A policy analysis

Exploring targeted policies and institutional frameworks to address the problem of child streetism in Ethiopia

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Abstract

Background: *Child streetism has long become a major public concern in Ethiopia. With rapid urbanization and deepening social problems, street children are likely to increase in the future. The establishment of targeted policies and institutional arrangements could help provide a framework for viable interventions. This article aims to identify existing policy frameworks and institutional arrangements targeting street children in Ethiopia.*

Methods *: Purposely selected child-focused and social protection-oriented policy frameworks were reviewed using a desk review method between August and September 2023. Data were analyzed using content analysis.*

Results: *Though a comprehensive national policy specifically targeting street children is lacking, varying levels of coverage has been given to the issue of child streetism directly or indirectly in the existing national policies. Institutional arrangements established at all levels from the federal to kebele level are also in place to facilitate the provision of social protection services for vulnerable children. There is discrepancy between rhetoric and practice: despite the policies are designed based on human rights-based approach (HRBA), interventions targeting street children are often guided by institutional approach. Non-governmental organizations play a dominant role in the provision of various services to street children, while the role of the government in the implementation of the policies is limited.*

Conclusion: *The study indicated mismatch between the principles that guided the establishment of the policy frameworks and their implementation. We suggest increased role of the government in the implementation of the policies guided by the HRBA.*

Key words: *Policy framework, Street children, Interventions, Social protection, Ethiopia*

Background

The problem of child streetism has always been a major public concern in Ethiopia (1). Though finding reliable estimate can be difficult, available evidence indicates that there are 150,000-600,000 street children in Ethiopia (2, 3). In fact, their number fluctuates depending on the source information: whereas some empirical studies and government reports estimate between 100,000 and 150,000, aid agencies reveal that there are about 600,000 street children in Ethiopia (4, 5). A recent scoping study (6) revealed that the proportion of destitute homeless population in Ethiopia account for 0.7%, of which street children constitute the largest segments (18%) in the category. The number of street children in Ethiopia is steadily increasing as the prevailing socio-economic situations are putting many children at risk of joining street life (7). Being one of the fastest urbanizing countries in sub-Saharan Africa (8), social phenomena associated to it such as breakdown of traditional extended family structures, unemployment, and social inequality contribute to the increasing the number of street children (9, 10).

An increasing number of children in the streets signals the dire need for relevant policies to guide and coordinate interventions aimed at preventing and respond to it (11, 12). Governments can improve the situation of street children by formulating and interpreting policies, mobilizing resources, and providing services. They can also achieve the same by establishing child-centered development programs, coordinating initiatives, building partnerships and formulating a mechanism to monitor and evaluate the progress (13, 14). There is strong relationship between the prevalence of street children and the nature of policy and institutional arrangements designed to prevent or respond to the problem (15). The presence of a well-designed street children-targeted policy shows government's political commitment to prevent vulnerability and respond to the needs of street children (16). A specific policy framework and related institutional arrangements not only prevent more children from joining the street but also helps guide the interventions which in turn contribute to the effectiveness of the interventions. According to Mengesha (16) and Bogale (17), the lack of comprehensive city-wide street children targeted policy framework in Addis Ababa caused the lack of uniform mechanisms of supervision, duplication of efforts and wastage of resources.

Street children's vulnerability is exacerbated by the lack of adequate attention given to the problem in national and local development policies and strategies (7). This might be because of the lack of reliable evidence on the number and magnitude of vulnerability and the absence of advocacy that aim at soliciting deserved attention to their cause (18). According to UNICEF (19), investments in policy advocacy and technical support lead to strong legal and regulatory framework for child protection systems. In addition, lack of [political] commitment, culturally embedded decisions

and practices, and shortage of resources significantly affect the initiatives of street children-focused policy formulation. The belief that international and sectoral policies are adequate to address the problem and the presence of gaps in legislative frameworks also pose similar challenge (16, 17, 20).

The constitution of the Federal Democratic Republic of Ethiopia (21) provides sufficient legislative framework for the government to formulate policies that aim to improve the lives of vulnerable people in the country. For instance, article 41 (6) stipulates that "The State shall pursue policies which aim to expand job opportunities for the unemployed and the poor and shall accordingly undertake programs and public works projects." Article 90 (1) also states that "To the extent the country's resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security." To this end, the national government of Ethiopia has formulated various policies and strategies targeting the vulnerable segments of the society, including children living under difficult circumstances. In addition to ratifying various child-focused international policies, the Government established relevant domestic policies and different strategies and norms to guide the intervention of organizations targeting vulnerable children. However, a comprehensive study identifying the extent to which the issue of street children has been mainstreamed in these policies is lacking. Identifying the level of emphasis given to the problem

of child streetism in these policies and strategies is important as it helps to advocate for the formulation of such policies and promote effective implementation.

This study is informed by three policy approaches (the correctional and institutional, a rehabilitative or protection-oriented, and human-rights based). The correctional model assumes street children as deviants and consider them as threats or potential threats to the public order (22). Accordingly, they suggest interventions that focus on placing the children into correction centers to discourage delinquent behavior of street children (15, 23). Rehabilitative approach assumes street children as victims whose basic rights to food, shelter, education, and healthcare are violated (22). The model advocates protective approach towards the street children who should be exposed to rehabilitation and reintegration programs (15). Early intervention and rapid response (secondary and tertiary prevention) strategies have been suggested as viable policy options (26). Secondary prevention involves identification of the problem in relation to the magnitude and needs of the street children in its early stages and a prompt response to reduce the duration children stay on the streets. Tertiary prevention emphasizes on minimizing the effects of children's involvement in street life through long-term care and management to prevent them from returning to the streets (27). The human-rights based approach assumes that the problem of child streetism is caused by social structures and

therefore advocates for comprehensive and structural-oriented policy responses to prevent children from moving to the street (15). Primary prevention strategy which targets children at risk such as those in absolute poverty or in abusive families focuses on preventing children from moving to the streets has been suggested as a viable policy direction (24, 26, 27, 34). Drawing on these policy approaches, this article aims to identifying the representation of street children in Ethiopia's relevant policy frameworks, the assumptions and approaches in the policies, and proposed interventions and institutional arrangements to coordinate the implementation of the interventions.

Materials and Methods

The study used a qualitative approach with cross-sectional study design. We have collected data from secondary sources using a desk review method between August and September, 2023. The purpose of the desk review was to identify the extent to which the issue of street children was covered by the existing child-focused and other social protection policy frameworks in Ethiopia. This review has generally passed through the steps of formulating the research question(s) and objective(s), searching the existing policies and relevant literature, screening for inclusion, extracting data, and analyzing data. To this end, existing policies, strategies, and guidelines formulated to provide social protection services for vulnerable people in general and vulnerable children in particular were reviewed. The materials were searched from relevant government websites and other electronic databases such as Google Scholar and Science Direct.

We first read the introductory sections and briefly went through the contents of the policies/guidelines to check if the issue of street/vulnerable children was covered. Those which fulfilled our major criteria of inclusion, i.e. the issue of street/vulnerable children was covered were stored in a separate folder for later deep review. Ultimately, 15 policy and strategic documents and operational guidelines were selected for review and content analysis. The purposes of the policies, target groups/intended beneficiaries, recommended interventions/services, basic assumptions about street children and what caused them to be ion the streets, approaches of the policies, and other related contents were the main focus of the review. In addition, we reviewed related journal articles, the grey literature, and reports of governmental and NGOs to substantiate our analysis.

Results

Street Children Related Policy and Legislative Frameworks

National Children's Policy

This is among the typical policy documents in which the issue of street children has been fairly discussed. Two of the fundamental pillars of the national children's policy (36) are 1) prevention and protection of children from social, economic and political hardships, and 2) provision of rehabilitation, care and support services for children in difficult circumstances, including street children. The major

objective of the policy is to create conducive environment for the promotion and protection of children's rights and welfare. The policy assumes that Orphan and Vulnerable Children (OVC) should be raised according to the culture of their birth areas by strengthening community-based alternative care programs such as local adoption, foster care, reunification and reintegration.

Children living in difficult circumstances received fair attention under sections 1.1.6 and 3.6 of the policy. Children who have lost their parents to death, have disabilities, are juvenile offenders, have imprisoned parents, who live in extreme poverty, are left vulnerable by natural and manmade disaster, are from pastoralist and semi-pastoralist areas, and are street children constitute the category of children living in difficult circumstances. The policy further states that street children are vulnerable to different problems that include addictions and involvement in criminal activities. The policy is gender sensitive in considering that the consequences of the problems are far worse for girls in the street. In addition to counseling services, reunification and reintegration of children in institutional care and those living in the streets have been suggested.

The policy also contains viable interventions that help to prevent children from migrating to the street. For instance, considering family as the best place for children's development, it suggests the need to empower and strengthen families through various ways. These include providing training and other support schemes on income generation, counseling services for parents, creating a conducive working environment for working parents to enable, developing programs and services targeting child-headed households to mitigate adverse consequences, and raising the awareness of parents about child rights and provide them parenting skill trainings. It also suggests enabling families to play their roles in educating children, and providing families, especially in the rural areas to get access to adult education opportunities with the assumption that educational status of parents affects the quality of parenting. In addition, the policy contains mechanisms of responding to the problem of child streetism through reunification and reintegration services. It also promotes the establishment of a system that encourages families and communities to support vulnerable children by mobilizing resources. Its inability to identify the major structural issues that put children in difficult circumstances, the financial source of implementing its strategies, and weak monitoring, evaluation and learning mechanism could be the possible gaps of this policy.

National Social Protection Policy

Although street children were not specifically mentioned as target groups in the policy, it is more likely that they can be covered under the categories of "vulnerable children" and "people having difficulties in accessing basic social services" which are mentioned in the policy. The policy (37) aspires to reduce vulnerability by providing social assistance and social insurance, promote employment

opportunities, and enhance the productive capacity of citizens. Among others, it aims to protect vulnerable individuals, households, and communities from the adverse effects of shocks and destitution. The goal is to progressively realize the social and economic rights of the excluded and marginalized groups of the society. Broad categories of the society that are assumed to have social protection needs have been generally covered in the policy. Little attention has been accorded to the issue of children in general and street children in particular because of the coverage given by the policy to broad categories of the society considered vulnerable.

The policy has been designed to serve both preventive and transformative intervention purposes. As stated in the policy, its preventive intervention aims to provide relief from economic deprivation, abolish barriers that prevent vulnerable groups from having access to basic social services or provide alternative care to vulnerable populations in need of special care. And its transformative aspect aims to protect the rights and interests of people exposed to social risks and vulnerabilities. The implementation strategies of the policy, i.e. Social Safety Net Program, livelihood and employment schemes, social insurance, and addressing inequalities in accessing basic services are designed to empower families of low socio-economic status through creating better access to basic social services for those who cannot access by themselves. Such measures will help reduce further vulnerabilities of poor

households and may help reduce some of the push factors for children's migration to the street.

National Social Protection Strategy

The strategy (38) has been developed to operationalize the vision, mission and objectives stated in the National Social Protection Policy. One of the main objectives of the strategy is to provide support and care to children, individuals and families under difficult circumstances. It also aims to minimize inclusion and exclusion errors by considering both the push and pull sides of vulnerability and interventions: on the one hand, people's poverty and vulnerability that force them out of their location subjecting them to further vulnerability and on the other hand, people are also attracted to a certain location because there are interventions that they may be able to access. This consideration is highly relevant to the issue of street children. Compared to the social protection policy which includes broader categories of target groups, the social protection strategy is relatively detailed and specific and includes many target groups. For instance, under its fourth focus area, the strategy aspires to enhance equitable access to social services for children outside family care, such as those living on the streets. This focus area states that given their vulnerability to risks of violence, children will be supported by social workers and referred to alternative care services such as family reunification and reintegration, kinship care, foster care, and adoption.

The key instruments and interventions indicated in the strategy such as the productive safety net programs (PSNP) can empower poor families and may help to reduce at least the economic cause that push children to join street life. Among the four key instruments of the first focus area, young vulnerable children are one of the targets of the unconditional social transfers (direct support). It was also stated that the objective of the PSNP includes providing support and care to children, individuals and families under difficult circumstances to lift them out of poverty. In addition, focus area 2 of the strategy aspires to ensure that the most vulnerable economically active people have access to social services and the social insurance scheme indicated as the instrument can help to achieve this goal. Other strategic interventions such as provision of financial services for poor households, early childhood care and development program, establish and strengthen Community Care Coalitions (CCC), care for people living outside protective family environments, and mobilize additional resources required to reach out to the most vulnerable and marginalized for Technical and Vocational Education and Training (TVET) that focus on skills required for self-employment are also relevant for street children-related interventions.

Alternative Childcare Guidelines

The guidelines (32) encompass a wide range of preventive and responsive strategies for organizations providing community-based childcare, foster care, adoption, and institutional care services for OVC. Emphasizing that all children should grow in a family setting, it underscores that these alternative childcare programs can serve as a stepping-stone for family-child reunification in which children can get better care, love, and support. Street children are included in the list of target children under the category of OVC discussed under section 6.25 (pp. 11) of the guidelines. Although interventions directly (separately) targeting street children have not been addressed in the guidelines, many of the strategies designed for other groups of vulnerable children can be used by organizations targeting children in street situations.

One of the key assumptions in the guidelines is that institutional care should be taken as a last measure for children out of family-based care situations and service providers should strive to provide effective alternative care before the children reach the age of maturity. The guidelines encourage societal response to the problem of OVC to be redirected towards promoting a strategic shift from subsistence form of care to a more sustainable (long-term) service system. The government has been considered to be responsible for providing the services. It promotes the active participation of the community, capacity building, and strengthening of existing community structures and institutions to empower them to care for OVC on their own initiatives and capacities.

Reunification and reintegration of street children has been strongly recommended by the

guideline. The guideline defines reunification as "a rehabilitative intervention designed to facilitate the reunion of orphans or other vulnerable children separated from their families with biological parents or member/s of the extended family". The eligibility criteria for reunification include being preferably below 15years of age, willingness, the family is mentally sound and free from terminal illness, and that the reunification serves the best interest of the child. On the other hand, reintegration has been defined as "a rehabilitative intervention meant for children whose parents/extended families are untraceable or for those who reach the maximum age limits in the institution to facilitate their permanent placement in a community environment either individually or in groups". The criteria for reintegration include reaching 18 years of age, receiving residential care, willingness, the parents of the child are untraceable or certified to be terminally ill, being unable to pursue education while living in the childcare institution, and demonstrating readiness to lead an independent life. From this, we can understand that reintegration has been considered as it applies only for making children in childcare institutions to lead independent life. In other words, the two service models need to be considered as procedural where reintegration follows reunification and the effectiveness of the former heavily relies on the later. In addition, reintegration should not just be limited to children in institutional care as children reunified to family can also be targeted.

The procedures that need to be followed by service providers at all stages of pre-reunification, during/up-on reunification, and post-reunification are stated in the guideline. The guideline also provided standards of procedures to be followed before, during, and after reintegration. The fact that the guideline considers the need to provide need-based support for the economically disadvantaged families such as facilitating a sustainable means of income helps post-reunification adjustment and ensures the sustainability of the intervention. Family empowerment activities constitute the core intervention that helps children to be reintegrated to the family and the community and hence to sustain the reunification service. In addition, the guideline strongly advises service providers to be cautious of their supports both in reunification and reintegration not to develop dependency syndrome among their beneficiaries. This is also very important as it helps to ensure the sustainability of the services.

Norms and Service Standard for Organizations Providing Services to Children in Urban Destitute Project

This guideline (39) contains norms, services/interventions, and standards of services to guide the works of service providers for street children in Ethiopia. This document directly (primarily) targets organizations providing services specifically for street children. Guided by the rights-based approach, it assumes that street children are not problems or helpless victims; rather they are considered to

bring their own strengths and capabilities. Therefore, they have the right to choose a life in the streets which is believed to be a better option for many of them than staying home.

Outreach, psychosocial support, health and hygiene, sleeping arrangements, eating arrangements, education, play, sport, art, and cultural activities are included as the services (interventions) for street children. It is indicated that drop-in day centers and residential shelters are only temporary solutions and service providers should plan an exit strategy for each child as soon as possible. The possible exit strategies suggested in the guideline are family reunification, foster care, independent living, and institutional care. Whereas family reunification should be a priority, when this is impossible, other alternatives can be considered depending on the child's age, sex, health, length of time in the street, preferences.

Family reunification and reintegration has been considered to be the best of other exit strategies that service providers should consider as their first choice. For a reunification to take place, however, the conditions that should be fulfilled include the child has given his/her free consent, the family has given its consent and prepared, and the problems at the origin of the child's departure identified, discussed and solved. It is noted that any successful family reunification must result in reintegration of the child. In case of relapse, it is suggested that reunification be undertaken several times.

When family reunification becomes impossible for various reasons, a foster care can be pursued under conditions that the child agrees and an appropriate foster family is secured. It is also suggested that independent living can be the best long-term intervention when the child has been on the streets for a long time, s/he is at least 14 years old, and family reunification is proved to be unrealistic. Given the long time and large amount of financial resources it requires, service providers are suggested not to encourage independent living. It is also indicated that institutional care should only be considered as the last resort when all other long-term interventions become impossible.

Guideline for Child to Family Reunification/Reintegration for Service Providers of Urban Destitute Project

This is another guideline (40) in which street children are directly mentioned as target groups for organizations providing Urban Destitute Support (UDS). It was specifically prepared to guide the activities of service providers engaged in the reunification and reintegration of target groups. Accordingly, it aims to sustainably reunify/reintegrate rehabilitated street children and youths to their families and communities using a holistic and need-based approach. The guideline assumes that services provided at drop-in day centers and residential shelters are only temporary solutions while reunification of the street children to their families is the best exit strategy that best serves the interests of both the street children and the society as a whole.

The guideline suggests some basic principles of reintegration that align with the principles

UNCRC (33) such as the need to make family at the center of reintegration efforts, the importance of taking a rights-based approach, maintaining the right to the perseveration of family unity, participation, taking into account the best interest of the child, carrying out risk assessment, developing a safety plan with the children, having safeguarding policy and complaint mechanisms, engaging a range of stakeholders in child welfare system, the need to provide multidimensional support, considering sustainability through local ownership and capacity building, and being strategic and tailored.

The third section of the guideline deals about the stages of reunification/reintegration that include 1) assessments of the child, family, and community; 2) preparing the child and the family; 3) reunification of children with families (placement); 4) follow-up and providing family-strengthening support services; 5) Case closure; and 6) monitoring and evaluation. Key takeaways from the guideline include: 1) service providers should address both the root causes of separation and the impact of harm caused by separation, 2) reintegration does not always follow a linear process, and children and families may need to repeat one or more steps, 3) whereas preparation of the children may involve allowing them to stay in a rehabilitation center, service providers should be cautious that children do not get stuck in alternative care, 4) the time invested in preparing and supporting children and families is a major factor in achieving successful reintegration, 5)

helping a child re-learn his or her culture, role, dialect and religion helps to enhance the effectiveness of the reintegration intervention, 6) strengthening the capacity of the family through income generation and other need-based supports ensures effectiveness of reintegration, 7) the sustainability of reunification and reintegration interventions depends on the use of multi-dimensional approaches, a sequence of procedures to be pursued, a number of actors to be engaged in, and certain principles to be strictly abided with.

Guideline for Vocational and Entrepreneurship Skills of Urban Destitute Project

The guideline (41) targets the street dwellers of urban areas, especially children above 14, and who lack the required skills and competences to integrate into the labor market. Street children, homeless women with children, homeless adults (ages 18-59), and homeless elderly people (60+) are the target beneficiaries of the program. The objective of the program is to improve the socio-economic conditions of the target groups and to facilitate their reintegration through the delivery of basic social and livelihood services. The ultimate goal is to take the beneficiaries off the streets permanently by empowering them to become self-reliant and reintegrating them into society. Family reunification, foster care, independent living, and institutional care were identified as the four long-term solutions to get children off the street. Vocational training and the aligned apprenticeships services are set to be the possible long-term solutions particularly for

children of above 14 years, women with children, and adults whose long-term solution is likely to be independent living.

It assumes that economic-strengthening activities can be most effective when they target street youth who are ready to leave the street or want to find alternative livelihoods for themselves. The following are the key points for the selection committee to consider during the selection of training participants: the beneficiary has at least basic numeracy and literacy skills, engaging in the vocational skills training is the best interest of the beneficiary, the beneficiary has made the decision to participate with full awareness and understanding, the training will support self-development and future career, and the beneficiary has the required physical and mental fitness to engage in the training. It states that beneficiaries should be adequately informed about the opportunities, benefits, requirements, the situation of the training facilities and other related issues. In addition, it has been suggested that service providers should avoid language, administrative and institutional, and socio-cultural barriers hindering beneficiaries. They should also facilitate wage employment and self-employment opportunities after training.

Operational Guideline for Soft/Life Skills Training in Urban Destitute Project

The guideline (42) includes key aspects of soft/life skill training components that aim to improve the psycho-social wellbeing of the urban destitute to support efforts of rehabilitating and reintegrating them into the community.

Classified into three categories of social, personal and interpersonal skills, the trainings are believed to lead to overall, sustained life-long behavior change of the participants. The social groups targeted by the guideline are street children under 18, homeless women with children, homeless adults (ages 18-59), and homeless elderly people (60+). The training is assumed to be provided at rehabilitation centers and during the outreach service to enable people affected by crisis events on the street to deal with difficulties and strengthen coping mechanisms. It suggests organizations to provide three types of life skills training for the target beneficiaries: 1) skills focus which includes critical thinking and problem-solving skills, decision-making, and communication skills, 2) thematic focus which involves health promotion and disease prevention, positive parenting, gender equality, violence prevention, social and emotional learning and psychological support, human rights, citizenship and social cohesion, livelihood and financial literacy, and 3) implementation focus which includes implementation levels and capacity, efficiency of implementation methods and enabling learning environments.

Psychosocial Support Guideline for Urban Destitute Project

The guideline (43) defines psychosocial support services (PSSS) as a continuum of care that ranges from care and support offered by caregivers, family members, friends, neighbors, and to care and support offered by specialized psychosocial services. It is developed

to help practitioners and professionals of PSSS develop the necessary knowledge, attitude and skills for providing services tailored to the specific cases and needs of the four target groups or homeless categories. The guideline targets children, adults, and the elderly living in the streets. It states that PSSS is essential to help beneficiaries heal, maintain good physical and mental health, regain trust in themselves and others, reintegrate into society, and build their coping mechanisms and life skills. Service providers have been suggested to provide basic accommodation, counseling, health care, basic education, and vocational education services, and life skills training. Accordingly, the components of psychosocial support services include 1) social support which involves supporting beneficiaries develop social relationships and connections, community engagement, cultural engagement, and participate in meaningful activities, 2) counseling services, 3) support for access to income and education which includes employment training, access to income support and employment, and support for access to education, 4) support for health and wellbeing that involves provision of basic healthcare, mental health, trauma-informed care, and substance use and addiction, and 5) complementary supports such as life skills training, advocacy, peer support, and legal advice and representation.

Health Care Service Guideline of Urban Destitute Project

The purpose of the guideline (44) is to assist health service providers in the rehabilitation centers where beneficiaries (urban destitute) reside to set clear standards for planning and providing health care for the target groups. Nevertheless, the types of urban destitute targeted by the guideline are not specified. It is guided by the basic principle that everyone has the right to a standard of living, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Recommended healthcare services for the homeless people are environmental health care services, physical healthcare services, and behavioral health care services such as substance abuse, mental illness, and trauma. The guideline also includes various models of health care services for the beneficiaries: shelter-based onsite clinics, healthcare services in day programs, free-standing clinics, mobile healthcare services, and community health centers.

Guideline for Outreaching Service of Urban Destitute Project

The guideline (45) is developed to provide guidance for service providers of the Urban Destitute Support (UDS) while they are conducting outreach services to address the problems of homeless and street children, youth and adults. The immediate outcomes expected from the outreach intervention are 1) identification and mapping of hotspots where the homeless people are living, 2) to communicate and create common understanding among

beneficiaries about the objectives, services to be provided and benefits of the UDS project, 3) to convince the target groups about the message transferred/communicated to them by outreach workers, 4) to obtain accurate information about the beneficiaries, and timely selection of enough number of urban destitute willing to be participate in the program.

In addition to the underlying principles of street outreach work, the guideline also covers the characteristics and required qualities that social workers providing street outreach services should possess. The procedures and strategies of outreach work include 1) mapping places where street destitute are living, 2) formation of outreach team engaging various stakeholders, 3) developing selection criteria and formation of recruiting panel, 4) assessment of the security situation of hotspots, 5) deciding the time for the outreach, 6) message development and communication channel selection, and 7) conducting outreach activities.

The Standard Service Delivery Guidelines for Orphans and Vulnerable Children's Care and Support Programs

This guideline (46) was prepared to standardize the implementation of OVC services in an effort to improve the general wellbeing of OVC. It defines a vulnerable child as a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights. Accordingly, street children have been included in the list of vulnerable children. It includes seven service areas for OVC: shelter and care, family economic strengthening, legal protection, healthcare, psychosocial support, education, and food and nutrition along with quality dimensions and coordination of care. This implies that beyond relief services, long term solutions have not been suggested in the guideline. The guidelines also indicate the roles and responsibilities at child, family, community, and system levels for each service area. The quality dimensions service providers should adhere to include safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation, and sustainability. Strategies such as capacity building, use of existing coordination mechanisms at all levels, social/community mobilization, partnerships, linkage and integration, resource mobilization, and sectoral mainstreaming were indicated in the guideline. Its guiding principles include the need to be target focused, minimize risk and further vulnerability, ensuring participation, evidence-based intervention, gender equity, confidentiality, respect, coordination, and result oriented.

National Early Childhood Development and Education Policy Framework

The policy framework (47) envisions seeing every child in Ethiopia enjoys nurturing care and achieves full development potential. As it defines early childhood as a period in the rights of passages of a child from pregnancy to 6 years, its scope has been limited only to

Ethiopian children from 0 to 6 years old. It aims to provide a framework for line ministries and stakeholders to ensure that all targeted children get quality early childhood development and education services that promote holistic development and give every child the best start in life. Its focus areas include provision of health, nutrition, early stimulation services, early childhood education, strengthen children's rights, safety and security. Children's vulnerability has been conceptualized in terms of their complete dependence on others mainly because of age and special needs, not for their socio-economic situations (pp. 8, 13). And nowhere in the policy is the vulnerability of street children stated nor does the difficulty of accessing basic education, healthcare or nutrition for this group of vulnerable children mentioned. Yet, it is indicated in the policy that it intends to protect the most vulnerable children by eliminating harmful practices and reducing the risk of abuse through effective protection system. It also seeks to strengthen the child protection system so that children at risk of neglect, abuse, and exploitation and those exposed to difficult situations are protected and able to access early childhood education.

Guidelines for the Implementation of Community Care Coalitions

The national strategic framework for CCC (49) and the national implementation guideline for CCC (48) are the other policy frameworks where street children (under the category of children living in difficult circumstances) are identified as target beneficiaries. Whereas the purpose of the strategic framework is to provide a common framework for CCCs engaged in social protection activities in Ethiopia, it includes cash support (both direct assistance and livelihood grants), in-kind/material support, psychosocial support, technical and labor support, linkage and referral support to be provided for vulnerable children. In addition, the guideline has been prepared to help show the important mechanisms and elements that guide a successful implementation of social protection services for vulnerable groups, including identification of the main stakeholders, and their roles and responsibilities. Suggested services for vulnerable children in the guideline are creating awareness to the community members on child protection, care and support, community-based cash transfer (cash and in-kind), and referral services.

Directive on Alternative Childcare and Support

Motivated by the existing alternative support and care mechanisms that are scattered in different documents and legally not binding, the Directive (50) aims to provide a comprehensive and standardized guidelines that encompass all alternative childcare services. In addition, it not only advices organizations to prevent separation of children from families and reunify the ones separated, but also recommends that all services should target permanency of care. Though it includes

comprehensive services both for children at a risk of separation and those who have already separated from families, emphasis has been given to [primary] prevention that can be achieved through family preservation and strengthening interventions. The directive also contains procedures to respond to incidents of child abuse and neglect as well as providing care in emergencies.

The directive sets out a continuum of care that ranges from family-based care to residential care, community-based care lying between the two frontiers. By providing support for vulnerable families and including them in social protection programs, the family preservation and strengthening service aims to prevent child-family separation and child abandonment. Therefore, this service model can be used to reduce risk factors that help to prevent children from migrating to the streets. On the other hand, for the children who are out of family care, as in the case of children living in the street, the directive proposes reunification and reintegration interventions.

Because the supported independent living program targets out of home children who are 14 and above years old, street children can be potentially targeted in this service line. It suggests reintegration of eligible children through provision of vocational training, career preparation, and community integration and social skills training. The directive also indicates residential care as an out-of-home care placement option for children who have lost parental care, including street children. However, this is suggested as a short-term and temporary solution which needs to be considered as a last resort.

Institutional Arrangements and Implementations

According to proclamation No 916/2015, the key responsibilities of MoWSA include strengthening the social protection system, prevent social and economic problems, and provide different services to segments of the society under difficult circumstances (13/c). The national children's policy states that the Ministry of Women and Children Affairs (MoWCY), currently MoWSA, shall have the responsibility to coordinate the implementation of the policy and lead the monitoring and evaluation activities. The social protection strategy also indicates the ministry is a member of the federal social protection council, chair of the federal social protection advisory board, and secretariat of the federal social protection coordination unit. Among other duties, it is mandated to coordinate child rights and child protection and is responsible for the overarching child protection system and services. The activities undertaken by the various directorates in the ministry include raising awareness on children's rights, ensuring the inclusion of children in socio-economic issues, and coordinating and monitoring the implementation of laws and regulations concerning children (35).

Under the supervision of MoWSA, there are also structures established at regional, zonal, woreda, and kebele level government structures to serve a similar purpose and one of them is the Committee on the Rights of Children (CRC). The committee monitors the implementation of the UNCRC by its state parties and two optional protocols to the convention: the involvement of children in armed conflicts and the sale of children, child prostitution and child pornography (51). Having ratified the UNCRC, Ethiopia is obliged to submit regular reports about these situations. The national committee on child abuse and sexual exploitation and the national task force on orphans and vulnerable children are the other structures established to enhance the protection of unaccompanied children in Ethiopia (52). Community Care Coalition is the other committee organized from the federal to kebele level structures mandated to creating awareness among community members on child protection, care and support for the most vulnerable children, coordinating community-based cash transfers, technical and labor support, linkage and referral support, and psychosocial supports (48, 49).

The current MoWSA has undergone repeated changes in the name of the ministry and related restructuring since its establishment as Women's Affairs Office (WAO) in 1993, Ministry of Women's Affairs (MoWA) in 2005, Ministry of Women, Children, and Youth Affairs (MoWCY) in 2010, Ministry of Women and Children's Affairs (MoWCA) in 2015. CARE (53) found that such constant restructuring of the ministry has resulted a sense of fatigue among its employees due to the fact that decisions are made without adequate evidences and consultations about the need for restructuring.

Discussion

The study indicates that there is no comprehensive policy document specifically designed to prevent the problem of child streetism and respond to the needs of those who have already joined street life. Yet, the issue of street children has been covered at different levels in the various policies, strategies and guidelines prepared to respond to the social protection needs of vulnerable people in Ethiopia. In most these documents, street children have not been directly targeted; the issue of street children has been directly or indirectly addressed under the broad category of vulnerable homeless urban destitute, and children living in difficult conditions. The absence of a specific policy on street children in Ethiopia might be caused by culturally embedded decisions and practices, shortage of resources, and the belief that international and sectoral policies are adequate to address the issue (16, 17, 20). Yet, existing legislative frameworks dictate the government to formulate policies that not only help to prevent vulnerabilities but also respond to the social protection needs of the destitute.

The reviewed policy frameworks contain interventions that enable to prevent children from joining the street life as well as respond to the needs of those who have already started living on the streets. The proposed family and community empowerment interventions achieved through income generating activities and providing them various trainings can be mentioned in this regard. According to Okumu et al. (54), policy interventions must be able to address the factors that drive children to the streets. Chepngetich (29) also argued that interventions for street children are usually hampered by a weak understanding of the phenomenon of street children and their families of origin. Therefore, efforts of formulating successful intervention strategies for street children can be achieved when they are made on the basis of knowledge about the socioeconomic factors that pushed them to the streets and the coping mechanisms that continue to keep them in the streets. Responses to the problem of child streetism should not just be concentrated on urban centers but preventative actions should also focus on rural and remote areas to curb migration (55). Accordingly, addressing the root causes of child streetism will be much helpful (2).

It is suggested that service providers should give priority for family reunification and reintegration interventions. In addition, it is noted that reunification of children with families is not an end in itself; rather, every reunification intervention should be accompanied with re-integration which is mostly achieved through empowering the children and their families and connecting them to community resources. According to Abdi et al. (56), both long and short-term strategies are needed to address the problem of street children. Whereas the short-term strategies include creating shelters, providing them need-based social services, and the use of public donation; the long-term strategies include promoting the supervision of impoverished suburban areas, recognizing street children in social activities, promoting social planning programs, and economic and cultural investment in small towns to prevent migration to large cities.

The need to provide rehabilitation services along with soft skill, psychosocial and vocational skill trainings has been indicated in the policies. Chimdessa & Cheire (7) also suggested that interventions targeting integration and reunion with families, reduction of physical and sexual exploitation, access to education, mental health promotion and reduction of drug use behavior should be taken in to considerations. According to Harris et al. (23), programs should provide beneficial services and educational opportunities for street children. However, issues related to what skills and education street children need in order to be successfully reintegrated into the society should be determined based on evidences. Ali & Fuziah (34) added that

interventions should be critical of unintended harms related to psychosocial issues such as discrimination, the use of orphanages as the first choice, dependency syndrome, and raised expectations.

The study has also revealed that the implementation of existing street children-related policies is dominated by the NGOs with very limited involvement of the government. This finding is consistent with the finding of UNICEF (35) which confirmed that prevention and protection services for street children in Ethiopia are mainly provided by NGOs and community-based organizations except some reunification services that are often jointly provided by the government and NGOs. In fact, this is against the declarations in most child-focused and other social protection policies in Ethiopia that the government is the main responsible body to provide social protection for the destitute. According to Chimdessa (25), an effective implementation of child-related policies is affected by designing problems of the policies, lack of budget, poor inter sectoral integration and lack of comprehensive standards. Of course, there are few reported attempts of the government, especially in Addis Ababa to provide various services for the street children. However, these interventions are mostly dominated by quick-fix solutions such as taking the children off the street and concentrating them in a certain camp. Such interventions by the government are politically motivated and often induced by

perceived security threats in the capital, especially during international summits. According to Berta (57), the interventions that have been made by the city government of Addis Ababa have brought no significant change and the number of children on the street has still continued to increase.

Lemma (13) argued that though most governments in Africa have formulated child-focused policies, set up directorates and ministries that facilitate the implementation of the policies, effective action to address the problem of vulnerable children is lacking. In addition to the presence or absence of policy frameworks, the success or failures of interventions targeting street children are also attributed to the extent to which the policies are implemented and the nature of the programs designed to support them (11). Most policies and interventions targeting street children in most countries are not consistent with the needs and lived experiences of the children (11, 22). Volpi (12) argues that whereas quick-fix, especially charity-oriented interventions contribute to the perpetuation of the problem, long-term and development-oriented programs help the street children effectively utilize their potential and become fully functional members of the society. According to Chimdessa (25), street children's defenselessness to violence and lack of access to social protection services are associated to poorly designed policies, strategies targeting them, lack of political commitments, and traditional responses by the government.

Most of the reviewed policy documents were guided by the human-rights-based approach. The policies were framed according to the fundamental guiding principles of the UNCRC: non-discrimination, the right of children to participate in decision making processes, the need to consider the best interests of the child, and the right of survival and development. As the approach states that social protection is the right of all children regardless of statuses (30), establishing the policies on the basis of this approach have implications on accountability of the government and the entire society on the one hand, and the privilege of the street children on the other hand. In addition, it also helps to predict the type of interventions that organizations should provide to the street children (34). Because the approach has brought a paradigm shift in terms of assumptions about street children (31), the establishment of policies with this perspective may help to bring changes in the attitude and practice of service providers regarding what interventions best help to prevent and respond to it. In practice, however, the street children-targeted interventions by the government often are guided by the institutional approach, such as stereotypical views of the street children as criminals which has always been manifested by the unhealthy relationships between police and street children in Ethiopia (58, 59). Practically, not only the problem of child streetism is considered as individual rather than social and structural, a street child is viewed as coming from an abnormal family, as deficient, weak, and a subject of charity (60). Though the human-rights approach is getting an increasing attention among service providers, only a few have taken practical steps to translate the approach into action (32).

Conclusion

Although the Ethiopian Government has not established a comprehensive national policy specifically targeting street children, varying levels of coverage has been given to the issue of child streetism in the existing child-focused policy frameworks. Different guidelines prepared mainly to guide the implementation of services targeting urban destitute have targeted street children and this has increased over the years. Yet, except in few documents, most of these documents have not specifically targeted street children. Therefore, this justifies the need for the establishment of a comprehensive policy targeting street children as it better helps to mainstream the problem and solicit for effective interventions.

The existing policies were designed according to the human rights-based approach where social protection has been considered as basic human rights of the children and the government as a responsible body to provide social protection. Institutional arrangements have also been established from the federal level (MoWSA) down to the bottom level [kebele] government structures for the purpose of coordinating interventions targeting vulnerable children. Nevertheless, there is discrepancy

between rhetoric and practice: despite the policies are designed based on human rights approach, the government is not playing a leading role in the implementation of the polices. And when it rarely does, its interventions are often guided by institutional approach that are motivated by political and security concerns. Further, the policies strongly advocate for preventive approaches that help to address the root causes of vulnerability mainly through family and community empowerment interventions. Various interventions have been suggested in which a primary focus has been given to long-term interventions that help the children to get off the streets than the quick-fix solutions without undermining the importance of relief services.

Conflict of interest

The authors declare no conflict of interest

Authors contribution

All authors participated in the conception and design; BZ undertook the review and drafted the manuscript; GT, SA, and KE substantially revised and improved the manuscript; all authors approved the final version of the manuscript.

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