monitor the changes in the lives of children as a result of Retrak's interventions, a method of measurement is required. As the child is at the centre of Retrak's work, a system of indicators that assess the wellbeing of the individual should be utilised. This allows social workers and other members of Retrak staff to track beneficiaries' development, and, when carried out within a detailed framework to ensure consistency of measurement and application, to compare the success of certain aspects of the organisation's programming. No published information could be found on a standard system for specifically monitoring the wellbeing of children connected with the streets. However there have been a number of studies that explore wellbeing indicators for use with orphaned and vulnerable children (OVC), a broader category of children at risk into which street-connected children can often be subsumed.¹⁷ After evaluating and trialling some existing options as possible solutions,¹⁸ Retrak adopted the Child Status Index. Although designed for use with OVC in communities it can be adapted for interventions with a variety of groups of vulnerable children, including children connected to the street.¹⁹ The nature of the Child Status Index tool means that it is able to assess multiple dimensions of a child's wellbeing. This is critical since wellbeing is intrinsically multidimensional in nature,²⁰ with changes in one aspect of wellbeing automatically impacting on other aspects.

The Child Status Index (CSI) was developed through participatory research with OVC to assess their situation and therefore help to provide services more effectively.²¹ Retrak has chosen to use the CSI to track the journeys of the children as they move through programmes and are reintegrated into society. The tool allows Retrak to conduct initial baseline assessments for each child and to follow this up with further monitoring to inform future care plans and to track their progress and assess whether changes are positive or negative. Consequently the CSI enables measurement of Retrak's impact on the beneficiaries of the programmes delivered.

The CSI tool is based on six core domains of wellbeing:

- **food and nutrition;**
- **shelter and care;**
- **protection;**
- **health;**
- **psychosocial; and**
- **education and skills.**

There are 12 measurable goals related to the six domains which highlight the desired status for a child in that area of wellbeing. Each goal is accompanied by 4 scores – *good, fair, bad* or *very bad* – with definitions for each level (see table 1a&b). The scores are recorded during the assessment based on questions that are asked of the child or their care-giver, and informed by observation.

¹⁷ For example: Wallis, A and V Dukay 'Learning how to measure the wellbeing of OVC in a maturing HIV/SIDS Crisis', *Journal of Health Care for the Poor and Underserved* 20(4):170-184; Larson, B (2010) *Costs, Outcomes and Cost-Effectiveness of OVC Interventions*. Boston University OVC-CARE Project Critical Review Paper

¹⁸ For example: Child Status Index (O'Donnell, K et al (2009) *Child Status Index: a tool for assessment the well-being of orphans and vulnerable children – manual*, Chapel Hill, NC, Measure Evaluation), Outcome Mapping (Earl, S, F Carden, T Smutylo (2001) *Outcome Mapping: Building Learning and Reflection into Development Programs*, Ottawa, IDRC) and Step by Step (Oasis (no date) *Introducing Step by Step*)

¹⁹ Measure Evaluation (2012) *Clarification regarding usage of the child Status Index* Chapel Hill, NC

²⁰ For example: Ayala, L, A Jurado and J Perez-Mayo (2011) Income poverty and multidimensional deprivation: Lessons from Cross-regional analysis', *Review of Income and Wealth* 57(1):40-60; Barnes, H, M Noble, G Wright and A Dawes (2009) 'A geographical Profile of Child Deprivation in South Africa', *Child Ind Res* 2:181-199; Barrientos, A and C Lasso de la Vega (2011) op cit; Noble, M, G Wright and L Cluver (2006), 'Developing a child-focused and multidimensional model of child poverty for South Africa', *Journal of Children and Poverty* 12(1):39-53; Noble, M, G Wright and L Cluver (2007) 'Conceptualising, defining and measuring child poverty in South Africa: An argument for a multidimensional approach' in A Dawes, R Bray and A van der Merwe (Eds), *Monitoring child well-being: A South African rights-based approach* (pp 53-71). Cape Town, HSRC

²¹ O'Donnell, K et al (2009) op cit

Throughout 2011 and 2012 wellbeing was assessed for the children benefitting from Retrak's programmes in Uganda and Ethiopia. Assessments were undertaken by social workers, trained to use the CSI tool. The assessments form part of a wider case management toolkit, and are completed as part of one-to-one counselling sessions or during meetings or phone calls with children in family settings. The aim of these wider case management tools is to plan the next steps for the child's and the family's involvement with Retrak. Currently these tools are completed mainly on paper, but Retrak's new database will see a transfer to electronic data collection during 2013.

The data for this study falls into five time cohorts. Baseline data, reflecting life on the streets, was taken when the child first entered a Retrak programme (Ethiopia) or began participating in a consistent way (Uganda). Data was also taken for children when Retrak placed them into family care and during follow-up interventions. This follow-up data was grouped into three cohorts relating to time since placement: first six months, 6-12 months and longer than one year since placement.

Retrak undertakes follow-up assessments as part of follow-up visits and phone calls which are planned according to the needs of the child and family. Therefore there is no set time interval at which they must be undertaken. Other studies report on children's status six months after the point of reintegration,²² and conclude as to the impact of the intervention involved at that point. Therefore this time interval has been used to group Retrak's follow-up assessments. This is a long enough period to reveal differences in wellbeing and assess impact, and should be effective for an exploration of the effects of unpredictable external factors, should they arise. Guidance on the timeframe of CSI data collection highlights the importance of being context appropriate; and suggests that assessments should occur as often as quarterly to as infrequent as annually, depending on the needs of the project and the individual.²³

²² USAID (2009) *Audit of USAID/Democratic Republic of Congo's Displaced Children and Orphans Fund Activities* (Report No. 7-660-10-001-P)

²³ Measure Evaluation (2012) *op cit*

Table 1a and 1b: Child Status Index domain goals and scores²⁴

Domain Sub-domain	1 — FOOD AND NUTRITION		2 — SHELTER AND CARE		3 — PROTECTION	
	1A. Food Security	1B. Nutrition and Growth	2A. Shelter	2B. Care	3A. Abuse and Exploitation	3B. Legal Protection
GOAL	Child has sufficient food to eat at all times of the year.	Child is growing well compared to others of his/her age in the community.	Child has stable shelter that is adequate, dry, and safe.	Child has at least one adult (age 18 or over) who provides consistent care, attention, and support.	Child is safe from any abuse, neglect, or exploitation.	Child has access to legal protection services as needed.
Good =4	Child is well fed, eats regularly.	Child is well grown with good height, weight, and energy level for his/her age.	Child lives in a place that is adequate, dry, and safe.	Child has a primary adult caregiver who is involved in his/her life and who protects and nurtures him/her.	Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	Child has access to legal protection as needed.
Fair =3	Child has enough to eat some of the time, depending on season or food supply.	Child seems to be growing well but is less active compared to others of same age in community.	Child lives in a place that needs some repairs but is fairly adequate, dry, and safe.	Child has an adult who provides care but who is limited by illness, age, or seems indifferent to this child.	There is some suspicion that child may be neglected, over-worked, not treated well, or otherwise mistreated.	Child has no access to legal protection services, but no protection is needed at this time.
Bad =2	Child frequently has less food to eat than needed, complains of hunger.	Child has lower weight, looks shorter and/or is less energetic compared to others of same age in community.	Child lives in a place that needs major repairs, is overcrowded, inadequate and/or does not protect him/her from weather.	Child has no consistent adult in his/her life that provides love, attention, and support.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child has no access to any legal protection services and may be at risk of exploitation.
Very Bad =1	Child rarely has food to eat and goes to bed hungry most nights.	Child has very low weight (wasted) or is too short (stunted) for his/her age (malnourished).	Child has no stable, adequate, or safe place to live.	Child is completely without the care of an adult and must fend for him or herself or lives in child-headed household.	Child is abused, sexually or physically, and/or is being subjected to child labour or otherwise exploited.	Child has no access to any legal protection services and is being legally exploited.

Domain	4 — HEALTH		5 — PSYCHOSOCIAL		6 — EDUCATION AND SKILLS TRAINING	
Sub-domain	4A. Wellness	4B. Health Care Services	5A. Emotional Health	5B. Social Behaviour	6A. Education performance	6B. Education access
GOAL	<i>Child is physically healthy.</i>	<i>Child can access health care services, including medical treatment when ill and preventive care.</i>	<i>Child is happy and content with a generally positive mood and hopeful outlook.</i>	<i>Child is cooperative and enjoys participating in activities with adults and other children.</i>	<i>Child is progressing well in acquiring knowledge and life skills at home, school, job training, or an age-appropriate productive activity.</i>	<i>Child is enrolled and attends school or skills training or is engaged in age-appropriate play, learning activity, or job.</i>
Good =4	In past month, child has been healthy and active, with no fever, diarrhea, or other illnesses.	Child has received all or almost all necessary health care treatment and preventive services.	Child seems happy, hopeful, and content.	Child likes to play with peers and participates in group or family activities.	Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is enrolled in and attending school/training regularly. Older child has appropriate job.
Fair =3	In past month, child was ill and less active for a few days (1 to 3 days), but he/she participated in some activities.	Child received medical treatment when ill, but some health care services (e.g. immunizations) are not received.	Child is mostly happy but occasionally he/she is anxious, or withdrawn.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.
Bad =2	In past month, child was often (more than 3 days) too ill for school, work, or play.	Child only sometimes or inconsistently receives needed health care services (treatment or preventive).	Child is often withdrawn, irritable, anxious, unhappy, or sad.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school.	Child is learning and gaining skills poorly or is falling behind.	Child enrolled in school or has a job but he/she rarely attends.
Very Bad =1	In past month, child has been ill most of the time (chronically ill).	Child rarely or never receives the necessary health care services.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone.	Child has behavioural problems, including stealing, early sexual activity, and/or other risky or disruptive behaviour.	Child has serious problems with learning and performing in life or developmental skills.	Child is not enrolled, not attending training, or not involved in age appropriate productive activity or job.

2.2. Data inclusion

2.2.1. Missing Data

As this was the initial period of the application of the CSI assessments at Retrak, data do not exist for all beneficiaries in all five time cohorts: on the streets, at placement and during the three follow-up periods. Since the CSI assessments were also used as case management tools, data was gathered on all children participating in Retrak's reintegration programme during 2011 and 2012, including those already within the programme who therefore only have placement and/or follow-up assessments and those who joined Retrak towards the end of the pilot period and may not have progressed as far as placement or follow-up.

Table 2 shows the size of the data cohorts, including only those which met the quality criteria detailed below. As shown for Ethiopia, although 221 children were assessed regarding their lives on the streets on their entry to Retrak, of these only 24 children progressed to have assessments at placement and at follow-up within six months during the two year pilot period. In Uganda only 29 children had three assessments: on the streets, placement and follow-up within six months.²⁵ Of those children who were followed up after the one year point in Ethiopia and Uganda, none had entered Retrak during the study period and therefore none had a baseline assessment reflecting their life on the streets.

Table 2: Number of assessments for each time cohort used in the two analyses

Time cohort	All assessments		Multiple assessments	
	Ethiopia	Uganda	Ethiopia	Uganda
On the streets	221	40	24	29
Placement	132	155	24	29
Follow-up within 6 months	86	85	24	29
Follow-up between 6 months and 1 year	38	46	2	7
Follow-up after 1 year	66	62	0	0

It was debated whether the children for which only one piece of data exists should be removed, but, as table 2 shows, using only multiple assessments limits the information available for analysis. It was also felt that a comparison of the data for all the children assessed would allow the analysis of patterns of wellbeing overall at different stages of children's journeys with Retrak: on the streets, when they return to their families and in the months and years that follow. This also provides an opportunity to compare the results against the data for children with multiple assessments. Therefore, two sets of analyses were performed when comparing the different time cohorts: firstly for children with multiple assessments (on the street, placement and follow-up within six months); and secondly for all available data in each of the five time cohorts.

2.2.2. Data quality

Certain quality criteria were applied to the data for it to be included in this study. Assessment data must be complete enough to be useful in analysis. Specifically each assessment must include the child's ID, age, region of origin, date of assessment and type of assessment (cohort). In addition only assessments which had nine or more of the CSI goals scored were included.

Even with these criteria in place there is still some data missing from the street-level (baseline) assessments. This is due to the baseline assessment tool used at this point being a pilot of an adjusted CSI assessment to make it appropriate for children living on the streets and not with a family, and which included additional questions about the nature of street life. During the first year of use it was shown that social workers, who normally complete the assessment during early one-to-one sessions with children, struggled to answer questions regarding health, nutrition and education. This assessment tool was revised in 2012 to make the questions more appropriate for social workers to answer without input from health workers and teachers. In Ethiopia, this led to a dramatic improvement in the completeness of the data during 2012: only 22% of 2011 assessments met the quality criteria for this study, in 2012 this rose to 97%. However, the revised tool and

²⁵ There are a number of reasons why this figure for multiple assessments is not higher: 1) many children who enter Retrak's drop-in centres do not progress onto reintegration, some are placed in foster care or in independent living, whilst others may choose not to move on from the streets with Retrak; 2) some children who are placed in reintegration may not be followed up within six months, depending on their situation at placements, for instance children who were not away from home for long and had no family issues to overcome may not need follow-up; 3) some assessments may have been completed but not included in this study as they did not reach the quality criteria for inclusion, this was particularly the case for the Uganda assessments on the streets as explain in the next section (2.2.2).

collection method was not so clearly delivered to staff in Uganda, resulting in an improvement from 11% to only 49%, and thus a smaller number of assessments available for use in this study. Retrak has already undertaken further training and developed clearer protocols for baseline assessments so that the data collection in Uganda will improve further in the coming years. This has also informed training available to Retrak partner organisations in Kenya and Tanzania as they begin to explore the use of the CSI in their monitoring and evaluation procedures; and is part of the reintegration SOPs training which has been delivered to several organisations in Democratic Republic of Congo, Ethiopia, Kenya and Uganda.

2.2.3. Population Characteristics

In making conclusions based on the CSI data about street-connected children, it is important to consider how representative the data is of the wider population of street-connected children. Studies on street-connected children often find a high attrition rate due to the fluid and mobile nature of these children's lives.²⁶ In addition street-connected children are not a homogeneous population: they have a wide diversity of backgrounds, experiences on the streets and individual realities.²⁷

In this study there are elements of bias since Retrak's projects target children in particular areas of each city based on need assessments.²⁸ For instance in Addis Ababa the areas targeted are around the main bus station and market since this allows early identification of children as they arrive from up country and has been shown to be a location where many children spend time looking for work. The children with whom Retrak connect are therefore not necessarily representative of the wider population in the rest of the city.

Secondly, there is a self-selection process at work since a street-connected child has to be motivated to accept an invitation or choose to come to a Retrak drop-in centre. In addition, some children leave the centres before a baseline assessment can be completed, this could be for various reasons: at the two extremes are those who chose not to stay and return to the streets and those whose cases are relatively straightforward and can be taken home immediately.

Therefore any inferences to the wider population based on the data collected in this study must be done with caution.

However, in order to understand whether children whose wellbeing data is utilised in this study are representative of the wider group, a comparison is drawn between the demographic of children who have remained under Retrak's care and those who are no longer benefitting from Retrak's work.

This comparison is only conducted for children in Ethiopia as the baseline data for Uganda is not as comprehensive as the data for Ethiopia (as explained in the previous section).

At the end of 2012 the children with whom baseline assessments had been completed in Ethiopia could be grouped as follows: 17% were still staying overnight at the Retrak centre, 49% had been reintegrated with families and were still living at home, 5% were living independently and 29% had exited from Retrak's programmes. Of those that were no longer with Retrak 12% had found their own way back to their families and Retrak follows up with these children regularly; 3% had been referred to other organisations for additional care; and 12% had been reintegrated but had moved away from home,²⁹ and the remaining 46% left the centre before reintegration (this is 46 children out of the total 221 with baseline assessments, or 13%). Taking just the last group into consideration, those that exited Retrak's centre, the following table compares the demographic of this cohort with that of those children who continued to progress with Retrak's programmes:

²⁶ Coren E et al (2013) *Interventions for promoting reintegration and reducing harmful behavior and lifestyles in street-connected children and young people (Review)*, The Cochrane collaboration, Wiley and Sons Ltd

²⁷ Lalor, K (1999) 'Street Children: A Comparative Perspective', *Child Abuse & Neglect* 23(8):759-770; Raffaelli, M et al (2001) 'How Do Brazilian Street Youth Experience 'the Street'?: Analysis of a Sentence Completion Task', *Childhood* 8: 396-415

²⁸ Crewes, M (2006) 'What's up on the streets of Addis? A situational analysis of street children and the NGOs working with them in Addis Ababa, Ethiopia', Manchester, Retrak (internal document)

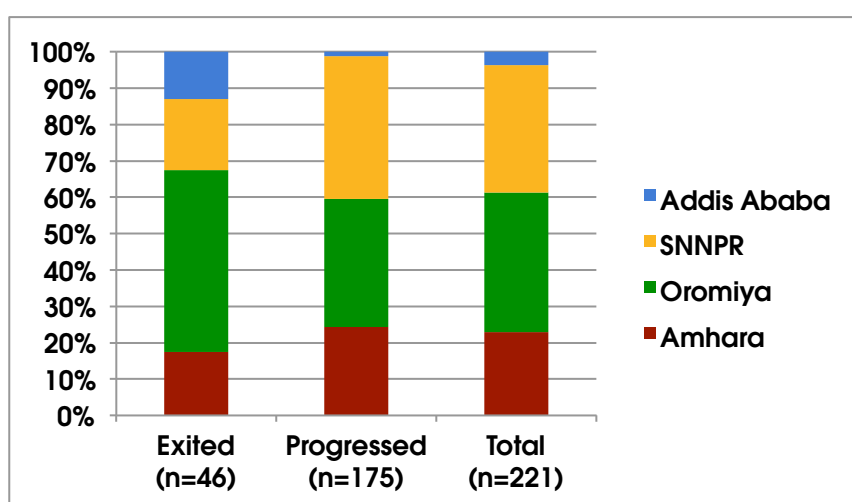
²⁹ When children experience problems at home after reintegration there is the possibility that they will migrate back to the streets. A number of this group will come back to the Retrak centre for further assistance.

Table 3: Demographic averages of children who exited or progressed and in total

Demographic	Children exited from Retrak	Children progressed with Retrak	Total children
Average age at assessment (years)	13.1	13.7	13.7
Average age on the streets (years)	12.1	13.6	13.2
Average time on the streets (days)	410.8	158.5	211.0
Average time in formal education (years)	3.7	3.9	3.9

There are no noticeable differences between the average ages of the two cohorts compared to the total average, nor for the time spent in education. This is to be expected if both groups are representative of the street-connected children Retrak reaches out to in this area of Addis Ababa. However, comparing the average time spent on the street reveals a considerable difference. The children who have exited from Retrak's programmes have spent, on average, more than twice as much time on the street than those who have remained with Retrak. The children benefitting from Retrak's programmes have spent less than six months, on average, on the streets. The longer children spend on the streets the more involved with street culture they become making the break from street life harder. Drug dependence, street-based social networks and independence are strong pull factors back to the streets.³⁰ This is why there is a need to identify children who have newly arrived on the streets as early as possible.

Figure 2 shows the differences in the percentage of children originating from different regions for the two cohorts: those who exited Retrak and those who progressed; and the total percentage of children from each region for comparison. Overall there is little variation between the groups. There does appear to be a larger group of children from Addis Ababa and Oromiya who exited from Retrak when compared to the total (it should be noted that only eight children in total come from Addis Ababa). However, these groups include eight children who had stayed on the streets for several years and were referred by the government to Retrak. All of these children only stayed one day at the centre. As they had not passed through the usual Retrak outreach process they had not made a clear choice to leave the streets, nor had they built trusting relationships with Retrak staff. This group have also had some influence on the average time on the streets of exited children, as shown in table 3 above.

Figure 2: Percentage of children by region of origin who exited or progressed and in total

Overall the demographic profile of children who exited Retrak does not differ to any great extent from that of children who progressed in Retrak's care. Whilst we cannot say that the children included in this study are representative of the entire street child population in Addis Ababa and Kampala,³¹ we are confident that

³⁰ For example: Ayaya, S and F Esamai (2000) 'Health problems of street children in Eldoret, Kenya', *East African Medical Journal*, 78, 624-9; Beazley, H (2010) 'The Construction and Protection of Individual and Collective Identities by Street Children and Youth in Indonesia', *Children, Youth and Environments* 13(1); Davies, M (2008) 'A Childish Culture?: Shared Understandings, Agency and Intervention: An Anthropological Study of Street Children in Northwest Kenya', *Childhood*, 15(3): 309-330; Huang C-C, P Barreda, V Mendoza, L. Guzman and P Gilbert (2009) 'A comparative analysis of abandoned street children and formerly abandoned street children in La Paz, Bolivia', *Archives of Disease in Childhood* 89:821-826

³¹ Whilst the comparison of demographic characteristics was only done for Addis Ababa, because of the common Retrak approach the findings are likely to be transferable to the children in Kampala.

our findings are relevant to the typical child which Retrak targets and those for whom family reintegration is likely to be a suitable alternative to street life.

2.3. Data analysis

The data analysis used two methods to explore differences in wellbeing across the time cohorts and between groups of children with different variables. This should allow Retrak to identify areas that require greater focus: for groups of children, for specific areas of wellbeing or for the programme in general.

The first method of analysis was to plot the levels of wellbeing on spider plots which provide a multidimensional snapshot of the wellbeing of all children within a particular time cohort. This approach has been used in other wellbeing assessments, in particular the Outcome Stars used by the NHS and other health care providers in UK.³² A recent study on impact and good practice clearly revealed that this visual presentation of wellbeing is valuable both at the individual level as an encouraging overview of progress made, and at the project level to aid learning about what did and did not work in service delivery.³³

On spider plots the data for different variables are plotted as single points on the axes that share a common origin. A line is then drawn between these points forming a polygon. In this instance the spider plots show all 12 measurable goals on individual axes, with each axis showing the percentage for each score of *very bad*, *bad*, *fair* and *good*. The resulting polygons relate to the cumulative percentage of children experiencing that particular wellbeing score and the scores below it.

For better visualisation, the space between these polygons has been colour coded to highlight visually the relative numbers of children experiencing *very bad* (red) or *bad* (orange) wellbeing for a particular goal, compared to those who have scored *fair* (yellow) or *good* (green). It also provides an immediate generalised overview of the differences between the 12 measurable goals. When viewed together, the series of spider plots highlight the trends in wellbeing across the time cohorts and confirm an immediate appreciation of the impact of Retrak's work.

The second method focuses on the level of deprivation experienced by the child being assessed. Deprivation can be seen as the absence of wellbeing, or of wellbeing being below a minimum level. The approach to analysing the deprivations in children assessed by Retrak follows the method set out by Barrientos and de la Vega³⁴ which is common in applied work of this nature looking at multidimensional wellbeing. This is the counting approach, focusing on the number of areas in which a person shows deprivation. This is particularly appropriate for measures of deprivation which are measured by ordinal variables, as with the CSI tool.

The CSI tool was designed so that a score of one or two, *very bad* or *bad*, indicates a child at risk and the need for immediate action.³⁵ In this study, therefore, the score of one or two is taken as a measure of deprivation. If a child has scored one or two for the food security goal he/she is defined as food deprived; a deprivation of one. If all the remaining goals are similarly scored one or two then the child has a deprivation of 12. Frequency distribution curves allow patterns and trends in the data to be clearly visible. In this case the cumulative share of the total sample of children is plotted against an observed number of deprivations. The vertical axis shows the share of the total number of children experiencing a certain number of deprivations. The horizontal axis shows the number of deprivations, from 12-0, in each of the goals featured in the CSI.

By plotting frequency distribution curves for different groups of children on the same graph it is possible to compare the distribution of deprivation for each group. In this study, comparison is undertaken of the different time cohorts: on the streets, at placement and during the three follow-up periods; and of different groups of children based on other variables such as age, region of origin or time on the streets. Only the baseline data reflecting children's wellbeing on the streets is disaggregated for analysis in this way as this is currently one of the cohorts with the largest number of assessments and provides an interesting insight into life on the streets. The intention is to extend such analysis to all cohorts in future studies and as more data is collected with time.

³² Further information on Outcome Stars can be found at: <http://www.outcomesstar.org.uk/>

³³ Burns, S et al (2008), *Research report: Using Outcome Star: impact and good practice*, Triangle Consulting

³⁴ Barrientos, A and C Lasco de la Vega (2011) op cit

³⁵ O'Donnell, K et al (2009) op cit

2.4. Limitations

It is important to note that caution has been recommended when using the CSI tool to ensure that it fully captures the realities of the child's situation.³⁶ The nature of the CSI tool means that it relies on the subjective judgement of the person undertaking the assessment. However Measure Evaluation has shown that reliable CSI scores have been reported by trained volunteers or other trained frontline staff who have attained inter-rater reliability.³⁷ Retrak recognises this potential weakness in the tool and has therefore adopted procedures to provide clear guidance on the use of the CSI, ensure in-depth training of the CSI parameters, and create opportunities for reflection and discussion. Such opportunities allow users to compare their approaches and understanding of what locally applicable factors indicate *good, fair, bad* and *very bad* for each measurable goal. Furthermore Retrak's CSI assessments are undertaken by professional staff, not community volunteers for whom the tool was designed, and often by two staff together or in a group setting such as a child care review meeting. All of these procedures improve the reliability of the data collected and similar procedures feature in Measure Evaluation's own review of the use of the CSI,³⁸ which also highlighted that the results provide a snapshot in time of the child's wellbeing and this information is highly individualised and context specific.

Measure Evaluation also cautions against the use of combined scores totalled across all goals within the CSI data as it can conceal important distinctions describing the children's realities. Therefore, in order to use the CSI data at a macro level to guide learning, decision-making and to demonstrate impact, Retrak adopted the methods set out in this paper which maintain separate scores for each goal and build a similar multidimensional wellbeing assessment.³⁹

Retrak's 2012 internal evaluation⁴⁰ into the use of CSI within the context of our work also raised challenges in measuring outcomes. The baseline is derived from the children's experiences while they are still on the streets, and therefore provides a benchmark specific to the individual child against which later measurements are compared. Therefore caution should be used when comparing different children against other children's experiences on the streets.

It is also notes that other factors outside of Retrak's work could be attributable to the improvement of a child's wellbeing. As Retrak encourages beneficiaries to take advantage of local support to ensure sustainability, this is not an unwanted outcome, and could be considered as an indirect impact of Retrak's work. Therefore, it is important to be aware that the CSI scores will not differentiate between these factors and their relative impact, although the analysis at the level of the individual child can take this into account for future care planning. However, as with all impact assessment, Retrak recognises that its interventions only contribute towards long-term change,⁴¹ and that the changes demonstrated in this paper cannot be solely attributed to Retrak's work.

³⁶ Measure Evaluation (2012) op cit; Sabin, L, M Tsoka, M Brooks and C Miller (2011) 'Measuring Vulnerability Among Orphans and Vulnerable Children in Rural Malawi: Validation Study of the Child Status Index Tool', *Journal of Acquired Immune Deficiency Syndrome* 58(1):e1-e10

³⁷ Measure Evaluation (2012) op cit

³⁸ Cannon, M, and E Snyder (2012) *The Child Status Index Usage Assessment*, Chapel Hill, NC, Measure Evaluation; Measure Evaluation (2012) op cit

³⁹ See for example Barrientos, A and C Lasso de la Vega (2011) op cit

⁴⁰ Retrak (2012b) *Retrak monitoring and Evaluation System Overview*, Manchester, Retrak (internal document)

⁴¹ O Flynn, M (2010) *Impact Assessment: Understanding and assessing our contributions to change*; INTRAC M&E paper 7

3. RETRAK ETHIOPIA

3.1. Findings

Retrak Ethiopia's programmes in Addis Ababa begin with street visits targeting children who sleep on the streets especially around the bus station and main market. Relationship building is central to this work and gaining the trust of street children can take time. Once a relationship has been established and children appear interested in moving away from the streets, invitations are issued for children to attend daily activities at the drop-in centre where they can receive health care, education, food, overnight shelter, counselling and recreation activities. The children then move at their own pace towards reintegration with their families, foster care or becoming independent.

Initial assessment data reflecting children's wellbeing on the streets is collected at the drop-in centre for all newly arrived children, usually during one-to-one sessions with a social worker during their first few days. This enables Retrak staff to understand the situation of each individual child, to decide on the level of intervention required and monitor the child's wellbeing.

3.1.1. Evaluating outcomes at Retrak

The spider plots for Retrak Ethiopia are able to illuminate clear changes in children's wellbeing as children progress through the project (figures 3). The bottom row of spider diagrams show the plots for all children assessed by Retrak staff in Ethiopia. The colours on the plots relate to the scores for each of the 12 measured outcomes. There is a clear positive change as the amount of green increases in the plots for assessments at later stages of the Retrak journey, which represents the relative proportion of measured outcomes of wellbeing scored as *good*. Accordingly the number of deprivations (orange and red) visible in the plots decreases with time in Retrak programmes. Significantly there are no *very bad* scores (red) and only very few *bad* scores (orange) for the children assessed at the less than six months stage, and this continues with time.

In order to triangulate the data, a second set of spider plots are drawn (top row of figure 3) that track the progress of the children for which more than one set of data exists. In Ethiopia 24 children have had CSI assessments three times over the two year period from 2011-2012. The patterns produced are very similar to those using all of the children benefitting from Retrak's work.

Analysing the spider plots by goal shows that in both sets of data the following are areas in which there are higher levels of deprivation or low wellbeing: 5a emotional health, 5b social behaviour, 6a education performance, 6b education access. These scores do improve with time, and the red areas, representing high risk, decrease in size and have disappeared by the follow up within six months stage. There is a difference in the trends between the two cohorts as the dataset containing all children shows better wellbeing scores for goals 6 than 5, while the cohort containing only those children with three or more assessments has both goals 5 and 6 at similar levels.

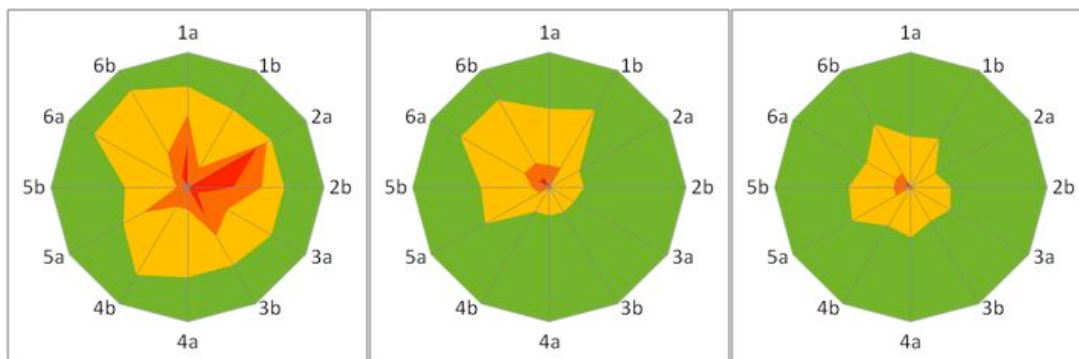
Figure 3: Spider plots showing changes in wellbeing by Retrak journey in Ethiopia, 2011-12

Only children with repeat assessments (at least on the streets, placement, follow-up within six months)

On the streets (n=24)

Placement (n=24)

Follow-up within 6mths (n=24)



All children with any assessments

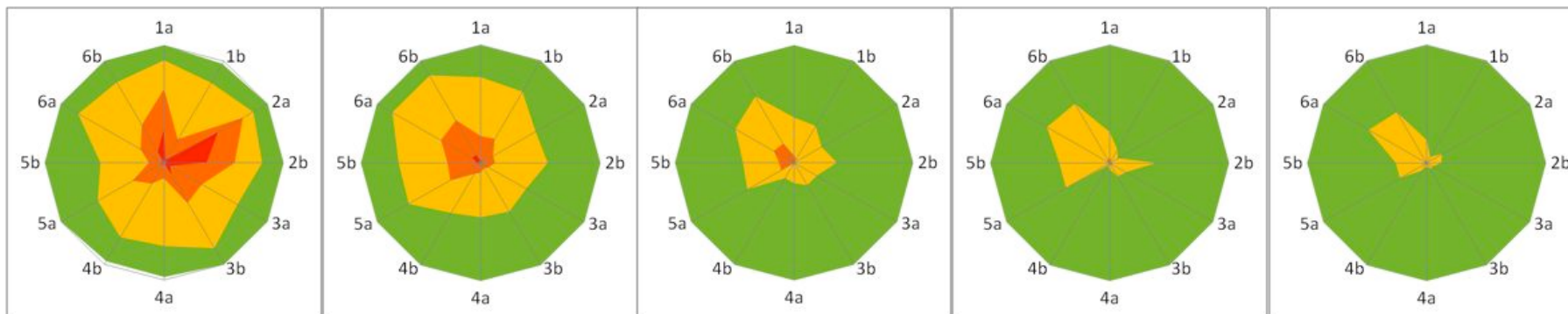
On the streets (n=221)

Placement (n=132)

Follow-up within 6mths (n=86)

Follow-up 6mths-1yr (n=38)

Follow-up after 1 yr (n=66)

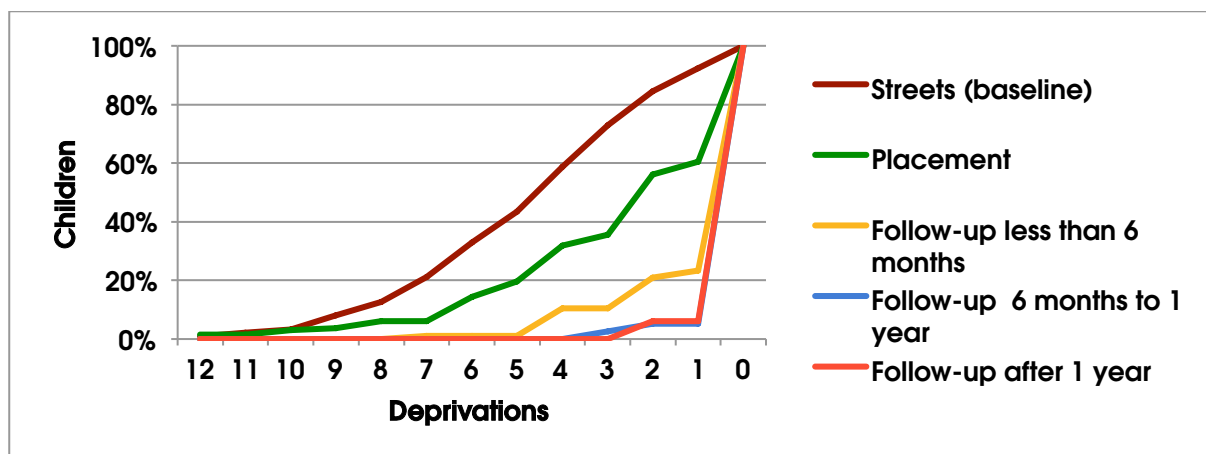


■ Good
 ■ Fair
 ■ Bad
 ■ Very bad

1a Food Security, 1b Nutrition and Growth, 2a Shelter, 2b Care,
 3a Abuse and Exploitation, 3b Legal Protection, 4a Wellness, 4b Health Care, 5a
 Emotional Health, 5b Social Behaviour, 6a Education performance, 6b Education access

In analysing the assessments of all of the children benefitting from Retrak's work in Ethiopia it is possible to observe a general decline in deprivation experienced by the children with time as they move through Retrak's programmes, which relates to an improvement in wellbeing (figure 4).

Figure 4: Frequency distribution curve showing differences in deprivation number with time in Retrak programmes in Ethiopia, 2011-2012

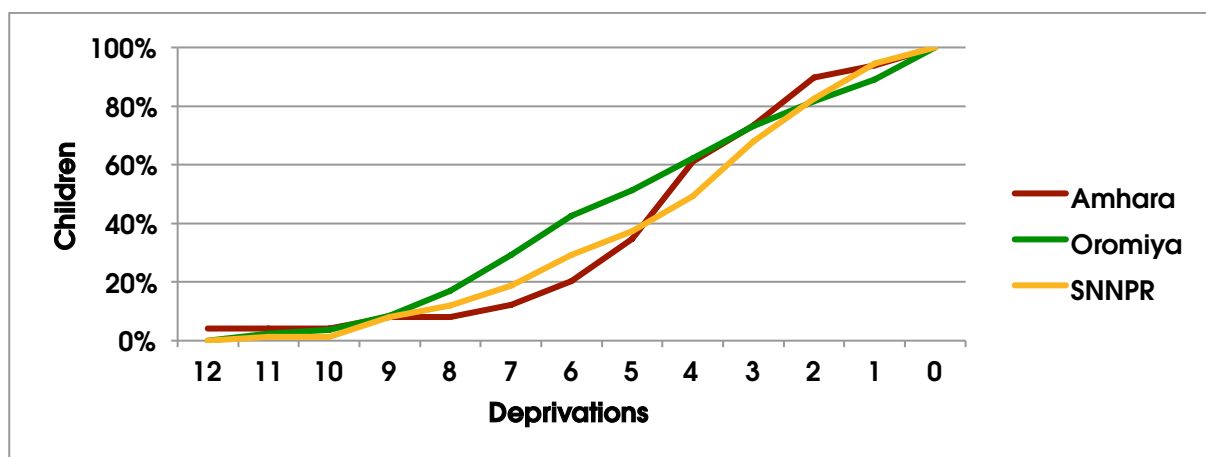


Fifty per cent of the children whose wellbeing on the streets was assessed in Ethiopia have five or more deprivations (measured outcomes of *bad* or *very bad*). This number decreases to 25% for those children giving data at the point of placement. Of the children who have been reintegrated for six months or more only 10% have one deprivation or more. This is a considerable improvement in wellbeing.

3.1.2. Analysing deprivation on the streets

Exploring the data reflecting children's lives on the street; frequency distribution curves are plotted to highlight variations in deprivation by region of origin to give the following plot for Ethiopia (figure 5).

Figure 5: Frequency distribution curve showing cumulative percentage of the children with deprivations for each region in Ethiopia, 2011-2012.

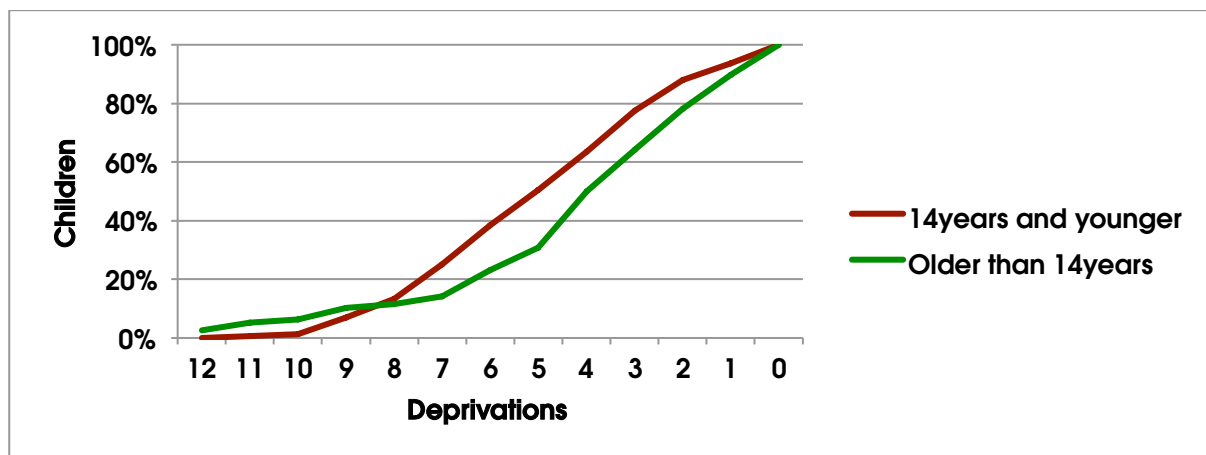


There are only three regions featured in the graph (out of the nine regions and chartered cities in the country). This does not mean that Retrak only sees children from these areas, but the graph only shows those provinces from which we have data from more than 10 individual children. Although not exact copies of each other, the curves for each province follow similar trends: the maximum number of deprivations experienced in all four provinces is twelve and within each province over 50% of the children have four or more deprivations. Less than 10% of the children are deprivation free.

Disaggregating the data by age provides information that can inform the development of Retrak's programmes according to this parameter. As can be seen in figure 6, street-connected children and youth aged over 14 years have better wellbeing scores than those under 14. However, the maximum number of deprivations which children 14 years and younger experience is 9, whilst there are children older than 14

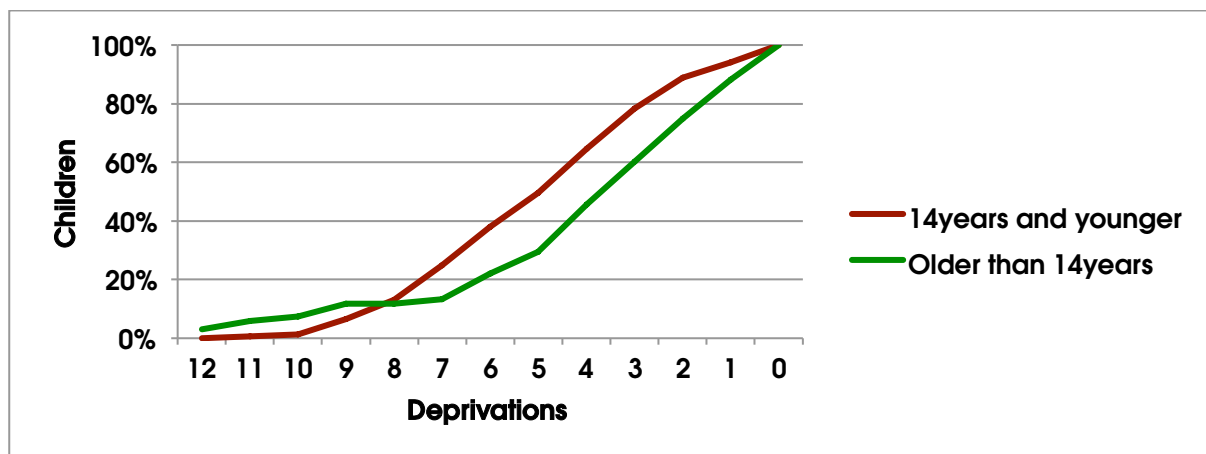
years who are deprived in 10 to 12 areas. Therefore, for those with eight or more deprivations, approximately 10% of the cohort in both analyses, the pattern is reversed and the most deprived children are all children aged above 14 years. A Pearson's r correlation was computed, for the relationship between age at assessment and the number of deprivations. For $n=221$, a correlation of $r=0.165$ was produced, with a high significance of $p<0.01$. Although this is a relatively weak correlation this is not unexpected given this is the pilot stage for the instrument and the individual nature of children's experiences on the streets.

Figure 6: Frequency distribution curve showing cumulative percentage of the children with deprivations by age at assessment (two groups) in Ethiopia, 2011-2012



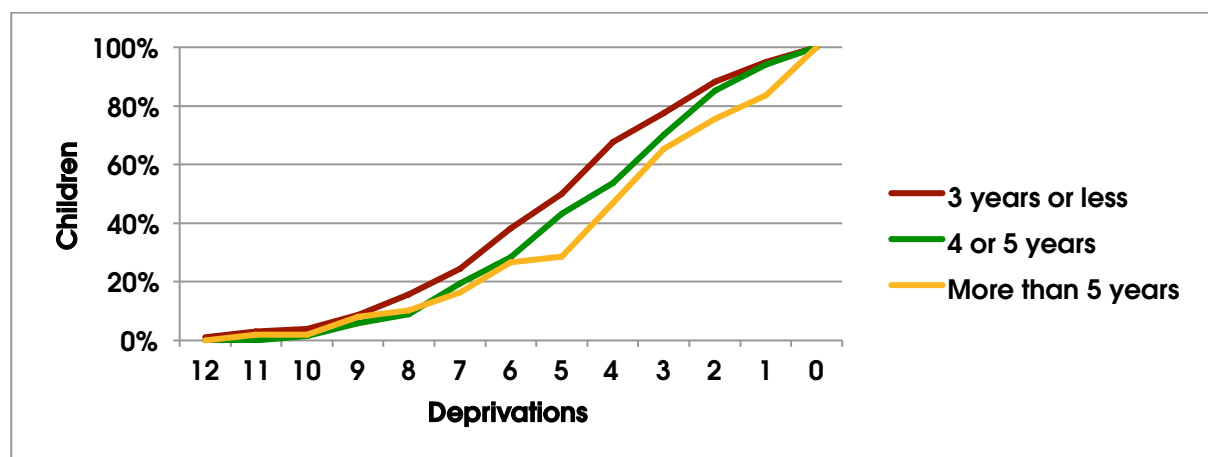
A similar pattern is produced when the data is analysed by the age of the children at the point that they arrive on the streets: those aged over 14 have fewer deprivations than those aged 14 years and younger. Again, for those with eight or more deprivations, approximately 10% of the cohort in both analyses, the pattern is reversed and the children aged 14 and younger have slightly fewer deprivations on average than those above the age of 14. A Pearson's r correlation was computed for the relationship between the age of the children as they arrive on the streets and the number of deprivations for $n=221$, giving $r=0.250$, $p<0.05$. This is a stronger correlation, although still relatively weak.

Figure 7: Frequency distribution curve showing cumulative percentage of the children with deprivations by age, at arrival on the streets, in Ethiopia, 2011-2012



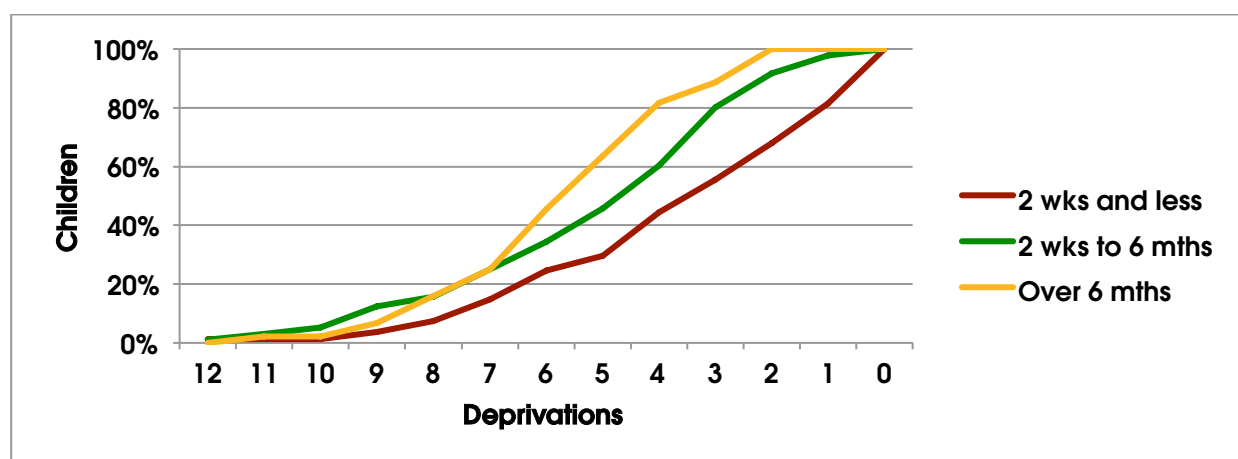
The level of education reached by each child before their migration to the street also affects the number of deprivations they experience (figure 8). The longer the time spent in school the smaller the number of deprivations experienced. A weak correlation is given by the Pearson's r for $n=218$, as $r=0.192$, $p<0.05$.

Figure 8: Frequency distribution curve showing cumulative percentage of the children with deprivations by number of years in education in Ethiopia, 2011-2012



The last variable used in the deprivation analysis is the length of time the children have been on the street before their assessment at Retrak (figure 9). In general new arrivals to the street in Ethiopia have fewer deprivations than those who have spent a number of months there. A weak correlation is given by the Pearson's r for the relationship between time on the streets and number of deprivations for $n=218$, as $r=0.192$, $p<0.05$.

Figure 9: Frequency distribution curve showing cumulative percentage of the children with deprivations by time on the street in Ethiopia, 2011-2012



3.2. Discussion

3.2.1. Evaluating outcomes at Retrak

When looking at the spider diagrams for Ethiopia CSI data (figure 3), deprivations (red and orange) are clearly prevalent for shelter, care, abuse and exploitation and legal protection. These are related to children living alone on the street where they are at an increased level of vulnerability compared to being at home; as such they are also evidence to support the need for Retrak's work in assisting these children to complete the transition from the streets to families or relative independence. Being raised by a caring family has been widely shown to be the best situation for a child.⁴² The impact on children's wellbeing of being reintegrated with their family is clear from the placement level data onwards. The deprivations clearly reduce and are more spread across the measured outcomes with legal protection and wellness scoring higher than the others.

Turning first to the issue of education, the Ethiopia CSI data, shown by the spider diagrams of wellbeing in figure 3, highlight performance and access to education (6a and 6b) as an area of vulnerability. Goal 6

⁴² For example: Clay, R et al (2012) op cit; Safe Families Safe Children (2011) op cit; Williamson, J and A Greenberg (2010) op cit; UN General Assembly, Human Rights Council, *Guidelines for the Alternative Care of Children*, A/Res/64/142 (24 February 2010) New York, United Nations

shows higher levels of deprivation within both cohorts, the dataset containing all children assessed and that comprising only of those children for which there are multiple assessments; although there are signs of improvement with time. It is important to understand the context of this data and the national situation within which Retrak works. Not being able to access education, or having to go to work, are often given as reasons why children migrate to the street and must be addressed if reintegration is to be successful.⁴³

Exploring the education statistics for Ethiopia, to see how the children's wellbeing scores relate to the national picture, can provide useful patterns of participation and drop out.⁴⁴ Ethiopia has increased primary school enrolment rates since the introduction of Universal Primary Education (UPE), in line with a 500% increase in the education budget between 1994/5 and 2008/9.⁴⁵ When corrected for those repeating a year, the enrolment rates into the first year of primary school in 2011 were 86%.⁴⁶ However, the completion rate for primary school, which is the percentage of children in that particular age group finishing primary education, was 64% in 2011.⁴⁷ Although these statistics do not refer to the same groups of children, in the last four years Ethiopia's completion rate has increased; but there was a decrease in enrolment and completion between 2010 and 2011. This coincided with increased food prices in Ethiopia (the cost of wheat increased by 23%, maize by 76% and sorghum by 26% between December 2011 and December 2012),⁴⁸ which are attributed to increased demand at the same time as a decrease in production and an increase in oil prices. In 2010 75% of boys and 73% of girls completing primary school in Ethiopia progressed to secondary school.

Therefore, despite increased investment, the retention of students in school is a national issue, although relatively less so than in other countries in the region. This could have a direct impact on the delivery of Retrak's programmes, and is a factor that must be considered when informing the direction of the programmes in the future. Education poses a dilemma in that it is both an influential factor behind migration to the streets as well as a potential strategy to aid prevention and reintegration. A lack of access to education is given by many children as a reason why they are on the street, which defines school attendance as a strategy for preventing children from going to the street. However, the difficulties faced by children reintegrating into schools when they leave the streets, especially for those re-entering classes in which they are now much older than their classmates at the same level of attainment, and the lack of resources targeted at easing this process can cause them to dropout again. Retrak is already working to ease this transition back to formal education through providing catch-up classes at its drop-in centres. These classes are specifically designed to provide children with the key skills to help them make up for time they have missed at school. Other studies⁴⁹ and feedback from children on Retrak's programmes show that such classes can help children re-enter the classroom more smoothly. However, there is still clearly a need to look further at this issue.

The analysis of wellbeing using spider plots in figure 3 also highlight goal 5 relating to psychosocial wellbeing as an area requiring attention: 5a is emotional health and 5b is social behaviour. For the data from children with multiple assessments, this goal shows patterns of wellbeing very similar to that of education (goal 6). In much the same way that the children may struggle to settle back into the classroom, re-establishing relationships with families and communities can also be problematic. Relationships need time and effort to be rebuilt and perceived stigma towards street-connected children can be hard to overcome. There are many hurdles such as addictions to various substances, community/familial ties to their support groups on the street and their 'identities of exclusion' that have grown out of the stigmatisation they experienced on the street.⁵⁰ Karabanow,⁵¹ in particular, identifies five layers of change that must occur before someone can disengage and then exit the street effectively.

⁴³ EveryChild (2010) *Protect for the Future: Placing children's protection and care at the heart of achieving the MDGs*, London, EveryChild; Wakia, J (2010) op cit

⁴⁴ Lewin, KM (2009) 'Access to education in sub-Saharan Africa: Patterns, problems and possibilities' *Comparative Education*, 45(2): 151-17

⁴⁵ Ministry of Education (2010) *Education Statistics Annual Abstract 2001 E.C./2008-09 GC*, Addis Ababa, Ministry of Education

⁴⁶ World Bank, *Data: School enrolment*, available online <http://data.worldbank.org/indicator/SE.PRM.NENR>

⁴⁷ World Bank, *Data: Primary completion rate*, available at <http://data.worldbank.org/indicator/SE.PRM.CMPT.ZS/countries>

⁴⁸ World Bank, *Food Price Watch*, available at <http://siteresources.worldbank.org/EXTPOVERTY/Resources/336991-1311966520397/FoodPriceWatchJanuary2012.htm>

⁴⁹ Mugo, J (2004) *Rehabilitation of Street Children in Kenya: Approaches, Quality and Challenges*, Frankfurt am Main, London, IKO—Verlag für Interkulturelle Kommunikation

⁵⁰ Ali, M, A de Muynck, S Shahab and H Ushijima (2004) 'Street children in Pakistan: a situational analysis of social conditions and nutritional status', *Social Science and Medicine* 59(8):1707-1717; Karabanow, J (2004)

3.2.2. Analysing deprivation on the streets

Retrak works with children from all over Ethiopia who have found themselves living on the streets of Addis Ababa. Although this means that some may take days or even weeks to travel from their homes whilst others are still relatively nearby, a child's home region appears to have little impact on the deprivation they experience once on the streets (figure 5). This probably reflects the varied experiences children have in coming to the streets. Regardless of their home background they will have experienced different circumstances at home, on their journey to Addis Ababa and once they are on the streets. During 2009-2012, 37% of children reintegrated by Retrak came from SNNPR, of which 30% come from Hosanna town and surrounding areas.⁵² This large concentration of children, and the deprivation they experience on the streets, has led Retrak to establish a pilot family preservation project based in Hosanna town which will begin working with vulnerable children and families in 2013.

A number of studies have previously highlighted how the level of drug abuse, physical and sexual abuse and other health related issues depend on the age of the child living on the street or the length of time they have spent on the street.⁵³ In Ethiopia, analysing the data reflecting wellbeing on the streets provides further evidence for this.

When exploring the effect of age, street-connected children and youth over 14 years old have more deprivations than those 14 years and younger (figure 6). This is also the case for disaggregating the data by the age of the child at the point of arrival on the street (figure 7). There are many reasons why this trend is observable.

The age of 14 is not an arbitrary transition point between the two groups shown in figures 6 and 7 as it represents the transition between primary school and secondary school. In Ethiopia primary school ends at age 13 to 14. As primary school falls under the Universal Primary Education initiative children do not pay fees at this level, but secondary education is not free. This age group represents a likely point at which children could migrate to urban areas and/or the street looking for employment as they can no longer afford to attend fulltime education.⁵⁴ This appears to correlate with the analysis for Ethiopia of the relationship between the level of schooling achieved by the child and the number of deprivations they experience (figure 8) also shows that the longer the child spends in school before migrating to the street the lower the number of deprivations on average.

However, while the primary-secondary transition, and increased education levels, seems plausible as the reason behind these youngsters doing better on the street, the inability to attend school for financial reasons is more complicated than just paying for school fees at secondary level. Often the family may be unable to meet the costs of basic provision for all the children in the household as well as afford uniform and books for school. So it is not just at the transition from primary to secondary school when children feel their inability to go to school as push to the streets.

Previous research conducted by Retrak⁵⁵ put an inability to attend school as the second most prominent reason as to why children leave home (55% of children surveyed), closely followed by being encouraged to go to the city to find work (33%) and being forced to work, either at home or on the farm (29%).⁵⁶ This is more likely to be the case for older children who either decide for themselves, or are encouraged by their families, to find work to assist with living costs at home or pay for their school needs.⁵⁶ This often involves travelling to Addis Ababa to take advantage of the opportunities available in the city. Sometimes such migrations are intended as a stopgap measure during the long school holidays, to supplement the family

'Getting off the street: Exploring the processes of young people's street Exits', *American Behavioural Scientist* 31:772-788; Karabanow, J (2008) 'Creating a Culture of Hope: Lessons from street children in Canada and Guatemala', *International Social Work* 46(3):369-386; Kilbride, P, C Suda and E Njeru (2000) *Street Children in Kenya: Voices of Children in Search of a Childhood*, Westport, Berhin and Garvey; Shorter and Onyancha (1999) *Street Children In Kenya: A Nairobi Case Study*, Nairobi, Paulines Publications

⁵¹ Karabanow, J (2008) op cit

⁵² Retrak monitoring data 2012

⁵³ For example: Ayaya, S and F Esamai (2000) op cit; Huang C-C, et al (2009) op cit

⁵⁴ Wakia, J (2010) op cit

⁵⁵ Wakia, J (2010) op cit

⁵⁶ Young Lives (2012) *Educational choices in Ethiopia: What determines whether poor children go to school?*, Young Lives, UK

income, but the child finds themselves trapped in the city and does not return.⁵⁷ In other situations the child has left home in search of a better life.

Therefore it appears that when older children are unable to attend school they chose or are encouraged to come to the streets to look for work and are perhaps better equipped to find work at this point. The trends shown in figures 6 and 7 could be explained by the fact that older street-connected children are better able to access the informal labour market and provide for daily needs and, given their age, are less likely to be abused.⁵⁸

In the short term however, in general all new arrivals to the street in Ethiopia have fewer deprivations than those who have spent a number of months there (figure 8). This is clear evidence for the detrimental effects of life on the street for children as their wellbeing decreases with time, and confirmation that Retrak's work is necessary. These results are also a clear justification for arguments that children who are new to the street should be identified quickly and assisted as soon as possible. In general, reintegration is more successful for children who have recently migrated compared to those who have been there for a longer period of time.⁵⁹ Children who are new to the streets are more likely to have closer ties with their families and home communities and be less connected with the street and other street children. Children who have been on the streets for longer are more likely to have difficulties settling back into the classroom after time out of education, developed behaviours and survival tactics that can make reintegrating into society more difficult, and engaged in drug abuse that reduces general wellness etc.⁶⁰ Retrak is finalising Standard Operating Procedures for outreach work, which include systems to identify those who are new to the streets and prevent them from being embroiled in street culture to facilitate the transition away from the street.⁶¹

⁵⁷ Bordonaro, L (2011) 'From home to the street: children's street-ward migration in Cape Verde', in Evers, S, C Notermans and E van Ommering (Eds) *Not just a victim. The child as catalyst and witness of contemporary Africa*, pp125-146, Leiden, Brill

⁵⁸ Mathur M, P Rathore, M Mathur (2009) 'Incidence, type and intensity of abuse in street children in India', *Child Abuse and Neglect* 33(12):907-13

⁵⁹ For example: Ayaya, S and F Esamai (2000) op cit; Naterer, A and V Godina (2011) 'Bomzhi and their subculture: An anthropological study of the street children subculture in Makeevka, eastern Ukraine', *Childhood* 18(1):20-38; Huang C-C et al (2009) op cit; Mathur M, P Rathore, M Mathur (2009) op cit; Senanayake, M, A Ranasinghe, C Balasuriya (1998) 'Street children - a preliminary study', *The Ceylon Medical Journal* 43(4):191-3

⁶⁰ Karabanow, J (2008) op cit; McAlpine K, R Henley, M Mueller and S Vetter (2010) 'A survey of street children in northern Tanzania: how abuse or support factors may influence migration to the street', *Community Mental Health Journal* 46(1):26-32; Tum, T. (2006) 'The street children phenomenon: A qualitative study on how street children survive in Eldoret, Kenya', *International Social Work* 47(3):293-311

⁶¹ Retrak (forthcoming) *Retrak Standard Operating Procedures: Outreach*, Manchester, Retrak

4. RETRAK UGANDA

Retrak Uganda's work with street children in Kampala begins through a variety of outreach activities which include street visits, community health clinics and open football matches. From here children are encouraged to attend daily activities at the drop-in centre where they can receive health care, education, food, overnight shelter, counselling and recreation activities. Unlike Ethiopia, the drop-in centre has an open door policy, so children are free to come and go as they please. Those who decide to attend regularly are assisted to move away from street life towards reintegration or independent living. Some children are invited to join the halfway home if they are assessed as in need of a period of more comprehensive support before they are ready to move on to reintegration, foster care or independent living.

Due to the different nature of the drop-in centre and the volume of children it serves, the first set of CSI data is collected when a child has become a regular visitor, rather than being collected on the first visit to the drop-in centre.⁶²

4.1. Findings

4.1.1. Evaluating outcomes at Retrak

Improvements in children's wellbeing can be clearly seen in the spider plots for Retrak Uganda. The bottom row of charts in figure 10 show the data for all children enlisted in Retrak's programmes in Uganda. The green sections of the plots, representing scores of *good*, increase in size highlighting an increase in the wellbeing of the children. The area of the yellow (*fair*) and orange (*bad*) polygons get smaller with time; although for the six months to one year plot the yellow and orange areas get slightly larger. Exploring the data for children for which Retrak have three sets of data or more (top row of figure 10) provides triangulation of the data. In this instance the plots provide a much clearer picture of the impact of Retrak's work. There is a dramatic improvement in wellbeing between the data taken on the street and the data taken at placement level. The areas covered by red (*very bad*) and orange (*bad*), reflecting deprivation, decrease significantly between the two spider diagrams. The pattern continues with time as the areas shaded yellow, orange and red decrease in size, and no red (*very bad*) exists after the six month mark.

Performance and access to education (6a&b) is again an area to be noted, as are the spikes in the yellow areas of the plots for food security (1a), shelter (2a) and legal protection (3b). The red and orange areas for education are pronounced for all of the plots, but for the other goals (1a, 2a, 3b) the orange and red areas decrease but the yellow remains prominent: although not measured as a deprivation, Retrak still works towards having a completely green plot for all children.

⁶² The differences in drop-in centre programmes between Uganda and Ethiopia exist because of the different contexts in which they work. When the Ethiopia drop-in centre was opened the number of children on the streets in the immediate area meant that having an open door policy in the size of property allocated to Retrak by the government was not feasible. The implications for this study on the data collection methods for the initial set of data, reflecting life on the streets, have been discussed previously (section 2.2) and are also commented on in the recommendations (section 6).

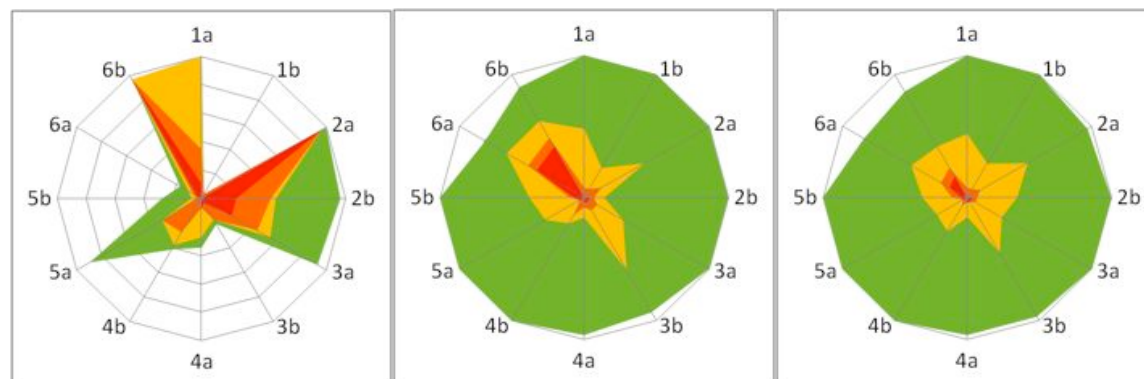
Figure 10: Spider plots showing changes in wellbeing by Retrak journey in Uganda, 2011-12

Only children with repeat assessments (at least on the streets, placement, follow-up within six months)

On the streets (n=29)

Placement (n=29)

Follow-up within 6mths (n=29)



All children with any assessments

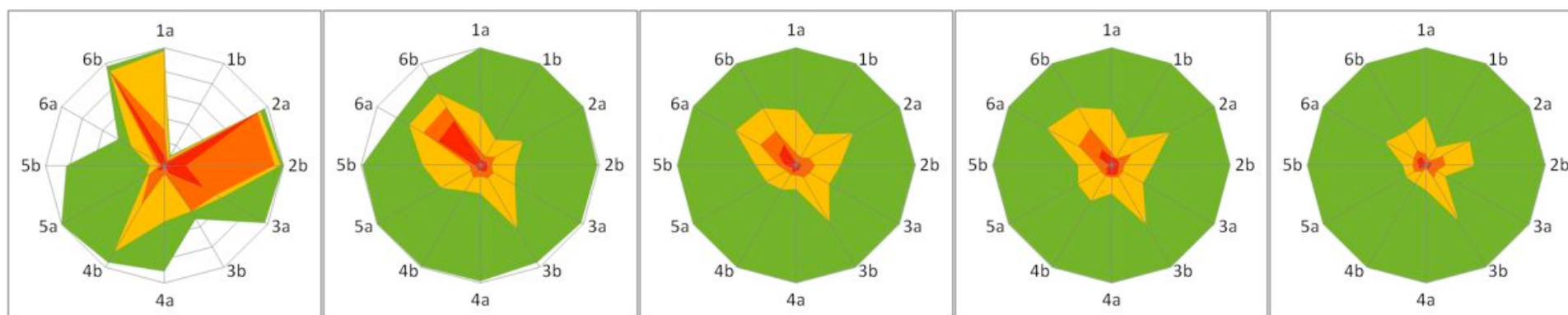
On the streets (n=40)

Placement (n=155)

Follow-up within 6mths (n=85)

Follow-up 6mths-1yr (n=46)

Follow-up after 1 yr (n=62)

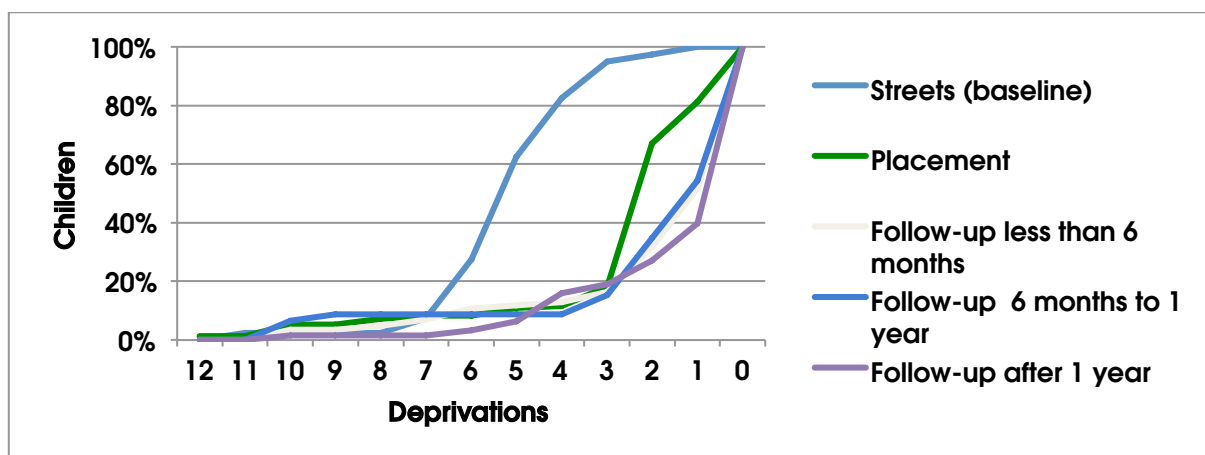


Good
 Fair
 Bad
 Very bad

1a Food Security, 1b Nutrition and Growth, 2a Shelter, 2b Care, 3a Abuse and Exploitation, 3b Legal Protection, 4a Wellness, 4b Health Care, 5a Emotional Health, 5b Social Behaviour, 6a Education performance, 6b Education access

Moving now to explore the changes in children's wellbeing on their journey with Retrak using the deprivation analysis: by looking at all five time cohorts, from when the child is on the streets through placement and follow-up, figure 11 can be plotted:

Figure 1: Frequency distribution curve showing differences in deprivation number with time in Retrak programmes in Uganda, 2011-2012



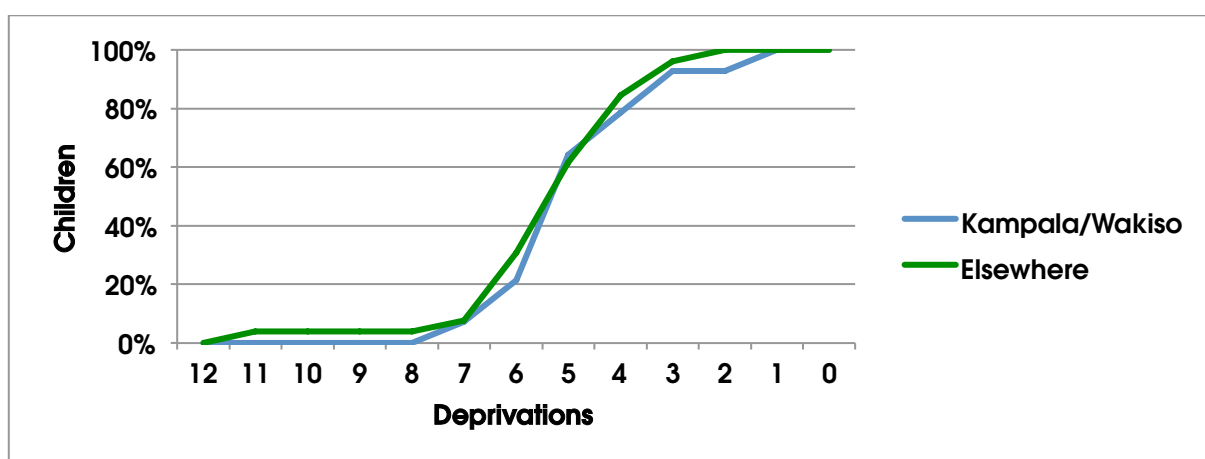
In general the wellbeing of the children is better while they are benefitting from Retrak's work, and children in the follow-up cohorts score lower numbers of deprivations than those just starting their placements. However, there are no clear distinctions between the placement and three follow-up cohorts.

1.1.1. Analysing deprivation on the streets

Analysing the data from Uganda in the same way as Ethiopia creates a similarly detailed picture about the wellbeing of children on the streets. However, the data does not always show the same or as clear patterns, which, as noted earlier, may be because there is less data available from Uganda. There are only 40 on the street assessments which are of good enough quality for analysis (with scores for nine or more goals), out of 150 assessments completed from a group of over 470 children who were new the drop-in centre in 2011-12. As a result of this sample size in the Uganda baseline data, although weak correlations were produced, they were not significant results. Nevertheless the graphs are presented for a consideration of the weak correlations shown and to inform future development of this study's approach.

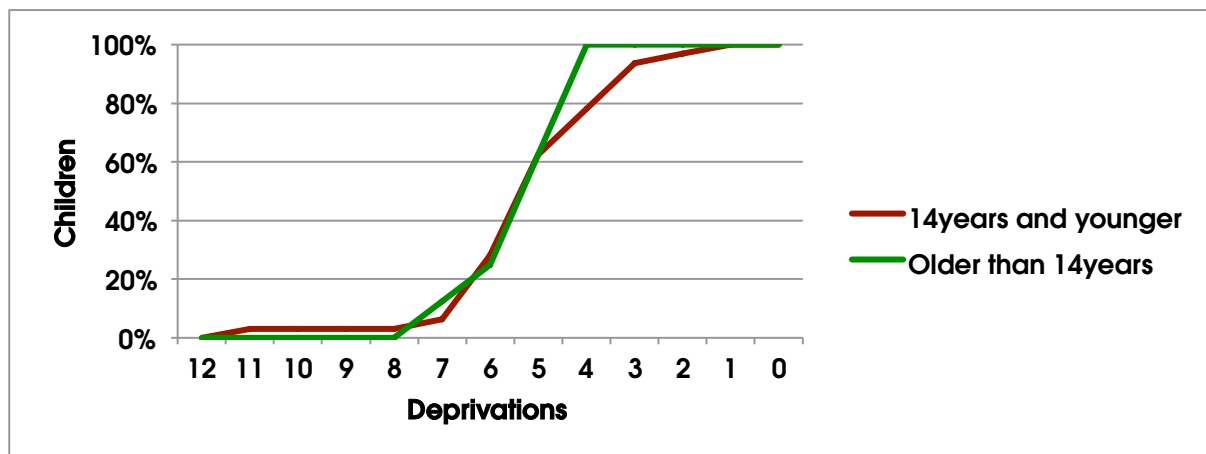
Looking first at the relationship between wellbeing on the streets and region of origin (figure 12) we again see that there is little relationship between area of origin and the number of deprivations. The Uganda plot is different from the Ethiopia plot as many children Retrak works with come from Kampala city and Wakiso District (the district around Kampala) in Central province (27% between 2009 and 2012). Analysis by the four provinces in Uganda was not possible as there are fewer than 10 individuals for each of the other regions. Therefore a direct comparison has been drawn between the children from Kampala and Wakiso and those from the rest of the country.

Figure 2: Frequency distribution curve showing cumulative percentage of the children with deprivations for each province in Uganda, 2011-2012



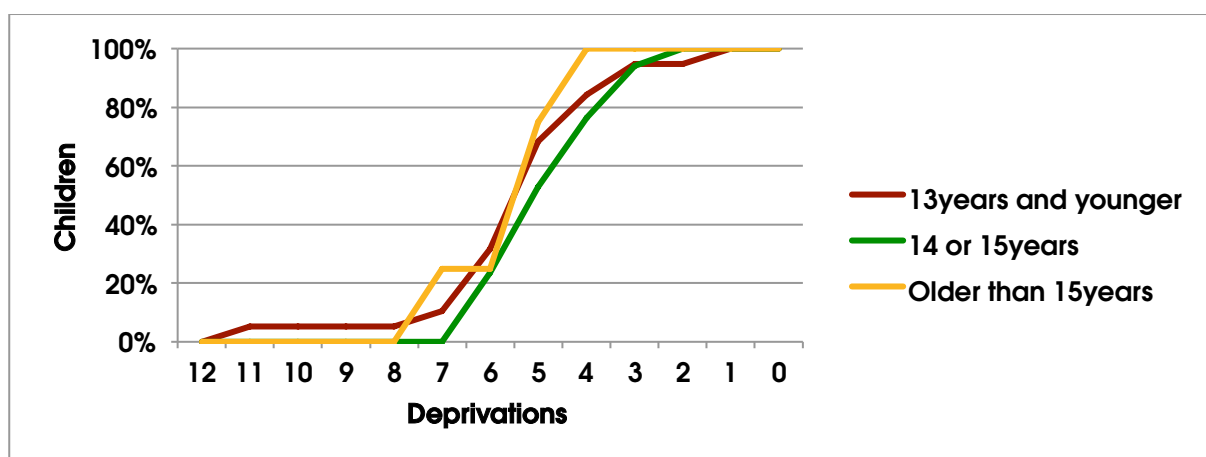
When analysing by the age of the child at the assessment stage (figure 13), there is very little difference in the number of deprivations for those children who are older than 14 years and those who are 14 years old and younger, except for those with five deprivations or fewer. Street-connected children and youth aged over 14 years all have four deprivations or more, while there are children younger than 14 years who have slightly fewer numbers of deprivations.

Figure 13: Frequency distribution curve showing cumulative percentage of the children with deprivations grouped by age at assessment (two groups) in Uganda, 2011-2012.



Disaggregating the data by age even further into three age groups (figure 14) shows that children aged 14 or 15 years have fewer deprivations than those aged 13 years and younger; with the older children having a maximum of six deprivations. Those aged older than 15 years do not appear to fit the pattern, but they still have a maximum of seven deprivations, which is a much smaller number than the 11 deprivations maximum of children aged 13 years and younger.

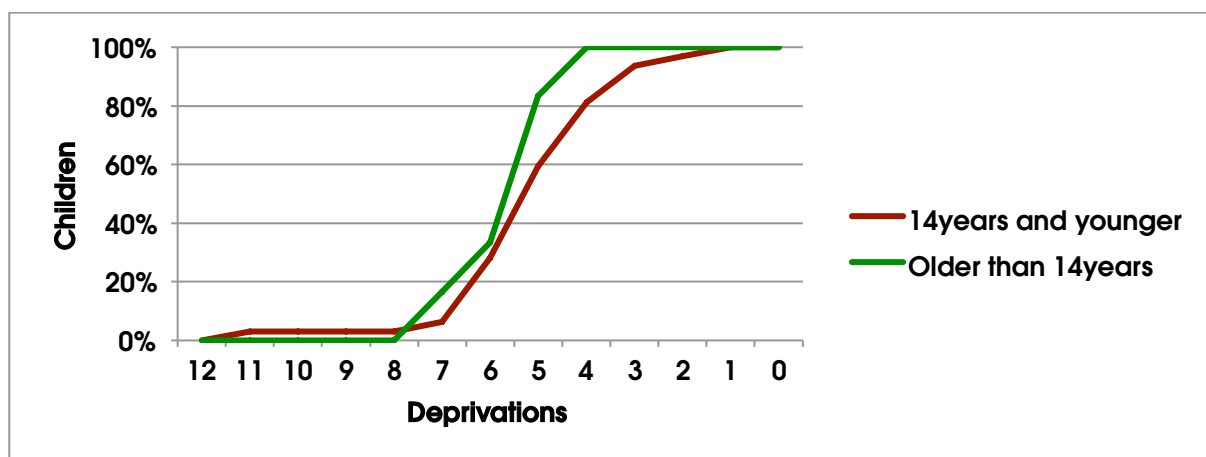
Figure 14: Frequency distribution curve showing cumulative percentage of the children with deprivations grouped by age at assessment (three groups) in Uganda, 2011-2012.



The trend changes when the data is grouped by age of the child on arrival to the streets⁶³ (figure 15). Unlike the Ethiopia data, those aged 14 years and younger when they migrated to the street have fewer deprivations than those children aged over 14 years. However, the maximum number of deprivations for children and youth aged over 14 years on arrival to the streets is seven deprivations compared to 11 deprivations maximum for those aged 14 years and younger.

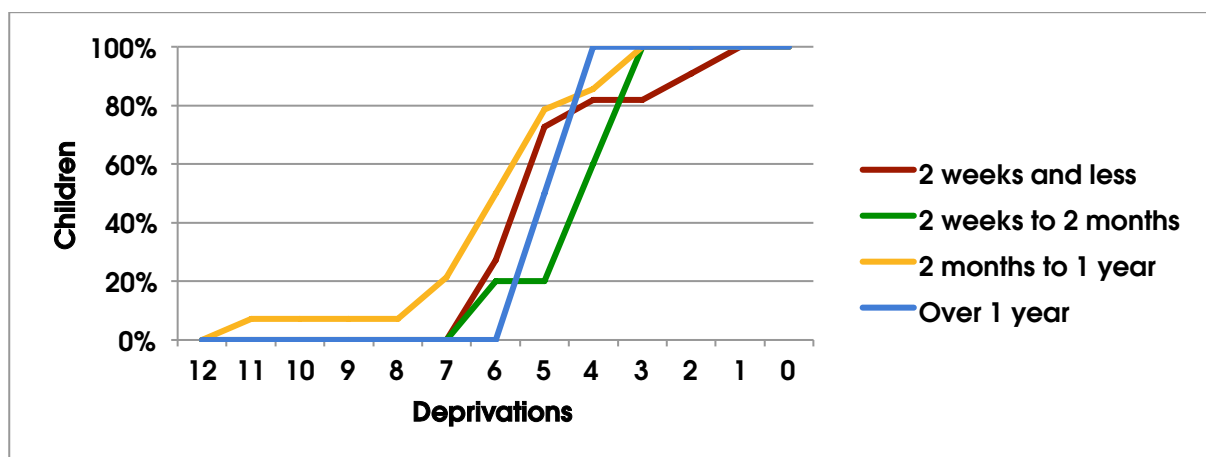
⁶³ It should be noted that this variable is based on the date which the children reported as being when they first left home for the streets, however many children's migration to street life is not linear and may involve movement back and forth between home and the streets and between different locations on the street.

Figure 15: Frequency distribution curve showing cumulative percentage of the children with deprivations grouped by age on arrival to streets (two groups) in Uganda, 2011-2012.



Lastly, in analysing the affect that time on the streets has on the number of deprivations experienced by street-connected children and youth, the following plot is created (figure 16):

Figure 16: Frequency distribution curve showing differences in deprivation number with time on the streets in Uganda, 2011-2012



In general the longer the children spend living and working on the streets the higher the number of deprivations they experience and the lower their levels of wellbeing. However, as can be seen from figure 16, the line representing those children who have been on the streets for over one year does not show the greatest numbers of deprivations and there are times when the children newly arrived on the streets (two weeks and less) have more deprivations than those who have been there longer (two weeks to two months).

4.2. Discussion

4.2.1. Evaluating outcomes at Retrak

The Uganda spider plots show an overall improvement in children's wellbeing during the reintegration process. Comparing the wellbeing data of all children (bottom row figure 10) with the data from the children who have been involved in multiple assessments (top row figure 10) highlights the individual situation of each child. With the complete dataset there are a number of *very bad* (red) deprivations within all cohorts, but this is not the case for the children for whom there are multiple wellbeing assessments: there is no red in the 6 months to one year plot. Every child connected with the street has a distinct experience and data collected at multiple instances over a number of years for individuals, provides a clear picture of the impact of Retrak's work. Using the complete dataset alone has limitations: when the CSI is initially implemented it is the first time that the children are assessed and this data becomes the benchmark against which to compare all future assessments. However, this benchmark taken on its own is specific to the individual child and so there is a need to incorporate added context to overcome the situation

dependent picture.⁶⁴ The dataset containing children with multiple assessments compares the journeys of these children as individuals and so the context is inherent to the all the assessment data for that child. It is clearly important for Retrak to continue to build up data on the same children in order to compare the same sample of children across all the time cohorts. Such repeat data for the same children will be useful in tracking longer-term changes in children in longitudinal studies.

Looking again at the wellbeing spider plots, aspects of note are the spikes in the polygons on the shelter (2a), legal protection (3b), education performance (6a) and in some cases the education access (6b) and food security (1a) axes. Food security scores have been impacted by the 2011 drought in Somalia and Western Kenya, which resulted in failed sugar cane harvests and an increase in the prices of maize and other food based commodities in East Africa, and the continued rise in food prices, similar to that of Ethiopia. There has also been unprecedented inflation in fuel costs affecting transportation and electricity prices since 2010. This will have had an impact on families' ability to fulfil basic needs at the household level and will have had an impact on the results of the CSI data collection. However, at placement and initial follow-up stages the food security scores may also be an under reported factor by families in the hope of further support from Retrak. Once Retrak have larger sample sizes of the data, disaggregation by placement location will allow an analysis of how wellbeing scores for these particular indicators are affected by characteristics specific to particular local areas.

As was the case for Ethiopia, the Uganda CSI data highlights performance and access to education (6a and b) as areas for Retrak to take note of. Uganda has increased primary school enrolment rates since the introduction of UPE, with an increased investment into the education sector by almost two-thirds between 2000 and 2008.⁶⁵ When corrected for those repeating a year, the enrolment rate into the first year of primary school in 2011 for Uganda is 94%.⁶⁵ However, the completion rate for primary school, which is the percentage of children at that particular age group finishing primary education, is 55% for Uganda.⁶⁶ Over the last four years, Uganda's completion rate has fluctuated within a 10% range, and there was a decrease in enrolment and completion between 2010 and 2011. This could again be attributed to the drought and associated hikes in food and fuel costs. In 2010 only 60% of boys⁶⁷ and 57% of girls,⁶⁸ in Uganda progressed to secondary school, which is again reflective of a national problem in terms of pupil retention. The inability of children to attend school, even with UPE, the transition to secondary education and the quality of education has clear impacts on Retrak's programmes. These factors push children to the streets and they continue to be risk factors once children have been enabled to return home. Despite the huge improvements in education in Uganda, national problems persist. Retrak's data suggests that these problems are particularly prevalent for highly vulnerable children, especially those who have a history of street involvement.

In general the wellbeing of the children is better while they are benefitting from Retrak's work, and children in the follow-up cohorts score lower numbers of deprivations than those just starting their placements, there are no distinct differences between the three follow-up groups (figure 11). As explained earlier the five cohorts shown in figure 11 represent all the children assessed and are therefore different groups of children in each cohort, with some children appearing in more than one group if they were surveyed twice or three times during 2011-2012. Therefore the characteristics of each cohort are reflective of the individual children's wellbeing scores; which depend on their personal and individualised experience. There is no specific trend between the different cohorts at numbers of deprivations higher than six, and all the placement and follow-up samples contain children with lower wellbeing scores than those surveyed at the baseline level. Those scoring 12 deprivations during follow up interviews refer to individuals for whom data on the streets does not exist as they were introduced to Retrak before 2011, and who were referred for extra support from their respective social work teams as a result of these scores.

4.2.2. Analysing deprivation on the streets

The deprivation analysis of children's experiences on the streets, when considering a child's home location (figure 12), as with Ethiopia, clearly shows that where they come from makes little difference for a child's wellbeing once they reach the streets. The comparison of Kampala city and the surrounding Wakiso District with the rest of the country reveals the fact that having families living close to the area where the children

⁶⁴ Retrak (2012b) op cit

⁶⁵ World Bank, *Data: School enrolment*, op cit

⁶⁶ World Bank, *Data: Primary completion rate*, op cit

⁶⁷ World Bank, *Data: Progression to secondary school male*, available at <http://data.worldbank.org/indicator/SE.SEC.PROG.MA.ZS/countries>

⁶⁸ World Bank, *Data: Progression to secondary school female*, available at <http://data.worldbank.org/indicator/SE.SEC.PROG.FE.ZS/countries>

are on the streets does not necessarily mean that they are less disadvantaged. The plots are almost identical, which highlights how proximity to area of origin does not affect the child's wellbeing. Since a large number of the children Retrak works with in Uganda originate from Kampala and Wakiso District, Retrak is planning to develop outreach centres in these areas to work with vulnerable children and families to prevent street migration. The CSI data, particularly the results shown in figure 14 combined with the relative numbers of children confirms this need.

The street-level deprivation analysis for Uganda does not provide clear evidence in line with patterns established in earlier literature that refer to effects of age and time on the street as shown in Ethiopia's data.⁶⁹ While there are indications that the longer a child spends on the streets the greater the number of deprivations they experience (figure 16), the plots for relationship between age and deprivation do not all follow the patterns expected, and as mentioned earlier only produced weak correlations which were not significant. When disaggregating by age at the point of assessment (figures 13 and 14), the older children do appear to experience fewer deprivations than their younger counterparts, but the oldest cohort, aged 15 years and older, does not fit the pattern. In figure 15, showing age when they first arrive on the streets, the children aged 14 years and younger have fewer deprivations than those aged over 14 years. These unexpected patterns are likely to be indicative of the sample size and the data collection methods utilised by the staff working for Retrak Uganda. Since the initial assessment data has largely been collected by social work interns and not by the social workers who are later involved in monitoring the progress of the children from placement through their follow up stages. In contrast to Ethiopia, due to the differences in the drop-in centre policies between the two countries, the assessments are also not carried out the first time a child visits the drop-in centre but are done at the point that the child becomes a more regular visitor. This may have implications for the extent to which this data actually reflects life on the streets for children prior to their involvement with Retrak, as the children may already be benefiting from services, even if in an inconsistent manner, and therefore score differently on the CSI for wellbeing.

⁶⁹ Lalor, K (1999) op cit

5. CONCLUSION

This pilot study has demonstrated that Retrak's reintegration programmes contribute to improvements in children's wellbeing. The Child Status Index is extremely useful as a tool to monitor reintegration programmes as it provides detailed information about multidimensional wellbeing at the level of the individual child and can track the progress in a child's wellbeing as they journey from the street, through to their placement with their families and later as they settle back into life at home.

Through analysing children's wellbeing on their journey with Retrak it is possible to show that:

- **The wellbeing of the children improved across all areas of wellbeing during their time in Retrak's reintegration programmes. Family reintegration programmes with street children are successful. We have shown that such programmes are able to overcome children's prevalent deprivations in shelter, care, abuse and exploitation and legal protection experienced when they are living alone on the street at an increased level of vulnerability (figures 3&10).**
- **Performance and access to education are areas of wellbeing in both countries which are slow to improve at the placement and follow up level. This could be partially a result of the national education systems and its ability to support the successful reintegration of children into the classroom (figures 3&10).**
- **In Ethiopia, wellbeing in the areas of emotional health and social behaviour are also slow to improve at placement and follow-up. Much of this is to do with the survival traits developed by the children to help to combat stigmatisation while on the streets (figure 3).**
- **In Uganda it was shown that wellbeing in the areas of food security, shelter and legal protection were an area of concern at all stages of a child's journey with Retrak (figure 10).**

The data was also analysed in terms of deprivations experienced on the streets: the absence of wellbeing, or of wellbeing being below a minimum level for certain measurable goals. This revealed that:

- **Street-connected children and youth in Ethiopia, over 14 years old, have more deprivations than those under 14 at both the point of assessment (figure 6) and the point of arrival on the street (figure 7). The longer a child spends in the street the more deprivations they experience.**
- **In Uganda children aged 14 or 15 years have fewer deprivations than those aged 13 years and younger (figure 13 and 14). Unlike the Ethiopia data, those aged 14 years and younger when they migrated to the street have fewer deprivations than those children aged over 14 years. However, the maximum number of deprivations for children and youth aged over 14 years on arrival to the streets is seven deprivations compared to 11 deprivations maximum for those aged 14 years and younger.**
- **There is a relationship between the level of schooling achieved by the children in Ethiopia and the number of deprivations they experience (figure 8): the longer the child spends in school before migrating to the street the lower the number of deprivations on average.**
- **All new arrivals to the street in Ethiopia have fewer deprivations than those who have spent a number of months there (figure 9). The longer a child spends in the street the more deprivations they experience.**
- **There appears to be little connection between region of origin and level of deprivation for both countries. In Uganda the data showed that children on the streets of Kampala but originating from Wakiso district and Kampala city (figure 12) are just as disadvantaged as their peers from further afield, showing that their proximity to their family is of little benefit.**

These observations justify the emphasis Retrak places family reintegration as the first priority for street-connected children and the focus on outreach activities which identify children who are new to the streets quickly in order to assist them as soon as possible while they are still connected with their families and less ingrained in street life.

There is also an argument for the benefit of education and the need for a focus on improving the provision in this area in order to prevent children coming to the streets and to support them in their reintegration back home

This pilot study has shown that the CSI is a useful tool for monitoring and evaluating reintegration programmes. It has been able to inform Retrak on the impact of reintegration for individual children and at the programme level. This study has also highlighted areas of data collection that may need to be

adapted and improved in the future. In particular it is clear that every child connected with the street has a distinct experience and that it is critical to collect data from multiple assessment points for individual children. In future the analysis of this repeat data from larger samples should provide a clearer picture of the impact of Retrak's work and take the initial position and the context of the individual children into account.

6. RECOMMENDATIONS

The findings from this study clearly show that reintegration as an intervention for street-connected children is successful in improving children's wellbeing. In addition it has been shown that the CSI data is able to provide a detailed picture of the realities faced by street-connected children involved in Retrak's programmes. This study has demonstrated the risks children face on the streets and explored some of the variables that may affect the level of these risks, as well as showing the changes in children's wellbeing as they journey through Retrak's programmes.

These findings lead to two sets of recommendations: firstly regarding reintegration programme implementation and secondly regarding the future use of the CSI tool for monitoring and impact assessment of reintegration programmes.

6.1. Reintegration programme implementation

6.1.1. Reintegration is successful and needs investment

This study has shown that reintegration of street-connected children is a successful intervention. Reintegration offers children the chance to return to a family environment where, with appropriate support, they are able to experience sustained improvements in all aspects of their wellbeing.

When considering the findings of this study alongside the now well-established evidence of the risks and costs of institutional care,⁷⁰ deinstitutionalisation must be encouraged and family reintegration promoted as the first priority. Despite international recognition of the risks associated with institutional care, many children in Africa still live in large residential facilities and deinstitutionalisation is only in its nascent stages.⁷¹ Many of these institutions are resisting the move to deinstitutionalise⁷² and many are under-resourced and unknowledgeable about the process.⁷³

Deinstitutionalisation and reintegration need significant investment to enable more organisations to provide more street-connected children, and other vulnerable children, with this opportunity to move towards a more positive future. By focusing policies and resource allocation in the areas of deinstitutionalisation, family reintegration and family strengthening, it will be possible to not only benefit children already separated from their families, but also to reduce the number of children turning to the streets.

6.1.2. Outreach is a critical part of the process

The process of reintegration can be a slow and complicated journey for street-connected children. This study has shown that, right from the first steps in outreach, the approach taken must reflect the realities of deprivation amongst children on the streets. Outreach work on the streets must target younger children and those who have recently arrived. These are the children who are more vulnerable on the streets and who are more likely to progress successfully in reintegration. In addition, outreach work should target all children on the streets, despite their regional background, as once they arrive on the streets their place of origin does not appear to give them any advantage or ability to avoid risk.

6.1.3. Support must focus on education and psychosocial reintegration

The changes in children's wellbeing during reintegration show that extra consideration needs to be given to the area of children's education and psychosocial wellbeing.

⁷⁰ 'Conference Declarations and Recommendations' The First International Conference in Africa on Family Based Care for Children, Nairobi, 29-30 September 2009; Williamson, J and A Greenberg (2010) op cit

⁷¹ Kauffman, ZL and KM Bunkers (2012) op cit; UN General Assembly, Human Rights Council, *Guidelines for the Alternative Care of Children*, A/Res/64/142 (24 February 2010) New York, United Nations; Williamson, J and A Greenberg (2010) op cit

⁷² Cantwell, N, J Davidson, S Elsley, I Milligan, N Quinn (2012) *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*. UK, Centre for Excellence for Looked After Children in Scotland; Riley, M (2012) *Summary of the child care institution baseline study*

⁷³ Kauffman, ZL and KM Bunkers (2012) op cit

Education is a critical factor in children's journey to and from the streets: lack of access to education is a key push factor; level of education impacts experiences on the streets; and access to and performance at school remains a struggle for many children once reintegrated. It is essential that reintegration programmes explore creative ways to help children re-enter formal education once they are reintegrated, especially where the education system is not well adapted to dealing with vulnerable street-connected children's needs. This may include developing education and skills programmes prior to reintegration which enable children to gain skills and knowledge to help them re-enter the formal system. But it is also evident that despite general improvements, national education systems are still failing highly vulnerable children. Inadequacies in access and quality of Universal Primary Education programmes are pushing children to the streets and preventing them from reintegrating smoothly. In order to reduce the number of children on the streets, national governments and education authorities must ensure that their education systems are able to meet the needs of vulnerable children who are at risk of turning to the streets, as well as the needs of street-connected children who are returning to formal education.

Linked to street-connected children's struggle to return to school is the difficulty they have in readjusting to life back at home, both socially and emotionally. Adequate counselling and psychosocial support prior to placement can ease this transition; but ensuring that every child who is reintegrated has a solid foundation on which to build a strong attachment with a capable care-giver is also essential to the process. Many children will also need further support from peers and/or other adult community members, including teachers, who can encourage and listen to the child during their transition.

6.2. Reintegration monitoring and impact assessment

This pilot study has demonstrated the effectiveness of the CSI tool in monitoring reintegration programmes. The CSI is an easy to use tool which is still capable of monitoring changes in multidimensional wellbeing of children over time, a key measure of success in reintegration. Retrak will continue to develop its use and encourages other practitioners working with street-connected children to use it both for case management purposes and for monitoring changes in children's wellbeing on the streets and during the reintegration process, including follow-up and placement reviews. The CSI already forms a key part of the monitoring process in Retrak's Family Reintegration Standard Operating Procedures and features in the accompanying toolkit. Retrak has developed training curriculum for the SOPs and toolkit which have been warmly welcomed by partners in Uganda, Mozambique and Democratic Republic of Congo.⁷⁴

Specific recommendations to build on this pilot study, for Retrak and others interested in using the CSI tool in this way, include:

- **Collating multiple assessments for individual children in order to be able compare the same group of children over time to improve the robustness of the analysis. This is essential since every child connected with the street has a distinct experience, a fact that Retrak recognises and respects in its approach to working with them.**
- **Carry out baseline assessments as close as possible to the child's enrolment on a programme by a social worker who has built a relationship with the child and is trained to use the CSI.**
- **Undertake a rolling programme of training and discussion for staff involved in CSI data collection. These are key opportunities to reflect on the implementation of CSI assessments ensuring that staff align their methods in order to minimise subjectivity; and creates opportunities to analyse and discuss data for programmatic learning and decision-making.**
- **Develop a database system, like Retrak's beneficiaries' database which is currently being piloted, to increase the accessibility of CSI data and data on other variables. This will improve ability to trace the progress of individual children, and as the data cohort increases, the ability to disaggregate data by different variables.**
- **Analyse and review CSI data annually in order to follow trends in the data for individual children as they move through programmes and to confirm or add to the findings of this study.**
- **Future analysis should include disaggregation by gender as well as those variable used in this study. Data should also include family variables such as female-headed households, education status or income which may impact children's wellbeing or risk. This analysis by different variables should also be applied to placement and follow-up data as the amount of data in these cohorts increase.**

⁷⁴ Further information on the SOPs and accompanying toolkit, as well as training opportunities, is available from Retrak: mailbox@retrak.org

- CSI data should be useful in future for project evaluations, impact assessments and research projects.⁷⁵ Although it will be important to keep in mind Measure Evaluations reservations around the use of CSI data in this way.
- Longitudinal CSI data can help to provide detailed information on the impact of interventions used to address the street child phenomenon and influence policy. Such information is required to encourage governments to establish policy, develop action plans and allocate resources to promote reintegration rather than institutionalisation. There is currently a lack of longitudinal research on reintegration with robust methodologies in lower and middle income countries.⁷⁶ Retrak should further develop its plans to undertake research in this area as soon as possible.

⁷⁵ Recent evaluations and research projects include: Retrak and USAID (2011) *Summary report: Sustainable Reintegration of Orphans and Vulnerable Children into Family and Community Life in Uganda and Ethiopia*, Manchester, Retrak; Kauffman, ZL and KM Bunkers (2012) op cit, Retrak; Haliu, T, J Tusingwire, J Wakia and P Zacharias (2012) *Retrak research summary: The situation of street girls in Kampala and Addis Ababa*, Manchester, Retrak

⁷⁶ Coren E et al (2013) op cit

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Metropolitan House, Station Road,
Cheadle Hulme, Cheshire, SK8 7AZ
Telephone: +44 (0)161 485 6685
Email: mailbox@retrak.org
Web: www.retrak.org

UK Registered Charity No. 1122799
Company No. 6428907

WWW.RETRAK.ORG

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