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IN-BETWEEN MARGINALITY AND SOCIALLY CONSTRUCTED-URBAN SURVIVAL (IBM-SCUS):

ASSESSING THE POTENTIAL OF LOCAL CENTRIC MODELS FOR EDUCATION, HEALTH AND WELFARE OF STREET CONNECTED CHILDREN IN KAMPALA

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Kampala has long witnessed a numerical upsurge in street children who portray heightened marginalisation. These children face structural exclusion alongside myriad challenges including abuse, lack of access to health and education services, homelessness and stigma. Despite media, international and advocacy attention, little scholarly attention has informed evidence-based policies on this challenge. This study examines the potential of locally grounded strategies to necessitate inclusive, accessible and affordable education, health and welfare of street-connected children in Kampala, Uganda. The study was guided by two objectives (1) to generate evidence on dynamics, patterns and processes of the street children challenge in Kampala, (2) to examine locational-specific models constructed to necessitate access to education, health and welfare improvement among street-connected children. The study employed a cross-sectional, mixed-methods approach comprising 184 structured surveys with street-connected children in Acholi Quarters, eight focus group discussions, eight life history interviews and nine key informant interviews across Acholi Quarters and Kisenyi. Findings contest commonly cited population estimates, revealing that street children in Kampala number between 3,000 and 5,000 rather than the documented 15,000, and that girls are systematically undercounted due to concealment strategies. Locally grounded organizations, including Meeting Point, UYDEL, 22 Stars, and Aliguma Foundation, emerged as more trusted and effective than government interventions, though constrained by underfunding. The study concludes that progress requires coordinated investment rather than fragmented, punitive responses, alongside policy reform addressing documentation barriers, funding gaps, and police accountability.

Key words: Street-connected children, Marginalisation, Locally-grounded strategies, education, health, wellbeing

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Acronyms

CAES- College of Agriculture and Environmental Sciences.

CSC- Consortium for street children.

CBO- Community Based Organization.

HIV/AIDs- Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome.

KCCA- Kampala Capital City Authority.

LRA- Lord's Resistance Army

MLGSD- Ministry of Labor, Gender and Social Development

MUK- Makerere University, Kampala.

SSA- Sub-Saharan Africa

SRH- Sexual Reproductive Health.

UNCST- Uganda National Council for Science and Technology

UN- United Nations

UNICEF- United Nations Children's Fund.

NGOs- Non-Governmental Organizations.

PTSD- Post Traumatic Stress Disorder

Operational definition of key terms

This study defines the following key terms as follows;

Marginality- Refers to a condition of being relegated to the edges of society, where individuals are excluded from mainstream social, economic, political and cultural participation. Marginality is not a condition of poverty but a structural phenomenon that excludes specific individuals from access to resources and opportunities.

Socially Constructed- Refers to the process through which society collectively creates and assigns meaning to phenomena, identities and realities.

Urban Survival- Refers to the strategies, mechanisms, and adaptive behaviors employed by vulnerable populations to meet their basic needs within urban environments.

Street Connected Children- There is no widely recognized definition of who a street child is. For this study, we adopted the Consortium for street children 2018 definition that defines a street child as "A child who lives/ or works on the streets including those that spend their days on the street but return home at night to those who completely live and survive on the streets.

Local Centric Models- Refers to approaches to service delivery that are designed, led and implemented by communities and local actors.

Education- In this study's context, education includes a wide range of learning opportunities beyond formal schooling including vocational training, community-led programs among others.

Health and Welfare- Health, as defined by the World Health Organization (1948), is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Welfare, on the other hand, encompasses the broader conditions necessary for human flourishing, including access to shelter, nutrition, psychosocial support, and protection from harm

1.0. Introduction and purpose of the study.

As rapid urbanization continues to define the 21st century, the phenomenon of children living on the streets is a global concern (Gao et al., 2018) The United Nations recent commentary on Children in Street Situations is a testament to the increased level of awareness of street children and the unwavering demand for respect, dignity and rights. The recognition of street children has been brought to light since the last three decades (30 years), mainly with efforts from the Consortium for Street Children (CSC) as the leading international network dedicated to realizing the rights of street children. Scholarly works have previously set out to understand street children through unpacking old myths and new realities while at the same time masking out research priorities to build a stronger base for advocacy, policy and program designs. Lately, street children have been revealed to be young people experiencing a multiple deprivation and "street-connectedness" whose everyday experiences and relationships being as much important as their numbers and characteristics (Weatherhill et al., 2023; Lyn et al., 2020; Urgessa & Dinaol Abeshu, 2023). For cities in Sub-Saharan Africa, the escalating urban poverty has been identified as the root cause of street children, with some having homes and families but survive by begging or casual work and many being deserted or orphaned and have no alternative but to live on the streets. Regional conflicts have also created a refugee crisis, resulting into enormous numbers of urban refugee families that in turn contribute to the rise of street kids especially in cities of refugee hosting countries. Street survival is precarious and with limited access to education or health, there is little hope for any meaningful future, exposing such young people to abuse and exploitation, while in Kampala, begging, prostitution and crime largely remains the only means for the street children to earn a living (Bunyan, 2021). Despite past efforts to document issues of street children, key issues still remain under explored including; participation of street children as informants and coresearchers, fragmentation of academic research in law, economics or public policy, with little socio-anthropological and geographical research and dissociation of research from the laws, interventions, policies and environments where street children are situated (Gao, et al.,2018). Our project differs from existing studies by offering opportunities to determine the context of street children across the city and evaluating locally grounded models for street children management, especially in access to education and health services as well as general welfare. The project did not only capture the socio-spatial variations in the lived experiences of street children but also assess interventions that are locational and specific to the environments within which children survive. Such evidence will offer opportunities for mobilizing a plethora of in/formal actors into a network that can be strengthened for meaningful dialogues that translate into actions, interventions, strategies, policies, and programs that target the street children problem in Kampala city.

2.0. Literature Review

Globally street children are one of the most neglected, vulnerable and marginalised group (Zewude et al., 2023) with several structural factors excluding them for their fundamental basic rights and services (Ohab et al., 2025). Approximately, 150 million children live on streets navigating the dangers of informal economies while facing heightened risks of exploitation, violence, and extreme hardship (Salihu, 2019; Pearson, 2019; Ray, 2017). The rising trend of street children has been highly attributed to the rapid urbanisation of the 21st Century (Mahfooz

et al., 2024). Studies by (R, 2022) reported rural urban migration, unemployment, poverty and an increasing number in school dropouts to be the leading cause of the street children problem.

Despite all efforts to rehabilitate and re-integrate street children back in their societies (Bazubagira & Umumararungu, 2020), the street children challenge has become undeniably predominant (Ray, 2017b). In Europe, children present higher numbers of homeless populations with inadequacies towards accessing basic education and health care services for example Immunisation (MansorLefebvre et al., 2020). In Africa, the street children problem is also largely prevalent that this has normally been attributed failure in the existing child protection systems and legal requirements. Studies by Mamud, (2019) ascertain that the increasing street children problem translates into failure to attain the UN goals particularly Sustainable Development Goal (SDG 10) that advocates for reducing global inequalities.

2.1. Street Children in Uganda.

Uganda has a history of internal conflicts right from independence and these wars continuously threatened the welfare and development of children (Andre & Kihika, 2017). During the 1987 and 2006, the Northern Uganda region faced one of the most brutal conflicts between the Ugandan government and Lord's Resistance Army that resulted into forced relocation (Kazibwe, 2024).

During this war, majority of the female captives were forced into early marriages, domestic servants, porters and fighters into the war (Ojok Boniface, 2022). Over 15,000 young boys and girls on Kampala's streetscapes stay within the low-income or informal settlements of the city that are deficient in basic service infrastructure including health, education and housing among others. Aged between 8-18 years, such children are a visible facet in Kampala and in-between auxiliary road networks within informal settlements, usually surviving as beggars, hawkers, casual laborers and so forth (Kwiringira et al., 2025).

At times less than 4 years old children are seen accompanied by their female guardians on the streets being fronted as a basis for begging from motorists especially during peak hours of mobility (Kakuru et al., 2019). While the majority of the street kids have moved from the poverty-stricken rural countryside, others have deserted their homesteads within and outside. Kampala due to socioeconomic and parental difficulties experienced. Increasing urban criminality in Kampala especially along the streets has been largely blamed to such children and yet presence in the city continues to reflect their lived experiences, defined by exclusion, lack of access to education and health services, poor welfare which at time compel them into drug abuse, prostitution and criminal activities. Despite numerous studies being conducted to understand the plight of street children in Uganda, limited research focuses on their education, health and overall wellbeing. Studies by (Kwiringira et al., 2025) addressed the concept of urban child poverty in Kampala City.

This study reported that nearly half of the world's children are below the international poverty line and the situation is dire in sub-Saharan African countries, Uganda inclusive. According to (Uganda Bureau of Statistics, 2024), about 44% of the children in Uganda are experiencing heightened poverty, however Kampala has the lowest rates of monetary child poverty compared to other regions. These studies are supported by (Elnur et al., 2022) who reports that child

poverty is the leading cause of street life. Besides these studies, studies on urban poverty as a leading cause of street life are scarce and the relationship is still insignificant.

2.2. Definition of "street child"

Majority of the studies have negatively described street children (Julien, 2023). however, it is notable to understand that street children are not only children who are homeless but they also work, play spend time on the streets but some of these return to their parents at the end of the day. The United Nations High Commissioner for Human Rights (1994) defines a "street child" as any girl or boy for whom the street has become his or her habitual abode and / or source of livelihood, and who is inadequately protected, supervised or directed by responsible adults. This definition was however presented by Ray as inadequate since street children are either children on the street or children of the street. They are either children on the street or children of the street. (Ray, 2017a) suggests that street children are those children who live on the streets, though not always literally, as is the case of daily wage laborer's, but for whom, living on the streets is a considerable part of his/her existence. Studies by (Stoecklin et al., 2021) however, rejected this definition citing that it doesn't fully accommodate the predicaments of street children and overstates the children's threat to public security.

2.3. Health of street children.

The heightened levels of mobility, unhygienic living and working conditions, undernutrition are key aspects to weakening street children immunity and increasing their disease susceptibility (Bernard et al., 2026). While working on the streets, street children are normally exposed to infectious illnesses, substance use, exposure to violence, poor nutrition, psychiatric disease, all of which compromises their overall wellbeing (Jorgensen et al., 2024). These challenges present street children as the most hidden vulnerable population with heightened public health issues in the world. Studies by (Dankyi & Yen, 2022) assessed the mental health needs of street children and in their study, they reported that the mental health needs have been less documented among street children. The study further identified that about 90% of these children surviving on the streets have experienced poor quality of life and unhappiness. Other several studies for example studies by (Westoby et al 2024; Ellen et al., 2021) focused specifically on mental health needs of children with special needs and children respectively. Street children despite also being categorized as children have proven to be relatively more vulnerable and need to be provided with special focus which is currently inadequate.

2.4. Health needs of street children in Kampala, Uganda

Street children in Kampala have extensive, interconnected health needs that go far beyond treatment of occasional illness (Nambile & Mahlako, 2015). Since they sleep in unsafe, overcrowded, or open spaces, they urgently need safe shelter, clean water, sanitation, and reliable food to prevent the high burden of infections, injuries, and growth and nutritional disorders documented across Africa and Asia (Chavi & Divya, 2023; Wayessa et al., 2022). Common problems among these children include diarrhea, respiratory infections, malaria, skin diseases, helminths, tuberculosis, and frequent accidents, so they require accessible, low-barrier

primary health care and vaccination services (Eshita, 2018). Their daily exposure to violence, physical and sexual abuse, and hazardous work creates a critical need for protection services, trauma-informed care, and legal support to reduce injuries, exploitation, and rape (Chimdessa & Cheire, 2018). Widespread risky sexual behavior and transactional sex mean they also need confidential sexual and reproductive health care, including accurate information, condoms, contraception, STI/HIV testing and treatment, and care for unintended pregnancy (Muhafilah et al., 2025). Very high levels of substance use (glue/benzene, alcohol, drugs) and mental health problems such as depression, anxiety, and suicidality highlight the need for addiction services, psychosocial support, and youth-friendly mental health care.

Street children in Kampala have distinct and acute health needs, shaped by migration, extreme poverty, and unsafe urban living conditions. Majority are recent rural–urban migrants, especially from Karamoja, who arrive with no stable housing or family support and move frequently between crowded, low-quality shelters or open spaces, heightening exposure to infection, violence, and exploitation (Bwambale et al., 2021, 2022). This study indicates that migrant youth in Kampala have reported lower SRH service use compared to their counterparts. The study went on report that among 517 street children, only 18% had ever used contraceptives, 35% had ever been screened for STIs. (Bwambale et al., 2022). This study however focuses on migrant children and not all street children are migrants presenting unanimous gaps. These findings are similar to findings from Malawi, where street children are subjected to sexual abuse, fear, shame and hostile service provider access who block post rape access and emergency sexual reproductive health services (Mphatso & Nyirenda, 2024).

Other studies focused in children in Kampala's slums that share overlapping vulnerabilities with street children and these show convergent risk profiles. Studies by (Andre & Joseph, 2017) reported that children are exposed to sex early, they don't use condoms, date older men, are subjected to higher levels of sexual coercion and gender-based violence. Similarly, in Kisenyi, reproductive health interventions, despite being in place, narrowly focus in family planning and HIV testing. They also ignore livelihood, mental health needs, strongly echoing street children calls doe holistic, outreach-based and non-judgmental services (Granahan et al., 2021; Tuhebwe et al., 2021). Also, similar cases have been discovered among children of sex workers and refugee adolescents. These report that poverty, food insecurity, overcrowding, violence and poor mental wellbeing, reinforce structural deprivation and stigma underpinning SRH risk not only for street children but for marginalised youth groups (Isabel et al., 2025; Nakisita & Nagemi, 2023; Ssali et al., 2023).

The "healthy migrant effect" hypothesis, normally predicts that migrants tend to have better health behaviors compared to the natives, however in Kampala, statistics show otherwise. Migrant street children have been reported to use sexual reproductive services less compared to the non-migrants (Francis et al., 2021, 2022). International qualitative work with street-connected children also suggests that, when strongly linked to NGOs or supportive adults, they may seek care earlier and more often than the literature typically assumes, highlighting that organizational support can partially offset the usual pattern of delayed, emergency-only care (Lindsay, 2023). While Kampala street children related studies on health are limited, available studies emphasize sexual risk and service gaps. From an African perspective, research presents

street children's health concerns as a borderline morbidity profile. Together, these arguments point to the need for integrated, multi-sectoral responses that explicitly factor in migration status, mobility, and structural deprivation when designing broader health interventions for Kampala's street-connected and slum-dwelling youth.

2.5. Education needs of street children.

Education is an essential need that is essential for building self-concept, belonging, autonomy and competence. Regular classrooms however are usually ill-equipped necessitating the need for teacher training, inclusive responses and holistic responses in the curriculum (Julien, 2025). This study argues that mainstream schooling tends to rarely accommodate the realities of school children and tends to reproduce exclusion. This aligns with a study by (Mhizha, 2024) that framed education in Harare as a revolving door pointing to the fact that schooling failures like poverty, stigma, differential treatment and truancy often push children to the streets despite education's cruciality to family reunification and protection. Studies by (Ungar et al., 2017) argue that schools can act as psychosocial interventions when they provide resilience promoting resources, material support, supportive relationships, positive identity, power and control, cultural continuity, social justice, and social cohesion. These constructs are exactly what street children identify as missing in their educational experiences. A study by (Chimdessa, 2019) from Addis Ababa reported that entry in street life is mainly driven by poverty, abuse and a persistent search for economic independence. However, as these children navigate the streets, they are subjected to social exclusion, denial of social protection. These children however identify education access, life skill coaching and child protection as one of the best ways that they could depend on to escape these plights. This underscores the crucial role of education in street children affairs.

2.6. Education needs of street children in Uganda

Between 2019-2020, (Bwambale et al., 2021) conducted a study on 412 migrant street children in Uganda and his study showed that majority of the street children had attained at least primary level education. This study relates this statistic to the high levels of mobility among these children that tends to affect consistent schooling and follow-up services by service providers. Studies by (Bunyan, 2021) however argue that street children being subjected to higher forms of violence from police, adults and peers along with prior abuse in families exposes children to chronic trauma and mental health problems which in the long run destabilises access to education services, informal options inclusive. Studies by (Choi et al., 2019) adopted a sand play therapy with 16 former street children reported that structured therapeutic play significantly reduced PTSD symptoms and improved resilience scores on standardized measures (CRIES-13, CYRM-28). While this is not an education intervention, these findings suggest that trauma-informed psychosocial support is a pre-requisite for street connected learners.

SALVE international traced a resilience-based programme and this study reported that strength-based practices including child participation in decisions, building on existing competencies, engaging families where associate with return to school and better psychosocial functioning (Edmonds et al., 2022). A 2022 review of faith-based Organizations (FBOs) and the welfare of street children in Uganda emphasizes their central role in providing shelter, food, health care and

"meaningful education" through prevention, rehabilitation, outreach and collaborative strategies (Ojok et al., 2022). However, the paper notes limited documentation of educational outcomes and calls for stronger government action to bolster household capacity for basic needs, social protection, and schooling. Studies by (Manswab Mahsen Abdulrahman, 2025) identified approximately 4,000 children in street situations, driven by poverty, family breakdown, and weak institutional support. The authors propose zakāh/waqf-funded programmes providing basic literacy, vocational training, health and hygiene education and family reintegration religiously grounded responses to restore children's rights. These recommendations though conceptual position formal and no-formal education as a central component of rights based Islamic interventions.

2.7. Well-being and Protection of street Children

Across contexts, street children are consistently exposed to overlapping physical, psychological and social harms that undermine holistic development. Lucas' 2022 chapter synthesizes evidence showing that street life brings physical danger, social exclusion, psychological trauma, and emotional distress; responses must therefore combine psychosocial support with formal safety nets delivered by governments and NGOs to protect survival and basic rights. Empirical work from south-western Ethiopia reported compromised psychosocial well-being and "slow-growing" resilience among 155 street-connected children. High levels of anxiety, poor social adjustment, low environmental mastery, and damaged self-perception were reported to be common among boys showed somewhat higher resilience and well-being than girls (Urgessa et al.,2023).

In Nairobi's Mlango Kubwa slum, 300 children and youth in street situation reported extreme poverty, homelessness, trauma, conflict, abandonment, and school dropout, alongside lack of legal and physical protection (Ravazzini et al.,2023). A broader 2019 review on mental health among Indian street children shows pervasive poly-victimization physical and sexual abuse, bullying, neglect, exposure to violence, and drug use leading to anxiety, depression and impaired holistic development (Savarkar & Shankar 2019). These studies confirm that psychological well-being is both an outcome of structural deprivation and a precondition for any effective protection or reintegration. Qualitative work in Addis Ababa reveals the systemic denial of social protection. Street children report social network fragmentation, child trafficking, harassment and unmet basic needs; they are widely seen as "felons" or "outlaws" by communities and law-enforcement, which erodes legal protection and access to services (Chimdessa, 2020). Despite wide policy rhetoric, there are no comprehensive, contextualised strategies or preventive programmes specifically targeting their vulnerabilities; interventions focus on short-term rescue and rehabilitation. Comparative evidence indicates similar gaps elsewhere. Chimdessa notes that in Ethiopia, formal social protection for street children is rare, often mediated through third parties, with virtually no preventive services or programmes tailored to their particular risks. In South Africa, children in street situations are absorbed into the broad category "children in need of care and protection", so interventions are universal rather than targeted, this leaves many excluded from benefits designed for household-based children, such as social grants (Matarise & Claris, 2025). A 2022 Kenyan study shows the positive potential of social protection where male and female street children benefitting from programmes described increased self-esteem, stronger relationships across social barriers, reduced public resentment, and an emerging sense of

belonging (Ongowo, 2022). Social protection here not only addressed material needs but also fostered social cohesion suggesting that well-designed schemes can simultaneously improve well-being and community relations.

Recent socio-legal analyses from Indonesia underscore that child protection laws alone are not insufficient. Despite specific child-protection regulations and integrated street-children programmes, implementation is hampered by limited budgets, poor inter-agency coordination, weak law enforcement, and low public awareness (Kamila et al., 2025; Nainggolan et al., 2025; Nurwati et al., 2022). Street children remain highly vulnerable to exploitation (including sexual exploitation), drug use, and violence; many interventions treat them as delinquents rather than rights-holders. A 2025 legal review shows that exploitation of street children is driven by poverty, weak social supervision, and lack of deterrent sanctions; consequences span physical health, education, psychological stability and long-term socio-economic prospects (Musofiana & Osman, 2025). The authors call for a coordinated cross-sectoral framework involving legal institutions, social welfare agencies and communities, stressing that protection must be practical and enforceable, not only normative.

3.0. Background of the study and research objectives

The main research question for this project is: “How can locally sensitive models be leveraged upon to necessitate inclusive, accessible and affordable education, health, and welfare of street children in Kampala?”. In context of the competition theme, our framing recognizes that development and human security have links to education through outcomes around fulfillment of basic needs and services as a foundational principle relevant in addressing the challenges faced by street children in Kampala. Street children often grapple with a multitude of adversities, from homelessness and violence to limited access to services like health and education. By researching "In Between Marginality and Socially Constructed Urban Survival (IBM-SCUS)" with a focus on education, health and welfare, street children through increased access to affordable and inclusive health and education services coupled with welfare enrichment opportunities. We sought to understand socio-cultural dynamics, economic factors, and specific challenges faced by these children, shedding light on their lived experiences and aspects shaping their lives. We then zeroed down towards a proactive approach aimed at examining locally sensitive models i.e. (In-situ schooling, music and sports, community socioeconomic enterprises, neighborhood health services) in place to facilitate access to basic services and improving welfare of street children. Such a holistic perspective informed socially acceptable, inclusive, and sustainable solutions that prioritize equity, equality, and justice for street children. The main objectives include; 1. To assess the situational context of street children in Kampala city. The profiling shall consider the socio-demographics, cultural and economic features, welfare (skills and capacities) health and education issues. 2. To evaluate the effectiveness of existing locally constructed models for street children management in Acholi Quarters neighborhood. 3. To mobilize, create and strengthen connections for knowledge exchange, action, and policy amongst formal and informal stakeholders collaborating with street children.

3.1. Case Study Area.

The study was conducted in Kampala, Uganda. Kampala, the commercial and economic heart of Uganda and a pivotal force in the Great Lakes Region's growth, is a rapidly expanding city with approximately 1.7 million residents, which swells to 4.5 million dues to daily commuters. The influx of people into the city due to socio-economic, political and environmental drivers of mobility has significantly led to its demographic shifts overtime i.e., an estimated 300,000 people in Kampala have previously experienced migration. Consequently, the settlement of migrants into specific spaces that have been historically adopted vernacular nomenclature in form of ethnic/racial enclaves (e.g., Acholi quarters, Kifumbira, Kitoro, Kisenyi and so forth) based on the dominant ethnic group settling in an area. The levels of inequality across the city are glaring especially in low income settlements where over 60% of the population reside and work in the dynamic and growing urban informal sector. Over 15,000 young boys and girls on Kampala's streetscapes stay within the low-income or informal settlements of the city that are deficient in basic service infrastructure including health, education and housing among others. The dominant number of street children are aged between 8-18 years. Such children are a visible facet in Kampala and in-between auxiliary road networks within informal settlements, usually surviving as beggars, hawkers, casual laborers and so forth. Our research however reports that the number of street children is usually exaggerated and numbers range between 3000-5000 according to our interview with a KCCA official in the street children department. At times less than 4 years old children are seen accompanied by their female guardians on the streets being fronted as a basis for begging from motorists especially during peak hours of mobility. While the majority of the street children have moved from the poverty-stricken rural countryside of Karamoja (Stites et al., 2007), others have deserted their homesteads within and outside. Kampala due to socio-economic and parental difficulties experienced. Increasing urban criminality in Kampala especially along the streets has been largely blamed to such children and yet presence in the city continues to reflect their lived experiences, defined by exclusion, lack of access to education and health services, poor welfare which at time compel them into drug abuse, prostitution and criminal activities This study explored the situational context of street children and used a cross-sectional, mixed-methods design combining quantitative surveys and qualitative data collection. A structured questionnaire was administered to 184 street-connected children in Acholi Quarters, selected from a list of children known to the Aliguma Foundation and reached through a sports event held for that purpose. The survey captured information on socio-demographics, education access, health status, livelihood strategies, and exposure to violence. To complement the survey, eight focus group discussions were held with accompanied and non-accompanied boys and girls in both Acholi Quarters and Kisenyi, alongside eight life history interviews with former street children and nine key informant interviews with institutional stakeholders. Qualitative data were analyzed thematically, and findings were triangulated with descriptive statistics from the survey."3.1.1. The case study neighborhood: Acholi Quarters & Kisenyi.

The study neighborhood for this project was Acholi Quarters located in Nakawa Division of Kampala city. To compliment the findings, Kisenyi, an urban neighborhood located in Kampala central was selected also selected providing respondents for the Life history interviews, Key Informant Interviews and some Focus Group Discussions. The neighborhood was named following predominance of Acholi people who moved to Kampala especially during the late 1980s

and mid 2000s when the Northern part of the country experienced a violent insurgency between the Government of Uganda and the Lord's Resistance Army (LRA) rebel group. The conditions insecurity created during such periods led to the mobility of people to different parts of the country, with those coming to Kampala ending up in the Acholi Quarters. Since then, the area adopted a vernacular name and to-date the area is still recognized so even though the organically evolving integration between host and migrant communities, and influx of other people from different areas of the country has led to heterogeneity in the peopling of the settlement and Kampala at large. Settlers were not initially recognized as Internally Displaced Persons (IDPs) and therefore didn't receive any form of social protection to survive in the new environment. The population has since increased naturally and due to further influx of people turning the neighborhood into an informal settlement with poor health and education services, delipidated housing and inadequate livelihood options to sustain such urban livelihoods. The dire nature of life in these informal settlements including the heightened poverty levels, domestic violence in families, parental negligence among others has forced some of the children into begging, petty theft, sexual exploitation by men and street marketing, as a way to desperately survive.

Some of these children find themselves working in the quarry to get money for food. Some young girls however find themselves falling prey to adult men who sexually exploit them in exchange for goodies like food and clothes. This study sought to understand the sociocultural constructed urban survival of street children in Kampala and assess the potential of locally sensitive models for the education, health and welfare of these children. The dire effects of socio-economic inequalities and poverty has since attracted individuals and some non-state actors to intervene through deriving locally grounded models to facilitate improvements in street children's access to education, health and earning decent welfare to turn them into meaningful individuals of society. We assessed the effectiveness of such community-based models and complemented it with the evidence from the city level situational assessments to initiate multi stakeholder policy dialogues, learning and action in response to the street children challenge in Kampala city.

3.2. Ethical considerations

Our research was regulated by a robust ethics clearance framework and process as shown below;
Informed Consent: Prior to any data collection or engagement, we sought informed consent from all participants, including street children, caregivers, and community members. We used age appropriate and culturally sensitive consent processes that were approved by the College of Agriculture and Environmental Sciences, Makerere University Ethical Review Board. Our research protocols were disaggregated based on the appropriate age groups that is to say 8-18 years. Such age groups with all participants generally requiring consent from caretakers while and independent adolescents being considered as granters of consent

a) **Confidentiality:** All data collected was treated with utmost confidentiality. Identifiable information was anonymized and stored securely to protect the privacy and dignity of participants.
b) **Risk Assessment and Mitigation:** We conducted ongoing risk assessments to identify and mitigate potential harms to street children and other stakeholders One of the main risks of this study was that we encountered girls who were victims of sexual exploitation by men, others

defiled and impregnated and abandoned them. Some of the girls had contracted Sexually Transmitted Infections (STIs) without any treatment. It is also crucial to note that these children received no protection or support from the relevant authorities and their abusers where not bought to book to be answerable to the law. In one instance, a child contracted an STI from a man who pretended to offer help in form of accommodation, and ongoing to a government-based hospital, the health care provider didn't bother to follow up on what happened, why a child would have an STI, but rather went ahead to just prescribe medication for the child to buy at a pharmacy. Despite our efforts to refer the children we encountered to Makerere University's counselling unit, we can't affirm that we reached out to all of the affected girls, many continue to be sexually exploited with no one to protect or fight for them.

c) **Community Engagement:** Our research prioritized community engagement. We held regular meetings with community leaders and members in both Kisenyi and Acholi quarters to ensure that our activities align with their values and expectations.

d) **Ethical Review:** The research project underwent a rigorous ethical review by the College of Agricultural and Environmental Sciences Research Ethics Committee and the Uganda National Council of science and technology. This review assessed the project's ethical implications and adherence to ethical standards as defined in the methodological framework, target population, research tools, knowledge product development and stakeholder engagement plan Our research was committed to upholding highest ethical standards to protect the rights, dignity, and wellbeing of all stakeholders affected by the project. We employed informed consent, confidentiality, risk assessment, community engagement, and ethical review mechanisms to navigate the complex ethical landscape associated with our work.

3.3. Research Approach and Methodology

The research deployed a cross-sectional, explorative and participatory approach that utilizes both qualitative and quantitative methods. Cross sectional research design was utilized in the study because it was simple, cost effective, involve a shorter data collection period, less participant burden and effective for assumption testing (Toss et al., 2021). Qualitative methods form a foundation for studying human beings and their real world setting from their own perspective (Holt-Jensen, 2018). In other words, they help researchers to understand and explain the nature of socially constructed multiple realities as perceived by the people under study. Quantitative methods on the other hand, concentrates on distribution, measurements and amounts (i.e., more or less, larger or smaller, often and seldom, similar or different) of characteristics displayed by people and events that a researcher study (Holt-Jensen, 2019).Qualitative methods which fall within the social constructionism direction under the Interpretivism paradigm, were adopted in order to obtain an in-depth understanding of socially constructed reality about the education, health and wellbeing of street children. . Quantitative methods which fall under the positivistic lens, were used to obtain quantifiable data, which were later tallied into aggregated responses to show the effectiveness of the various local centric models towards improving the health, education and wellbeing of street children. A combination of these methods was necessary in this research. The choice of both qualitative and quantitative methods in this study was feasible, beneficial and was not a question of paradigms but rather a function of multiple realities

(objective and subjective) and the research problem, which could not be solved by independent pure designs and methods.

Further, such evidence was leveraged upon to stimulate multi-stakeholder engagements, networking and learning for more just, sustainable and inclusive policies, actions and interventions on street kids' management in Kampala city. We worked with a Community-Based Organisation (CBO) or a local Non-Government Organisation (NGO)- The Aliguma Foundation to co-implement the research activities, stakeholder engagement, networking and learning across the entire project cycle. In order to commence with field activities, we organized three-fold meetings with Aliguma foundation to lay a clear plan, and come to a common goal. We engaged Aliguma Foundation to discuss ways through which the methodological framework proposed by this project was deployed and our collaboration was guided by a Memorandum of Understanding signed by the Department of Geography, Ge-informatics and Climatic Sciences and Aliguma Foundation.

The Aliguma Foundation is a charitable organization which was set up to help marginalized communities access basic life needs. The organization's activities are aimed at lifting the standards of living for mothers and children. It currently operates in Acholi Quarters the community of mostly refugees from northern Uganda living in Kireka, Banda one of the most remote slums areas in the outskirts of Kampala. The Aliguma Foundation directly deals with street children in Kampala city. For the project to create visible impact beyond research, we have partnered with a locally grounded NGO to the attain the project objectives which include assessing the situational context of street children, evaluating models applied in the local neighborhood in contrast to the formal interventions that have seemed not to be effective, and mobilization of several stakeholders into a network for learning, sharing and deriving inclusive policies, actions and interventions targeting street children. Some of the reasons for partnering with a local NGO were as follows;

This study employed a non-probability sampling design, combining convenience sampling and purposive sampling within an event-based data collection framework. Working in partnership with the Aliguma Foundation, a local NGO with established relationships with street-connected children in Acholi Quarters, a sports event was organized as the primary mechanism for mobilizing and accessing the study population. This approach was adopted for several practical and ethical reasons: street-connected children are a hard-to-reach population characterized by high mobility and deep mistrust of formal institutions, making conventional sampling approaches unfeasible. The Aliguma Foundation provided a pre-existing list of 500 street-connected children known through their outreach programs, which served as the purposive sampling frame. Of the approximately 700 children who attended the event, 184 children aged 8–18 years who appeared on the Foundation's list were selected for interview, with enumerators cross-checking eligibility before each interview. To improve representation of girls who were underrepresented at the event due to the nature of the football-based activity and their tendency to remain hidden during the day snowball sampling was additionally employed, whereby interviewed children directed researchers to locations where girls resided. It must be acknowledged that this sampling approach carries inherent limitations: the sample cannot be considered statistically representative of all street-connected children in Kampala, as it was confined to children already

known to one organization in one neighborhood. Findings should therefore be understood as providing a descriptive snapshot of the circumstances of this particular group, rather than generalizable conclusions about the broader street child population across the city.

Aliguma Foundation had already established relationships with these children through their regular outreach programs, sports activities and they are knowledgeable about the context of street children, this therefore eased the entire mobilization process and enabled us get the right respondents of the study. Through the foundation, we managed to engage children who go to community schools, the foundation engaged the leaders of the schools and briefed them about the goal of the entire activity, which they were positive about. We envisaged to engage leaders of these community schools. Fifteen (15) research assistants including 9 from Makerere University and 6 from Acholi quarters were trained and guided through the data collection process for a period of two days. These were trained on data collection techniques, tools (in English and local language "Luganda/Acholi) and the consent procedures to follow before they engaged the children. Also, the research assistants were trained on how to use the Kobo toolbox app and were let to practice the tool and the comments that arose, where worked on and improved by the lead research team. Research assistants provided by Aliguma Foundation all knew Acholi as a local language and this made the data collection process swift and easier to engage the children.

Based off these, the following were the key resolutions that were raised from the meetings held on 3rd June 2025, 11th June, 2025 and on 7th July 2025;

1. Aliguma foundation was to provide a list of street children generated in Acholi quarters and this was to guide sample size selection.
2. The foundation advised that since street children were quite difficult to reach out to, on the streets due to mistrust issues, an event (a sports event) was to be organized to bring these children in one place.
3. The following reasons were provided for justification of the event;

- Event-based research method was adopted as it makes it easier to reach out to hard to access populations like street children.
- Since children are usually scattered in various locations, we were most likely to do double counting and this would result into misrepresentation and biasness of the study sample. To avoid this, mobilizing them in one place, in a single day was the best option to undertake.
- Prolonged interactions with the street children may at times result into exploitation, enhanced vulnerabilities and it becomes very difficult to control who and who doesn't have access to these children. We anticipated that continuous interactions may expose them to harm since the enumerators had to question them from the streets and this may have resulted into mistrust, anxiety, being under tension compromising data quality. Putting them in one place was aimed at creating a safe space, since it was already with the people they have already interacted with.

4. The organization clarified that there are two categories of street children that is

Accompanied and non-accompanied. For the accompanied, this meant children whose main survival was off the streets but had a fall back positions i.e. a home where they could go back to

at the end of the day and guardians to look after them. (Rosenbloom et al., 2009) For the non-accompanied, we agreed that it is a group of street children who fully live and survive off the streets. We were however faced with defining who a street child is and we thus adopted the UN Definition of a street child as "Boys and girls for whom the street has a central role in their lives and daily survival". Furthermore, UNICEF's categorization inclusive of "Children of the street, Children on the street" was considered.

5. The Event was to be conducted in one day and this was done to avoid double counting.
6. Lunch was to be provided to the children and this was one of the ways that were to be used to attract larger numbers of these children.
7. Local leaders, and other CSOs partnering with Aliguma Foundation were responsible to mobilize and gather these children.
8. Since it was a sports event, Aliguma was to provide uniforms (jerseys) and shoes to the participants. They were to mobilize other partners to provide decent uniforms to some teams. The Makerere University team was however tasked to buy some jerseys for three (3) teams, balls, shoes, medals and the cup to be given to winners. Children were not influenced/ coerced by the given items to participate in the interviews and this was not stated anywhere during the mobilisation phase, to ensure that children participate willingly and not for gains.
9. A key question on how these children could be distinguished from the normal children arose. However, a list of street children had been provided by Aliguma Foundation, this was given to every enumerator to cross check before starting interviews.
10. Furthermore, a further instrument was used to collect data from these children entry questions like "How old are you" were asked to get the right age of the children to be considered" "Do you live/ work on the streets", how often do you live/work on the street' etc. (See appendix I below).
11. Aliguma foundation was to provide translators and some enumerators to work alongside the Makerere University team. Translators supported in translation of the questionnaire to children that could not understand English or Luganda.
12. UBC Television covered the event for public awareness and advocacy purposes only, separate from the actual research. It did not film, record, or observe any child interviews or focus group discussions, and no identifying information about participating children was shared or broadcast. Children were unaware they were being filmed during data collection. UBC's role was simply to publicize the Makerere University–Aliguma Foundation partnership and raise awareness of Kampala's street children issue. Though happening at the same event, media coverage and research data collection remained fully separate activities, ensuring the study's ethical integrity was not compromised.
13. For the qualitative data collection phase, a stakeholder mapping exercise was done to get to know the exact people who are involved in street children affairs. From the mapping, 17 key stakeholders were recognized and the respective organizations and roles are shown below

Table 1: Key mapped stakeholders and their respective roles.

Table 1: Key Mapped Stakeholders

Name/ Organisation	**Description**	**Role**
Kampala Capital City Authority (KCCA)	KCCA drafted the KCCA Child Protection Ordinance to protect children in Kampala from engaging in harmful activities. KCCA is the leading body governing Kampala City. It works to protect street children through rescue operations, rehabilitation and reintegration programs	KCCA acted as a key informant in this study. KCCA also provided approval for data collection.
Ministry of Gender, Labour and Social Development (MGLSD)	MGLSD has developed various policies to protect street children including the National Child Policy (2020), National Orphans and other Vulnerable Children Policy (2004), Children Amendment Act 2016, National Social Protection Policy (2015) and the National Action Plan for Street Connected Children). It is the leading Government entity handling street children protection, rescue and rehabilitation programs	Didn't respond to interview call.
Uganda Police	Uganda's Police force plays key roles in protecting street children by rescuing them from abuse, exploitation and trafficking. The Uganda Police enforces child protection laws, works to investigate crimes against children and works alongside KCCA, MLGSD and NGOs to ensure children are referred to rehabilitation centers, reunited with their families and children are kept safe from harm	Uganda Police acted as a key informant and also supported us in coordinating other key informants in the community.
National Slum Dwellers Federation Uganda (NSDFU)	The National Slum Dwellers Federation of Uganda (NSDFU) protects street children by organizing slum communities to improve living conditions and reduce child vulnerability. It	The coordinator of NSDFU acted as a key informant in our study and supported in mobilisation of

	supports access to education, sanitation, and safe spaces, promotes child rights awareness, and collaborates with local authorities to prevent child neglect, exploitation, and homelessness.	street connected children in Kisenyi.
Street Uncles & Aunties	Street uncles and aunties are at times formerly street children who have taken on a mentorship role for the current street children. They train them, counsel them, mentor them and support in different aspects of life	Street aunties and uncles acted as FGD participants, two groups were organised, separating the group for street uncles and aunties.
Meeting Point International	It is an international organisation that has support children in Acholi quarter s through schooling by developing a community-based school	Acted as a key informant in the study.
Uganda Youth Development (UYDEL)	UYDEL is a community based organised that supports skilling of children in informal communities, it has provided children in Acholi quarters with support	Acted as a key informant interview and recommended participants in life history interviews.
Local Hospitals Kisenyi Health Centre IV	These provide health services including Sexual and Reproductive Health Services, Counselling services, free medical checkups, medical camps street children inclusive	Acted as a key informant in the study.
22 Stars Foundation	It is an organisation in Kisenyi that has extended education services through construction of a school and a medical center that extends services to homeless children	Acted as a key informant in the study. Offered community space for conducting FGDs.
Reach Out Organisation	Reach out is an organisation that focuses on empowering vulnerable children living in slum communities through life skills, education support, health and wellness campaigns.	Acted as a key informant.

Councilor LC IV, Acholi quarters	The Councilor is one of the most active local leaders in Acholi quarters that works with street connected children.	Acted as a key informant, recommended participants of Life history interviews and supported in organizing a sports event.

Following these identified stakeholders, letters were drafted, and signed by the Head of Department, Department of Geography, Geo-informatics and Climatic Sciences explaining the project aim, objectives and request for meetings to discuss and elaborate on the topic further. 22 letters were drafted and distributed to respective offices. However, only 9 organizations responded to the call. These included KCCA, Uganda Youth Development Link (UYDEL), National Slum Dwellers Federation, 22 stars, Meeting Point, Reach Out, Uganda Police, and Local Leaders from Acholi quarters and Kisenyi Health Centre IV. These were interviewed across a period of two months that is from December 2025 to January 2026.

3.4. Methods of data collection

Primary data was collected using different tools namely, household's questionnaire, focus group discussion checklist, interview guide and observation checklist. By using more than three methods of data collection, the requirement of triangulation (Noble & Heale, 2019),a vital research principle increased the depth of understanding the issues being investigated. The methods and instruments are as described below;

3.4.1. Surveys/Questionnaires

Case study surveys were conducted on street connected children specifically in Acholi quarters where the local-centric models that support street children have been deployed for a long period. Since the exact number of street children in Acholi quarters is not known and yet no documentation about the programs exist, Aliguma foundation, an organization known for its prominent works with street children and collaborations with various organizations working with street children was brought on board. Surveys were conducted to capture information on the nature of interventions accessed, their effect on health, education and welfare aspirations, skills development and personal growth and development. In addition, perceptions about the effectiveness of the programs was captured to necessitate an evaluation of their feasibility in addressing the education, health and welfare concerns of street children in Kampala city. Guidelines from the Ministry of Health or any other relevant body at a time were adhered to as we are conducting the surveys for the safety of both the respondents and the interviewers. A standard questionnaire was designed and reviewed by Department of Geography, support researchers and the project mentor so it comprehensively captured all the relevant factors and issues of the study prior to its validation. The survey data was collected using programmed tablets using the Kobo Toolbox and Open Data Kit (ODK) applications, and administered by well-trained researchers drawn from Makerere University and Aliguma Foundation to work with during the implementation of the study.

Figure 1: First Training with Aliguma Foundation Team.

Figure 2: Second Training at Makerere University

3.4.2. Focus Group Discussions

Focus group discussions (FGDs) among street children were conducted as shown in Figure 3 below. Eight (8) FGDs were conducted with the street children and street aunties/uncles. The FGDs were conducted with unaccompanied girls, unaccompanied boys, accompanied girls, accompanied boys in Acholi quarters and Kisenyi respectively and these made a total of 72 respondents. An FGD with street uncles/aunties in Acholi quarters was conducted as well. The FGDs aimed at understanding the social-cultural context of street children in Kampala City and exploring the current knowledge and practices, concerns and opportunities for addressing the challenge of street children in Kampala city. The FGDs also capture information on various interventions implemented to improve the health, education and welfare of street children, their relevance, feasibility, challenges and benefits to vulnerable populations. The key enablers and barriers to such processes were also identified during the discussions.


Figure 3: Some of the FGDs conducted with the children

3.4.3. Key Informant Interviews

We conducted key informant interviews (KIIs) with strategic respondents (9) who were selected after a stakeholder mapping exercise that entailed selecting about 22 key stakeholders where only 9 agreed to take part in the study. Interviewed stakeholders included Local police, Kampala Capital City Authority, National Slum Dwellers Federation, 22 Stars, Meeting Point, Local Councilors, Kisenyi IV health Center, Uganda Youth Development Link and Reach Out Organization.

3.4.4. Life history Interviews

Life history interviews were conducted with specific former street children that have been involved with local level interventions under focus to understand critically personal/ individual experiences of street children. These were structured by asking such individuals to consult their memories on how the situation was prior being recruited into the models for education and health service delivery as well as welfare improvement. About eight (8) life history interviews were conducted in an open-ended format with more conventional semi-structured interview techniques following a theme-based sheet. The theme-based sheet provided support to query all interviewees about lived experiences, personal narratives, memories, changes in life and achievements over time to understand the complex dynamics, patterns and agency of street children in the context interventions like neighborhood health services, ins-situ schooling programs and community socio-economic development enterprises.

3.4.5. Stakeholder mapping

A stakeholder mapping exercise was conducted to engage with key state and non-state institutions to build a holistic understanding of roles, interests and values and establish concerns, needs and support for appropriate alignment with the lives of street children. A stakeholder mapping exercise was conducted as part of the broader research process to identify the key individuals and organizations involved in street children affairs in Kampala. The primary purpose of this exercise was practical that is to determine who the relevant actors were, understand their respective roles, and establish appropriate contacts for the qualitative data collection phase of the study. Using letters signed by the Head of Department of Geography, Geo-informatics and Climatic Sciences at Makerere University, 22 organizations operating at local, city, and national levels were contacted, of which 9 agreed to participate in key informant interviews. These included KCCA, the Uganda Police Force, the National Slum Dwellers Federation Uganda, Meeting Point International, Uganda Youth Development Link (UYDEL), 22 Stars Foundation, Reach Out Organization, Kisenyi Health Centre IV, and local leaders from Acholi Quarters. Through this process, the study was able to map the landscape of actors working with street children, identify gaps in coordination between government institutions and civil society organizations, and document the overlapping and sometimes conflicting mandates that exist across agencies. While the ambition of the research was to use these findings to stimulate multi-stakeholder dialogue and contribute to policy improvement, it is acknowledged that the stakeholder engagement component remained primarily at the level of data collection rather than active co-design of interventions. The findings from these interviews nonetheless provide a valuable foundation for future structured stakeholder engagement processes that could move toward more coordinated, evidence-based policy action on street children in Kampala.

3.5. Data collection

We worked with a CSO (Aliguma Foundation) that directly deals with street children in Kampala city. This approach indicated that collaborative efforts between the researchers and the CSO, which were identified, were operationalized to deliver the project milestones. We engaged the CSO to discuss ways through which to deploy the methodological framework proposed by this project as shown in section (approach and Methodology) above. A Memorandum of Understanding that clearly indicate the roles of researchers from the CSO guided our collaboration. Accordingly, the researchers, with additional data collectors from CSO and the Department Geography, Geo-informatics and Climatic Sciences were trained and guided through the data collection process. Sections of training involved the study objectives, anticipated outcomes of the study, study design and methodology, interviewing skills, recording responses, the questionnaire in general to ensure that quality data was collected. While it is probable that CSO researchers may compromise data to their own interest, graduate students drawn from the Department of geography acted checks to the capacities to collect quality data. The lead research team consistently supervised both groups. These were trained on data collection techniques, tools (in English and local language “Luganda/Acholi”) and research ethics considered under the study. A pre-testing exercise and role plays using different data collection tools was done as part of the training for the data collectors in Kisenyi I, an area housing a number of street children in Kampala Central. The pilot process was done for the questionnaire and key informant guide. Thirty (30) respondents were considered for this process. This pre-testing exercise was crucial as it enabled the research team to get familiar with the

research tool, the duration of interviews was measured and improvements were made to remove less feasible questions and the children simplified the complicated ones for easy interpretation. Reflection meetings were held with the research team, to rectify and validate the tools.

Figure 4: Some of the images from the event and data collection

3.6. Data processing and analysis

Quantitative data collected through the structured survey was captured digitally using the Kobo Toolbox application on programmed tablets during the sports event, which took place over the course of a single day. Additional survey data from girls who did not attend the event was collected over subsequent days through snowball sampling. All data was submitted to a secure online server at the end of each day's fieldwork, after which it was downloaded, cleaned, and imported into SPSS Version 25 for analysis. The quantitative analysis therefore remained at the level of descriptive statistics, using frequencies and percentages to produce a snapshot of the socio-demographic characteristics, education access, health experiences, and livelihood strategies of the children who participated. Cross-tabulations were used to explore patterns across variables such as age, gender, and area of origins. Qualitative data from the focus group discussions and key informant interviews were audio-recorded, transcribed, and subjected to thematic analysis, whereby data was systematically coded and organised into recurring themes relevant to the study objectives. These qualitative themes were used to contextualise and help explain patterns observed in the descriptive statistics, providing richer interpretive detail about children's lived experiences. For example, the quantitative finding that 85% of children had never accessed formal health services was illuminated by qualitative accounts describing stigma, lack of identity documents, and discrimination as the primary barriers to access. Life history interviews were analysed narratively to trace

individual trajectories and capture the complexity of children's pathways into and through street life. Together, these approaches allowed for triangulation across data sources, strengthening the overall credibility of the findings while acknowledging the inherent limitations of the sampling design.

4.0. Findings and Discussions

This section presents the findings of the study, the socio-demographic characteristics of street connected children, origin of street connected children, living conditions of street children among others as shown below:

4.1. Socio-demographic and economic characteristics of the street connected children

The socio-demographic characteristics of the respondents are explained in Table 2 below. It can be observed that majority of the street children reached out were predominantly male that is 73% of the respondents. The predominance of males is explained by Thomas, (2010) who indicates that since time immemorial, street children have always been represented as well and the term children of the street, was mainly used to refer to street children boys. Studies by (Mohamed et al., 2018) also explained that the number of female street children is more likely to be lower due to the nature of their work that usually tends to be less visible that is majority are involved in prostitution which doesn't require them to live actively on the streets compared to their male counterparts. Females are traditionally kept at home more than boys are. This aligns well with the results from the current study. Furthermore, it was reported that majority of the street children are/ were unaccompanied/ children of the street and didn't have homes to go back to at the end of the day that is 76.3% and about 22% of these were accompanied that is they had homes to go back to. In relation to findings by (Mohamed et al., 2018), majority of the children worked and slept on the streets. (Julien, 2022) supports this study with findings who explains that "children of the streets"/ un accompanied street children are usually more aggressive and more violent compared to their counterparts. It was also reported that about 52% of the street children were aged between 8-12 years, 27% aged were aged between 13-15 years, and 21% of these were aged between 16-18 years as shown in figure 2 below. This was in line with findings (Adikini, 2013) by who reported that majority of the street children that their study reached out to were aged 9-12 years. [1]

[1] The category (others) defines non-Ugandan children/ refugees. The number is relatively lower because we believe children had some reservations in claiming themselves to be refugees/ of refugee status because of the on-going stereotypes those surround refugees in Uganda.

Table 2: Socio-demographic characteristics of the Respondents

Socio-Demographics		Number (n)	Percentage (%)
Gender	Male	135	73
	Female	49	27
Category of the street child	Accompanied has a home	40	21.7
	Non-accompanied (homeless)	139	75.5
	Others	5	2.7
Settlement			
	Acholi quarters	184	100
Were you born in this area	Yes	104	57
	No	80	44
Age (years)	8-12	96	52
	13-15	49	27
	16-18	39	21

Table 2: Socio-demographics

4.2. Reasons why children go to the streets

The findings from this study show that children do not go to the streets for one single reason. Instead, it happens because of several problems happening at the same time in their homes and communities. The most common reason is lack of basic needs including food. Many children described homes where there was no food, no stable shelter, and no way to stay in school. Because of this, staying at home became difficult, and the streets started to look like the only place where they could try to survive. In one focus group, a child explained,

"At home we could sleep without eating, sometimes for two days"

Family problems also play a big role. In the life history interviews, many children talked about violence, neglect, and conflict at home. Some were beaten regularly, while others felt unwanted or uncared for. For these children, going to the streets was not just about looking for money, but also about escaping harm. One child shared,

"I left because my stepfather would beat me every day and there was no food at home, so I decided to come to town and hit the streets as I thought I would be able to get food and survive too".

another child shared that

"We left home because our parents used to mistreat and beat us up like we are not their children. We therefore had to look for ways to be free and leaving home was the only option we had"

Another important reason is the loss of parents. Some children lost one or both parents and were sent to live with relatives who could not support them. In many cases, this led to further neglect and eventually pushed them to leave again. Over time, the streets became the only place left. Friends and other children already on the streets also influence this move. Some children said friends who told them they could survive there brought them. These connections make it easier for children to join street life, even though they may not fully understand the risks at first. One key informant specified that

"Parents have failed to really do their parenting job well, they have neglected these children. Parents are busy looking for money and if you look, poverty levels are very high here in a way that they wake up very early in the morning and often leave their children here without knowing whether they have eaten, or even gone to school"

Therefore, children go to the streets not because home is no longer safe or supportive, but because they have been failed by the system, the parents, the community. The streets are not their first choice but they find it being the only option that is available for them.

Poverty was also pointed at as a key reason why children go to the streets. One key informant emphasized that;

"Poverty is the main factor driving these children to the streets because if these people had enough or someone is just selling something in front of the house and the things are selling or they are just having good employment where they get good pay, I don't think any parent would not wish the best for his/ her child. There is no parent on earth, who wants to leave a child like a snake, you know a snake drops the egg and moves on, whether you argue or not argue, it is upon you. The pride of a parent is when a child grows up with impact, but because we have nothing to cook, you can't stay at home, you have to look for money leaving your children un attended"

Some of the children are also coerced by certain people onto the streets. Some people go to villages, look for vulnerable children under the pretext of offering help to these children, convince them to come to the cities but later turn them into street children who beg for money and take the money back to their bosses who bring them here. In an interview with a local government official it was reported that;

"*We have people who go to the villages and promise the parents of these children that they are bringing them to the city to study and provide for them. When they reach here, they turn them into slaves, workers, introduce them to child labor, begging and this I think is the most dangerous cause of the persistent street children problem because they bring these children to beg and take back money to their master and this group is rather untouchable".*

4.3. Daily Routines and Survival Strategies

The daily life of children on the streets follows a clear pattern, even though it may look unplanned from the outside. Each day is driven by the need to find food, earn money, and stay safe. Most

children start their day early and move to busy places such as markets, taxi parks, and main streets where they are more likely to get help or find small jobs. One child explained,

"*When we wake up in the morning, we start by going to the streets to hustle "okuwejja) in busy places like taxi parks, markets, looking for items to take to the scrap dealers. When we get money, we go to any cheap nearby restaurant and buy food which ranges between ugx 2500-ugx 5000shs depending on what you can afford. You then go back to the street and hustle again for more money".*

During the day, children move from place to place depending on where they can find opportunities. They may try one activity and then shift to another if it does not work. These work opportunities include asking for money, washing cars, carrying goods, or collecting items to sell. This constant movement helps them increase their chances of getting food or money. A Life history Interview participant explained that;

"You try one place, if it fails you move to another until you get something"

Safety is always a concern. Children avoid places where they feel threatened and move quickly when there is danger. At night, finding a safe place to sleep becomes very important. Many choose to sleep in groups because it offers some protection. Being in a group reduces risk, although it can also come with its own challenges, especially for younger children. One FGD participant narrated that

"*The streets are never safe, but there is nothing we can do about it because we don't have any options, sometimes we decide to sleep together so that if someone bad attacks us we can help each other. Sometimes we decide to sleep along the bridges and trenches where we know people won't harm us".*

Children also develop ways to cope with hunger and illness. Food is not eaten at regular times, but depends on what is available, in fact most children survive on one meal a day, one life History Interview respondent explained that

"You eat when you find something, not because it is time to eat"

This matches what children shared in the discussions and interviews. Their days are not filled with steady work. Instead, they move from place to place, hoping to find something to do or someone to help them. Sleeping during the day is also common. This is not because they are idle, but because nights are difficult. Some children stay awake due to fear, cold, or being chased away. As a result, they rest when they can during the day. Spending time with friends is a big part of their lives. The chart shows that a lot of time is spent drinking or visiting friends, and this reflects what they said. Being together helps them feel safer and less alone. These friendships are important for protection and support. One child explained,

"We sleep together so that if someone comes, we can help each other"

4.5. Sources of Livelihood for street children.

Children on the streets use different ways to get money or food, depending on what is available. The most common method is asking for money from people in busy areas, that is why most of the concentrate in the middle of Kampala city streets. This is often the first option because it does not require skills or tools. As one child in an FGD explained,

"You stand where cars stop and ask, sometimes you can get lucky and someone gives you money"

However, this does not always work, and the money received is often very small. Because of this, many children also do small jobs. These include washing cars, carrying luggage, collecting plastic or scrap, working in stone quarries and running errands. These activities are physically demanding but can provide slightly more reliable income. Some children learn these skills over time and begin to depend on them more. One life history interview respondent shared,

"I learned to wash cars and now I can get something small every day"

At the same time, some children are forced into more difficult and risky ways of surviving. A few, especially girls, talked about exchanging sex for money, food, or protection. Others described working for adults who take most of what they earn. In very hard situations, some children said they steal in order to survive. These actions are not what they want to do, but what they feel they must do. Most children do not rely on just one way of earning. Instead, they combine different activities depending on the time of day and the opportunities available. This helps them manage uncertainty, even though their income remains unstable. Some also try to save small amounts of money when they can, showing that they are thinking about the future, even in difficult conditions.

Overall, the ways children earn a living on the streets show both struggle and effort. They are constantly trying to find ways to meet their needs, even when the options available to them are limited and risky.

4.4. Education characteristics of street children

Figure 5 below represents the education levels attained by street-connected children. The majority of respondents (79%) had attained some level of primary education, ranging from Primary One to Primary Seven. In contrast, 9% of the children had never attended formal school, while another 9% had reached Ordinary Level education. Only 2% had attained nursery education and just 1% had advanced to A' Level education. These findings suggest that although many street-connected children are able to access primary education, progression to higher levels of education remains very limited.

When asked why she stopped studying while still in primary school, one female respondent explained:

"I was in primary four when I stopped my education. I was in Gulu and there I was starving and digging in villages for people and one woman gave me an opportunity to come and work as a maid in Kampala. Here the lady treated me well for eight months and after breaking up with her husband, she decided that I go back to Gulu which I didn't want."

Another respondent stated:

"I still wanted to go to school, but the organization that was paying my school fees decided to cut funding and I couldn't continue."

A key informant also noted that:

"The programs educating street children may be available, but some of these children are not even willing to go back to school which is a key reason to why they are not helped."

This perspective, however, contradicted the experiences shared by many of the children. Several respondents explained that barriers such as poverty, mistreatment at school, stigma, and falling behind academically discouraged them from returning to school. Many felt embarrassed studying in lower classes than their age mates, while others lacked the financial and psychosocial support needed to continue with education.

The high proportion of children with primary level education may be associated with the availability of Universal Primary Education (UPE), which was introduced to increase access to free basic education, particularly among disadvantaged groups. In addition, several non-governmental organizations, such as the Consortium for Street Children, have supported educational initiatives targeting vulnerable children. However, these interventions mainly focus on primary education, which may explain the low transition to secondary education. Although Universal Secondary Education (USE) programs exist, the associated costs remain relatively high compared to primary education, making it difficult for many street-connected children to continue with schooling.

Despite the existence of these programs, many respondents argued that education is not entirely free in practice. One child explained that:

"Even the government schools that we thought were free require you pay money and buy school requirements of which most of us can't afford to do so."

This indicates that indirect costs such as scholastic materials, uniforms, and other school requirements continue to hinder access to education among street-connected children

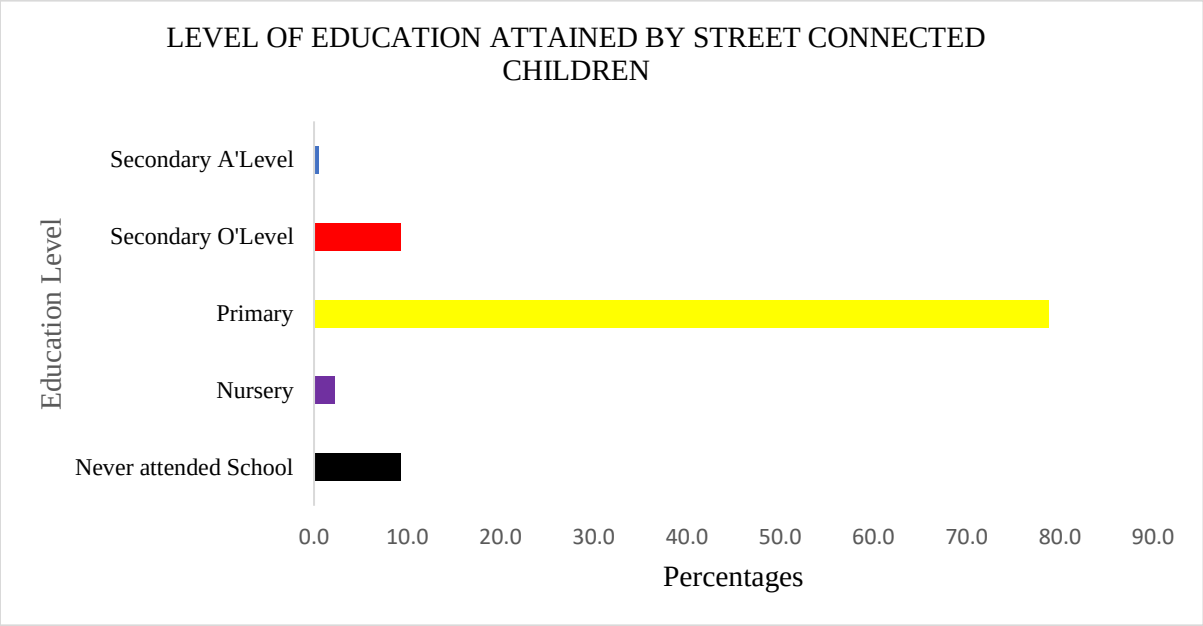

Figure 5: Level of Education attained by street connected children.

4.4.1. Street Connected Children Ability to read and Write

The study went to probe how many of these children could read and write and results indicated that majority of street connected children were able to read and write as shown in Figure 6 below. Specifically, 84% of the respondents reported that they could read and write, while only 16% indicated that they were unable to do so. These findings suggest that despite the difficult living conditions faced by street connected children, many had at least attained basic literacy skills, likely due to prior access to primary education. However, the proportion that could not read and write highlights the continued challenges of limited access to education, school dropout, and interrupted learning among some street connected children.

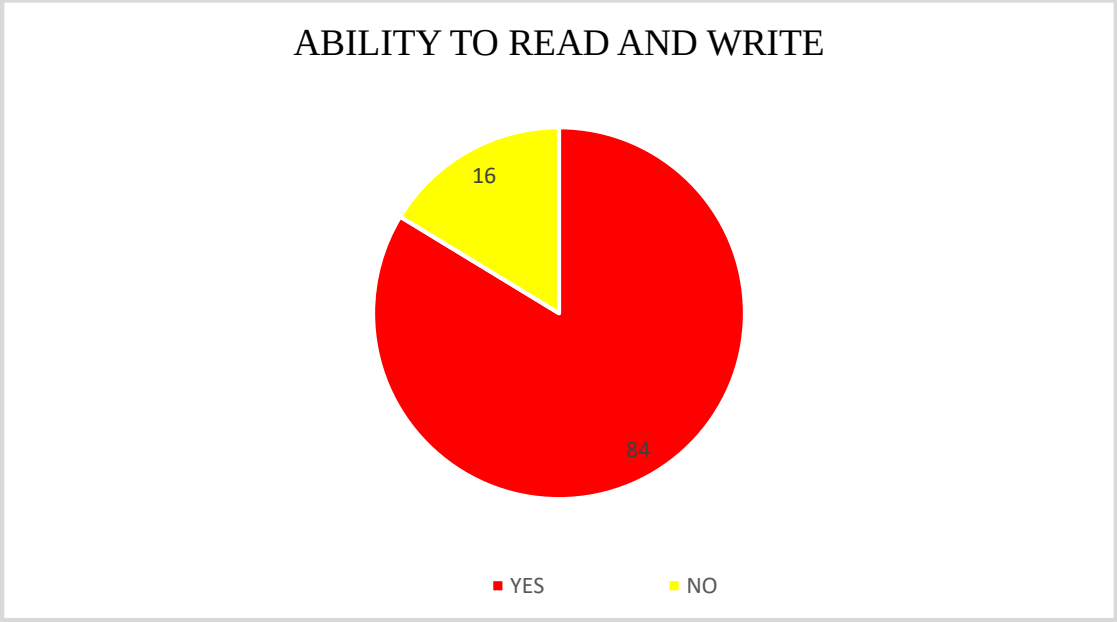

Figure 6: Street connected Children's ability to read and write

4.4.2. Existing Locally-Grounded Education Strategies.

Figure 7 below shows that the majority of the street connected children reported to have not benefitted a lot from education with majority having Primary level education as their highest level. This points to the very many barriers that may in one way or the other limit street children education. Various locally led initiatives have been advocated for within their communities to offer vital alternative pathways to learning. From community-led trainings and technical skilling programs to sports facilities and in situ schools, these grassroots services provide flexible, inclusive, and accessible educational opportunities tailored to the unique realities of street-connected children. The most commonly reported service was community led trainings, mentioned by 99% of respondents. This was followed by technical skilling services at 95% and community sports facilities at 78%. In addition, 67% of respondents identified the presence of in situ community schools, while 60% acknowledged government education programs. Private schools were the least accessible or least mentioned education service, reported by only 43% of respondents.

These findings suggest that community-based approaches to education play a significant role in supporting street-connected children. Community-led trainings and technical skilling services appear to be more accessible and practical for these children, possibly because they provide flexible learning opportunities and livelihood skills. The relatively lower response regarding government education programs and private schools may indicate challenges such as costs, rigid school structures, discrimination, and limited inclusiveness for street connected children within formal education systems.

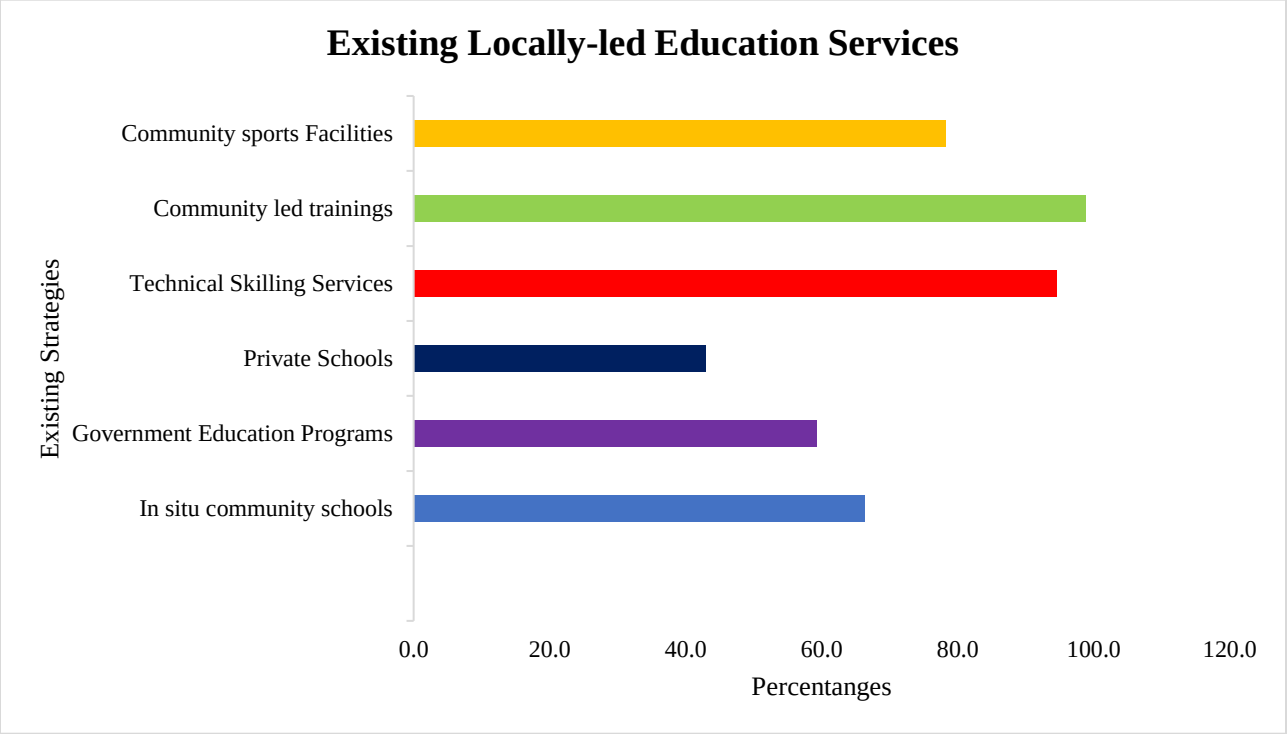

Figure 7: Existing Locally-grounded education strategies

4.4.3. Effectiveness of the Existing Locally-grounded education strategies.

The study went ahead to assess the effectiveness of these locally led strategies, firstly by testing the significance of the presented findings and secondly by basing off the narratives provided during the quantitative exercise of the study. The findings show that several locally-led education interventions had statistically significant associations with the outcome variable, as indicated by the chi-square values and significance levels. The findings revealed that in situ community schools had a statistically significant relationship with the outcome variable *(P-value=0.021*). A majority of respondents (122) reported the presence of these schools compared to 48 who did not. This suggests that community schools play an important role in supporting access to education among street connected children. Similarly, government education programs were found to have a highly significant association with the outcome variable (*P-value= 0.001*). More respondents acknowledged the availability of government programs (109) than those who did not (75). This implies that government interventions such as Universal Primary Education contribute significantly towards improving educational access for vulnerable children.

According to EPRC, 2021, the main aim of UPE programs was to ensure that illiteracy is eradicated by giving every child the opportunity to free primary education and also the presence of NGOs for example the consortium for Street Children that have endorsed education programs for street children (Julien, 2022). These programs however mainly support up to primary education alone. Furthermore, even though Universal Secondary Education Programs are available, they are relatively expensive standing at about 80 dollars per term compared to the 8.5 dollars required for UPE (Initiative for Social and Economic Rights, 2022). Another key reasons to explain why some street connected children have managed to live on the streets is the presence of various NGOs that have picked interest in educating this child such as meeting point, UYDEL and 22 stars. In one of our interactions with Meeting point, the presence of donors from European countries has played a key role in ensuring that these children go to school. It was noted directly that

"*We run a Direct Scholarship program at Luigi Primary school and all the children under this program are fully sponsored by our donors from Italy. The process is that we see where a child stays, who they stay with and if an opportunity arises, we send the forms to Italy and the process normally takes about three months for these forms to come back".*

Private schools also showed a statistically significant association *(P-value = 0.001*). However, more respondents reported lack of access to private schools (105) compared to those who acknowledged their presence (79). This finding may indicate that private schools are less accessible to street connected children due to high costs and restrictive school requirements. Technical skilling services were also widely reported by respondents, with 174 respondents acknowledging their availability compared to only 10 who did not. However, the relationship was not statistically significant at the 5% level (*P-value = 0.053*). This suggests that while technical skilling services are common and potentially beneficial, their direct influence on the study outcome was not strong enough to be confirmed statistically.

For the UYDEL team the funders where not directly pronounced but the interviewed key informant reported that the presence of funders enabled them to run free programs and extend education programs to these streets connected children. A local councilor in the Acholi quarters neighborhood explained the crucial role that the NGOs play in street children education and he remarked that

"Most of the children have been able to go to school because of prominent organizations like Meeting Point, Aliguma Foundation, UYDEL among others and those children who have not had chance to be supported by these organizations have not been able to study".

The key point to note however is that most of these scholarships stop at primary level and for some, they are partial scholarships which children think have been a hindering factor in attaining their education path. In one of the FGDs, one child narrated that

"I study at Luigi School, where I was given a partial scholarship. I am required to buy school requirements and pay and additional ugx 60,000 which my parents don't usually have, I am forced to skip school on some days and I go look for plastic bottles to help my parents pay some portion of the money".

Another child explained that

"I still wanted to continue with my education, however the organization that was paying my school fees stopped funding me claiming that they had run short of funds".

Other key factors explaining the high dropout rate is the long distances that children are required to move to access the schools that they can relatively afford, schools like Luigi Secondary are located in Nakawa division which is relatively far from Mbuya where these children often reside. They can't afford the daily transport costs and some find themselves dropping out. Parents have also neglected their roles, where they intently refuse to pay school fees for their children beyond primary and are rather blinded by the little money that they make while surviving off the streets. Additionally, Government has not put in place free, inclusive Universal Secondary Education. The available schools require these children to pay over US$ 50 which they don't have and can't afford.

When the children were asked they refuted the fact that they receive free education. One respondent said that

"Even the government schools that we thought were free require you pay money and buy school requirements of which most of us can't afford to do so".

Community led trainings were the most commonly reported intervention, with 182 respondents acknowledging their existence and only 2 respondents reporting otherwise as shown in Table 4 below. Despite this high prevalence, the relationship was not statistically significant (*P-value= 0.398*). This may imply that although such trainings are widely available, they may not independently influence the outcome variable in a measurable way. Lastly, community sports facilities had a statistically significant association with the outcome variable (*P-value= 0.001*). The majority of respondents (144) reported the availability of sports facilities compared to 40 who did not as show in Table 4 below. This finding suggests that sports-based initiatives may contribute positively to engagement, rehabilitation, and social inclusion of street connected children. This study inquired about the education services that these children has accessed or come in contact with and the dominant ones where In-situ community schools, Government UPE programs, private schools, technical training, community sports facilities among others. Technical skilling services were more popular because these are usually free of charge. In a life history interview, one respondent reported that

"*When I was helped by Madam Zainab of Uganda Slum Dwellers Federation, I was connected to Mengo Youth Development Link and I picked catering as my course. It was fully free, they had a car that could pick us and take us to the training grounds and bring us back. They could also give us breakfast and lunch and this was all free of charge".*

Community aided trainings where also common as these children didn't have to move to far places which they claimed they didn't have transport for to attend. Aliguma foundation has also done a lot in popularizing sports among the Acholi quarters street connected children not only as a form of learning, but by creating a community that gives these children a sense of belonging and ownership. One child narrated that

"I was taken to school by some NGO, but I hated studying, I didn't have the brains to study, so I decided to drop out and enroll for sports at Aliguma Foundation, which I think is the best decision for me".

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Table 3: Chi-square results showing the significance of the existing locally grounded strategies.

Education strategies	**Response**		**Value**	**Significance**
	Yes	No		
	122	48	5.348[a]	0.021*
In situ community schools				
Government Education Programs	109	75	44.684[a]	<0.001*
Private Schools	79	105	48.861[a]	<0.001*
Technical Skilling Services	174	10	3.732[a]	0.053
Community led trainings	182	2	0.714[a]	0.398
Community sports Facilities	144	40	18.039[a]	<0.001*

p-value=<0.05

4.4.4. Challenges hindering street connected children access to existing education services

Figure 9 below presents the major challenges faced by street connected children in accessing education services. The findings show that stigma from other children and the long distance or proximity to where services are provided were the most commonly reported challenges, each accounting for 15% of responses. This suggests that social exclusion and physical accessibility remain major barriers preventing street connected children from fully participating in education. In addition, discrimination from service providers, lack of information about existing schools, and other related barriers each accounted for 13% of the responses. These findings indicate that some children experience negative treatment from educators or service providers, while others are unaware of the educational opportunities available to them. Such barriers may discourage school attendance and limit access to support services. Furthermore, lack of networks accounted for 12% of the responses, implying that many streets connected children lack social connections or support systems that could help them enroll or remain in school. Inability to obtain school supplies was reported by 10% of respondents, while lack of financial support accounted for 9%. Although these percentages are relatively lower compared to other challenges, they still highlight the continued role of poverty in limiting educational access among street-connected children.

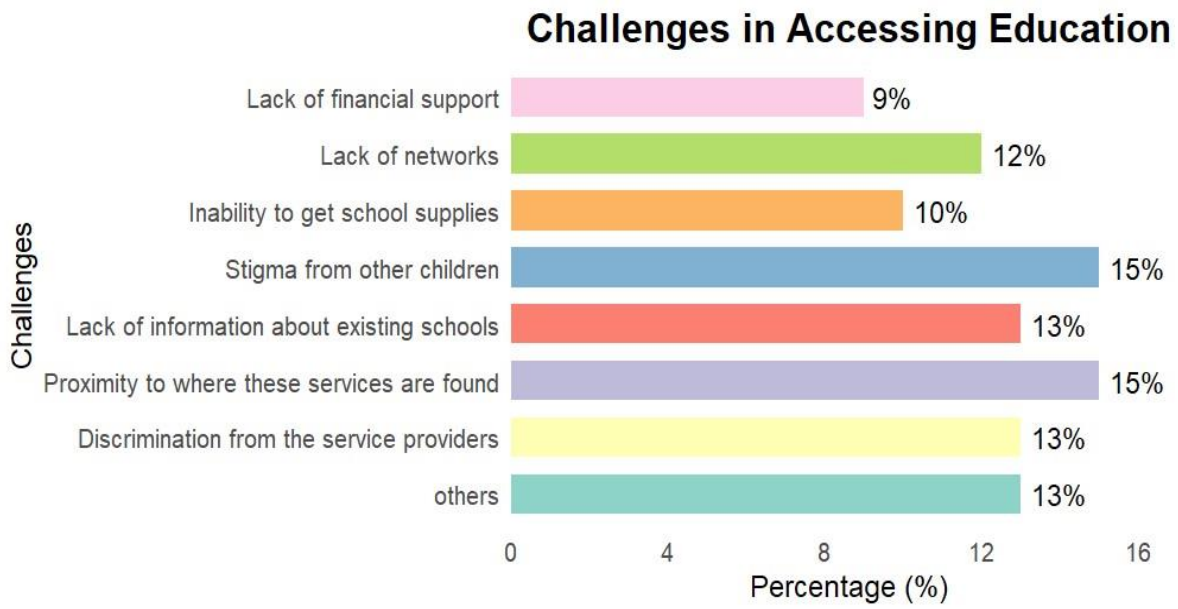

Figure 8: Challenges to access locally grounded education services

4.4.5. Relationship between Age and the challenges faced in Education.

Table 4 below presents the relationship between age categories and challenges faced by street connected children in accessing education services. The findings indicate that most challenges, including lack of financial support (*P-value = 0.382*), lack of networks (*P-value= 0.535*), inability to get school supplies (*P-value = 0.951),* lack of information about opportunities (*P-value= 0.336*), and proximity to services (*P-value= 0.631*), were not statistically significant across the different age groups. This implies that these challenges were experienced similarly regardless of age. However, stigma from other children (*P-value= 0.023*) and discrimination from service providers (*P-value= 0.027*) showed statistically significant associations with age categories. Younger children aged 8–12 years and those aged 13–15 years reported higher levels of stigma and discrimination compared to older children aged 16–18 years. These findings suggest that younger street connected children may be more vulnerable to negative attitudes, exclusion, and unfair treatment when trying to access education services.

Table 4: Chi-square results showing the association between age and challenges faced in education service access.

Variable	Age category	Responses		df	Significance
		Yes	No		
Lack of financial support	8-12	79	17	1	0.382
	13-15	36	13		
	16-18	29	10		
Lack of Networks	8-12	71	25		
	13-15	39	10	1	0.535
	16-18	27	12		
Inability to get school supplies	8-12	69	27		
	13-15	36	13	1	0.951
	16-18	29	10		
Stigma from other children	8-12	96	0		
	13-15	49	0	1	0.023
	16-18	37	2		
Lack of information about existing opportunities	8-12	95	1	2	0.336
	13-15	48	1		
	16-18	37	2		
Discrimination from Providers	8-12	95	1	1	0.027
	13-15	49	0		
	16-18	36	3		
Proximity to services	8-12	95	1		
	13-15	49	0	1	0.631
	16-18	39	0		

These findings reveal that locally led education strategies play a meaningful and statistically supported role in improving educational access for street-connected children. In situ community schools, government education programs, and community sports facilities demonstrated significant associations with educational outcomes, confirming their relevance within these communities. Technical skilling services and community-led trainings, though overwhelmingly prevalent, did not reach statistical significance, suggesting their impact may be broad but not yet conclusively measurable. Persistent

barriers including stigma, discrimination, poverty, long distances, and indirect schooling costs continue undermining progress, particularly among younger children aged 8–12 years who face disproportionate exclusion. NGO-driven scholarships and community initiatives have partially bridged existing gaps, though their focus primarily on primary education leaves older children increasingly vulnerable to dropout. Strengthening locally led, financially accessible, and inclusive education interventions, while simultaneously addressing structural barriers within formal education systems, remains critical to ensuring street-connected children can sustainably access and complete meaningful educational pathways.

4.5. Locally-grounded health care services for street connected children.

Results in Figure 9 below indicates the proportion of street children who have access to health services compared to those who do not. The results indicate that 37% of the respondents reported that they have access to health services, while the majority, 63%**,** reported that they do not have access to health services. These findings suggest that access to healthcare among street children is generally low. The high percentage of children without access may be due to factors such as lack of money for treatment, absence of identification documents, discrimination by health workers, fear of stigmatization, limited information about available services, and the unstable living conditions associated with street life. This shows that many street children are vulnerable to untreated illnesses, poor hygiene, malnutrition, and other health related complications because they are unable to obtain timely medical care. This situation highlights the need for government agencies, non-governmental organizations, and healthcare providers to strengthen outreach health programs, provide affordable and child-friendly services, and improve awareness and accessibility of healthcare services for street children.

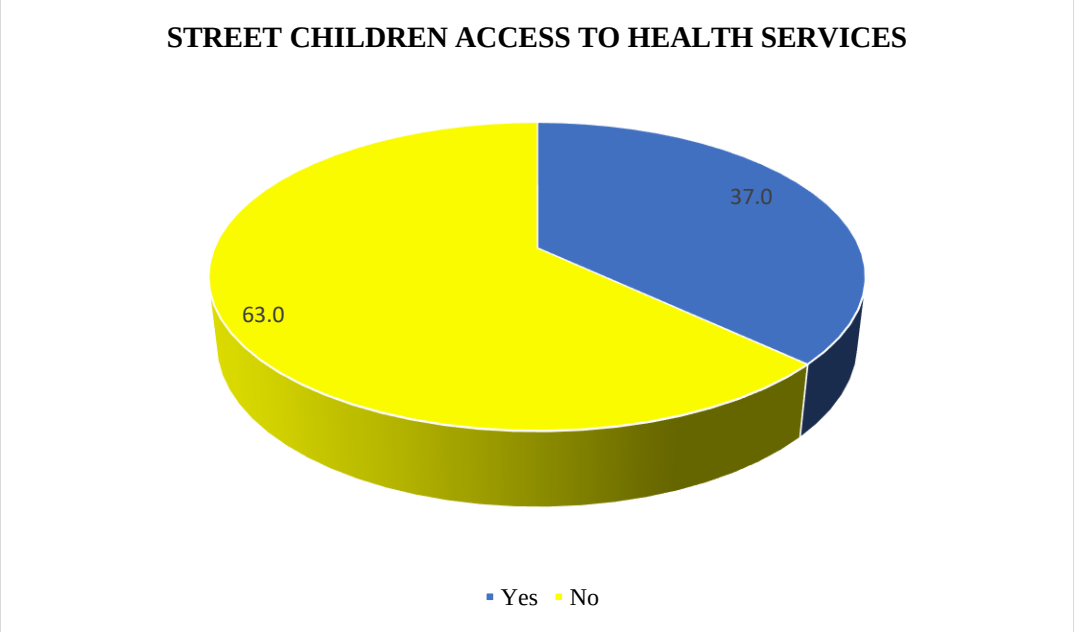

Figure 9: Street children access to locally grounded health care services

4.5.1. Existing Locally-grounded health care services for street children.

Figure 10 below presents the existing locally led health services available to street-connected children and the proportion of respondents who acknowledged access to these services. The findings indicate that several community-based health services exist, although access and utilization vary across different types of services. The most commonly reported services were Adolescent and Youth Health services (93%), followed closely by Sexual Reproductive Health services (90%), HIV/AIDS services (89%), and Mobile Clinics (88%). This suggests that organizations and community initiatives are making efforts to address reproductive health, HIV prevention, and youth-related health challenges among street-connected children. In addition, Free Counselling Services (83%) and Free medication facilities (74%) were also reported to exist, indicating attempts to provide psychosocial and medical support to vulnerable children. Immunization services were the least reported among the available services at 70%, with 30% of respondents indicating that such services were not accessible to them. Despite the reported availability of these locally led health services, when children were asked whether they had personally received any additional health support, 85% of the children reported that they had never received such support. This suggests that although services may exist within communities, many streets connected children still fail to directly benefit from them due to barriers such as stigma, lack of information, mobility, fear of discrimination, or limited outreach. The qualitative findings further illustrate the irregular and informal nature of support received by some children. One child explained:

"One time I remember injuring my leg and a kind Muslim lady from my neighborhood took care of me, I didn't know her but she helped me a lot."

This response highlights that, in many cases, support comes from individual acts of community compassion rather than structured healthcare systems. Overall, the findings imply that while locally led health initiatives are present, there remains a significant gap between the availability of services and actual access or utilization by street connected children. This underscores the need for stronger outreach programs, inclusive healthcare systems, and targeted interventions to ensure that vulnerable children are not only aware of these services but are also able to benefit from them consistently.

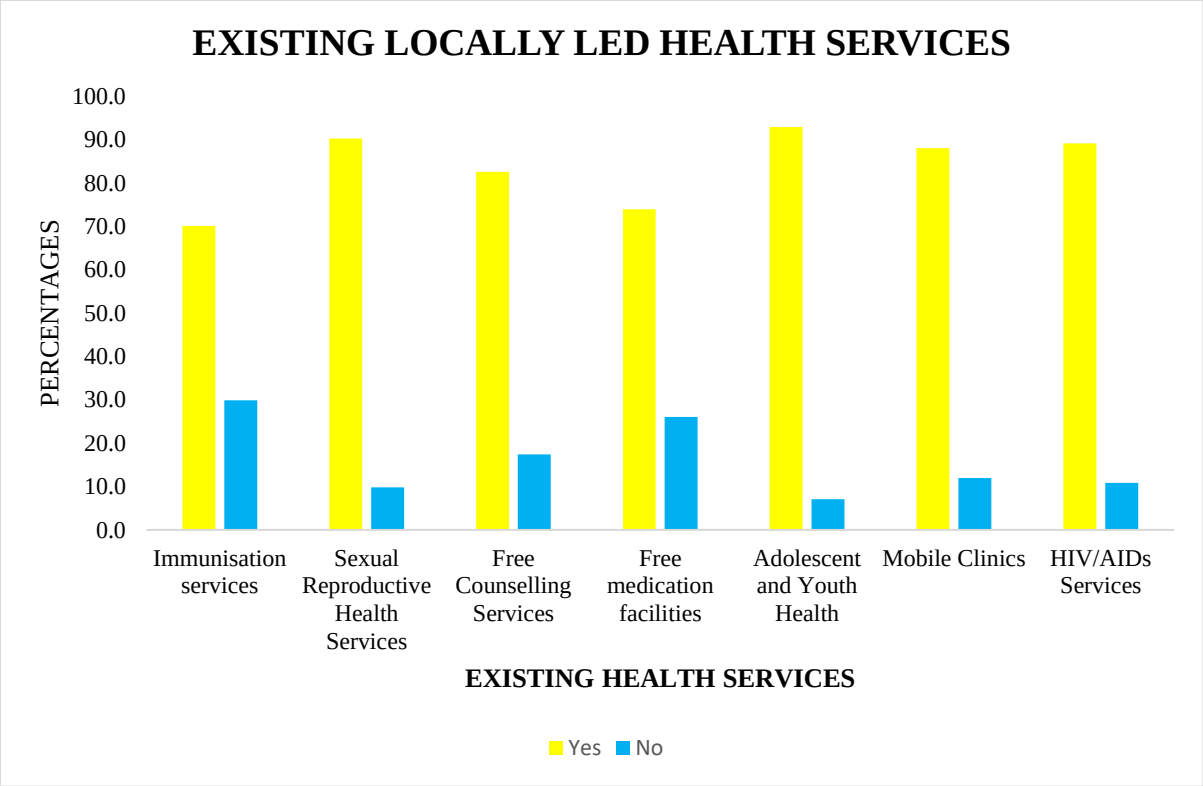

Figure 10: Existing Locally grounded health care services for street connected children

4.5.2. Effectiveness of the existing Locally-grounded Health Care services for street connected children.

Table 5 below presents the availability of different healthcare services for street connected children and the statistical significance of the responses obtained from the study. The findings indicate that most respondents acknowledged the existence of locally led healthcare services, and the significance values show that the observed differences in responses were statistically significant. The results show that adolescent health services were the most commonly reported service, with 171 respondents (92.9%) confirming their availability, while only 13 respondents (7.1%) reported otherwise. The association was statistically significant **(***P-value= 0.004***),** suggesting that adolescent focused health interventions are widely recognized among street connected children and are unlikely to have occurred. Similarly, sexual reproductive health services were reported by 166 respondents (90.2%)**,** compared to 18 respondents (9.8%) who indicated that such services were unavailable. The very low significance level (*P-value < 0.001***)** demonstrates a strong statistical significance, implying that sexual and reproductive health programs are a key component of the locally led health initiatives accessible to children living on the streets.

The findings in Table 5 below further revealed that mobile clinics were acknowledged by 164 respondents (89.1%)**,** while 20 respondents (10.9%) disagreed. The statistically significant result **(***P-value= 0.001***)** suggests that mobile outreach services play an important role in extending healthcare to street connected

children who may not easily access conventional health facilities. In addition, free counselling services were reported by 152 respondents (82.6%)**,** with 32 respondents (17.4%) indicating otherwise. The significance level ***(****P-value= 0.001***)** suggests that counselling services are an important and recognized support mechanism for addressing emotional, psychological, and social challenges faced by street connected children. Regarding Free Medication Services**,** 136 respondents (73.9%) confirmed their availability, while 48 respondents (26.1%) reported not accessing them. The statistically significant result **(***P-value= 0.001***)** indicates that free medication services are available to a considerable proportion of the children, although access gaps still exist for some respondents. Lastly, immunization was reported by 129 respondents (70.1%)**,** whereas 55 respondents (29.9%) stated that such services were unavailable. The highly significant result **(***P-value= < 0.001***)** suggests that immunization programs are present within the community, though they appear less accessible compared to other services.

Table 5: Chi square results showing the significance of the existing locally grounded health care services

HEALTH SERVICE	RESPONSE		Df	Significance
	Yes	No		
Immunisation	129 (70.1%)	55 (29.9%)	1	<0.001
Sexual Reproductive Health Services	166 (90.2%)	18 (9.8%)	1	<0.001
Free Counselling services	152 (82.6%)	32 (17.4%)	1	0.001
Free medication Services	136 (73.9%)	48 (26.1%)	1	0.001
Adolescent Health Services	171 (92.9%)	13 (7.1%)	1	0.004
Mobile Clinics	164 (89.1%)	20 (10.9%)	1	0.001

To further explain this, The Kisenyi Health Centre III social worker explained that

"*Here at Kisenyi III, we run a program called Muvubuka Agunjusse, where we provide free health care services to children aged between 10-24 years. Our services are nondiscriminatory and we work on street children too, we provide them with services ranging from giving out drugs, pyscho social support, sensitization out reaches, HIV testing among others and these are all free of charge"*

A local councilor from the Acholi quarters neighborhood also explained that

"Organizations here for example meeting point and 22 stars have been crucial in helping children live and survive with HIV/Aids and orphans. Most of these children were born HIV positive as their parents were raped during the Kony Northern wars. The Government through KCCA also extends medical camps every after 3 months and in seasons where there are disease outbreaks like flue. Other Organizations like Naguru Synergy also provide outreach services for children aged 15-24 years, but only after we ask them for help"

The representative from meeting point further explained that

"*First of all, we do counsel these children, we have designated nurses, doctors and we have signed Memorandums of Understanding (MOU) with private hospitals like Nsambya hospital, St Benedict, where we make referrals for these children and we pay medical bills every month. We also have mobile clinics where nurses come every Tuesday and Wednesday and all this is for free, we pay for everything".*

Organizations have also tried to put in place Sexual Reproductive Health Services for street children as some of the children have been detected to have contracted Sexually Transmitted Infections, HIV/ AIDs among others. To explain a UYDEL representative explained that

"In our Organization, we don't only focus on skilling these children, we focus a lot of Sexual Reproductive Health. We create awareness on how these children can keep themselves safe from contracting HIV and other Sexually Transmitted Diseases. We also conduct community outreaches where we go to various villages conducting HIV testing sessions and those we test positive are enrolled into different programs for counselling".

Some of the children affirmed that the programs are indeed in place and they have benefitted from for example in one FGD, children reported that

"There are some free health facilities like ICON Clinic, Fire Brigade Hospital and the only thing they ask for is books where they record and write your details, they handle and talk to us very well"

Some children however reported that they have never benefitted from any of these options and rather look for herbal medicine from around their communities that they use to treat themselves.

"I normally use local herbs that I look for in Katwe, where I boil them drink and get better. In instances of Malaria, we boil Aloe Vera commonly known as kigaji since we sleep outside and always prone to mosquito bites".

4.5.3. Relationship between socio-demographic characteristics and existing locally grounded services.

Table 6 below shows that socio-economic characteristics influenced access to some healthcare services among street connected children. The category of street child significantly affected access to immunization and adolescent health services, suggesting that accompanied children were more likely to access care than non-accompanied children. Children who were accompanied by guardians, relatives, or peers were more likely to access these services because they may have received support, protection, guidance, or help in reaching healthcare providers. In contrast, non-accompanied children often face greater challenges such as neglect, lack of information, insecurity, and absence of adult support, which can limit their ability to seek and receive healthcare services. Gender was significantly associated only with immunisation services, while age significantly influenced access to immunisation and sexual reproductive health services. This implies that healthcare access differed across age groups and between males and females for certain services. Education level showed a significant relationship with adolescent health services, indicating that children with some education were more aware of or able to access these services. However, most socio-economic factors did not significantly influence access to counselling and free medical services

Table 6: Chi-square tests showing the relationship between socio-demographic characteristics and existing health care services

VARIABLE	Immunisation			Sexual Reproductive Health Services			Free Counselling services			Free Medical Services			Adolescent Health Services		
Category of street child	Yes	No	Sig	Yes	No	Sig	Yes	No	Sig	Yes	No	Sig	Yes	No	Sig
Accompanied	20	20		35	5		32	8		29	11		38	2	
Non-accompanied	106	33	*0.005*	126	13	*0.636*	115	24	*0.537*	104	35	0.740	128	11	*0.044*
Others	3	2		5	0		5	0		3	2		5	0	
Gender of child															
Male	88	47	*0.015*	125	10	*0.072*	111	24	*0.818*	104	31	0.109	121	11	*0.341*
Female	41	8		41	8		41	8		32	17		47	2	
Age (years)	59	37		92	4		83	13		68	18		91	5	
8-12	37	12	*0.018**	43	6	*0.012**	38	11	*0.345*	37	12	*0.558*	46	3	*0.281*
13-15	33	6		31	8		31	8		31	8		34	5	
16-18															
Education Level															
Never attended School	16	1		15	2		15	2		10	7		17	0	
Nursery	2	2		4	0		3	1		4	0		3	1	
Primary	96	49	*0.086*	132	13	*0.751*	119	26	*0.942*	107	38	0.354	137	8	*0.028**
Secondary O'level	14	3		14	3		14	3		14	3		13	4	
Secondary A 'level	1	0		1	0		1	0		1	0		1	0	

4.5.4. Frequency of Use of Existing Locally grounded health Services

The findings show that the majority of respondents**,** 54.9%**,** reported using health services randomly or only when the need arises as shown in Figure 11 below. This suggests that most street-connected children do not have consistent or regular access to healthcare services and are more likely to seek treatment only during emergencies or severe illness. In addition, 16.3% of the respondents reported using health services on a monthly basis, while 13.0% accessed them quarterly. A smaller proportion, 10.3%**,** indicated that they use the services annually. Very few respondents reported frequent use of health services, with only 3.8% accessing them weekly and 1.6% using them daily. These findings imply that although healthcare services may exist, regular utilization among street connected children remains low. The irregular pattern of usage may be attributed to factors such as lack of money, mobility, limited awareness, fear of discrimination, or the absence of stable support systems. The results therefore highlight the need for more accessible, continuous, and outreach-based healthcare programs that can encourage regular health service utilization among street connected children.

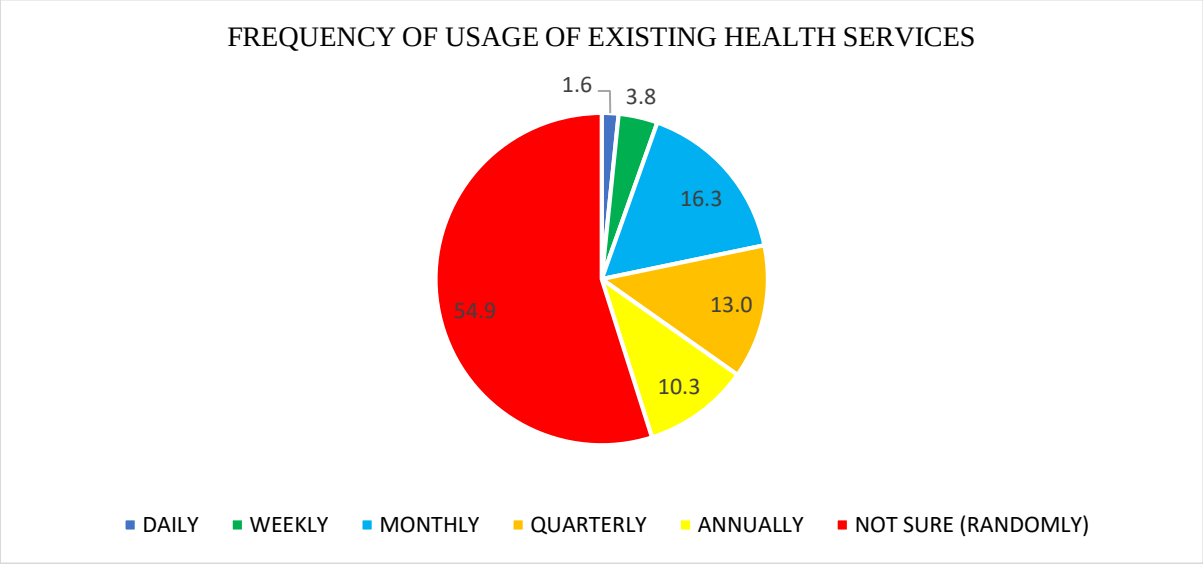

Figure 11: Frequency of Use of the Existing Locally-grounded Health care services

4.5.5. Dominant Mental health Illnesses among street connected children.

Figure 12 below reports the prevailing mental health disorders among street-connected children and shows the number of respondents who reported the presence and absence of each disorder. The findings indicate that mental health challenges are common among street connected children, although the prevalence differs across disorders. The results show that anxiety and depression were the most commonly reported mental health disorders. Approximately 67 respondents reported anxiety, while about 59 respondents reported depression. These findings suggest that many streets connected children experience persistent stress, fear, sadness, hopelessness, and emotional instability, which may result from harsh living conditions, poverty, violence, neglect, and uncertainty associated with street life. The study also found that addiction was reported by approximately 25 respondents, indicating that some

children engage in substance abuse as a coping mechanism for emotional pain, hunger, stress, or peer influence. Substance use among street-connected children may further expose them to health risks, violence, and risky behaviors. Additionally, Post-Traumatic Stress Disorder (PTSD) was reported by around 15 respondents**.** This implies that some children have experienced traumatic events such as physical abuse, sexual violence, abandonment, or exposure to dangerous street environments, which continue to affect their psychological wellbeing. Lastly**,** schizophrenia was the least reported disorder, with only a very small number of respondents indicating its presence. This suggests that severe psychotic disorders may be less common among the studied population compared to emotional and behavioral disorders such as anxiety and depression.

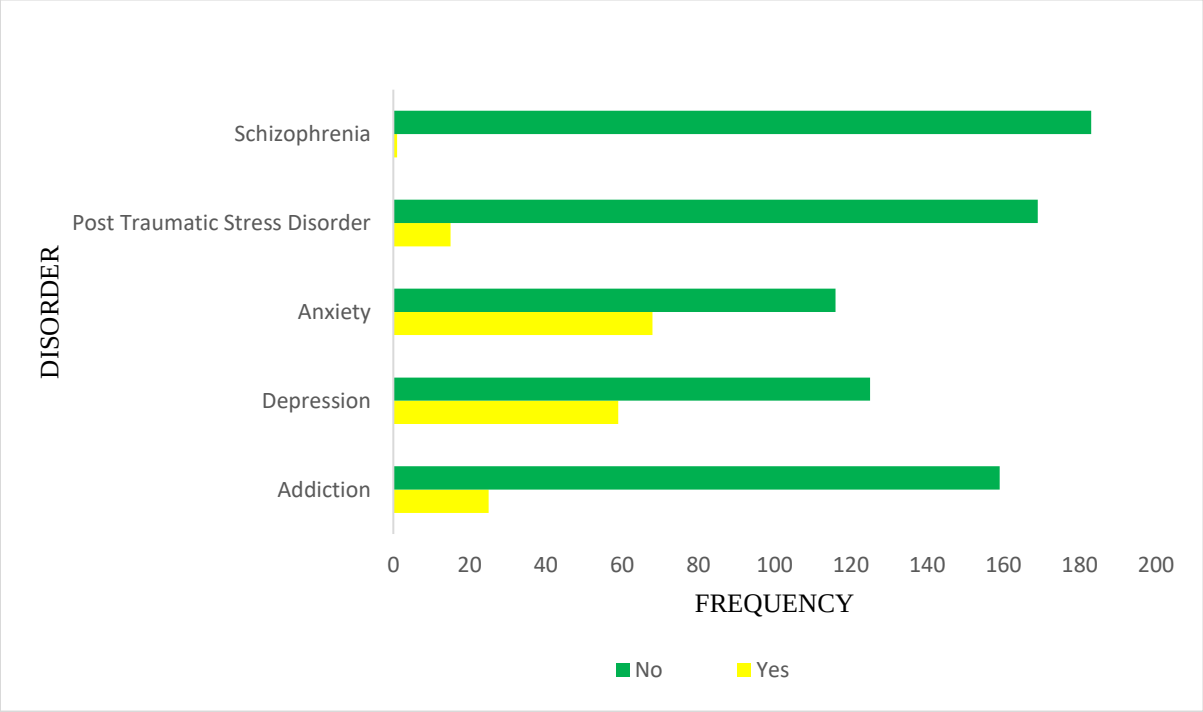

Figure 12: Dominant Mental Health Disorders among Street children

4.5.6. Challenges faced by street connected children while access health care services.

Street-connected children face multiple, compounding barriers to healthcare simultaneously rather than isolated ones as shown in Figure 13 below. Stigma from healthcare providers was the most commonly reported challenge at nearly 97%, indicating that negative attitudes from those meant to provide care are the single greatest barrier. This is closely followed by lack of information about existing services at 95%, suggesting that many children are unaware of what healthcare is even available to them. Lack of necessary requirements and proximity to health facilities were both reported by approximately 92% of

respondents, pointing to both physical and administrative barriers. Discrimination from providers at nearly 91% further reinforces that systemic mistreatment within healthcare settings is pervasive. Notably, financial support, while still reported by nearly 74% of respondents, was the least cited challenge, which is somewhat surprising given the poverty context of street-connected children, and may suggest that non-financial barriers such as stigma and discrimination are perceived as even greater obstacles than cost alone.

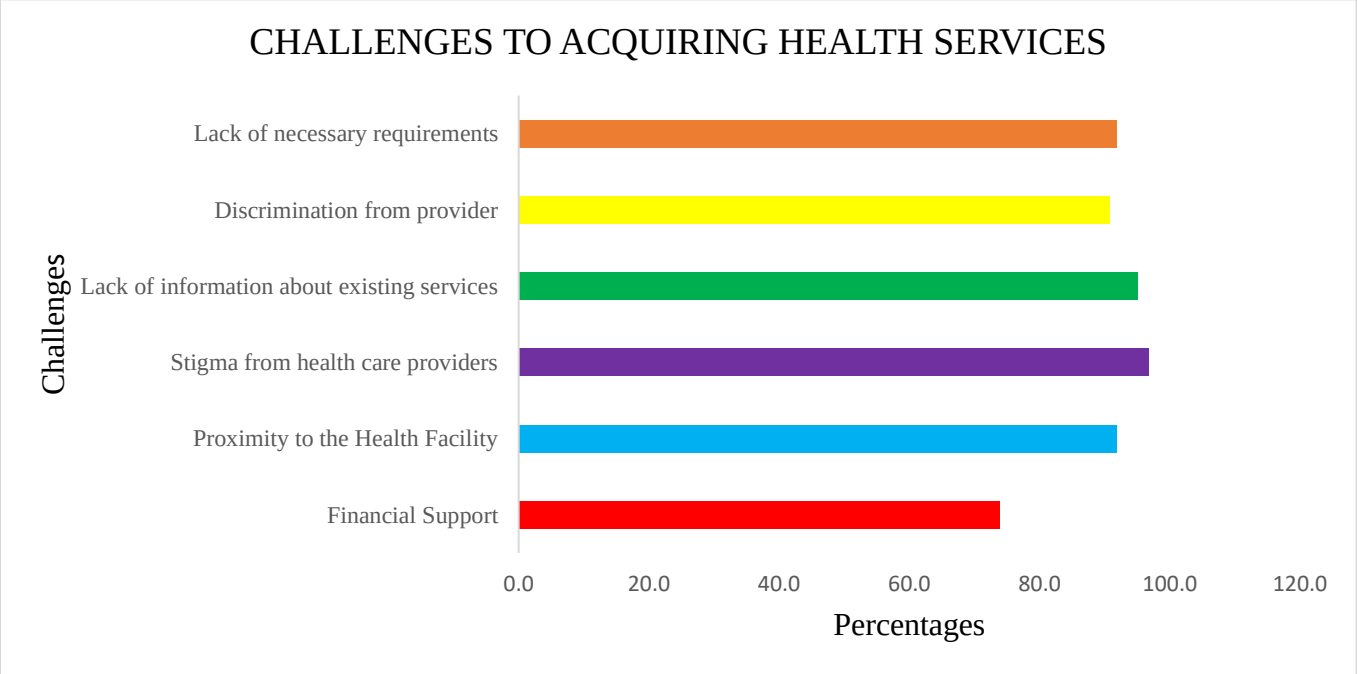

Figure 13: Challenges faced by street connected children while accessing health care services

4.6. Street Connected Children Exposure to risks and Violence

We probed further into whether street children were exposed to various forms of violence while surviving off the streets and it was reported that 46% of these children had experienced violence from the police, KCCA, fellow friends, among other people. This violence included being beaten, raped, being chased down by police as they try to enroll them into rehabilitation centers. Children living on the streets face continuous exposure to multiple forms of violence and risk. These risks are embedded in their daily survival activities, the environments they occupy, and their interactions with both adults and fellow street dwellers. Violence is not occasional but part of everyday life. Sexual violence is one of the most serious risks, particularly for girls. Responses from participants show that girls are frequently targeted by older men and gangs, leading to unwanted pregnancies and exposure to infections. In us of our life history interview sessions, one participant narrated one of their memories that they couldn't forget and where they said

"One of the things I can never forget is that time where we were sleeping like five people in one place, there in Nakivubo channel. We were still young and we used to take drugs a lot. One day,

those drugs made my friends over sleep and when it rained, the rain water in the channel drowned and killed my friend"

Another key risk that these children are exposed to is usually sex exploitation by mature men who promise them protection but rather end up assaulting, raping and sodomising these children and also their fellow street children also rape them in exchange for places to stay. One former street child narrated that

"Living on the street child as a girl child is very challenging, we live with boys and most of the times they rape and defile us. You can't just sleep on the streets for free, some people pretend that they own the streets and allowing you to sleep there becomes very tricky and challenging, If you don't have money, you have to pay through sex and you have to become their wife. It's not only one person that will rape you but many people and you can neither report nor refuse"

When asked about one of the memories they could never forget while living on the streets, one girl narrated that;

"While living on the streets as a 10-year-old, I met a responsible mature looking man, who came to the streets and promised that he would take care us, provide us with accommodation among other needs. He then put us in semi-permanent houses that were getting demolished by the government. On reaching here, he told us, 'here in my place no one sleeps for free because I also don't get government support to take care of people like you'. If you don't want to sleep on the streets, getting affected by coldness, you have to agree to getting raped".

Sadly, these men don't take the responsibility to treat or take care of these girls in case they contract diseases or even get pregnant. They abandon then and switch to looking for new victims One girl narrated that

"After a man raping me as a 10-year-old, I contracted candidiasis, a sexually transmitted infection along with my other fellow girls who were a bit younger (<10 years). He showed us the KCCA hospital, told us that it was free since he couldn't waste his money taking us to the hospital".

In such instances, we would assume that health care providers would have been key in protecting such children who come exploited, devasted and looking for help, but it is crucial to note that the system has entirely failed these children, they have not helped nor performed their mandated role of reporting such instances to police or even referring such badly affected children to the nearest counselling and rehabilitation centers. One child narrated that;

"*One day, I wasn't even sure what I was suffering from, my vagina was very swollen, itching and when I tried washing my private area, I could feel the vagina skin peel off. I had a lot of wounds and when I couldn't bare it anymore, I went to KCCA hospital because it is free. When I reached, the doctor didn't even bother asking what the problem was, he just told me to go to the hospital*

bed, checked and told me I had overgrown candida. He then wrote me medication and to me to go buy it from a pharmacy. Even the pharmacy person may try to explain to you how to use the prescribed drugs and not tell you anything else or even question why a child is buying sexually transmitted Infections (STI) medication".

Some of the key informants however disregarded this and highlighted that the children do have all the support, but they refuse to be helped and don't confide in adults who would have helped them. One KI noted that;

"These street children tend to feel isolated and can't confide in some one for help. Yes, many have been exposed to mob justice, sexual exploitation, but they keep it to themselves. I personally have one girl who confided in me but I supported her by reporting to police because violence cases are beyond us they are usually reported to police".

However, when asked whether they think the police has done its role in protecting these children, the respondents reported that;

"I can't say that the police have fully done their job in following up the case of street children because most vulnerable children are placed on the streets by some people to beg and take money to them, but the police haven't followed this up thoroughly".

When we talked to a Liaison officer from the police, they said that

"*As an individual, I have interest in supporting street children because I am a parent, but many of the officers are very biased about it. These children, break into people's houses, hit people with stones, they steal people's items. The NGOs here have given them a chance to study but majority have deliberately refused to study because of peer groups, some even do drugs like alcohol, marijuana and weed".*

Children are also subjected to economic exploitation. Younger children are often cheated or denied payment for work because of their age and lack of power. In addition, peer violence is common, where older street children take money from younger ones or subject them to bullying. One FGD participant narrated that

"*Sometimes young street children are blackmailed, where they are made to work and not paid for instance, they are sent to fetch water in exchange for some little money or food, but most of the times these people fail to pay because they take them to be young vulnerable people, who can't do anything even when not paid"*

Also, the big boys on the streets where reported that they tend to bully these young ones and in an FGD one narrated that:

"The big boys who are mature that us are also a big problem to us. They find you sleeping in a warm place, the destabilize you and beat you so that you let them sleep in your box. Sometimes they take our money when we are hungry and have nothing to eat, yet we can't report them anywhere"

There is also a strong link between survival and criminal activity. Limited access to food and income pushes some children into theft, exposing them to further violence from communities and authorities. One participant noted:

"This is one of the factors that compel us to steal."

Street life places children in a self-reinforcing cycle of vulnerability where violence, exploitation, and survival become deeply intertwined and mutually sustaining. Children flee to the streets to escape domestic violence, poverty, or family breakdown, only to encounter equal or greater dangers in the urban environment. The need to survive compels children into risky coping strategies, petty trade, begging, or drug use which in turn expose them to exploitation by adults, arrest by police, and physical harm from other street dwellers. Each survival strategy simultaneously generates new vulnerabilities, making escape from street life increasingly difficult without sustained, targeted external intervention.

4.7. Safety and shelter for street connected children.

Shelter for street children is largely informal, unstable, and unsafe. Many children lack a fixed place to sleep and instead rely on temporary spaces such as streets, markets, trenches, and abandoned structures. These environments expose them to further risks, especially at night.
Even where some form of shelter exists, it is often overcrowded and unsustainable. In some cases, older youth rent small rooms shared by many individuals, often without stable income, forcing them into risky activities to sustain rent.

Temporary arrangements, such as sleeping in shops, bars or being hosted by acquaintances, provide short term relief but come with insecurity and the risk of arrest or eviction. Children can be blamed for thefts or forced to leave at any time. In general, shelter arrangements do not provide safety. Instead, they reproduce insecurity, exposing children to violence, exploitation, and poor health conditions.

During an FGD one child narrated that;

"Some of some sleep-in people's shops, however in case anything gets lost in this shop, you will be held accountable and sometimes arrested by police"

Some parents are negligent towards their children and don't provide adequately needed shelter for them for instance one FGD participant explained that

"Sometimes we are locked outside by our own parents/ guardians because sometimes we come back late and this puts our lives at risk. Sometimes we can decide to sleep along the bridges and trenches".

When asked about where street children sleep, a street uncle, one of key care takers of these children explained that;

"*Children living on the streets live very complicated lives, they sleep outside and lack what to eat and they usually survive by begging or stealing. People are even scared of helping the, because majority of these children turn into thieves, steal people's property and break into their houses".*

The shelter circumstances of street-connected children in Kampala reflect a profound failure of both family and institutional protection systems. Without safe, stable, and dignified places to sleep, children remain perpetually exposed to violence, exploitation, arrest, and poor health. Temporary and informal arrangements offer no genuine security, instead reproducing the very vulnerabilities that drove children to the streets in the first place. Addressing shelter must therefore be understood not as a standalone need but as central to any meaningful intervention in street children's wellbeing. Without safe shelter, progress in education, health, and welfare remains fundamentally out of reach for this population.

4.8. Protection systems that have been put in place for street connected children.

A range of protection systems exist, involving community actors, non-governmental organisations, and government institutions. However, these systems operate at different levels and with varying degrees of reach and coordination. At the community level, informal support systems play an important role. Street children rely heavily on peer networks for food and survival. Older children often support younger ones, and community members such as "street uncles" and "aunties" provide occasional assistance through small jobs, food, or guidance.

Formal support is mainly provided by NGOs. Organisations such as Meeting Point, 22 Stars, and UYDEL offer services including education, shelter, health care, and vocational training. Some children benefit from long-term residential support, while others access day programs or skills training.

When asked about the protection systems that NGOs have put in place, their representative reported that:

"*As UYDEL, we have tried to put up a center in various divisions across the city including Makindye, Rubaga, Kawempe and Central Division where we identify vulnerable youths, those that are into drug use, sexually harassed, those that are into child labor and those that are trafficked. We make sure that we work with the local leaders that they are very familiar with including community mobilizers, VHTs who convince these children, bring them to us so that we rehabilitate and skill them".*

Government institutions also play a role, particularly through KCCA and public health facilities. KCCA focuses on rescuing children from the streets and linking them to rehabilitation, education, or reintegration programs. Health centers provide free medical services and occasional outreach programs. Despite the presence of these actors, the system is fragmented, with limited

coordination between community, NGO, and government efforts. In one of our Key Informant Interviews, a KCCA official highlighted that

"*We are working with enforcement officers who go and raid the homes where these children stay, but also the homes of those that are suspected of bringing children to the streets. Our mandate as KCCA is to ensure that we protect children off the streets and from any situations that cause harm. We don't want to manage, we rather want to rescue".*

In an interview with the police department, it was highlighted that the police force often provides protection to these children through rehabilitation exercises where they work with rehabilitation centers such as Butabika Rehabilitation center, they also refer children to counselling programs and remand those who commit crimes. The younger ones below 18 are remanded at Naguru remand home and the older ones above 18 are taken to Luzira prisons. The children however ascertained that they don't feel protected by the responsible people authorities or even government bodies. When asked about their relationship with the police street connected boys explained that

"I feel unsafe and scared of the police. They make our lives hard by jailing us over things we don't know. They also claim that we are thieves yet for us we are not thieves. Sometimes, they ask money from us to let us go and not jail us and its usually a lot of money that we don't have that is around ugx 60,000- 70,000 and when you don't have it they take you straight to Luzira prison or to the police station. For the young ones, once they get arrested, they are given heavy work like washing cars, cleaning drainage channels, slashing because they have nowhere to keep them".

Another child simply said that

"I have never benefitted from any program and I don't know of any that exists"

Despite the existence of multiple protection actors operating at community, NGO, and government levels, street-connected children in Kampala remain largely unprotected in practice. The system is characterised by fragmentation, limited coordination, and a fundamental disconnect between institutional mandates and children's lived experiences. While NGOs provide the most consistent and trusted support, their reach remains constrained by limited funding and capacity. Government institutions, particularly the police, are frequently experienced by children as sources of harm rather than protection. Meaningful improvement requires not simply more programs, but deeper coordination across actors, adequate resourcing, and a genuine reorientation of institutional practice around the rights and dignity of street-connected children.

4.9. Effectiveness of the existing protection systems for street connected children

Although multiple protection systems are in place, their effectiveness remains limited. Many children continue to live on the streets, and some return even after receiving support. One key limitation is uneven access. Not all children benefit from available services, and some are

excluded due to lack of information, distrust, or peer influence. Some protection systems have been put in place and have been reported to be more effective and these include a KCCA based program of rehabilitation under the Kampala Child Protection Ordinance where children are first counselled, taken back to school before being taken back to school. The KCCA Official explained that;

"We have partnered with Napak District because this is where majority of these children come from. Napak district passed a resolution that when these children are restored from the streets of Kampala, they are kept at school for at least 2 years regardless of their age. After 2 years, they are sent back to their families. During that two-year period, these children are rehabilitated, counselled and guided that going back to school is the best thing to do. They are also connected to government income generating projects like the Parish Development Model and the rest".

Other organizations like meeting point and UYDEL have put in place strong rehabilitation programs partnering with organizations such as CORE and this has yielded some visible results. The meeting point personnel explained that

"*One of the boys we met at CORE, currently 40 years, was trained in furniture making and he now has a big workshop. He is also open to training other street children who we can send to his workshop. Rehabilitation is a gradual process but it finally yields good results"*

When it comes to Government, however rehabilitation of these children has been done in prison like settings for example Kampiringisa rehabilitation center. Here children are subjected to hard labor as a way of learning and discipline, however this has not been very effective in the protection of these children.

One child narrated that

"I was taken to Kampiringisa, but on reaching here, I was beaten and made to mop and clean a very big hall where we usually convened. When I go chance, I escaped from their and returned back to Kampala on the streets"

This was clarified by a key informant who said that

"The children we tried to take to Kampiringisa came out worse that when we took them and we actually never wished to take them back. They came back with very bad habits for example if someone wasn't doing drugs, they come back as chronic drug abusers".

Resource constraints also affect service delivery. Organizations face funding shortages, leading to inconsistent provision of food, health services, and other basic needs. This weakens the continuity and reliability of support. It was noted in one Key informant interview that

"We work with different organizations and we can support individuals who have support to take in these children because we don't have money for rehabilitate the children, we have only support. Our role is only to rescue, look for transport and enforcement to rescue these children".

Parents have also played crucial roles in hindering progress of these initiatives by refusing to provide support to the organizations that are supporting and rehabilitating their children. In one interview a Key informant noted that

"Parents don't want to comply, they live their children's responsibilities solely to the organization so it has become our duty to take care of their children even when they are at home yet we have big numbers of children to follow and work with".

Another major issue is the relationship between children and formal authorities. Police are often perceived as hostile rather than protective, with reports of arbitrary arrests and lack of responsiveness to children's concerns. This reduces trust in formal protection systems and discourages children from seeking help. In addition, existing interventions do not fully address the underlying drivers of street life, such as poverty, family violence, and neglect. As a result, even when children are rehabilitated or supported, some return to the streets. There are also gaps in addressing specific needs. For example, certain groups such as pregnant girls are not adequately accommodated within existing programs, limiting the inclusiveness of support systems. Overall, protection systems provide important support but remain insufficient in coverage, consistency, and long-term impact.

The evidence presented reveals a protection landscape that is well-intentioned but fundamentally insufficient in addressing the scale and complexity of street children's needs in Kampala. While certain NGO-led programmes have demonstrated meaningful long-term outcomes, particularly in vocational rehabilitation, these represent isolated successes rather than systemic change. Government-run facilities, most notably Kampiringisa, have in several documented cases caused harm rather than facilitating recovery, undermining children's trust in formal institutions entirely. Chronic underfunding, poor inter-agency coordination, parental non-compliance, and the persistence of underlying drivers such as poverty and family breakdown continue to limit the reach and sustainability of existing interventions. Particular gaps remain in provision for the most marginalised groups, including pregnant girls and children with severe mental health needs. Effective protection of street-connected children in Kampala therefore demands not incremental improvement of existing systems, but a fundamental rethinking of how resources, responsibilities, and relationships between institutions, families, and communities are structured and sustained.

5.0. Future Aspirations and Goals for street connected children.

Despite the harsh realities of street life, including poverty, stigma, discrimination, and limited access to education and healthcare, street-connected children harbor remarkably diverse and ambitious aspirations for their futures. These children dream of becoming doctors, pilots, lawyers, surgeons, software engineers, entrepreneurs, and artists, alongside locally grounded vocations such as boda boda riders, metal fabricators, and tailors, reflecting aspirations that are

deeply rooted in their East African context. Critically, these aspirations are not passive wishes, the children themselves acknowledge that big dreams, hard work, education, discipline, and success are the foundational pillars required to achieve their goals, demonstrating a sophisticated understanding of the pathway out of street life. This aligns strongly with the study's findings, which reveal that community-led trainings, technical skilling services, in situ schools, and sports facilities have created meaningful, if incomplete, bridges between where these children are and where they want to be. The evidence therefore makes clear that the gap between aspiration and achievement among street-connected children is not a deficit of ambition or character, but rather a structural failure of inclusive systems, and that investing in locally led, accessible, and flexible education and healthcare interventions is not merely a social obligation but a direct response to the very real and very achievable dreams that these children carry with them every day.

Figure 14: Future goals for street connected children. Ai Generated image

6.0. Key Research Arguments

1. This study contests the widely cited figure of 15,000 street-connected children in Kampala, arguing that this number is not only outdated but methodologically unsubstantiated. Based on key informant

interview data from KCCA, the governing authority responsible for city management and other stakeholders, the current estimate sits between 3,000 and 5,000 children, a figure significantly lower than what has been routinely reported in academic literature, NGO reports, and UN agency communications. Several factors explain this discrepancy. First, sustained efforts by KCCA and partner organizations to remove children from the streets and link them to rehabilitation and reintegration programs have meaningfully reduced the visible street child population over time. Second, and perhaps more critically, there is a well-documented tendency among NGOs and international agencies to inflate population estimates in order to demonstrate the urgency of a crisis, justify funding appeals, and maintain donor interest. Unsubstantiated large numbers, repeated uncritically across reports and policy documents, become entrenched in the literature regardless of their accuracy.

2. While existing literature consistently reports that girls constitute less than 10% of the street-connected child population in Kampala, this study argues that such figures significantly underestimate the true number of girls living on or connected to the streets. The underrepresentation of girls in documented statistics is not a reflection of their actual absence, but rather a direct consequence of the methodological limitations of studies that rely on daytime street counts and visible populations as their primary enumeration approach. Girls, unlike boys, are largely invisible during conventional data collection hours, and this invisibility is itself a survival strategy shaped by the specific vulnerabilities they face. During the course of this study, it became evident that a significant proportion of street-connected girls spend their days sheltering in dilapidated buildings, abandoned structures, and informal dwellings, deliberately avoiding public spaces to reduce their exposure to harassment, exploitation, and arrest. Many of these girls engage in transactional sex during the night as their primary means of economic survival, returning to hidden locations to rest during daylight hours. Younger girls in particular remain concealed out of fear of police contact, forced removal, or sexual violence from older male street dwellers.

3. From the life history interviews conducted in this study, street life emerges as a temporary phase rather than a permanent condition for many children. Several participants described trajectories of gradual transition out of street life as they aged. One former street child, now in his late twenties, recounted how he had moved from sleeping in Kampala's markets as a young teenager to eventually securing casual work as a boda boda rider, later renting a single room in Kisenyi and starting a family. Another participant described transitioning into small-scale trading after years on the street, explaining that the physical dangers and police harassment he faced as an older youth made remaining on the streets increasingly untenable. These accounts suggest that street life functions as a survival strategy within a broader urban struggle, one that many young people actively seek to exit as their circumstances and capacities evolve, rather than a fixed or permanent identity.

7.0. Institutional Barriers to effective operation of the above laws and policies.

The following are some of the barriers that arose during interactions with key stakeholders dealing in street connected children affairs;

1. Consistent Underfunding and Budget Inadequacies; Majority of the key implementors for example Ministry of Gender, Labor and Social Development (MGLSD), KCCA don’t receive enough funding to operationalize the policies in place. The MLGSD budget is only 0.1% of

   Uganda’s national budget and this is a fraction of what is needed to operationalize the National Child policy. KCCA and local governments have also presented pleas of underfunding and resource starvation. During an Interview with a KCCA official she remarked that

"We cannot afford to put all these kids in school, so that's why we work with rehabilitation centers. Because we don't have that kind of money."

2. Understaffing of essential social protection officers. Key protection positions are most of the times left vacant at both local and district level leaving critical children's needs unattended to for example the Police child protection unit, KCCA child affairs unit are mostly unavailable.

3. Coordination failures and institutional fragmentation. Majority of the ministries have overlapping mandates for example MLGSD, deals in primary coordination, Ministry of Health for health care etc., these overlapping roles result into reluctance and inaction towards street children work. In one of the interviews, one respondent remarked that

"*I remember when we had just started, some politicians, the local politicians would mobilize parliament and were against the program, and they would say Kampala is for everyone and that we had no right to chase street children away from the city. It was a difficult time"*

4. Legal Inconsistencies and Implementation gaps; The penalties put up to prevent those who employ children is just shs 40.000- or six-months imprisonment and this is too small to deter employment and beneficiaries of child exploitation. Also, there is no universal definition of "street child" in the Ugandan law which at times compromises action.

8.0. Conclusions

This study set out to understand the everyday lived experiences of street-connected children in Kampala, with particular focus on Acholi Quarters and Kisenyi, and to assess the potential of locally grounded strategies to improve their education, health, and welfare. The findings paint a sobering but important picture of a population that is simultaneously visible on the city's streets and invisible within its policy and protection frameworks. The study surveyed about 184 children and qualitative surveys involved Nine (9) focus group discussions, ten (10) life history interviews and nine (9) Key Informant Interviews with key stakeholders from government, Civil Society Organisations and Local Organisations. The evidence confirms that street life is not a choice but a consequence driven primarily by the intersection of chronic poverty with family breakdown, parental death or absence, domestic violence, neglect by stepparents and relatives, and the collapse of informal community safety nets. Poverty alone does not explain why children end up on the streets, since the vast majority of poor children in Uganda do not become street-connected. It is the compounding of economic deprivation with the failure of family and community protection systems that pushes children into urban street life. The streets, in this sense, represent the end point of multiple, overlapping failures of families, communities, and the state rather than a lifestyle that children actively seek out.

The study further contests several assumptions that have long shaped both research and policy on street children in Kampala. First, the widely cited figure of 15,000 street-connected children is shown to be a significant overestimate, likely sustained by advocacy inflation rather than rigorous enumeration. Based on KCCA data, a more credible current estimate lies between 3,000 and 5,000 children. Second, the underrepresentation of girls in existing literature is exposed as a methodological artefact rather than a demographic reality. Girls are not absent from street life, they are hidden from it sheltering during the

day, engaging in transactional sex at night, and deliberately avoiding the public spaces where conventional data collection occurs. Any future research or programming that does not specifically design for this hidden population will continue to fail them. Third, street life is shown to be a temporary phase in many children's urban trajectories rather than a permanent condition, with life history evidence demonstrating that older youth actively seek pathways out through casual labour, small trade, and family formation.

The health and education picture that emerges from this study is deeply alarming. Despite Uganda's Universal Primary Education policy, the majority of children were unable to sustain school attendance beyond primary level, driven out by poverty, the unaffordable cost of secondary education, lack of supplies, and the stigma inflicted by teachers and peers. On health, 85% of children had never accessed formal health services, not because services do not exist, but because they are effectively inaccessible to children without identity documents, and because the discrimination and stigma children encounter at health facilities make attendance more harmful than helpful. Substance use, widely misread as a behavioural failing, is shown to be a rational coping mechanism children's only available tool for managing pain, hunger, and fear in the absence of any formal support. The mental health burden carried by this population, including widespread exposure to violence, sexual assault, and trauma, demands urgent and specialised attention that current systems are entirely unprepared to provide.

The relationship between street-connected children and formal protection institutions particularly the police and KCCA enforcement officers represents one of the most troubling findings of this study. Rather than experiencing these institutions as sources of protection, children consistently described them as sources of fear, arbitrary violence, extortion, and punishment. Nearly half of all children surveyed reported experiencing violence on the streets, with police conduct featuring prominently in these accounts. This broken relationship does not only cause direct harm; it actively prevents children from seeking help, thereby deepening their isolation and vulnerability. Rehabilitation facilities such as Kampiringisa, operating on punitive rather than therapeutic models, have in documented cases returned children to the streets in worse condition than when they arrived. The gap between the stated mandate of child protection institutions and the reality children experience is not a minor implementation failure it is a fundamental systemic problem that requires urgent institutional reform.

Against this backdrop of systemic failure, locally grounded organisations such as the Aliguma Foundation, Meeting Point International, UYDEL, and 22 Stars emerge as the most effective and trusted actors in street children's lives. Their approaches flexible community schools, sports-based outreach, peer mentorship by former street youth, and services delivered where children actually are generating the trust and accessibility that formal institutions have consistently failed to build. Children engage with these organisations not because they are compelled to, but because these organisations meet them on their own terms. However, the potential of these local models is severely constrained by chronic funding instability. The stop-start pattern of support that results when funding runs out is itself a form of harm, repeatedly raising children's hopes and then withdrawing the support before they are stable enough to sustain progress independently.

Uganda's legal and policy framework for child protection is, on paper, substantially. The 1995 Constitution, the Children's Act, the National Child Policy of 2020, and the KCCA Child Protection

Ordinance collectively establish strong normative commitments to children's rights and welfare. In practice, however, the Ministry of Gender, Labour and Social Development operates on just 0.1% of the national budget wholly inadequate for meaningful implementation. Child protection positions at local government level remain chronically vacant, and overlapping mandates across KCCA, the police, the Ministry of Health, and the Ministry of Gender produce confusion and inaction rather than coordinated response. The policy architecture exists; what is missing is the political will and resourcing to make it real.

This study therefore concludes with a clear and urgent argument: the situation of street-connected children in Kampala will not be meaningfully improved by more of the same. It requires a fundamental reorientation away from punitive, exclusionary, and fragmented responses, and toward sustained, coordinated, and community-anchored investment in children's education, health, and welfare. Local organisations must be recognised not as peripheral service providers but as the frontline of an effective response system, and funded accordingly. Government institutions must be reformed to become genuinely protective rather than harmful in their interactions with children. And future policy must be grounded in accurate, rigorously collected evidence that accounts for hidden populations, challenges entrenched assumptions, and places the voices and lived experiences of street-connected children at its centre. These children are not a problem to be managed off the streets. They are rights-bearing individuals whose circumstances demand a response equal in seriousness to the scale of failure that produced them.

9.0. Recommendations for enhanced advocacy

The following recommendations are directed at government agencies, local authorities, and policymakers. They are grounded in what this study found to be the most significant barriers between street-connected children and meaningful, sustained support;

- The Government of Uganda should designate a lead institution most appropriately the Ministry of Gender, Labor and Social Development with a clear mandate, sufficient staff, and a dedicated budget line for homeless children living without parental support in urban areas. This must not be another coordination meeting; it must be a funded operational structure with real decision-making power.

- The Ministry's budget allocation for child welfare should be increased significantly from its current 0.1% of the national budget to a level that makes implementation possible. International partners and donors should be lobbied to co-finance this increase under existing poverty reduction and child protection frameworks.

- KCCA, the Uganda Police Force, the Ministry of Health, and the Ministry of Gender must establish a joint operating protocol that clearly specifies which institution does what when a street child is encountered, and how referrals between institutions are handled. Overlapping mandates must be resolved, not just documented.
- Child labor laws should clearly distinguish between exploitative employment of young children, where stronger penalties and enforcement are necessary, and regulated, no hazardous work for older adolescents aged 15 and above. Rather than blanket prohibition, government should introduce employer incentives to create supervised, legitimate work opportunities for older

street-connected youth. Government should promote supervised and legitimate employment arrangements that do not interfere with education or expose adolescents to harm. In addition, employer incentives could be introduced to encourage businesses to provide safe, regulated work opportunities that support rehabilitation, skills development and social reintegration of older street connected adolescents.

- The Children's Act should be amended to ensure that lack of identity documents does not automatically exclude children from accessing essential services such as emergency healthcare, primary education enrolment, and child protection interventions. While government services necessarily rely on administrative procedures to regulate access, exceptions should be made for vulnerable children who are clearly underage and unable to produce documentation. For example, where a child reasonably appears to be below the age of 12 years, access to basic services should not be denied solely on the basis of missing identification documents. Alternative verification measures, including assessment by local authorities, probation officers, social workers, or community leaders, could be used until formal documentation is obtained. This would help prevent street-connected children from being excluded from services to which they are legally entitled.

- Despite good intentions, the KCCA Child Protection Ordinance harms the street children it aims to protect. Criminalising giving money or food to them, and enforcing round-ups without guaranteed rehabilitation, pushes children away from public spaces where NGOs can reach them paralleling unintended harms seen in punitive child labour enforcement. The Ordinance needs comprehensive review, incorporating meaningful input from street-connected children and frontline NGOs. Revisions should prioritise safe access to support over punishing visibility. Enforcement should only proceed where a well-resourced rehabilitation pathway already exists, ensuring removal from the streets results in genuine support rather than deeper marginalisation.
- Government should prioritize improving the accessibility of public schools to the needs of street connected and highly vulnerable children, particularly in informal settlements such as Kisenyi and Acholi Quarters. While some community and NGOs run learning spaces currently fill important gaps for children who are excluded from mainstream education, the long-term policy focus should remain on strengthening the public education system so that it can effectively accommodate these children. This includes reducing barriers to enrolment, supporting school feeding programmes, and strengthening child protection and psychosocial support within government schools. Findings from the research primarily highlighted challenges of exclusion from formal education.
- The study identified significant mental health challenges among street connected children, including trauma, emotional distress, and substance abuse, yet access to appropriate support services remains extremely limited. However, further research is needed to identify realistic and appropriate models for delivering mental health support within informal urban communities such as Acholi Quarters and Kisenyi. Rather than immediately calling for large scale expansion of specialised services, government and partner organisations should first pilot and evaluate community-based approaches, including psychosocial support integrated into existing outreach and child protection programs. Collaboration with NGOs already providing informal counselling and rehabilitation support could help generate evidence on effective and sustainable models before broader policy implementation and scale up are pursued.

- Sexual and reproductive health services must be made available to girls on the streets in a way that does not require them to travel far, produce identity documents, or risk discrimination. Mobile outreach clinics and community health worker programs should be the delivery mechanism.
- The Uganda Police Force Child Protection Unit must be adequately staffed and funded at both national and local level. Currently, the unit exists in name only in many areas, with positions left vacant.
- Police officers who interact with street children should receive mandatory training on child rights, trauma-informed engagement, and the legal protections that apply to children. The current approach arresting children found on streets or using drugs without any follow through to rehabilitation or family tracing achieves nothing except deepening children's distrust of authority.

10.0. Research based recommendations

This study has opened important doors in understanding street children in Kampala. However, several significant questions remain unanswered, and several methodological improvements would strengthen future work. The following recommendations are directed at researchers, universities, and organisations commissioning future studies.

- This study was located in Acholi Quarters and Kisenyi 184 children were engaged through a structured questionnaire in Acholi quarters,4 FGDs of street children in Acholi quarters were conducted i.e. accompanied girls, non-accompanied girls, accompanied boys and non-accompanied boys. 2 FGDs of non-accompanied girls and boys were also conducted in Kisenyi.10 life history interviews were conducted across the two settlements and 9 Key informant interviews. While the findings are deeply informative, Kampala has many other areas where street children are concentrated Katwe, Old Taxi Park, Nakivubo, Owino Market, Mengo, and others. A city-wide count, conducted using standardized methodology across all major hotspots, would give policymakers and service providers a reliable number to plan around.
- Although the study was conducted within a limited timeframe, the use of life history narrative interviews enabled participants to reflect on experiences and transitions over extended periods of their lives, rather than only describing present circumstances. The findings therefore provide insight into pathways into street life, patterns of survival, family breakdown, exposure to violence, and attempts to exit the streets over time. However, because the study was not longitudinal, it could not directly track changes in children’s circumstances over months or years, nor systematically evaluate which interventions produce sustained long-term outcomes. Future longitudinal research could build on these narratives to better understand long term trajectories and the factors associated with permanent reintegration off the streets.
- Community schools, sports-based outreach, vocational training, residential shelter, and peer mentorship programmes are all being used in Acholi Quarters and elsewhere in Kampala. Although a range of interventions such as community schools, vocational programmes, shelters, and sports-based outreach are operating in Acholi Quarters and Kisenyi, the findings of this study suggest that many of these initiatives have had limited success in producing meaningful or lasting change in the lives of street connected children. Very few participants described NGO programmes as having fundamentally altered their circumstances or enabled long term reintegration off the streets. Instead, the moments that appeared most transformative in participants’ narratives were often acts of sustained personal support from individual adults who chose to help them directly, whether through shelter, school support, guidance, or emotional care. This suggests that while

organised programmes may provide temporary relief, they often struggle to address the deeper social, economic, and relational conditions that keep children on the streets. Future research should therefore move beyond simply documenting existing interventions and critically examine why many current approaches fail to produce durable outcomes, as well as what forms of support children themselves experience as genuinely life-changing.

11.0. Limitations of the study

The mental health data in this study was based on children's own responses to survey questions rather than on clinical assessments by trained mental health professionals. While the findings clearly show that large numbers of children are struggling with serious mental health difficulties, the exact numbers particularly around conditions like schizophrenia should be interpreted carefully. A survey questionnaire cannot replace a clinical diagnosis, and some children may have described their experiences in ways that did not perfectly match the categories used in the survey. The findings point strongly to the need for professional mental health assessment services in the area, even if the precise percentages may shift once more rigorous tools are used.

Some questions particularly about sexual experiences, drug use, involvement in illegal activities, and violence are sensitive topics that children may have been reluctant to answer fully, even in a setting designed to feel safe. Some children may have given answers they thought the researchers wanted to hear, or may have withheld information out of fear, embarrassment, or mistrust. This is a known challenge in research with vulnerable children and cannot be entirely eliminated. The research team worked hard to build trust and assure confidentiality, but some under-reporting in sensitive areas is likely.

Only 27% of survey respondents were female. This partly reflects the real-world reality that more boys than girls are visibly present on open streets. However, it also means the study has much less data about girls' specific experiences, particularly around sexual exploitation, domestic servitude, and reproductive health. The findings related to girls should be treated as indicative rather than definitive, and a dedicated study on female street-connected children is needed to fill this gap.

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Appendices

Appendix

1: Questionnaire

Project Title: In Between Marginality and Socially Constructed Urban Survival (IBM-SCUS): Assessing the potential of local-centric models for education, health and welfare of street children in Kampala

INTRODUCTION

The Department of Geography, Geo-Informatics and climatic sciences, Makerere University received financial support from the Global Development Network (GDN) to carry out a study titled "In Between Marginality and Socially Constructed Urban Survival (IBM-SCUS): Assessing the potential of local-centric models for education, health and welfare of street children in Kampala". The study looks at the various education health and welfare services that are in place to improve life for the street children.

A blend of methods including Qualitative Surveys, (i.e., participatory observations, in-depth interviews and focus group discussions) and quantitative (i.e., surveys) are to be deployed and the study team shall engage the settlement residents and/or workers, local leadership structures, networks, the private sector, public agencies, development partners and civils society agencies to generate evidence on the subject matter. In addition, engagements with relevant partners shall also be organized to share and initiate dialogues about the key findings as a way of influencing evidence-based actions, policy and practice. This research will inform interventions for targeted and meaningful socially acceptable, locally inclusive and sustainable strategies that emphasize equity, equality and justice while addressing the issue of street children in Kampala.

Thank you so much for agreeing to participate in this discussion/interview. We are going to specifically talk about your household's basic information, daily life challenges, how you access basic services related to education, health and overall welfare, Intervention Impacts and key recommendations on how service delivery can be improved.

Consent

Do you agree to participate in this survey?

1. Yes
2. No

Background Information

3. A.1. Name of interviewer:
4. Category of the street child
    a) Accompanied/has a home
    b) Non-accompanied/homeless

c)Others

    c) Others

SECTION A. Basic Information

A.1. Gender of respondent

a) Male
b) Female

A.2. Age (in years):

a) 8-12
b) 13-15
c) 16-18

a)

A.3.Which settlement do you come from?

a) Kisenyi
b) Acholi quarters

A.4. For how long have you stayed in this settlement?

……

A.5.Were you born in this area?

a) Yes
b) No

A.5.1 If no, where were you born? (Village, Town, Another Country)

.....

A.6. If you came another country, can you specify your country of Origin?

……..

A.6.1 Where did you live before you lived on the streets?

a) In a Village
b) Town/Urban area
c) Another Country (Not Uganda)

……..

A.7.For how long have you lived on the streets?

……

A.8. What is your highest level of education attended?

a) Never attended formal education
b) Nursery
c) Primary
d) Secondary (O Level)
e) Secondary (A Level)

A.9. Can you read and write?

a) Yes
b) No

A.9.1. Did attending school help you in any of the following ways

a) Getting a job (YES/NO)
b) Move out of your home (YES/NO)
c) Meet New people (YES/NO)
Others (Specify)

A.10: Disability if any

a) Physical disability
b) Sensory disability
c) Learning disabilities
d) Mental health challenges
e) Albinism
f) Others(specify)

A.11. Do you experience any of the following Mental health challenges?

a) Addiction
b) Depression
c)Anxiety
d) Post Traumatic Stress Disorder (PTSD)
e) Schizophrenia
f) Others specify

SECTION B. Daily Life and Challenges

B.1. How do you spend your most of your day time?

a) Drinking with friends
b) Visiting my friends
c) Sleeping
d) Working
e) Others (specify)

B.1.If you work, which kind of activities do you engage in to earn a living?

a) Begging
b) Working in a quarry
c) Picking plastic bottles
d)Fetching water
e) Working as an attendant at a restaurant

g) Collecting and selling scrap materials
h) Carrying loads for people
i) Service Provision
j) Others

If you deal in service provision, what kind of services do you provide?

……

B.2. Do you feel safe living/working on the streets?

YES
NO

B.2.1. Do you have a regular place to sleep every night?

Yes
No

B.2,2. Do you have regular access to food?

Yes
No

B.2.3. Have you experienced any form of Violence while surviving on the streets?

Yes
No

B.2.4. If yes, who has subjected you to this form of violence?

……

SECTION C. Access to Services

C.1. Do you currently have access to education services?

Yes
No

C.2. Which kind of education services have you had access to?

a) In-situ community schools
b) Government-UPE programs
c)) Technical skilling services
d) Community-aided trainings
e) Community-sports facilities
e) Others specify.

C.3. Considering the above following services in line with education, have you used any of these services?

a) Yes
b) No

C.3.1. If Yes, how often do you have access to these services?

a) Daily
b) Weekly
c) Monthly
d) Quarterly
f) Annually

C.4. Have you received any other forms of education support?

Yes
No

C.4.1. Which other forms of education support have you received so far?

……..

C.5. How useful has this kind of support been to you?

……..

C.6. Have you had any challenges in acquiring these education-related services?

a) Yes
b) No

If Yes, can you specify some of the challenges encountered?

……..

C.7. . Do you have access to any health-related support/services?

Yes
No

C.7. Which kind of health services do you have access to?

a) Immunization services
b) Sexual Reproduction Health services
c) Free Counselling services
d) Free medication facilities
e) Adolescent and youth health facilities
f) Others

C.7.1. Considering the above services in line with health, have you used any of these services?

Yes
No

C.7.2. If Yes, how often have you used these services?

a) Daily

b) Weekly
c) Monthly
d) Quarterly
e) Annually

C.8. Have you received any other kind of health Support?
Yes
No
C.8. Which other forms of health support have you received so far?
……..

C.9. How useful has this health support been to you?
……..

C.8. Have you had any challenges having access to any of these services?
a) Yes
b) No

C.9. If Yes, what challenges have you encountered so far?
……

C.10. If yes, how effective were these programs in addressing your needs?

a) Not Effective
b) Slightly Effective
c) Moderately Effective
d) Very Effective

C.11. Have you received any other forms of support?
Who has been the main providers of the support that you have access to?
Religious leaders
Police
Shop Keepers
Passers-by
Others (Specify)

SECTION E. Intervention Impact
E.1.What are your future goals or aspirations?
……..
E.2.In your opinion, how do you think these programs that you have access to could help you achieve your goals?
……
SECTION F. Recommendations
F.1. What improvements would you suggest for the current support programs?
……..
SECTION G: Conclusion.

G.1.Is there anything else you would like to add about your experiences or the support you receive?

a) Yes(Explain)
b) No

END

Appendix II: Key Informant Guide

Key Informant Interviews (KIIs) Topic Guide

Key Socio-demographic data

a) **Name/Participation ID**
b) **Occupation/position**

Introduction and Background

We are conducting research on street children in Kampala and their access to education, healthcare and child protection. Before starting this interview, please make sure that you have read the information sheet and completed the consent form.

- What is your understanding of the current situation of street children in Kampala, e.g. do you think that most live on the streets with other street children or do they return home to their families?
- Probe more: refugees, the homeless, stateless children, the abandoned, those that run away from home?
- Based on your professional knowledge, what are the main reasons that children come to be living on the street in Kampala?

a) Probe: to earn money; to escape violence at home; to be with friends; to feel free?
2. Which specific streets do children commonly occupy? What are the main factors that drive the children to live on the streets?

Education:

1. What do you observe about the educational needs of the street children?
    - What challenges do these children face when trying to access education?
    - **Probe;** how do cultural, historic, security, economic, and family-related factors play a role?
2. Which educational services have been you/your organization put in place to handle the education needs of street children?
3. What are some of the challenges have you/your entity faced while putting in place education initiatives for street children in Kampala?
4. Do you think the existing education services are effective to meet the needs of street children in Kampala?

Health:

1. What do you observe about the health needs of street children in Kampala?

.

2. Which health services have you/your organization put in place to handle the heath needs of street children in Kampala?
    - **Probe:** particular clinics or organizations that street children rely on for health services, or neighborhood health services; types of health services accessed frequently i.e., vaccinations, emergency care, mental health services etc., primary providers of services e.g., NGOs, government clinics, private practitioners, Village health teams (VHTs); financial arrangements for accessing services i.e., free services, means of finding out health services.
3. What challenges do you/your organization face while delivering these health services to the street children?
    - **Probe:** barriers encountered e.g., transportation, stigma, lack of information etc.; effect of challenges on willingness to seek help; specific times or locations where accessing services is more difficult or easier; how does fears of authorities or discrimination affect access to health care.
4. Have you/ your organization put in place alternative ways in which street children can attain health care when they don't have access to formal health care?
   Probe: alternative methods used of treatment e.g., home remedies, community support; which kind of illnesses are treated alternatively; prioritization of needs when resources are limited; presence of community networks or informal support systems; modalities of handling chronic conditions without formal treatment; role of peer support in coping with health complications.

5. Do you think the existing health services are effective to meet the needs of the street children?

Welfare and Protection:

1. Can you describe the most common threats street children encounter on the streets?
    - **Probe:** observance of any specific issues related to violence, participation in criminality, mob justice, abuse, or exploitation; effect of risks to physical and mental well-being; particular locations or times when the risks are heightened; response of street children to navigate the threats.
2. What local support systems (family, community-based organizations, or informal networks) have been you/your organisation put in place to protect and support these children?
    - **Probe:** organizations/ groups/individuals (formal and informal) actively working to support street children; role of families (if present) in providing support and protection; ease of access to support systems; modalities of connections to organizations/people/networks; effectiveness of support systems in ensuring well-being.
3. Do you feel that these support systems are effective in ensuring their well-being?
    - **Probe:** strengths of support systems; areas of improvement; success stories or examples where support systems have made a positive impact; perception of street children on support systems in places; any feedback heard from the children regarding the assistance received.

Policies

1. Which policies have been developed to address the education, health and welfare needs of street children in Kisenyi/ Acholi quarters?

2. Do you think these policies are effective in addressing the education, health and welfare needs of street children in Kisenyi/Acholi quarters? Probe: How have they been effective, If No, why have they not been effective?
3. How best do you think these various stakeholders and policy formulators can be mobilized, for sustained knowledge exchange, action and policy development towards addressing the education, health and welfare needs of street children?

Conclusion

- Is there anything else you would like to share about the challenges and opportunities related to street children in Kampala?

Appendix III: Focus Group Discussion Guide for Street Uncles.

Focus Group Discussions Street uncles
Key Socio-demographic data

a) Name/Participant ID: _____
b) Duration of stay: _____
c) Settlement: _____
d) Age: _____
e) Occupation: _____
f) Marital status: _____
g) Highest level of qualification: _____

Part 1: Setting Context

1. How long have you been working in this area (Kisenyi/ Acholi Quarters)?
2. What motivated you to work with street children in this area?
    - Probe more: from for either events or circumstances; how they started; who they looked up for; supported they got to ground themselves in street children work etc.
3. How do you define the background of street children in this community?
    - Probe more: refugees, the homeless, stateless children, the abandoned, those that run away from home?
    - Explore the spatio-temporal dynamics- are there specific streets where they can be found? what times of the day do they be on the specific streets and why? Where do the street children come from? What are the reasons for their presence on the streets?
4. What roles do you play in the daily lives of the street children in your neighborhood?
5. How do you generally support the street children, both emotionally and practically?

Part 2: Understanding the Street Children's Needs

Education:

5. What do you observe about the educational needs of the street children?
6. What challenges do these children face when trying to access education?
7. Do any of them attend school, and if so, what kind of education are they receiving?
    - **Probe:** formal and non-form education; who provides such education? what have been the benefits of such educational opportunities to street children? What gender constraints/opportunities do you observe- is a specific gender of street children prioritized over others, If so why is that the case?
8. How are finances for their education mobilized?
9. In your opinion, what are some barriers to street children in accessing formal education?
    - **Probe;** how do cultural, historic, security, economic, and family-related factors play a role?
    - How do such barriers vary across gender?

Health:

6. What health issues are most common among the street children?
    - **Probe:** description of specific health conditions frequently encountered; effects of health issues on daily lives and activities; existence of seasonal variations in health issues; variation of health issues between younger and older street children.
7. Which specific health interventions or services do they use?
    - **Probe:** particular clinics or organizations that street children rely on for health services, or neighborhood health services; types of health services accessed frequently i.e., vaccinations, emergency care, mental health services etc., primary providers of services e.g., NGOs, government clinics, private practitioners, Village health teams (VHTs); financial arrangements for accessing services i.e., free services, means of finding out health services.
8. What challenges do street children face in accessing health services?
    - **Probe:** barriers encountered e.g., transportation, stigma, lack of information etc.; effect of challenges on willingness to seek help; specific times or locations where accessing services is more difficult or easier; how does fears of authorities or discrimination affect access to health care.
9. How do street children cope with illnesses or injuries when they do not have access to formal healthcare?
    - **Probe:** alternative methods used of treatment e.g., home remedies, community support; which kind of illnesses are treated alternatively; prioritization of needs when resources are limited; presence of community networks or informal support systems; modalities of handling chronic conditions without formal treatment; role of peer support in coping with health complications.

Welfare and Protection:

4. Can you describe the most common threats street children encounter on the streets?
    - **Probe:** observance of any specific issues related to violence, participation in criminality, mob justice, abuse, or exploitation; effect of risks to physical and mental well-being; particular locations or times when the risks are heightened; response of street children to navigate the threats.

5. What local support systems (family, community-based organizations, or informal networks) are available to protect and support these children?
    - **Probe:** organizations/ groups/individuals (formal and informal) actively working to support street children; role of families (if present) in providing support and protection; ease of access to support systems; modalities of connections to organizations/people/networks; effectiveness of support systems in ensuring well-being.
6. Do you feel that these support systems are effective in ensuring their well-being?
    - **Probe:** strengths of support systems; areas of improvement; success stories or examples where support systems have made a positive impact; perception of street children on support systems in places; any feedback heard from the children regarding the assistance received.

Part 3: Exploring Existing Interventions and Local Models

1. Are you familiar with any locally based models or initiatives that aim to support street children (e.g, community health programs; sports; education; art and culture; music etc.)?
    - **Probe:** describe specific initiatives or programs you've encountered; how initiatives are being learnt; personal experience or involvement with models; engagement of initiatives with street children; organizations leading such efforts; opportunities such models have brought to street children.
2. How do you perceive their effectiveness in addressing the needs of street children?
    - **Probe:** Factors contributing to or hindering the effectiveness of the initiatives; specific outcomes observed resulting from programs; perception of street children about the effectiveness of initiatives; availability of metrics/data shareable to highlight impact i.e., number of beneficiaries, frequency of access to programs, etc.
3. What services (health, education, welfare) have shown the most impact?
    - **Probe:** Specific services street children utilize frequently; examples of programs that have made significant difference in their lives; how services/programs address immediate needs of street children; particular age groups or demographics that benefit more from the services.
4. What are the gaps in current services or interventions for street children?
   Probe: specific needs that remain unmet; services/initiatives that are lacking or under-resourced; effect of gaps on children's ability to access education, healthcare and welfare; specific instances where lack of services has had a negative impact on a street child's life; changes believed to improve the current situation for street children.

Part 4: Challenges and Opportunities for Improvement

1. What role can local community members, like yourself, play in facilitating these changes?
    - **Probe:** ways in which community members contribute to support street children; examples of community initiatives that have successfully engaged local residents; skills or resources community members can offer; means through which community members raise awareness about challenges faced by street children; barriers that might prevent locals from getting involved.
2. In your view, how can formal and informal stakeholders (government, NGOs, community leaders, and other actors) work together to create more sustainable solutions for street children?

- **Probe:** Collaborative efforts effective in addressing the needs of street children; means of strengthening such partnerships; specific roles of each stakeholder in collaborations/partnerships; means of improving communication and coordination among stakeholders.

3. Do you have any additional thoughts on how we can improve the lives of street children, particularly in terms of their education, health, and overall welfare?
    - **Probe:** Innovative solutions that could be implemented to address the needs; specific programs or practices from other contexts to be adapted locally; means of better engagement with street children for discussions about their own needs and solutions; role of technology or community-based approaches in improving welfare; specific policies or changes at community, city or national level that might be beneficial.

Appendix IV: Focus Group Discussions Guide for Children.

Focus Group Discussions (FGDs) Topic Guide_ Street Children

We are conducting research on the experiences of street children and their access to education, healthcare and child protection. To understand more fully the experiences of street children, we are implementing focus group discussion with 6-8 children who are living or working on the streets to share with us their experiences, this information will very much facilitate the processes of decision making.

1. Can each individual introduce themselves to the rest of the participants?

2. Can each person tell me how old they are, how long they have lived on the streets and where they stay? If you live permanently on the streets, do you see your family, if no, when did you last see them?
3. If you don't sleep on the streets, can you tell me where you live, who you live with and the hours you spend on the streets.
4. Can you tell me about how a typical day looks like for you when on the streets? Can you tell me about your experience living and working on the streets?
5. What organizations' or people (individuals) have supported you as a street child?
6. What did they do for you (e.g. did they give you food, shelter, schooling, medicine).
7. What else would you have liked them to do for you (e.g. protect you).
8. Who is the most important people in your daily life who give you food, or shelter, or care or who are good company and make you feel safe?
9. What do you think can be done to improve service delivery (In regards to education and health) so that you can benefit from it more?

Appendix V: Life History Narratives Topic Guide

Introduction

We are conducting research on the experiences of street children and their access to education, healthcare and child protection. To understand more fully the experiences of street children we are taking Life history interviews with four to six former street children. Thank you for agreeing to take part in this interview. We hope to understand how during your childhood and while living or working on the street you experienced health, education and child protection.

Introduction

1. What is your earliest significant memory of living or working on the streets of Kampala?

Thank you for sharing that memory. We are interested in education, healthcare and protection (and exposure to violence). To understand your experience of these three aspects of street children's life we

are going to ask you to recall 2 or 3 significant moments that, for you, stand out in relation to each of these three aspects.

1. Firstly, can you tell us about2 or 3 significant moments about your **education and learning**, whether in school or in the community, and why they stand out for you.
   Probe: If respondent has shared moments about their education and learning, ask about the kind of services they used to obtain.
   If respondent has no shared memories, ask about the constraints that hindered them from benefiting from the education programs.
2. Secondly, can you tell us about 2 or 3 significant moments about your **health** and getting looked after when sick or injured, and why they stand out for you.
   Probe: If respondent didn't access any health services during that period, ask about what constrained their access to such services.
3. Finally, can can you tell us about three significant moments when you experienced **violence** from others - whether other children, adults, or officials. Can you say if anyone tried to **protect** you; and why these events stand out for you.
4. Thank you for sharing these moments from your life with us. We are also interested in how people move from being street children to being adults. To what extent and in what ways is your life now different from your life then?
5. Is there anything else you would like to add?
6. It can be difficult talking about the past. If you find you are upset after speaking with us please let the interviewer know and she or he will suggest organizations' and people that can support you going forward.

APPENDIX VI… PHOTOS


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