



**DRUG TREATMENT, REHABILITATION AND HIV/AIDS PREVENTION AND OFFER  
OF EDUCATION AND WORK OPPORTUNITIES TO STREET CHILDREN  
IN ARUSHA REGION-TANZANIA  
PROJECT NO. 154/10178**

**FINAL PROJECT REPORT**

**PROJECT FUNDERS:**



# **FINAL PROJECT REPORT**

## **Introduction:**

The Drug Treatment, Rehabilitation and HIV/AIDS Prevention project was designed as a 3 year project to run from January 2009 – December 2011. This report coming at the end of the 3 years represents the 3 year as well as final report of this project. The report gives a summary account and analysis of the accumulated progress of implementation over the 3 years, achievements registered as a result of its implementation of this project, challenges experienced over the period, lessons learnt from implementing this project, the future of the Orphans Foundation fund (OFF) and CHISWEA (it's partner) in working with children and young people living on the streets and, ends with a conclusion.

## **Country Context:**

Tanzania is among the poorest countries in the world with a per capita gross national income of US \$ 660. Tanzania is ranked at position 162 out of 177 countries on the Human Development Index of UNDP (2004). The percentage of people estimated to be living below the poverty line is estimated to be 36%. Like many other countries in the Sub-Saharan Africa, the average HIV prevalence rate in **Tanzania** is rather high and is reported at 5.8%. It's estimated that there are around 2 million people living with HIV & AIDS in Tanzania; of these 160,000 are estimated to be children. Women and youth are the two groups most affected by the epidemic. It's further estimated that there around 1.2 million orphans in Tanzania. AIDS coupled with poverty are the major causes of vulnerability for adults as well as children. Government of Tanzania has responded to this pandemic through and policy, legislation and programmes. Government response has been supported and reinforced by donors and civil society and private sectors responses. The Drug Treatment, Rehabilitation and HIV/AIDS Prevention project is part of Civil Society response to HIV & AIDS pandemic and its consequences specifically the problem of street children in Arusha and the vulnerabilities they face. Despite current responses, the level of vulnerability within local communities is still very high.

## **Project Context:**

The Drug Treatment, Rehabilitation and HIV/AIDS Prevention project was designed as a response to the problem of children and young people living on the streets of Arusha Municipality, the Republic of Tanzania. A funding application was made to CORDAID of the Netherlands who accepted to fund the response plan/strategy put together by Orphans Foundation in partnership with CHISWEYA. To date, CORDAID has made available a total of EURO 100,000.00 for implementation of this project geared at improving the quality of life of children and young people living on the streets through rehabilitation and reintegration including equipping them with livelihood skills. The project aimed to reach a total of 150 children and young people living on the streets. Over the 3 year period, the project has supported a total of 150 children and young people living on the streets with various services stipulated in the project design. At the start of the project, a total of 8 staff were recruited to implement the project. There has been minimal staff turnover on the project. A total of 5 Professional staffs from OFF and CHISWEA have been committed to implementation of this project on a day to day basis.

## **Situation of children and young People living on the Streets in Arusha:**

According to Mkombozi's Strret Children Census over the years, there has been an increase in the number of children and young people living on the streets in Tanzania, over the years. The key driving factors have been a combination of socio-economic factors including high poverty levels thus putting a lot of pressures on the family unit, HIV & AIDS epidemic leading to a high number of orphans without adequate care, and high unemployment figures among young people. In the case of Arusha, children and young people living on the streets population keeps fluctuating. Mkombozi census of 2005 put the number at 876 in Arusha (i.e. 144 girls and 731 boys). Their recent census of 2010 put the number of children and young people living on the streets at 520. The decrease could be a s result of the different interventions over the years to take children of the streets, mobile nature of street children between Towns and cities as well transition to adult and therefore finding something else to do. Children and young people living on the streets continue to pose a major challenge to society. They need to be rehabilitated and reintegrated back to normal societal life. It's critical that the problem of children and young people living on the streets get due attention from all stakeholders. Current, efforts to deal with the issue of street children are still weak, inadequately coordinated and under resourced.

## **Project Objective:**

### **Overall Objective**

To deliver services to 150 children in Arusha city and change their behaviors, attitude and practices towards drug abuse and improve their quality of life.

**The project specific objectives are:**

- 1) To map the population of the street children with solvent abuse problems.
- 2) To provide drug Treatment and Rehabilitation of street children with solvent abuse problems.
- 3) Offer education and work opportunities to rehabilitated street children, enabling them to fulfill their potential and become self reliant.

**Planned Project Activities**

- i. Planning meeting with stakeholders
- ii. Mobilisation, assessment and identification of beneficiaries
- iii. Rehabilitation of children & young people living on the streets
- iv. Psycho-social support
- v. Training street children with vocational skills
- vi. Job placement
- vii. Health support to street children
- viii. HIV/AIDS prevention and education
- ix. Provision of startup kits
- x. Community re-integration
- xi. Networking and institutional cooperation
- xii. Quarterly assessment meetings
- xiii. Midterm evaluation

**Objective One: To map the population of the street children with solvent abuse problems.****Interventions implemented****(i) Planning meeting with stakeholders**

At the beginning of the project, one day planning meeting was held by Orphans Foundation Fund and its project partners to have a clear understanding of issues affecting street children and what services shall be required by the children. The meeting involved Orphans Foundation Fund & Adventist Relief & Rehabilitation Agency (ADRA) staff, Mt. Meru Hospital, Regional Social Welfare, CHISWEA, selected OVC & Vocational centers. A total of 100 stakeholders participated in this meeting. During the meeting different service providers were selected to provide health care and education support (both formal and informal) to the children. The key outcomes of this were: Orphans Foundation Fund signed Memoranda's of Understanding with the service providers to offer education, health and other related services. Secondly, roles were shared among implementing partners with regard to project implementation.

**(ii) Mobilisation, assessment and selection of beneficiaries**

Over the 3 years, Orphans Foundation Fund and CHISWEA have been using their staff (Social Workers) to mobilise, assess and indentify children and young people for support by the project.

This was not an easy exercise considering that all children and young living on the streets are all eligible for support for one reason or another. The guide the assessment and selection processes, a criteria was developed at the begging of the exercise. Key among the criteria was willingness to be enrolled on the project, length of time spent on the streets – the less the time better, age – with

priority given to the young ones, reasons for being on the streets, experience on the streets, e.t.c. Scores were assigned to each element of the criteria and these would be added up and later discussed by the committee responsible. The assessment exercise enabled staff to further appreciate the difficulties and vulnerabilities of children and young people living on the streets and opened up active on-going contacts even with those who were not admitted on the project. The assessment information was also used in supporting the children admitted for support.

**Objective Two: To provide drug Treatment and Rehabilitation of street children with solvent abuse problems.**

### **Interventions Implemented**

#### **Rehabilitation of children & young people living on the streets**

Right from the conception stage of this intervention, rehabilitation was a critical element designed to ensure that children and young people brought of the streets are supported to drop harmful and disruptive behaviour that serve to increase rejection and discrimination against them and stand in the way of supporting them to become useful citizens. A total of 150 children were enrolled on the programme over the 3 years; 50 per year - for rehabilitation and have been helped to become useful people through undergoing counseling, games and sports, psychosocial support interventions, life skills training, vocational skills training in different trades of their choices as well as improved overall care and support through meeting their physical and social needs on day to day basis.

As a result of these interventions, there has been remarked improvement in social behaviour of the children and young people taken out of the streets. A number of children have ceased the use of drugs or reduced its consumption, have dropped behaviours typically associated with children and young people living on the streets, and gone through their vocational training courses with discipline. We have had a few cases of where children have dropped out of the programme. The average dropout rate over the 3 years is 12.7%. The success rate based on number of children and young people who have been able to persist on the programme and acquire skills and have been resettled is at 87.3%, over the 3 years.

The rehabilitation component of this programme was undertaken by our partner organisation CHISWEA using qualified and competent counselors and Social Workers. Children and young people who have already been resettled, have been encouraged to keep contact with the Centre in case of any problem and need and this channel is being used and former beneficiaries continue to be supported with advice, counseling as well as materially.

#### **(iii) Psycho-social support**

As part of the critical services rendered under the project, children have been receiving on-going psychosocial support services offered by trained counselors and social workers at CHISWEA Orphanage Centre. There has been both individual and group counseling sessions for all the children especially those exhibiting behavioural problems. Other psychosocial support activities have included structured recreation and play, guest speakers from outside including former beneficiaries from this Orphanage Centre, and martial arts by one of the staff at the Centre. The Centre has also encouraged peer support to improve the behaviour, discipline and social adjustment of the children under the programme. The benefits of psychosocial interventions have included children going off drugs or reducing drug intake, beneficiaries being able to complete their courses in the different trades, and there has been overall improved social adjustment by children formerly living and working on the streets.

**Objective Three: Offer education and work opportunities to rehabilitated street children, enabling them to fulfill their potential and become self reliant.**

**Interventions implemented**

**(i) Vocational Training**

As part of the rehabilitation and reintegration interventions for children and young people living on the streets, they were given a chance to enroll for formal vocational education as well as apprenticeship courses of their choice. A total of 150 children and young people enrolled for the following vocational courses: Welding 7; Tailoring 24; Hotel and Home Management 69; Vehicle Mechanics 58, and Electrical Works 2 as well as computer training. Beneficiaries are equipped with practical skills over a short period to enable to get employment and earn a living. They were guided in choosing appropriate courses relevant to them and the socio-economic situation of the area that would make it relatively easy for them to get employment. Majority of the trainees who completed in the 1<sup>st</sup> and 2<sup>nd</sup> year were able to get employment. Considering the difficulties in securing employment, trainees on completion of their courses were supported with start-up kits/tools to enable them start up their own employment; where possible. The tools have been quite handy in enabling trainees for motor vehicle mechanics and tailoring to start up their own work. Follow up support has continued to be given to former trainees to enable them settle in and cope with the challenges of standing on their own.

**Statistics on vocational training/apprenticeship support by orphans Foundation Fund over the years**

Course/Trade	2009				2010				2011			
	Girls	Boys	Dropouts		Girls	Boys	Dropouts		Girls	Boys	Dropouts	
			Girls	Boys			Girls	Boys			Girls	Boys
Tailoring	7		1		8				6		2	
House and Hotel Management	12	3		1	10	6	2		12	11		2
Electricals		2										
Welding		3		1		3						
Motor mechanics		16		4		17		4		15		2
<b>Total</b>	<b>19</b>	<b>24</b>			<b>18</b>	<b>26</b>			<b>18</b>	<b>26</b>		

**(ii) Job Placement**

In order to enhance trainees practical skills, job placements has been used to help integrate theory with practice and to expose them to actual work environment/situations; so that they can learn what is required, gain more practical skills and experience the practical challenges involved and harden up in the process. A total of 54 trainees for cookery course were placed with different hotels in Arusha Municipality over the 3 years. The training Institutions including SILA Education Trust and Help-Self-Help were responsible for finding the placements and supervising the trainees to ensure successful outcomes for the trainees. Fortunately, a number of them on completion of their job placement were retained at their institutions of placement for formal employment due to satisfactory performance and discipline. On the other hand, we have had a total of 36 trainees for motor vehicle mechanics on the apprenticeship scheme. This scheme has also been quite successful save for a few cases of indiscipline related to theft of tools by some trainees. Most of the trainees at the end of their apprenticeship training have been provided with tool-boxes and this has enabled them to start work at their places of apprenticeship and begin to earn an income immediately. A few cases of indiscipline have been jointly handled by Orphans Foundation Fund, CHISWEA and the managers of the garages (work centres) where these children have been working with successful outcomes save for 1 case where the boy had to be terminated.

**(iii) Health Programs**

Children and young people on the programme received diagnosis and treatment for mainly minor illnesses with some of our partners on the programme; Mt. Meru Hospital, Velosi Health Centre and Kaloleni Health Centre. The health problems experienced by children and young people on the programme included; malaria, fever, abdominal worms, skin infections, chest infections, wounds, peptic ulcers, STD, diarrhoea and other opportunistic infections associated with HIV/AIDS.

All children and young people on the programme were tested for HIV. Voluntary counselling and testing (VCT) service for HIV were rendered by Mt. Meru Hospital and Velosi Health Centre. Up to 4 young people diagnosed with HIV infection were put on antiretroviral drugs.

However, due to the limited budget for health we experienced a serious challenge when one of the children was diagnosed a heart related complications. Appeals have been made to one of the major health facilities for free treatment, but we are yet to get feedback.

**(iv) HIV/AIDS prevention and education**

HIV prevalence is quite high in Tanzania at 5.8%. Arusha being a very dynamic place in terms of social life, the risk to HIV infection is quite high. Children and young people under the programme were exposed to health education as well as HIV prevention awareness sessions and voluntary counselling and testing (VCT) in collaboration with our partners Velosi Health Centre and Mt. Meru Hospital. In a society where stigma and discrimination towards those infected with HIV & AIDS is still a real concern, awareness raising and psychosocial support are still very critical. HIV/AIDS messages were developed through role plays, drama, songs, poems and use of puppets to disseminate information. The peer educators played an important role in reaching out to other young people on the programme and on the streets with messages on HIV/AIDS and making referrals for further help. Up to 4 young people diagnosed with HIV infection were put antiretroviral drugs.

**(v) Provision of startup kits**

As part of the training package designed to make it easier for trainees to get jobs on completion of their training, they are given start-up kits especially for trainees for the trades such as tailoring and vehicle mechanics. A total of 52 trainees received start-up kits in 3 years. Most of the recipients who received start-up kits were able to start work right away either on their own or joint work centres based on the fact they had their own tools. Orphans Foundation Fund and CHISWEA shall continue following up the trainees at least for 3 months to assist them in the adjustment process out there.

**(vi) Community re-integration**

From the on-going assessments with individual children admitted on the program, they had different reasons for separating with their families/caregivers including harsh living conditions back home, mistreatment by caregivers, search for better opportunities, and behavioural problems by the children and young people themselves. In all these instances children and young had been away from home for varied periods and since their departure had not been agreed upon with family members, this caused friction. As part of the community reintegration process, Orphans Foundation Fund and CHISWEA have been involved in the rehabilitation, skills training and supply of start-up kits where necessary, tracing, and resettlement of children and young people on the programme. Over the period, effort has been made to visit families of the children and young people on the programme to prepare them to receive and take responsibility of their children/young people. There have been a few cases where children on the programme have nowhere to return due to lack of known relatives. Such children have been facilitated by the programme to rent places of abode and to get gainful employment. Children and young people where possible have been encouraged to spend holidays with their caregivers as well as caregivers coming to visit their children at the Centre. Under the programme, a total of 44 have been resettled and reintegrated at community level.

**(vii) Networking and institutional cooperation**

In order to meet the diverse needs of children and young people taken off from the streets including health, education, clothing, food, spiritual and psychosocial needs, Orphans Foundation Fund found it imperative to network, coordinate, collaborate and link up with other service providers/institutions to ensure integrated and comprehensive service delivery. In this regard, Orphans Foundation Fund has been collaborating with the following institutions: Mt.

Meru Hospital for diagnosis and treatment of children, CHISWEA Children's Centre for custody, rehabilitation, tracing, resettlement and aftercare follow-up and support; Arusha Municipal Council for start-up kits for children who have completed vocational training course and on a range of administrative support issues; various skills training centers and garage owners to provide skills training for the beneficiaries; various employers for work placements for the trainees; and the general public for a wide range of support including food, clothing, and psychosocial support. Networking and collaboration enabled Orphans Foundation Fund to access additional resources and services for the benefit of the children under the programme.

**(viii) Quarterly assessment meetings**

Orphans Foundation Fund conducted quarterly assessment meetings to review project progress with project partners and plan for the subsequent quarters especially in the earlier part of the project. These included CHISWEA, SILA Education Trust, Mt Meru Hospital and Social Welfare and Community Development departments in Arusha. A total of 20 persons participated in each of the meetings that took place in Arusha. Key issues discussed included: mechanisms for strengthening networking and coordination, quality of training for the trainees, rehabilitation and reintegration of children and young people on the project and related issues to this, follow-up and support of beneficiaries at all levels, improving services to beneficiaries, and how the problem of children and young people living on the streets in Arusha can be addressed in an integrated and comprehensive manner. Considering the value of these meetings, it's unfortunate that holding of these meeting became less consistent towards the end of the project partly because of a rather busy schedule for participating agencies/stakeholders. The meetings were found to be useful as partners had an opportunity to get updated on project progress.

**(ix) Midterm evaluation**

Orphans Foundation Fund commissioned a mid-term evaluation of the Drug Treatment and Rehabilitation of Street Children Project in collaboration with the Social Welfare and Community Development Department of Arusha, ADRA, SILA Education Trust and CHISWEA. The purpose of the midterm evaluation was to evaluate the performance of the project in consideration with the support it's providing to children and young people formerly living on the streets. Generally findings indicated that the project was on course, however more effort was required in areas of children's participation, protection, development and prevention from coming on the streets.

**Project Challenges and how they were overcome:**

- Overall, the training institutions in Arusha Municipality have not been good enough. The quality of instruction has not been to the required standard. This situation was mitigated through field work placement where the trainees would benefit from practical work situations.
- Late transfer of funds especially the final installment created uncertainty and affected project activities including training of children in the final year. Training was held back as the trainees could not be allowed to continue attending classes after sometime without payment.
- Due to a limited budget, the capacity to meet major medical needs of the beneficiaries was limited. Children and young people living on the streets usually have health complications related to their activities while on the streets like drug and substance abuse, sex work and sex abuse which sometimes need elaborate and rather expensive medical care which the project could not afford.
- The average dropout rate of 12.7% percent was rather high and could possibly have been steamed with better skills and better and flexible resources to meet the diverse needs of the target group under this intervention. Staff needed better and specific training to handle this category of children and young people. On the other hand the design of the project could have been better and flexible to accommodate the diverse and emerging needs along the way.

- Related to project design was the short training time of 1 year which proved to be rather inadequate. In most institutions, the courses last 2 years. Given that children and young people identified each year had first to go through a rehabilitation and preparatory phase, the period of 1 year was rather inadequate.
- Although there was coordination, networking and collaboration with other service providers and stakeholders, there was still greater room to better this coordination and networking for greater benefits for the target group. Ongoing mapping of service providers coupled with stronger engagement and communication needed to be done.
- Compared to the number of children and young people living on the streets in Arusha, the target of 50 per year was rather small compared to the magnitude of the problem. This created pressure from the public and other stakeholders on our organisation that we were not doing enough to tackle the problem.

### **Lessons learnt**

- Children and young people living on the streets are a sensitive group to deal with. These calls for good staff skills and experience in working this group of beneficiaries. Where staff capacity is inadequate, there should provision for staff capacity building to enable them work in a meaningful way with this category of children and young people.
- The diverse nature of needs of children and young people living on the streets requires an integrated and comprehensive approach to meet these needs - necessitating good coordination, collaboration, networking and linkage with other service providers and stakeholders. Ongoing service providers mapping, engagement and communication is critical, in that regard.
- Children and young people living on the streets like any other person can reform and lead a responsible life. We have many examples of former street children who are now leaders and politicians, corporate staff, and those who are happily married. It's therefore important that rather than leaving them to waste, children and young people living on the streets are given a chance and supported reform and become useful to themselves and society at large.
- In order to meaningfully deal with the problem of street children, there is need for broad mobilisation and participation of all stakeholders to address the push as well as pull factors. Prevention interventions involving both children and households at risk as well as broad Government and Civil Society programmes to deal those already on the streets; are critical.

### **Way Forward**

Working with children and young people during this phase has been a motivation to do more in this area. As an organisation, we continue to look for funding from other sources to enable us build on the work and lessons learnt during this phase to do an even better job with this target group. It's our sincere hope that our search funding succeeds.

### **CONCLUSION**

The Drug Treatment, Rehabilitation and HIV/AIDS Prevention project was designed as a response to the problem of children and young people living on the streets of Arusha Municipality, the Republic of Tanzania. Considering that this was our first time to implement a project targeting children and young people living on the streets, this has been both experimental and learning phase. Project implementation progressed as planned and remarkable outcomes have been registered in terms of rehabilitation and reintegration of beneficiaries and equipping them with both life and vocational skills for their well-being and livelihood. Along the way, we have experienced both successes and challenges as evidenced by a success rate of 87.3% and a dropout rate of 12.7%. We have learnt a lot from implementing this intervention and this will give better leverage to work better with this category. We are grateful to CORDAID for the financial and technical support accorded to Orphans Foundation Fund in the implementation of this project, and to all children and young people we have worked with, as well as all our partners and stakeholders on this project for their support and the outcomes we have achieved together.