SOUTHERN NEW HAMPSHIRE UNIVERSITY

&

OPEN UNIVERSITY OF TANZANIA

MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT

(2007)

STREET CHILDREN IDENTIFICATION AND CAPACITATION:

A CASE STUDY IN SONGEA MUNICIPAL COUNCIL,

RUVUMA REGION, TANZANIA

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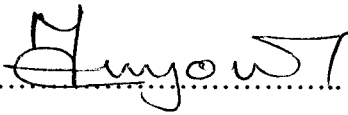
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"PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF

REQUIREMENTS FOR THE MASTER OF SCIENCE IN COMMUNITY

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UNIVERSITY AT THE OPEN UNIVERSITY OF TANZANIA"

2007

Declaration

I Enterberth Joachim Nyoni, do hereby declare to the Senate of Southern New Hampshire University of America at the Open University of Tanzania that, this project paper is my own original work where cited and that has never been seen submitted for a similar higher degree award in any other university.

Student

ENTERBERTH J. NYONI

Signature ....

Date ...O 4 . O 4 . 2 o o 7...

Supervisor's Certification

I have read the project report, and found in to be in a form acceptable for submission to the Southern New Hampshire University for an award of Master of Science (MSc) degree in Community Economic Development (CED).

HAMIDU A. SHUNGU

Signature ....

Date ......04./.04../.2007.............

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Acknowledgement

I wish to extend my heartfelt thanks to the Ministry of Community Development Gender and Children for granting me sponsorship and the Ruvuma Regional Secretariat Office for allowing me to pursue a degree of Master of Science (MSc) in Community Economic Development (CED).

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I also thank all who participated effectively in one way or another in making this work successful.

Dedication

This work is dedicated to my beloved mother Kerubina Ngwenya who laid the foundation of my education and to the memory of my beloved father, the late Joachim Vitus Nyoni who could not be here to share this achievement with me. May God the Almighty rest his soul in peace: Amen.

Abstract

This study was conducted in Songea Municipal, Ruvuma Region. The study was conducted in three wards, namely, Lizaboni, Mfaranyaki and Bombambili. The main objective of the study was to capacitate street children so that they can be self reliant. The specific objectives were identification of street children, training, care and support of street children, and provision of capital grand to graduate street children. The study comprised a random sample of 30 street children, 9 vulnerable children, 4 street children attending vocational training, 12 ward leaders, 9 community members, one GSM leader, and one Municipal community development officer. Sample selection was carefully done to avoid bias. Primary data were obtained through personal observation, administering of structured questionnaire and focus group discussion. Secondary data was obtained from GSM office, KIWOHEDE office, Songea Municipal office, Ruvuma Regional secretariat office and Southern New Hampshire University/Open University of Tanzania library.

Descriptive statistics as frequencies and percentage were used in analysis. The results from this study show that the problem of street children exists and the major factors that contribute to this problem are poverty, divorce, orphanage and large family. However, poverty is the major cause of this problem in the study area.

Executive Summary

The term street children refer to children for whom the street more than their family has become their real home. It includes children who might not necessarily be homeless or without families, but who live in situations where there is no protection, supervision, or direction from responsible adults. (http://hrw.org/children/street.htm (2006:6))

The United Nations has been attributed as estimating the population of street children worldwide at 150 million, with the number rising daily. These young people are more appropriately known as community children, as they are the offspring of our communal world. Ranging in age from three to eighteen, about 40 percent of those are homeless--as a percentage of world population, unprecedented in the history of civilization. The other 60 percent work on the streets to support their families. They are unable to attend school and are considered to live in "especially difficult circumstances. Increasingly, these children are the defenceless victims of brutal violence, sexual exploitation, abject neglect, chemical addiction, and human rights violations. (http://pangaea.org/street_chldren/kids.htl (2006:1))

In Tanzania, the Child Development Policy aims at eradicating the problem of street children but is not efficiently implemented at grass root level, for instance on chapter five, Child Protection Policy No. 97 of 1996 states that parents, Guardians and institutions working for children, should show due responsibility for protecting children by providing them with their basic needs and providing appropriate moral guidance. Policy No. 98 of 1996, explains that "The community should be fully

involved in issues of child protection by abandoning norms and values which endanger the life of the children, strengthening positive values; participating in communal upbringing and providing services to children in difficult circumstances". Ministry of Community Development Women Affairs and Children (1996:34).

Songea Municipal Council (SMC), for example is dealing with this problem by creating favourable environment for other Institutions to play part but not for itself due to lack of financial resources.

Although in some places like in Songea Municipal, conducive environment is created for other actors such as NGOs & CBOs to deal with street children, success has been limited because in most cases these actors do not have adequate financial resources, lack technical skills, and normally they are not adequately involving the society.

In the study area the problem of street children exists and the major factors that contribute to this problem are poverty, divorce, orphanage and large family. However, poverty is the main cause of this problem in the study area.

Traditional system of taking care of vulnerable children/street children is still in existence but is mainly left to uncles and grand mothers who do not deliver satisfactory support to them to the extent that the street children themselves do not feel it. That is why these children have indicated that there is no traditional system of taking care of street children.

Training of vulnerable/street children seems to be the best way of reducing the problem of street children. This effort has been discovered in the study area and else - where in the country. However, evidence shows that there is no follow - up of trained street children and therefore it is not clear whether the trained street children make use of the knowledge they have attained.

Therefore, there is need to have continuous identification of street children through conducting need assessment to know their causes and helping them according to their cases such as sending them to vocational training or **COBET.** However there is also need to assist poor families in the community especially during the rainy season, by introducing some development projects in a participatory manner.

In order to sustain traditional caring of street/vulnerable children there is need to improve the system where most of street/vulnerable children depend on improving the living standards of dependants such as uncle and old people especially grandmothers. The community must establish special funds which will assist the street/vulnerable children in their area through their guardians. By so doing the street/vulnerable children can realize the importance of not going to the town streets but stay home doing formal economic activities.

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CARITAS	Catholic Relief Organization
CBOs	Community Based Organizations
CED	Community Economic Development
COBET	Complementary Basic Education Training
CSPD	Child Survival Prevention and Development
GSM	Good Samaritan Mission
HIV	Human Immuno - deficiency Virus
KIWOHEDE	Kiota Women Health Development
LGA	Local Government Authority
NGOs	Non Governmental Organizations
OUT	Open University Of Tanzania
RFA	Regional Facilitating Agency
ROA	Ruvuma Orphans Association
SPSS	Statistical Package for Social Science
STI	Sexually Transmitted Infection
UNICEF	United Nations Children's Fund
VETA	Vocational Education Training Authority
SMC	Songea Municipal Council
MSc	Master of Science
SNHU	Southern New Hampshire University
TACOSODE	Tanzania Council for Social Development

MCDGC	Ministry of Community Development Gender and Children
CRC	Commission on the Rights of the Child
MCDWAC	Ministry of Community Development Women Affairs and Children
HIMS	Health Information Management System
VEO	Village Executive Officer
u.f.s	Under flying Seal
REPSSI	Regional Psychosocial Initiative

Map 1: **Songea Municipal Council**

MAP: SONGEA MUNICIPAL COUNCIL

KEY

Urban District Boundary
Ward Boundary
Street Children Surveyed Area
Street Children Pre-tested Area
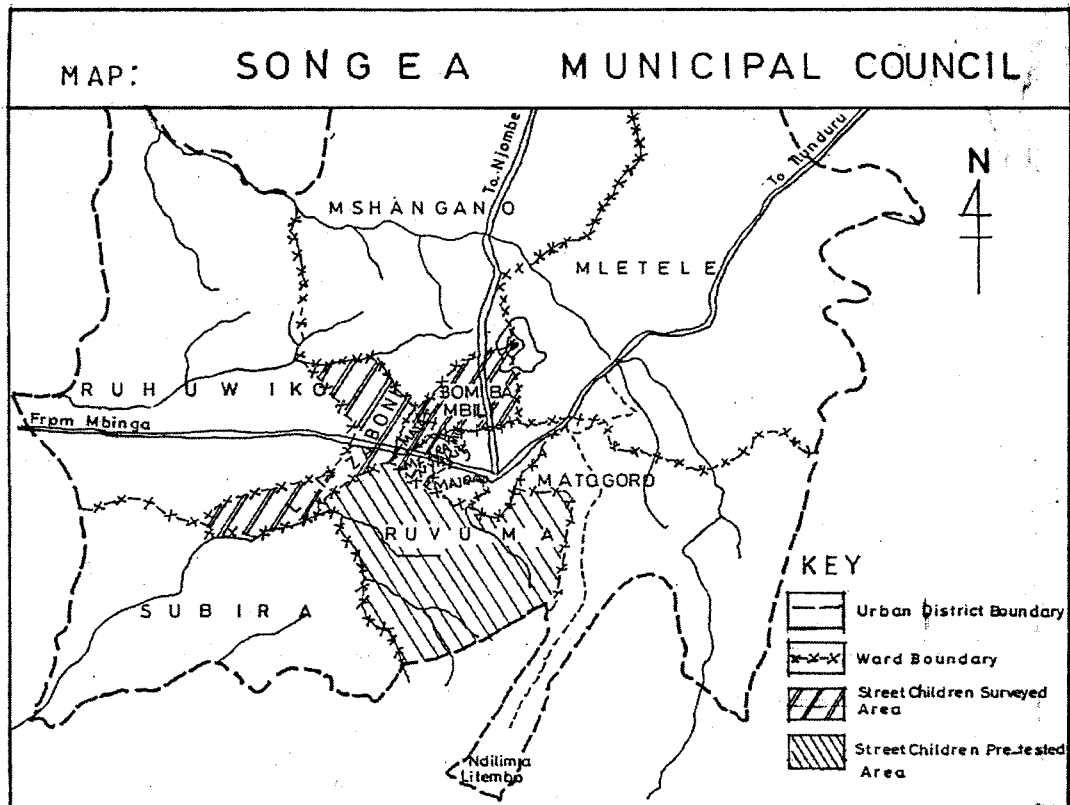
CHAPTER ONE

1.0   COMMUNITY NEEDS ASSESSMENT

1.1. Overview

The problem of street children is increasing worldwide every day. The problem is more critical in developing countries because of the existence of many factors that favor the generation of street children than in the developed countries. Some of the factors include HIV/AIDS, divorce, poverty, rural - urban migration and low use of family planning methods. "AIDS orphans are substantially augmenting the population of children on streets. In Nairobi, Kenya, where at least 30,000 homeless children roam in the city, this destitute population is expected to grow at an estimated 10 percent annually. In Nairobi Street children spend their days in begging, scavenging, sniffing glue and engaging in petty theft".

(http://www.populationaction.org/securitydemographic/pdfs/SecurityDemographic_c hapter6.pdf 2005: 65)

Tanzania is facing the same problem of children being forced to depend for their survival on the streets due to poverty, abuse, torture, rape, abandonment, or orphaned by **AIDS.** Human rights violations against children in the 1990s have become a common and disturbing occurrence in many African countries including Tanzania. Indeed denial of basic human needs and legal rights including the right to life, liberty and security as a person is now a defining feature of the Tanzanian socio-economic landscape.

This project examines Tanzania's response to the growing problem of street children. Taking Songea Municipal as a case study, the project examines initiatives that have been and are being taken by various segments of the community to address the problem. Also the project examines the kinds of policies and strategies the Tanzanian government is putting in place and what the family and community are doing, for instance, to what extent are families, schools and individual members of society deal with the problem? Indeed, how is the government dealing with the increasing numbers of unsupervised children living alone in urban streets? What roles can Non-Governmental Organizations **(NGOs)** and community based organizations play in addressing the problem of street children?

We contend that not enough is being done to address the problem and that indeed the problem of street children remains an ignored tragedy that is set to have a devastating impact on the development of Tanzania. The project indicates that the response to the problem has at best been muted and remains ignored or sidelined by the government and the general public. Key players who are supposed to play a leading role in finding a solution to the problem have become the major source of the problem. The family, which is supposed to be the bedrock of children's welfare and protection, is today becoming a major cause of the problem of street children. Parents are sending their children into the streets to beg steal or engage in petty trade. Children are leaving their homes to escape domestic violence or because of the breaking up of family structures. Schools are turning into centres of violence and crime and creating an environment that put more children on the streets.

Government policies that embrace liberalization and the free market economy are contributory factors to the persistent state of poverty and increased hardship with children being affected most. These policies have encouraged more urban development than rural and hence promoting rural – urban migration. Furthermore, the policies have made agricultural inputs much expensive as compared to agricultural produce prices and thus putting farmers in a difficult situation to break – even in agricultural investments.

We contend that government policies directed by structural adjustment Programmes are responsible for putting more and more children on to the streets as a result of increased poverty. The general public pretends not to notice the plight of an increasing number of destitute children on our streets. There is at present no real alarm or outrage from the general public on the increasing number of children on our streets even though these children face starvation, are at the mercy of unscrupulous individuals and a brutal police force.

The government and the community in general need to put in place viable policies or strategies that will ensure that the plight of street children is urgently addressed. The paper contributes to this task by exploring means and ways that the government and the community at large can play in solving the problem of street children in Tanzania and Songea Municipal in particular.

1.2. Target Community

Songea Municipal is one of the five Local Government Authorities (LGA) that make up the Ruvuma region. It is the capital Town of the Region. It lies within Longitudes 35° 40' to 35° 45' East and Latitude 10° 35' to 10° 45' South of the Equator. The four corners of the town boundaries border Songea Rural District.

The town is well linked with other parts of the country through communication network: Songea – Njombe - Makambako road linking the town with Tanzania Zambia Highway, Songea – Tunduru road, linking the town with South – Eastern regions of Mtwara and Lindi, and Songea – Mbambabay Road linking the town with settlements along the lake shores and Mbeya Region through Lake Nyasa. The town is the major centre for administrative and commercial activities in the Region. There are various Employment sectors which act as magnet for immigration of rural population within the Region.

The population of Songea Municipal totals, 131,336. Of these there are 63,145 male, 68,191 female, and 25,685 children, out of which there are 12,366 male and 13,320 female. Street children are 468: 220 male, and 248 female. The average per capital Income of Songea Municipal is Tsh. 88,457.30. Sources of Income are agriculture, 17.3%, trade, 8.3%, employment, 55.6%, minerals, Buildings, sand 2.4% and small Industries and factories 16.4%. (National Bureau of Statistics 2003: 1-10).

There are three Vocational Training Centres in the Municipal, namely, VETA Songea, Domestic Songea Vocational Center and Roman Catholic Vocational Center. The number of Primary schools is 49. The number and kinds of units providing Health services are: Hospitals 1, Dispensaries 15 and Health centre 1. The number of Community Development workers 12, number of Wards 13 and hamlets 71. (National Bureau of Statistics 2003: 10).

Beliefs, customs, traditions and habits affecting the situation are inheritance of widows (clan oriented/patriarchy). Under normal circumstances women have no rights in land ownership; in fact the allocation of land to the family has traditionally been men's affairs. Others are polygamy system; Women contribute a lion share in agriculture activities, but in turn men always decide the income use. The participation of women in deciding the uses of family income is negligible; easy divorce (in Muslim families), women have no rights to inherit after the death of the husband. (National Bureau of Statistics 2003: 11).

Family and social structures relevant to the situation are increasing number of female headed households, rural - urban migration, and poor cooperation among the urban society; in addressing problems local ways are available, by handling street children to their relatives where possible. On power structure (who controls whom or what), man controls wealth. All wealth in the household such as farm, house, bicycles, radios and crops are men's properties. Furthermore, every decision in the house hold is done by man. Women must obey and follow.

Information's are gathered and transmitted through individuals, Leaders, Newspapers, Radios, TVs, Telephones, E – Mails, Letters, Mails, Government, and Religion. Taking Songea Municipality as a case study the study examines initiatives that have been and are being taken by various segments of the community to address the problem of street children.

1.2.1. *Current Activities under Good Samaritan Mission (GSM)*

A large number of activities are implemented in Good Samaritan Mission (GSM), with the intention of improving the well being of the community. The activities which are executed in the GSM include;

- **Access to basic education and health care for orphaned children aged 4-7 The pre – school has been operating since GSM was established in 1999.**

  The children are taught a range of subjects that help prepare them for primary school education. The children receive uniforms and writing materials and are provided with daily meals and soap on weekly basis.

- **Practical assistance and support for orphaned children attending primary school.**

  GSM also provides assistance to former attendees of the pre –school by providing a uniform, school bag and writing materials for every child each year, until the end of their primary education.

- **Practical assistance and support for street children undertaking vocational training**

  GSM provides support to street children aged 13 – 17, by assisting them to access vocational training. This involves liaising with the training centre.

- **Mediation between street children and estranged relatives**

  GSM strives to help orphaned street children reunite with their relatives or extended family. This involves working with the family and the child to resolve any difficulties, and to ensure that the child is properly looked after.

- **Drama performances to raise community awareness of HIV/AIDS**

  GSM believes that drama is one of the most effective ways of raising awareness on HIV/AIDS. GSM cultural group writes and performs dramas, which are aimed at other young people and the wider community.

- **Support and training for in – school youth peer educators**

  GSM has trained secondary school students to become peer educators. These peer educators are supported to establish Health groups in their school, with the aim of assisting students to protect themselves from HIV/AIDS.

- **Support for widows to establish income – generating programme**

  The widows support group was established early in 2002. The groups have come together to establish an income - generating project to help meet their most basic needs.

- **Outreach HIV/AIDS support to rural communities**

  GSM currently operates an outreach HIV/AIDS counselling and information centre in the village of Lilambo. This is managed by the local community in response to rising concern regarding the number of people living with HIV/AIDS in rural areas.

1.3. *Community Need Assessment*

The community need assessment was conducted in Majengo ward,.Songea Municipality. During the process of formulating the problem statement as a student, the writer / investigator wrote a letter to the Municipal Director, which was endorsed by his employer to request working in his jurisdiction. The Municipal Director assigned the Municipal Community Development Officer to choose one **NGO** to work with. He wrote an introduction letter to the Good Samaritan Mission **(NGO)** to instruct them to work with CED - student.

1.3.1. **Methodology**

Five techniques were used on data collection. These include, interview, questionnaire, observations, secondary data, documentary sources; and focus group discussion were used to supplement information collected by using questionnaire.

(i) <u>Interview:</u>

A face to face interview was carried between me, Community and Good Samaritan Mission Leader. There was both verbal and visual communication (through gestures, facial expression) between the two.

(ii) <u>Observation</u>

Under this method, the investigator obtained the data by watching and noting down all the phenomena with regard to their causes and effects or mutual relations. These observations were directed to the organizational target group.

Observations include office environmental conditions, orphaned children observation, and observation of organization activities at large.

(iii) Focus Group Discussions:

Focus group discussions were conducted with the organization leaders and orphaned children. The discussion was very fruitful for the children aired out all their grievances.

(iv) Documentary Sources:

Documents relevant to the study were examined in the organization Annual reports and files.

Through Interview, questionnaire, discussion with organization members and conducting organization meeting we involved them to develop the problem statement. The organization members found it a problem because there was increasing number of orphans in Songea Municipal. For example, in June 2001 there were 94 street children, but as of June 2005 there were 468 (CSPD Report June 2005:60). In four years there has been an increase of 374 street children in the Municipal. It seems that rectification of these problems will only be through good coordination with partners who will enhance street children participation in vocational training and other economic activities.

1.3.2. Stakeholders of Good Samaritan (GSM) Organization

Good Samaritan Stakeholders are:-

a) Central Government

b) Local Government

c) Ward Executives Officer

d) Hamlet leader

e) Primary school teachers

f) Youths

g) Widows

h) Orphans

i) Guardians

j) Religious organizations

In the organization, the stakeholders participate through identification of orphans, street children and widows, education, awareness creation on HIV / AIDS, information sharing, report sharing and access to social services. The analysis from the community revealed the following:

1.3.3. Community Strength

During the Community Need Assessment exercise the community was found to have the following strengths: Most of the residents are able to work and have land outside the urban area; The study area is environmentally safe for economic investment; Domestic market is readily available for various products; Transport and communication services are also available; and Information flow (Newspapers, radio, TVs) is relatively smooth.

1.3.4. Community Problems

With all the above strengths, the community was found to face the following problems: Lack of capital for economic investments; Lack of skills for economic investments; Lack of awareness on a number of issues such as diseases (HIV/AIDS), material and food/water born diseases.

1.3.5. Community Needs

The community sited the following needs: Capacity building in terms of capital, awareness on diseases and specialized skill Training.

1.4. Community Social Factors

The community mentioned the following social factors as the biggest causative agent for problem of Street Children: Polygamist habits that lead to more children and uncontrolled divorce, increasing number of orphans as a result of **HIV/AIDS** which leads to increased number of family size, Rural – Urban migration, and Un-controlled family size (low use of family planning methods).

1.4.1. Community Resources

The community mentioned the following resources within the study area:

1. A good number of Institutions (Primary Schools, Secondary Schools, Vocational Training Centers (VETA), Teachers Training Institutions) that can offer specialized training.

2. Existence of NGOs/CBOs such as (Good Samaritan Mission (GSM), Ruvuma Orphans Association (ROA)) those are ready to support in some of the community needs.

3. Existence of essential needs supplies and services such as clothes, transport markets just to mention the common ones.

Therefore, the problem earmarked by the community through awareness creations, specialized skill training and provision of capital seem to solve the core problem of poverty hence reducing the problem of street children. The problem identification is reported in second chapter.

CHAPTER TWO

2.0   PROBLEM IDENTIFICATION

2.1.   Overview

This chapter reviews the problem generation and care of street children in Tanzanian Society and especially in the urban areas.

2.2.   Statement of the Problem

The generation and care of street children is increasingly becoming a problem to the Tanzanian Society and especially in the urban areas. The generation of street children is mainly caused by poverty in some of households which fail to provide basic needs such as food and clothes, incidences of divorce that leads to decreased care of the children, orphans due to death of one or both parents caused by various causes including **HIV/AIDS**, rural - urban migration, and uncontrolled family sizes. These causes are interdependent and they sometimes act together.

Songea Municipal Council is no exception in this problem of street children. According to the Community Needs Assessment conduced in the study area by Good Samaritan Mission (GSM), the community revealed that, there are some problems which affect the development of community. The problems include lack of capital for economic investments, lack of skills for economic investments, lack of awareness on a number of issues such as diseases **(HIV/AIDS)**, and material and food/water born diseases, just to mention a few. These are the major developmental problems that need to be solved. These problems affect the community and especially children.

The problem of street children seems to increase every year and according to the Regional **CSPD** report of June 2005:60, the reported number of street children in Songea Municipal Council was 468. However, while the problem of street children is growing so fast, most of the urban authorities including Songea Municipal Council do not have any plan to intervene with the problem due to lack of funds.

On the other hand, **NGOs** have shown interest in intervening with the problem in various ways. In Songea Municipal Council, four **NGOs** are in place trying to intervene with this problem. The **NGOs** are: the Good Samaritan Mission **(GSM)** that provides vocational training and counselling to street children, Ruvuma Orphans Association **(ROA)**, St. Theresa and Kiota Women's Health and Development Organization **(KIWOHEDE)** that provides counselling, mediation and pay for vocational Training in other vocational Training centres.

The Good Samaritan Mission **(GSM)** in particular, has been intervening these problems through identification of street children, and offering Vocational training. This has been in line with the Good Samaritan Mission's (GSM) purpose of reducing the impact of **HIV/AIDS** on orphans, street children and widows. In part, the GSM intervention has met some of the needs of the community such as provision of specialized skills and capital (in the form of working gears).

With all the interventions, the problem of street children is still big and if allowed to exist, the incidences of poor attendance in schools, drug abuse, pick pockets and

smuggling, occurrence of rapes and **HIV/AIDS** spread will persist. In totality, the problem of generation and care of street children is within the society itself and it is from this society and other stakeholders that the solution will be born.

2.3. *Good Samaritan Mission (GSM) as a Community Based Organization (Host Organization)*

Vision Statement of Good Samaritan Mission

A society in which communities work together to achieve a sustainable future free from poverty and the threat of HIV/AIDS.

Mission

To work alongside communities to establish, operate, and promote services and facilities, for the benefit of those most affected by HIV/AIDS.

Organization Objectives

- To reduce the impact of HIV/AIDS on orphans, street children and widows.
- To reduce the level of HIV and STI among young people.
- To increase community mobilisation in the fight against HIV/AIDS.
- To promote orphaned children rights
- To promote widows income - generating activities.
- To establish training centres

2.4. *Justification*

This study aims at improving the identification and capacitating of street children through community participation. Facilitating street children in vocational training will help them acquire technical skills which is a sustainable way of improving their

life in the future hence enable them to sustain their life. On the other hand, the results of this study will also highlight the importance of the project as far as the community economic development is concerned. The results will also contribute towards understanding the factors contributing to the emergence of street children and finding ways to solving the problems. This will also be a tool and a guide to planners and decision makers dealing with various social and economic programs. Furthermore, the findings will help to a larger extent the community, NGOs/CBOs, government and other stakeholders in adjusting and redirecting resources to the social and economic programs.

2.5.   *Research Objectives*

2.1.1.Main Objective

To capacitate street children so that they can undertake their own life.

2.1.2.Specific Objective

1. Identification of street children.

2. Identification of existing traditional systems of caring and supporting vulnerable/street children.

2.1.3.Research Questions

1. Is there any relationship between street children and such factors, as orphanage, parent divorce, poverty, rural - urban migration and poor family planning?

2. Is there any existing traditional system, which takes care and support vulnerable children in the study area?

3. Is there any possibility to improve training, care and support of street children in the study area?

2.6. *Limitation*

The major limitation to the project study is time and financial constraints (funding). The study is confined to a sample of only three wards due to the fact that time allocated to cover the course and field work, data collection, data analysis and writing of the final report and presentation was limited.

2.7. *Organization of the Study*

The study is divided into seven chapters. Chapter one covers the Community need assessment, while chapter two discusses problem identification, chapter three reviews literature (theoretical, empirical and policy) related to street children. Chapter four describes the methodology used, while chapter five describes implementation of the project. Chapter six presents Monitoring, Evaluation and Sustainability and chapter seven makes the conclusion and recommendations.

CHAPTER THREE

3.0   LITERATURE REVIEW

3.1.   Overview

This chapter reviews the literature of different aspects related to street children. The chapter is divided into three sections. The first section offers theoretical review, the second section reviews empirically and the third section reviews policy.

3.2.   Theoretical Review

The problem of street children is a world phenomenon. It has grown all over the world, and particularly in developing countries. Many studies have addressed this issue, trying to focus on reasons behind it. It is certainly not a new phenomenon, but because of the increased number of street children, we are under pressure to address it. Several factors contribute to the increase in number of street children, including the socioeconomic and living condition.   Previously extended family lifestyle provided voluntarily supporting and care for children who lost their parents. But nowadays the spirit to assisting these children has deteriorated hence the children decide to migrate to towns and streets. Life in the streets without protection exposes the children to a number of problems such as diseases, violence and sexual abuse, in turn leading to spread of HIV/AIDS to these children. Thus the magnitude of the street children problem continues to grow attracting more studies to investigate in detail and offer possible remedies.

Despite the problem of street children increasing worldwide every day, it is more critical in developing countries, Tanzania being no exception. The existence of many

factors in developing countries favours the increase in street children than in the developed countries. Some of the factors include HIV/AIDS, divorce, poverty, rural - urban migration and low use of family planning methods.

HIV/ AIDS, causes many deaths of parents in the community, something which leaves children orphans. Normally these orphans are looked after by relatives such as grandmother, uncle, and other relatives in the clan. Formally these relatives could manage to take care of the orphans because the problem affected only few people in the clan but nowadays deaths of clan members occur more than expected, causing a sort of burden to relatives of the deceased, something which leads to the failure of caring for orphans hence the need of assistance from the community. These difficulties of life on their guardians cause some children to go to town to do child labour for survival. AIDS orphans substantially escalate the population of street children. In Africa, an increasingly common cause is AIDS.

(http://en.wikipedia.org/wiki/Street_children (2006:1))

Divorce, is another factor which causes street children in the community. These children lose the direction of life after their father and mother decides to divorce. The children decide to live under care of father or mother, but others send their children to their relatives such as grandmother. This again leads to the difficulties in the lives of children in terms of food, shelter and other essential needs. Some - times these children decide to go back to their fathers or mothers but realize that there is no proper care. "Family disruption, in the form of death, desertion, separation, and divorce, has shrunk family size still further, often resulting in poor, single-parent,

mother-headed households. This leaves children vulnerable, and with the general absence of community and governmental support, they have few options in times of crisis other than life on the street". (http://findarticles.com/p/articles/ (2006:3))

HIV / AIDS, in the community increase the burden of poverty in the family and community in general through increasing dependant children. The family fails to keep enough food to cater for large number of children in the family. Also having large number of children the family fails to accommodate all family member for basic needs such as food, education, health, clothes, and shelter. "In Latin America, a common cause is abandonment by poor families unable to feed all their children" (http://en.wikipedia.org/wiki/Street_children 2006:1))

Rural - Urban Migration emanates street children because, in developing countries urban areas are more developed than rural areas. Urban areas have good infrastructures, good communication facilities, good social services and good recreation services compared to rural areas. These good services in urban areas encourage people in rural, including children to migrate form rural to urban areas with the expectation that they could get good life. "Movement is the result of both a desire for a better life and a wish to escape from a very limited rural economy. Rural to urban migration may include entire families, men alone, or children. Children may migrate in order to support their poverty-stricken families". After reaching town their expectations become negative by realizing difficulties of life hence some children decide to engage in child labour and become street children.

(http://www.findarticles.com/p/articles/ (2006:2))

Low use of family planning method also is another factor which generates large number of street children. Looking at the above factor the reasons of difficulties of life in the family and community is the increasing number of dependants in the family and community. For example, some families have 6 to 8 children, if father and mother die and these children decide to live with their uncle who has 4 children, the size of uncle's family will increase to 10 up to 12 children. This increases a burden to the uncle and hard life in the family. Hence some children decide to go to town to find child work and become street children.

3.3.   Empirical Review

The problem of street children is generally on the increase worldwide. In 1981, United Nations pointed out about 40 million street children. Although the number of street children decreased to 30 million in the year 1986, the figure has risen up again between 80 to 100 million street children in 2005 as indicated by WHO, UNICEF and Child Hope. The above figures are according to Maha Ghobashi, Maissa Shawk, and Iman Al Tahlawi in (http://www.aucegypt.edu/src/pdr/Research_Briefs/014, (2005:1)).

Romania has an estimated 6,000 children living on the streets. "Our team works daily with them to identify children at risk before they are irreparably damaged by street culture. Children are admitted to our safe house "Casa Pistruiatul". The aim is to integrate them back into mainstream education. We also work long-term with family support programmes to reunite children with their families - where this is possible". Transition to a free market economy has left Romania a staggering 8 times poorer

than 10 years ago with 44% of Romanians living in poverty. However, this figure rises to 80% in rural areas of the North East where we work. This has had a devastating effect on family life. Facing extreme poverty, many parents resort to home-made alcohol. Their children face the resulting brutality and a life of enforced begging or stealing. More and more children are running away to escape these hardships.

"The children migrate via the railway network and congregate in large city stations. Most children admitted to our house have a history of abuse at home. Historically, the state has only intervened once a child is in trouble with the police and has a criminal record. For the children to have any chance of a healthy future, this is too late". Since its inception, the project has rescued a total of 367 children from the streets of Bacau. The youngest of these was four years old. Of these children, 63 have been reunited with their families, 90 have been fostered with Romanian families, 18 have been adopted by Romanians and 70 have remained with us at the safe house until they have left with a job and accommodation. Sadly, 110 children have run away. The frequent "run-a ways" are usually the older children who have been on the streets a long time and have migrated to Bacau from elsewhere. Their independence and, often, substance abuse, makes it difficult for them to adapt to a more regulated life. We have 16 children currently resident with us". Dr John Chandler, PhD British Executive Services Overseas, monitoring report June 2002) in

(http://wwwreliffundforromania.co.UK/romania_street_children_detailed.htm.

2005: 1).

Efforts have been done regarding this problem in different parts of the world. In Romania there is a charity organization engaged in helping a wide range of groups in need, such as street children, the sick, elderly and destitute communities. "This project is run by a great team of dedicated young Romanians. Every day they patrol the streets of "Bacau" North - Eastern Romania, a major railway hub, looking for new faces among the homeless children. The aim is to intervene as soon as possible before the young runaways get too used to life on the streets". Dr John Chandler, PhD British Executive Services Overseas monitoring report June 2002) in (http://wwwreliffundforromania.co.UK/romania_street_children_detailed.htm (2005: 1)).

Ethiopia counts one of the largest populations of orphans in the world: 13 per cent of children throughout the country are missing one or both parents. This represents an estimated 4.6 million children – 800,000 of whom were orphaned by HIV/AIDS. The country has seen a steady increase in the number of children becoming orphaned because of AIDS. In the past, famine, conflict and other diseases were the main factors that claimed the lives of parents.

UNICEF, in partnership with federal and regional HIV/AIDS Prevention and Control Offices, as well as government ministries, is responding to the needs of orphans and vulnerable children in Ethiopia through collaborations with non-governmental organizations, and youth and community-based organizations. There are around 10,000 Anti-AIDS Clubs in the country, and UNICEF Ethiopia sees these partnerships as the most efficient way to reach children who are infected or affected

by HIV/AIDS. The above quotation is according to Sabine Dolan contributed to this report from New York in,

(http://www.unicef.org/infobycountry/ethiopia_30783.html.2005:1)

UNICEF is also trying to reduce children's vulnerability to HIV by ensuring that they have access to their rights to health, education, equality and protection. Children have become the most vulnerable and most prone group to be infected with HIV. This is particularly true of adolescent girls and young women – those aged 15-24 – who constitute between 40 and 50 per cent of all new infections. "The Street has been my home since I can remember. It has been more than one year since I moved here (Bahr Dar) and all this time, I have not seen one good thing about living on the street. Everything is horrible," says 14-year-old Mandefro Kassa, who grew up as an orphan on the streets of Woreta, a provincial town in Ethiopia. The above quotation is according to Sabine Dolan contributed to the report from New York in http://www.unicef.org/infobycountry/ethiopia_30783.html.2005:1

In Nairobi, Kenya, "at least 30,000 homeless children roam the city. This destitute population is expecting to grow at an estimated rate of 10 percent annually. In Nairobi, Street children spend their days begging, scavenging, sniffing glue and engaging in petty theft".

(http://www.populationaction.org/securitydemographic/pdfs/SecurityDemographic_c hapter6.pdf 2005: 65). In Tanzania, we estimated 730, 000 AIDS orphans who are being cared for by extended family members.

(http://www.aucegypt.edu/src/pdr/Research_Briefs/014_Maha_Ghobashi.pdf#search ='Tanzania%20street%20children%20data' 2005:6).

However, many carers are too old, young or ill to meet the needs of orphaned children. This results to a big number of orphans moving to urban streets for their livelihood. For example in Dodoma, the Tanzanian administrative capital has its share of street children. Even more alarming is that the rising number of working children is a new phenomenon in Tanzania.

Although reliable statistics are rare, available information suggests that the number of street children remains extremely high. There are approximately 3,000 street children today living in streets of Dodoma while available statistics indicate that in 1994 there were only 1,000 street children.

(http://www.aucegypt.edu/src/pdr/Research_Briefs/014_Maha_Ghobashi.pdf#search ='Tanzania%20street%20children%20data' 2005:6).

In Arusha and Kilimanjaro Region, Tanzania there is a project which provides care and support for vulnerable children. The project is a new initiative for Mkombozi that combines its previous work of providing care services for street children with a new focus on testing different approaches to working with vulnerable children and HIV orphans. Working with children and youth on the streets, with their families and in a residential care setting the project will document what works well and with what groups of children. We hope that this study will contribute to improved social services provision to vulnerable children in Tanzania. Additionally, the support services provided by the project to street children and HIV orphans will relieve them from abuse and change behaviour to become responsible young adults.

During its initial phase of 3 years the project will directly impact upon over 730 children and youth in Arusha and Kilimanjaro Regions. "These young people are vulnerable either because they spend time on the streets or have been orphaned by HIV/AIDS. The pilot project will develop pioneering procedures to foster care programme and the placing of vulnerable children with carers. Mkombozi will respond to the psychosocial and physical needs of street children in a residential care centre and on the streets".

(http//www.mkombozi.org/our_library/report/2005/BBBS_kilimanjaro_2 pg. 1).

In Ruvuma region, the number of vulnerable children is increasing year after year. For example, in 2001 orphans were 4, 764, Disabled 1,735 and Street children 94. In 2003 the number of orphans was 6,492, Disabled 1,983 and street children 473. In 2004 the number of orphans was 13,225, Disabled 2,057 and street children 474, and in 2005 the numbers of orphans are 13,006, Children with disabilities 5,695 and street children 479. (Child Survival Protection and Development (CSPD) Annual Reports 2005: 60).

Songea Municipal is leading in Ruvuma region by having many Street children numbering 468, followed by Tunduru District which has 11; Songea rural and Mbinga Districts have no street children in their areas. Source: (Child Survival Protection and Development (CSPD) Annual Reports 2005: 60).

3.4. Policy Review

All over the world there are a lot of policies related to the development of children. These policies help to protect children out of various problems which can affect them or the community. The policies help to control various issues related to the social, economic, and cultural life. For example, in China the policy lies on family planning; Poster of Chinese birth control policy with the slogan "sweet achievement"

What is commonly known as the One-child Policy in the West is a term used to describe the birth control policies by the government of the People's Republic of China. The term is based on a popular misconception that the birth control policy in China, (literally "planned birth") requires all couples in mainland China to have no more than one child. In reality, having one child has been promoted as an ideal, and the limit has been strongly enforced in urban areas; the actual implementation varies from location to location. In most rural areas, families are allowed to have two children, if the first child is female. Second born children are subject to birth spacing (usually 3 or 4 years). Additional children result in fines, or more frequently the families are required to pay economic penalties, and can not receive bonus from the birth control program. Some children who are in one-child family pay less than the children in other families.

The policies are controversial, both inside and outside of China. Traditionally, the majority of Asian children have been subject to intense education, and in some cases, over-achievement. In the 1990's, urban children became more involved in extra-curricular weekend/after school activities such as piano, violin, drawing lessons, or some sort of a board game. To the cultural backdrop of an emphasis of achievement

in education, many parents depend on their only child as their face-providing support in public.

To add to the problem, many parents of only one child were inadequately educated, and were often dissatisfied with their places in society, and naturally, pushed their children to do better, so that they would not have the same fate. Chinese education is highly standardized, and the workload is immense. The overall grades of students are often displayed for the entire class to view, often adding to the guilt and low self-esteem of those who are less proficient in academics. Their parents, in turn, fill up their weekend schedules with tutors and prep-classes, allowing no free time. (http://en.wikipedia.org/wiki/one_child_policy 2005:2)

American researchers, who traveled to China in the 1970's during the late Cultural Revolution (1966-1976), found that there were numerous conferences in factories and in health centers about the importance of family planning and uses of contraceptives. In the Cultural Revolution, the People's Republic of China began implementing women's health care policy. It is individualistic in each case but most people follow the one child policy. In some instances the male or female would be sterilized, or more commonly abortion was recommended (Wegman, 193:222). Healthcare was something that women workers are entitled too. It was required that every female worker in China receives urinalysis and systematic vaginal examinations every year (Wegman, 1973:222).

Tanzania has implemented plans and taken certain steps aimed at promoting child development. These steps, to mention a few, include provision and strengthening of

maternal and Child care, establishment of pre – school and provision of primary education for all. Other steps taken include ratification of the UN Convention on the Rights of the Child, signing the OAU charter on the rights of children; the enactment and review of laws aimed at promoting and protecting the rights and interests of children; the preparation and implementation of the National Programme of Action concerning child survival, protection and development in the 1990s.

The Government has created a special Ministry to coordinate child development programme and encourage non – governmental organizations and individuals to establish centres for children in difficult circumstances; to set up special schools and institutions to cater for children with particular problems; to set up voluntary associations to serve and defend children; and to establish juvenile courts so that those suspected of breaking the law are dealt with in such a way that their status as children is not violated.

(Ministry of Community Development Women Affairs and Children (1996:2-3)).

The policy show that children in Tanzania constitute more than 46 percent of the population and that on average a household in Tanzania has at least 6 children. Therefore, children are an important segment of society. The problems facing children are largely similar; they differ from rural to urban environment. In urban areas where there is overcrowding and a diversity of traditions and customs, children are faced by problems of early employment, lack of moral direction, and lack of communal responsibility for their upbringing, living on the streets, temptations to

participate in illegal businesses, abuse, and involvement in drug abuse, poor living conditions as well as problems of travelling to and from school.

(Ministry of Community Development Women Affairs and Children (1996:4)).

To curb the above problems, various models were introduced in different areas in the country to overcome the problem of orphans, which is currently contributing more to street children. Some international NGOs support projects such as "Humaliza" in Kagera and Regional Psychosocial Initiative (REPSSI) for Children and youth affected by HIV/AIDS, which is sponsored by Swiss and Swedish development authorities. REPSSI is now the largest competence network in the region.

"The various levels and elements of our intervention strategy, which differs from one area to another depending on priorities, include the following:

Strengthening of families which have taken in AIDS orphans, strengthening of village communities, Access to education and healthcare, Action plans of governments, Education and information,

(Ovartisfoundation.com/en/projects/right_health/tansania/world_aids_day_

2005. Htm: 5)

"Even with the combined efforts of NGOs like St. Joseph's and International Child Care, there are still thousands of street children who will reach adulthood (or die trying) without ever having had a chance to be a child. They will fall asleep on a pile of rags on a dirt floor and awake to a world that barely acknowledges their existence. It is a grim reality of life in Haiti, but thankfully one that has not gone unnoticed. Although NGOs cannot reach every child, they will continue to help as many as they

can, one by one. As long as someone takes notice of them, the street children of Haiti will not suffer invisibly". (http://www./dpi.net/ 2005:5)

The implementation of child Development Policy in Tanzania is as follows:-

Despite effort made by the Government to improve education, health services and household food security, many children in the country are still prone to diseases and malnutrition, which means that they do not grow physically and mentally as stipulated in the policy.

Child development is affected by gender biased customs and traditions. Children themselves are blindly adopting corrupt foreign behaviours because of the lack of any system to control these behaviours. Parents prefer to educate boys than girls which lead to un equal distribution of power in the society.

The moral development of the child is affected by family conflicts, the use of abusive language by parents, marriage break down, adult involvement in harming children (defilement, harassment, abuse, rape) especially girl children, overcrowding in homes which entails parents and children living in the same home or some children sleeping in the neighbouring houses and parents having no time to pay attention to bringing up their children.

The above outlined theoretical, empirical and policy reviews show that the problem of street children exists internationally, nationally and locally. The problem escalates and has the impact of increased number of street children, which can affect the

communities and the nation in general. Deliberate measures must be taken to curb the situation. Some of the measures to arrest the problem are; To establish a system of caring for street children by identifying them and recognizing their needs and enabling them to engage in vocational training for their betterment; To encourage traditional system of care and support of children in difficult circumstances; To educate and mobilize parents, guardians, communities and institutions to understand and prioritize the implementation of child right; and to revisit, review and abandon outdated laws, then pass appropriate laws and take stern action against violators of children's rights.

Thus this study will look at the increase of street children in Songea Municipal and finding mechanism to help street children through such means as Vocational training in order to sustain the best of their life and identifying the existing traditional systems of caring and supporting of vulnerable/street children in the communities. The study aims at coming out with sustainable ways of taking care and support of street children. The research methodology is reported in fourth chapter.

CHAPTER FOUR

4.0   RESEARCH METHODOLOGY

4.1.   Overview

This chapter covers methodology used in this study and has eight sections. The first section offers the description of the study area with regard to location and the criteria used for selection of wards. The second section covers the research design used, while the third section is about the sampling procedure used. Section four presents method of data collection and section five describes preparation and instrument used in the study. Section six offers description about measurement of variables. Section seven narrates data processing and analysis. The last section offers generalization of the findings.

4.2.   Location

The Songea Municipal shares borders with Namtumbo and Songea District to the East and by Songea District to the North, West and South. The Municipal is characterized by undulating hills particularly around Matogoro Mountain and gently sloping hills to the North and West with altitudes ranging from 980 to 1100 meters above sea level. The Municipal experiences temperatures ranging from 25.6 °C to 31.4 °C with average annual rainfall of 1263.7mm which falls between December and March. The Municipal covers an area of 750.055 sq.km of which 659.95 sq.km is arable land. The Municipal is divided into two divisions and thirteen wards. The Municipal has an estimated population of 146,600 people. The population growth rate is 3 percent per year. Population density is 371 persons per sq. km.

There are various Employment sectors which act as magnet for immigration of rural population within the Region. (National Bureau of Statistics 2003: 4).

4.3. Internal validity

In order to ensure accuracy and quality of the study, both nominal and ordinal scales were used in the study. Nominal rating scale was used in categorizing responses by respondents in line with the group to which they belong such as geographical locations like ward, division, district, region and group based on sex and religion. Ordinal scale was used to rank the reasons for children to be in the streets. Before conducting survey pre-testing was conducted and the necessary recommendations were adjusted.

The survey took 12 days to interview 66 respondents and gender issues were considered. Approximately half an hour was used to complete interview one respondent. Five days was used to interview 43 children, four days was used to interview 14 leaders and three days to interview 9 community members in Songea Municipal.

4.4. Research Design

Descriptive survey design was used in order to expound the situation of street children in the study area coupled with the causal factors present. Also a cross sectional research method has been used to collect the data. In cross – sectional survey design, data is collected at a single point in time (Creswell, 1994). This design is favourable because of the limited time for collecting data. According to Babbie

(1990) and Bailey (1978) this method is suitable for a descriptive study as well as for the knowing the relationship between and among variables used in the study.

4.5.   Sampling Procedures

A sample of three (3) Wards out of the Municipal's 13 Wards was selected to conduct the study on street children. The Wards selected were Lizaboni, Mfaranyaki and Bombambili, mainly based on the high number of street children.

4.6.   Population

The population of the study consists of all street children in the 13 Wards, the leaders and the community members in Songea Municipality.

4.7.   Sampling frame

From purposely selected wards, a list of street / vulnerable children was obtained from the GSM and KIWOHEDE leaders. From that list, it was possible to prepare a sampling frame. The researcher compiled a list of those street / vulnerable children who have been involved in the study. It was from this sampling frame that a random sample of respondents to be interviewed was taken using a table of random numbers.

4.8.   The Sample Size

A sample size of 66 respondents was preferred to the present the population. Ten street children from each Ward were selected for interview in Songea Municipal. Random selection was done. Nine (9) vulnerable children, three (3) in each of the selected Wards, four (4) street children attending vocational training, 12 leaders four (4) in each Ward, nine (9) community members three (3) in each selected Ward, one NGO leader and one Municipal leader were selected in the sample. Gender consideration attained prominence in sample selection. Sample selection was carefully done to avoid bias.

4.9.   Validity of the Survey Instrument

Before administering the survey, the survey instruments were submitted to the municipal Social Welfare officer to go through and make necessary recommendations and adjustments ready to be used. The validity of the survey instruments was evident during the execution of the exercise by the efficient and effective response of the people interviewed to the questions asked.

4.10.   Pre - testing of the instruments

The first draft of the questionnaire was protested in the field by a random sample of 10 street children, three vulnerable children, four street children attending vocational training, four ward leader, three community members, one KIWOHEDE teacher and one Municipal social welfare officer. The pre-test sample was not included in the final sample of 66 respondents. Pre-testing was done to test the validity of questionnaire and thereafter, necessary adjustments and corrections were done to the instrument before its final administration.

4.11.   Data Collection

4.11.1.   Primary Data

A structured interview schedule was used to collect primary data from respondents (appendix 10, 11 and 2). The interview schedule consisted of closed ended questions for items like age, sex, marital status and educational level. The open – ended questions were used for soliciting respondents' views and/or options pertaining to street children. Focused group discussion with community members and key informants were also sources of primary data.

4.11.2. Secondary Data

Secondary data were collected by going through relevant documents which were obtained from the study wards office, Songea Municipal Council office, GSM, KIWOHEDE office, Community Economic Development (CED) / Open University of Tanzania (OUT) library and the headquarters of the Ministry of Community Development Gender and Children. These involved collecting information from different sources including books, journals and official reports, in libraries, NGOs, relevant government offices and other institutions. The electronic database such as the CD – ROMs and Web sites were also explored.

4.11.3. Data Collection Procedures

Fieldwork was conducted during the period of July 2006 by the researcher. Much care and foresight were given to legitimizing research in the eyes of the ward leaders, children as well as party and government leaders in the Municipal. Since the researcher had worked as a community development officer for about 22 years in the region, it was not difficult to establish rapport. The approval and promised support of the GSM, Municipal council office, ward leaders and street children were obtained prior to conducting interviews. All the interviews were conducted in Kiswahili, the language easily understood by both enumerators and respondents.

The researcher managed to be in each of the three wards (appendix 9). Eligible respondents were interviewed through the guidance of the two GSM staffs and/or leaders who introduced the researcher to the respondents. Of the 66 interviewing schedules meant for streets/vulnerable children, community members, ward leaders, all of them were properly completed, constituting a return rate of 100 percent. As

much as possible the interviews were conducted in privacy, the place where the respondents felt free and comfortable and lasted for an hour each. When the interviewing process was completed in one ward the researcher moved to next, usually spending one day in each ward. Further - more, data was collected from10 respondents including community development office, GSM, KIWOHEDE, social welfare, Municipal Council staffs and RAS office through direct discussion with the researcher. The researcher also reviewed the research records and other relevant information from the Good Samaritan Mission and municipal community development files. It was also necessary to compile data from observation of some of participant home, bus stand, and market centre in surveyed wards.

4.11.4.   Data Processing

A major concern in preparing data for analysis was to summarize the data from the bulky key informant's questionnaire, children questionnaire, ward leader questionnaire and community member questionnaire to single sheet of paper. To this, data were paraphrased while preserving the original details and original meanings as accurately as possible. Data originally reported in Kiswahili were translated into English and those written with obvious grammatical mistakes were corrected.

4.11.5.   Data Analysis

Data collected from the respondents were edited, coded, summarised and analyzed using the statistical package for social science (SPSS) computer programme. In this statistical package, descriptive statistics as frequencies and percentage were used to

analyze the problem of street children. The analysis was guided by the study objectives and descriptive analysis was used.

4.11.6. Qualitative Data analysis

Consultation with Good Samaritan Mission (GSM) staffs helped to identify some of the information and data required. Preliminary analysis of data was done in the field. The record of each interview was inspected for its accuracy immediately after it was completed, that is, before proceeding to another respondent. The researcher himself immediately after the field data collection verified the data in order to make sure that the interview schedules had been filled accurately and completed. Open-ended responses were summarized; similarities as well as differences in responses were reviewed and noted. The completed interview schedules were coded for further analysis. The information collected through verbal discussion with different respondents such as views, suggestions was thus analysed in detail where the recorded dialogue broke down information into smaller meaningful units of information or themes and tendencies.

4.11.7. Quantitative data analysis

All quantitative analysis reported in this study was conducted using statistical procedures from the statistical package for social sciences (SPSS). Descriptive statistics such as frequencies, percentages and reasons were used to obtain the variability and central tendencies of variables. The data collected through interview were compiled, summarised and analysed. The results, in the form of frequency distribution table with number of respondents falling in a particular attribute and respective percentages were shown. The attributes analysed in this sub-programme were the general characteristics of respondents such as age, education level, religion

and sex; Background of the street children, such as size of household, head of the family, potential relatives, and cause for street children; also, life of street children in town, activities and where they sleep. The Vocational Training part included willingness to attend vocational training, type of training selected, type of facilitation they like and existence of traditional methods.

4.11.8. *External Validity*

This study was conducted in only three wards in Songea Municipal. However, the findings can be generalized beyond the wards studied and indeed beyond Songea Municipal and Ruvuma Region. This is because the situation from which the findings were derived is not unique to the three wards of Songea Municipal only. Specifically, with respect to street children:

1. The structure in the Municipal wards studied reflects the situation which is prevalent in most urban wards all over Tanzania.

2. The methods applied in the study wards are not specific to the Municipal but applicable all over the country.

Therefore it is considered that the implications drawn from this study will have direct reference to the studied municipal wards and beyond. In summary chapter three has described the methodology including location of the study area, research design, data collection and analysis. The findings of the study are presented in the fourth chapter.

4.12.   Limitation on Internal and External Validity

4.12.1.   Fund

Due to the fact that, money is scarce and limited resource, it was not easy to cover a

large sample.

4.12.2.   Response of respondents

It was difficult to get genuine answers especially from street children with small age.

4.12.3.   Access to data

Some few data were difficult to obtain from various sources due to confidentiality,

such as reasons for divorce.

4.13.   Discussion of Results

4.13.1.   Overview

This section examines the general characteristics of respondents which may

influence the sustainable way of reducing number of street children in towns. The

characteristics examined are respondent's educational level, age, sex, religion, size of

household, head of the family, potential relatives, cause of street children, activities

of street children, where they sleep, willingness to attend vocational training, type of

training selected, type of facilitation they like. These characteristics are described in

this section to give the general profile of the study population in relation to problem

of street children.

4.13.2. Street Children Education Level

Result in Table 4.1 shows that 70% of street children interviewed had primary education, 20% had no education, 4.5% attending COBET classes, and 4.5% are orphans, secondary students who had no school fees. The study realized that, facilitating street children through vocational training has been found possible as 70.5 % of the street children interviewed were STD VII leavers and 4.5 % attained complementary Basic Education Training (COBET). For secondary school students we made a discussion with Mfaranyaki and Bombambili Ward Executive Officer to find school fees from different Donors and NGOs such as Songea Municipal Council, Regional Facilitating Agency (RFA), Member of Parliament fund, and NGOs and it was possible for both students to continue with secondary education.

Table 4-1: Street children Education Level

Education Level	Number of Respondents	% of Respondents
No Formal Education	9	20.5
Primary Education	31	70.5
Secondary Education	2	4.5
COBET	2	4.5
Total	44	100.0

Source: Survey data, 2006

4.13.3. Respondents Age

Results (Table 4.2) Indicate the age of street children interviewed. The age of 13 – 17 years (79.5%) had more respondents, followed by age 8 -12 years (20.5%). This shows that more street children have an age of 13 – 17 years the age in most cases

which students complete standard seven and stay idle. To facilitate them in vocation training is possible.

Table 4-2: **Street children Age**

Age	Number of Respondents	%
8-12-Years	9	20.5
13-17-years	35	79.5
Total	44	100.0

Source: Survey data, 2006

4.13.4. *Street children's Religions*

Results (Table 4.3) indicate that Christians were 56.8% and Muslims were 43.2%.

These results show that all street children belong to religious families. Although Christians are comparatively more than Muslims in the study areas, generally there is need for these religions to participate in taking care and facilitating street children. Also the religious groups must educate and support the communities in development ventures through faith and religious organization such as CARITAS.

Table 4-3: **Respondents Religion**

Religion	Number of Respondents	%
Christian	25	56.8
Muslim	19	43.2
Total	44	100.0

Source: Survey data, 2006

4.13.5. Respondents' sex

Results (Table 4.4) indicate that male street children were 61.4% and 38.6% female.

These results indicate that both male and female are engaging in street children

activities. To assist these street children, in Songea Municipal there are two NGOs,

the Good Samaritan Mission (GSM) and Kiota Women Health Development

(KIWOHEDE). The GSM provide vocational training to both male and female

children while KIWOHEDE provide education to female only.

Table 4-4:   Respondents Sex

	Frequency	Valid Percent
Male	27	61.4
Female	17	38.6
Total	**44**	**100.0**

Source: Survey data, 2006

4.13.6.   Young People Who Attended Vocational Training in GSM and KIHOWEDE from 2004 – 2006

In (Table 4.5) Indicate the street children who got vocational training from their

centers are not traceable.   Out of 71 street children, who attended Vocational

Training from 2004 to 2005 in KIHOWEDE and GSM, only 15 street children,

which is 21% practice Vocational skills in three Regions. They are three (3) in

Mbeya, , four (4) in Dar es Salaam and eight (8) in Songea. That is why there is a

need of undertaking post management of street children even after completing

vocational training.

Table 4-5:   Young People Who Attended Vocational Training in GSM and KIWOHEDE from 2004 – 2006

Year	Centre	No. Of Vulnerable Children Attended Vocational Training			No. Of Street Children Attended Vocational Training			Total No. Of Vulnerable And Street Children Attended Vocational Training			Known No. Of Trained Street Children Who Practice Training Skills.		
		M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
2004	GSM	23	27	50	5	3	8	28	30	58	2	1	3
	KIWOHEDE	0	240	240	0	10	10	0	250	250	0	4	4
2005	GSM	30	26	56	12	8	20	42	34	76	3	4	7
	KIWOHEDE	0	300	300	0	5	5	0	305	305	0	1	1
2006	GSM	29	31	60	7	9	16	36	40	76	-	-	-
	KIWOHEDE	0	60	60	0	12	12	0	72	72	-	-	-
SUB Total	GSM	82	84	166	24	20	44	106	128	234	5	5	10
	KIWOHEDE	0	600	600	0	27	27	0	627	627	0	5	5
GRAND TOTAL		82	684	766	24	47	71	106	755	861	5	10	15

SOURCE: Songea Municipal Council Report June 2006.

4.13.7.   Size of Household of Respondents

Results in (Table 4.6) show that the majority of street children, 45.5% live in the family of 4 - 6 people, 38.6% live in the family of 1-3 people and 15.9% live in the family of 7 – 9 people. Some street children argued that some times they sleep without eating food or they ate once per day. Although there results show major problem of poverty, lack of family planning skills is also vivid in households in the study area.

Table 4-6:   Size of Household

Size of Household	Number of Respondents	%
1-3-People	17	38.6
4-6-People	20	45.5
7-9-People	7	15.9
Total	**44**	**100.0**

Source: Survey data, 2006

4.13.8.   Vulnerable children in family

Results (Table 4.7) indicate that 77.8% of community members interviewed have one

to three vulnerable children in their families and 22.2% have no vulnerable children

in their families. This increase in family size leads to hardship of life in terms of

basic needs such as food, clothes, school fees and shelter.

Table 4-7:   Have Vulnerable Children in their families

Number of Vulnerable Children	Number of Respondents	%
0-Vulnerable Children	2	22.2
1-3-Vulnerable Children	7	77.8
Total	**9**	**100.0**

Source: Survey data, 2006

4.13.9.   Head of the Household.

Results (Table 4.8) indicate that 29.5% of street children interviewed live in the house where mother is a head of the family, 20.5% live in the house where father is a head of the family, 13.6% live in the house where grandmother is a head of the family, 13.6% live in the house where uncle is a head of the family, 13.6% live in the house where brother is a head of the family, 4.5% live in the house where aunt is a head of the family, 2.3% live in the house where sister is the head of the family and 2.3% live in the house where grandfather is a head of the family. Generally this result shows that 75% of street children live without father and 70.5% live without mother.

Table 4-8:   Head of Household

Head of Household	Number of Respondents	%
Father	9	20.5
Mother	13	29.5
Grand Mother	6	13.6
Aunt	2	4.5
Uncle	6	13.6
Sister	1	2.3
Brother	6	13.6
Grand Father	1	2.3
Total	**44**	**100.0**

Source: Survey data, 2006

4.13.10. Close Relative

Results (Table 4.9) indicate that the close relative of most of street children are;

Uncle 29.5%, Grandmother 25%, Sister 11.4% Cousin 9.1% Step father 9.1%

Brother 4.5% and Grandfather 4.5%.

Table 4-9:   Close Relative

Close Relative	Number of Respondents	%
Uncle	13	29.5
Cousin	4	9.1
Grand Mother	11	25.0
Step Father	4	9.1
Step Mother	2	4.5
Brother	3	6.8
Sister	5	11.4
Grand Father	2	4.5
Total	**44**	**100.0**

Source: Survey data, 2006

4.13.11.   Factors Contributing To the Emergency of Street Children

Results (Table 4.10) indicate that poverty was earmarked by 54.5% of the

respondents as a major cause of street children. Most of the street children

complained of shortage of food and clothes, despite the fact that 20.5% of the

interviewed children came from Male headed households and 29.5% from Female

headed households. (Table 4-8 above).

Annual report (2003 – 2004) of street child in Africa indicated some of the factors contributing to street children include "The stress of poverty, hunger, and carrying adult responsibility on his small shoulders drove Moses away from his home and to the streets of Kitwe. At night, he slept rough in the marketplace along with many other boys and girls. He had become a street child. www.streetchildafrica.org.uk (2006:8)

Also Paul found himself in the streets of Accra, Ghana's capital city, at the age of fourteen. Like so many street children he was there as a result of acute poverty in Akatsi, his home region. His family was too poor to keep him so he made his way to the streets of Accra to try and support himself. www.streetchildafrica.org.uk (2006:23)

Table 4-10:   Factors contributing Street children (Cause of Street Children)

Factors contributing street children	Number of Respondents	%
Divorce	11	25.0
Poverty	24	54.5
Orphanage	8	18.2
Large Family	1	2.3
Total	44	100.0

Source: Survey data, 2006

4.13.12. Place to Sleep.

Results (Table 4.11) indicate that majority of street children 79.5% slept home, 18.25% slept in streets and 2.3% slept in ghetto. This result is contrary to the study conducted on 100 boys from Alexandria during the spring and summer period of 1999–2000. The study showed that, majority of the children (94%) slept on the street while only 6% slept at home on a regular basis. E.M. Salem1 and F. Abd El-Latif 2 in *http://www.emro.who.int/Publications/EMHJ/0801/socio.htm* (200:1)

This difference between the street children in the study area and that of Alexandria may be due to the fact that most street children in study area are not detached with their families as compared to those of Alexandria. These results also show positive possibilities in applying traditional ways of rearing street children.

Table 4-11:   Place to Sleep

Place to sleep	Number of Respondents	%
Home	35	79.5
In street	8	18.2
Ghetto	1	2.3
Total	**44**	**100.0**

Source: Survey data, 2006

4.13.13. Activity in Town

Results (Table 4.12) indicate that 60% of street children are engaged in carrying luggage, 26.7% of all street children (about 100% of female street children) engaged in sex work, and 13.3% engaged in pet business. Annual report (2003 – 2004) of street child Africa indicated some street children story such as "Yolanda was on the

streets with her sister for three years. So she returned to the streets and fell into the sex trade in a desperate attempt to support her brothers and sisters". (www.streetchildafrica.org.uk: (2006:5)). Therefore, all female street children are at risk of getting HIV/AIDs and other sexually transmitted diseases (STD).

Table 4-12:   Activity in Town

Activities in Town	Number of Respondents	%
Pet business	4	13.3
Carrying Luggage	18	60.0
Sex	8	26.7
Total	**30**	**100.0**

Source: Survey data, 2006

4.13.14.   Vocational Training

Results found in this study show that, street children have shown readiness to be trained in various disciplines such as sewing, mechanics and COBET. Results (Table 4.13) indicate that 41.7% of street children like mechanics, 37.5% like sewing, 16.7% like COBET and 4.2% like carpentry.

Table 4-13:   Vocational Training

Vocational Training	Number of Respondents	%
Carpentry	1	4.2
Sewing	9	37.5
Mechanics	10	41.7
COBET	4	16.7
Total	**24**	**100.0**

Source: Survey data, 2006

4.13.15.   *Type of facilitation they like after completing vocational training and* ready to establish economic groups.

Results (Table 4.14 and Table 4.15) indicate that 100% respondents prefer to get

working gears after graduating vocational training and they are ready to form

Economic Groups.

Table 4-14:   Type of Facilitation they like after completing Vocational raining

Type of Facilitation	Number of Respondents	%
Working Gears	4	100.0

Source: Survey data, 2006

Table 4-15:   Ready to Establish Economic Groups

Ready to Establish Economic Groups	Number of Respondents	%
Yes	4	100.0

Source: Survey data, 2006

4.13.16.   Traditional system used to care vulnerable/street children.

Results (Table 4.16 and Table 4.17) indicate that 68.2% of street children show that there is no clear system of taking care of street/Vulnerable children against 77.8% from Community Members who responded that there is a system of taking care of street children. They mentioned the system of using close relatives, where children have lost all of their parents. This system has been in use for quite a long time and it is still in use in most of the developing countries. But due to poverty, street children do not notice the difference and see it as if there is no traditional system of taking care of street children.

Table 4-16:   Care of Street/Vulnerable children (Street children)

Care of Street/Vulnerable children	Number of Respondents	%
Yes	14	31.8
No	30	68.2
Total	44	100.0

Source: Survey data, 2006

Table 4-17:   Tradition System used to Care Vulnerable/Street Children (Community)

Availability of Traditional System	Number of Respondents	%
Yes	7	77.8
No	2	22.2
Total	9	100.0

Source: Survey data, 2006

The different opinion between street children and community leaders on the existence of traditional system of taking care of street children may be due to dissatisfaction of street children to service offered by those involved in the traditional system. Another reason may be the fact that, having low level of understanding due to their young age, these children fail to perceive the presence of traditional systems of caring them. However the traditional systems of taking care of street children may not properly work due to the fact that the close relatives who are in existence are mainly Uncle 29.5% and Grandmother 25%, (Table 4-9 above).

4.14.   Monitoring and Evaluation

This section covers the monitoring and evaluation procedures where the indicators used for monitoring, type of data; method used to collect data and analyze data for evaluation was outlined.

4.14.1. Monitoring

Monitoring on research methodology aspects was done by recording and periodic analysis of information and data collected through interview schedule, focus group discussion and observation. The information required to know during the Monitoring was what data to collect, when and who gathered the data. In so doing it helped to provide the on going picture of the research according to plan. During the research, the monitoring indicators used were as follows: -

- Number of street children in the study area,

- Number of street children attending vocational training,

- Number of vocational centres facilitating street children,

- Number of vulnerable children living in families,

- Number of close relatives taking care of street children,

- Number of street children per factor (Poverty, divorce, orphanage),

- Number of street children living in streets,

- Number and variety of activities by street children,

- Number of street children established economic groups,

4.14.2. Evaluation

In this section the evaluation was conducted on the basis of research objectives. The reason for conducting evaluation was to check whether the research is conducted according to the planned objectives. The evaluation questions were according to research questionnaire (See Appendix 10-12). In evaluating this project the evaluation indicators were as follows: -

- Number of families taking care of street children without stigmization,

- Number of families facilitated to take care of street children,

- Number of street children in established vocational training,

- Number of street children established their own group economic projects after acquiring training skills

CHAPTER FIVE

5.0   IMPLEMENTATION

Under chapter four the study has pinpointed the causes of street children and measures to be taken to tackle the problem. This chapter discusses how these recommendations can be implemented. Several strategies to solve the problem have been discussed. The output and product of this project is the establishment of some means of reducing the rate of generating street children and the number of street children. Also the project aims at facilitating the increase of the number of street children enrolled for vocational training and the number of street children completing vocational training so that they may be made ready to stand on their own without returning back to the street.

5.1.   Project Objectives

5.1.1.   Main Objective

To capacitate street children with relevant education and training so that they can undertake their own life independently.

5.1.2.   Specific Objective

1. Training, care and support of street children

2. Provision of capital grand to graduate street children.

5.2.   Products and Outputs

The products and outputs which will have been accomplished by April 2007 are as follows;

First, more than 30 street children will have been identified. Right now Good Samaritan Mission is conducting continuous research to identify street children.

Having identified them it will be easy to take them to vocational training centres, complementary basic education training (COBET) programme and /or give them assistance to enable them become self reliant so that they may not go back to street. Secondly, about 15 to 20 street children will be trained in Good Samaritan Mission vocational training centres. They will be trained on various skills like carpentry, tailoring, importance of group formation and development and formation of small association and joining saving and credit co – operatives (SACCOs). The skill will give the street children knowledge and enable them to apply it in order to improve their life standards. Also group formation and SACCOs will enable them take credit to develop their skills and workshops after completing their trainings. Thirdly, the Good Samaritan Mission will conduct regular supervisory visits to trainees after completing their training. This will be helpful because trainees will be given equipments and encouraged to open workshops and the Good Samaritan Mission supervisory teams will visit them and advice them on how best they can run their businesses and make their businesses profitable for betterment of their lives.

5.3. *Project Planning*

The project plan based on the project objectives which are; Identification of street children, training, care and support of street children and provision of capital grant to graduate street children.

5.3.1. Implementation Plan

The implementations plan for the above objectives as from May 2006 to April 2007 is as follows:-

Table 5.3-1: **Objective (1): Identification of Street Children**

s/no	Activities	M 06	J 06	J 06	A 06	S 06	O 06	N 06	D 06	J 07	F 07	M 07	A 07	Resource needed	Person responsible
1.	Preparation Of proposal to Donor (RFA/TACAIDS)	■												- Three personnel	- CED Student and GSM
2.	Submit proposal to Donor		■											- Three personnel	- CED Student and GSM
3.	Identification and verification of street children areas			■										- Transport - Three Personnel - Finance - Stationeries	- CED Student and GSM
4.	Identification and categorization of street children				■									- Three personnel - Stationeries	- CED Student and GSM
5.	Selection of street children to be facilitated.					■	■							- Transport - Three Personnel - Finance	- CED Student and GSM

Table 5.3-2: Objective (2):- Training, Care and Support Of Street Children

s/no	Activities	M 06	J 06	J 06	A 06	S 06	O 06	N 06	D 06	J 07	F 07	M 07	A 07	Resource needed	Person responsible
1.	Training of street children on group formation			█										- One personnel -Stationeries	- CED Student and GSM

Table 5.3-3: Objective (3). Provision of Capital Grant to Graduate Street Children

s/no	Activities	M 06	J 06	J 06	A 06	S 06	O 06	N 06	D 06	J 07	F 07	M 07	A 07	Resource needed	Person responsible
1.	Professional categorization of graduate street children							█						- Three personnel	- CED Student and GSM
2.	Provision of capital grand in the form of working tools									█				- Three personnel	- CED Student and GSM
3.	Supervision											█	█	-Transport -Three Personnel -Finance	- CED Student and GSM
4.	Monitoring and Evaluation	█	█	█	█	█	█	█	█	█	█	█	█	- Three personnel	- CED Student and GSM

5.3.2. *Inputs Indicator*

In the implementation of the above project various inputs will used as shown in table 5-4 below.

Table 5.3-4:   Project Goal: - To Capacitate Street Children So That They Can Undertake Their Own Life.

S/NO	OBJECTIVE	INPUTS
1.	Identification of street children	- Transportation Tsh. 39,000.00. - Finance Tsh. 1,039,000.00 - Three personnel.
2.	Training, care and support of street children	- Finance Tsh. 16,000.00 - One personnel.
3.	Provision of capital grand to graduate street children.	- finance Tsh. 2,249,000.00 - Two Personnel

5.4. *Staffing Pattern*

Table 5-5 below represents the Good Samaritan Mission staff pattern which will be dealing with street children.

Table 5.4-1: Staffing Pattern

S/NO	PROGRAM RESPONSIBILITY	POSITION	TRAINING NEEDS	SUPERVISORY ROLE
1.	Identification of street children	Youth and community worker	- Training in research methodology	- Ensure street children are identified.
2.	Training, care and support of street children	Youth and community worker	- Training in Community Development or short course in group formation and development	- To ensure street children are trained and well cared.
3.	Provision of capital grant to graduate street children.	Coordinator	Project proposal design.	- Access donor funds and provision of the grand to street children group.

5.5. Project Implementation Report

According to the plan the project will end in April 2007. However, right now the project has been implemented to some degree. This is according to evaluation done in December 2006. The implementation is shown below.

2.1.4. Objective.1: Identification of street children

In implementing this project some Tsh. 3,600,000.00 has been received by the Good Samaritan Mission from Regional Facilitating Agency (RFA/TACAIDS) and street children identification has been done.

Thirty children out of 43 interviewed have been identified as street children in three wards (Mfaranyaki, Lizaboni and Bombambili) through visiting bus stands, car wash areas and market centres and interviewing street children who are engaged in various pet businesses such as selling roasted groundnuts, washing cars, and caring passengers' luggage to mention the common ones. Out of 30 identified street children 18 had either one or no parent, and 12 had both parents.

Out of 30 identified street children only16 were selected for vocational training based on the degree of hardship they face, willingness of the street children themselves to study in vocational training centres, age, and education background. Other 4 children were selected to join Complementary Basic Education Training (COBET) and 10 were dropped out.

Three staff (human resource) and Tshs. 285,000.00 have been used in accomplishing the activities above. The objective of identification of street children was successfully met at a 100% rating.

2.1.5. Objective 2: Training, care and support of street children

The activities accomplished under this objective were:-

In implementing this objective, 18 street children (last year's intake) have been trained in group formation in a participatory way. The major content was, what is a group, how group is formed, stages of a group formation, problems solving in a group and element of sustainability in a group. About Tshs. 25,000.00 were utilized as planned and one staff (CED student) was involved. The objective of training, care and support of street children was met at a rate of 100%.

2.1.6. Objective 3: Provision of capital grant to graduate street children.

The activities under this objective will be done in January 2007. Capital grant (about Tsh. 2,400,000.00) is being processed by RFA/TACAIDS and the implementation is 90%.

2.1.7. Project Implementation Gant Chart

The implementations of Gant chart based on the above objectives are as per appendix 5. The Monitoring, Evaluation and Sustainability are reported in the sixth chapter.

CHAPTER SIX

6.0   MONITORING, EVALUATION AND SUSTAINABILITY

6.1.   Monitoring

Participatory monitoring on street children identification and capacitating in Songea Municipal was conducted by ensuring systematic recording and periodic analysis of information that had been chosen and recorded. By so doing it helped to provide the ongoing picture by giving room for immediate solutions, maintaining good standards, facilitating effective use of resources and providing information for future use. The reasons for monitoring was to determine whether the activities are progressing as planned and are leading to the objectives of the project, hence ensure early adjustments of the projects. The project goal was to capacitate street children so that they can undertake their own life.

The project objectives were as follows: -

1.   Identification of street children,

2.   Training, care and support of street children,

3.   Provision of capital grant to graduate street children.

The activities conducted to overcome the above objectives were;

1.   Preparation of project proposal,

2.   Identification of street children through interviews,

3.   Categorization of street children,

4.   Selection of street children for facilitation in vocational training,

5.   Training street children in GSM vocational training centres in group formation

6.   Professional categorization of street children,

7.   Provision of capital grant in the form of working gears,

8.   Supervising the groups of street children and their tasks.

The information required to know during monitoring was the identification of what data to gather, when, and who gather the data. Table 5-6, shows the detailed information.

Table 6-1: Information for monitoring project operations.

S/no.	Categories of Information	What to Monitor	What record to keep	Who collects Data	Who uses Data	How to use information	What decisions can be made
1.	Work Plan Activities	-Timing of activities. -Availability of personnel and resources.	-Monthly/ quarterly - Work plan. -Work schedule. - Implementation report	-GSM Director. -Supervisor	-GSM Director. -Donor - Songea Municipal Council -Other Stakeholders	-Ensure children and other resources are available - To facilitate knowledge of the project out puts	- Reschedule activities and deployment of resources as needed. - To facilitate decision making - Modifying work plan
2.	Cost and Expenditure	-Budgeted amounts, funds (Tsh. 3,600,000.00) on hand and expenditures -Balance in budget by approved cost categories	-Ledger of expenditures by budget category -Receipts -Bank transactions -Report to Donor	-Financial officer/ accountant	-GSM Director. -Donor -Auditor	-Ensure funds are available to execute activities	-Authorize expenditures -Make budget and project revisions -Determine need for other funding sources
3.	Staff and Super vision	-Knowledge, attitudes and skills of staff -Education level of staff -Salaries and benefits Job performance	-Performance review -job descriptions -Feedback from training attended	-Supervisor -Trainer	-GSM Director.	-Motivate staff and resolve employment problems	-Placement -Training needs -Promotion -Disciplinary action
4.	Working Tools	-Stock -Ordering -Procurement regulation	-Stock registers -invoices -Field worker reports	-Coordinator	-GSM Director. -Donor	-Ensure availability of working tools in stock and distribute to street children's -Ensure good condition of working tools	-Quantity to order -When to order
5.	Results	- 30 street children identified - 16 Street children trained on group formation - 16 street children to get capital grants in January 2007.	-Student registers -Field work report	-GSM Director. -Field work report	-GSM Director. -Donor -Field supervisor	-Ensure objectives are realistic	-Revise Objectives -Revise project strategy and approach

6.2.   Management information System

6.2.1.   Monitoring Questions

In gathering the monitoring information the following monitoring questions were

used:

1. What is the number of identified street children?

2. What are the categories of identified street children?

3. How many street children will be selected for training in the vocational training

    centre?

4. Have street children been trained in group formation for their sustainability?

5. Are street children in vocational training centres categorized professionally for

    easy capital grant facilitation?

6. Have the capital grant interims of working gears been provided to street children

    vocational training centre graduate?

7. Are the groups of vocational training centre graduate street children well

    supervised?

6.2.2.   Research Method used in Monitoring

During Monitoring process the checking of on going implementation of project was

conducted by using documentation; through comparing what was planned in the

work plan against the implementation within a given period of time; comparing the

budget planned against the actual expenditure in implementation. By so doing it

helped to determine whether or not the activities were progressing as planned.

6.2.3. *Indicator and tools*

During monitoring, the direct and indirect indicators were used to answer the monitoring questions as follows:-

Table 6.2-1: Direct and Indirect Indicator

S/NO.	ACTIVITIES	DIRECT INDICATOR	INDIRECT INDICATOR	TOOLS
	INDICATOR AND TOOLS			
1.	To Prepare proposal and submit to Donor **(RFA/TACAIDS),**	One proposal Prepared and submit to Donor **(RFA/TACAIDS),**	Tsh. 3,600,000.00 received from **(RFA/TACAIDS),**	Financial records
2.	To identify and verify street children	30 street children identified and verified		GSM students records
3.	To identify and categorize 16 street children.	16 street children identified and categorized		GSM students records
4.	To select street children to be facilitated.	16 street children selected to be facilitated.		GSM students records
5.	To prepare one group formation module	one group formation module prepared		GSM students records
6.	To train street children on group formation	16 street children trained on group formation	Number of group formed	GSM students records
7.	To categorize street children graduates according to their Professions.	16 street children categorized graduates according to Professions		GSM students records
8.	Provision of capital grant in the form of working tools and supervision to street children.	16 street children provided capital grant in the form of working tools and supervision.	Number of street children using working tools for their betterments.	GSM store records and students records

6.2.4. Monitoring Team

The GSM general meeting with the help of stakeholders such as RFA/TACAIDS, Ward leaders, community members, Municipal leaders, to mention a few, appointed the monitoring team. The monitoring team included three staff members from GSM and one outsider (a community development officer). The team representatives conducted the evaluation as part of their job responsibilities but the outsider was to be paid. The information obtained was analyzed basing on the indicators used relevant to the required standard/level. The analyzed information was presented by using texts, histograms and diagrams, pie charts, and percentage, and was handed to GSM, stakeholders, beneficiaries, donors, and the government.

6.2.5. Analysis of Presentation

The study was conducted on 30 street children from Songea Municipal in July 2006. The results revealed that, street children in Songea Municipal can generally be categorized into either of the two groups. The first group is made up of completely abandoned children who live in the streets (17%), without homes. These children scavenge for food or seek shelter in the streets and have no contact with their families. They sleep in the streets and public places, such as in front of stores, shops, bars, ghettos, and bus stand. The second group is made up of children who spend their days in the streets (76%), fetching water, washing cars and doing petty businesses, but as night falls they return home. These children live with their families and contribute to the daily family earnings (willingly or not) to assist in the family economic survival.

6.2.6. Summary Monitoring

Table 6-2: **Summary Monitoring**

S/No.	Narrative summary	What/How to monitor	When	
			Planned	**Actual**
	GOAL To capacitate street children so that they can undertake their own life.	-Timing of activities -Availability of personnel and resources	-May 2006 to April 2007	April 2007
	OBJECTIVES			
	1. Identification of street children	-Timing of activities -Availability of personnel and resources	-May to October 2006	-July 2006
	2. Training, care and support.	-Timing of activities -Availability of personnel and resources	-July 2006	-July 2006
	3. Provision of capital grant to graduate street children and supervision	-Timing of activities -Availability of personnel and resources	-November 2006 to January 2007	

6.2.7. Evaluation

The evaluation was conducted on the basis of the objectives and activities identified earlier. The reason for conducting evaluation was to check whether the activities of the project were relevant to the objectives so as to be able to decide whether to continue or terminate the project. In evaluation questions the list of questions were ranked in order of importance and the following questions were used;

1. How many street children did the Good Samaritan Mission (GSM) train in vocational training centre?

2. How many street children were given working capital in the form of working gears?

3. How many street children among those given working gears are still using them?

6.2.8. Research Methods used in Evaluation

The common practice of Evaluation is comparing pre – project observations and post project observations. In this project, the research methods used in evaluating the project were observation and secondary data.

- **Observation**

    Observation was used to look at the actual ongoing activities such as the number of street children attending vocational training; the number of street children in streets.

- **Secondary data**

    Secondary data was obtained through reading and analyzing various reports from regional, Songea Municipal Council, Good Samaritan Mission (GSM) and reports from other stakeholders.

6.2.9. *Composition of Evaluation Team*

The Good Samaritan Mission general meeting will appoint the evaluation team. The composition of the evaluation team will include three GSM staff and Municipal Community Development Officer as an outsider and also a specialist in the field. The results of the evaluation team will be presented to GSM general meeting within one week after evaluation to allow timely decision.

6.3. *Performance Indicator*

The performance indicator and information sources were based on evaluation questions. Table 6.3 Shows details on key indicator and information sources.

Table 6-3:   Indicators and Information Sources

S/No.	Evaluation Questions	Key indicator	Information Sources	
			Where	Tool to use
1.	-How many street children were trained in Vocational Training Centre by GSM?	-Number of street children train in Vocational Training Centre by GSM	-GSM Office	-GSM Student Register book.
2.	-How many Street Children were given working capital in the form of working gears?	-Number of street children given working gears.	-GSM Office	-GSM store Ledger.
3.	-How many street children among those given working gears are still using them?	-Number of street children still using given working gears.	-Street children groups working areas.	- Observation -Supervision reports

6.3.1. *Needed Skills and Labour*

The Evaluation team is composed of three GSM Staff and one specialist of Municipal Community Development. The three GSM staffs are specialists of social work and Community Development. Therefore, the evaluation team is self sufficient.

6.3.2. *Information Gathering and Analysis*

Information gathering and analysis will be done in accordance with agreement by Evaluation team but should not take more than one week.

6.3.3. *Person Responsible*

All the members of Evaluation team will be involved in information gathering. Both quantitative and qualitative information will be collected.

6.3.4. *Analysis and Presentation of Results*

In August 2006 the Region conducted annual review meeting at Emmau centre Peramiho. The meeting invited different stakeholders such as, local government Authority staff, Central Government staff, and NGOS representatives including, Good Samaritan Mission, Ruvuma Orphans Association (ROA) to mention a few. Various development issues were discussed and some ways of improving some of the problems facing the region were suggested. The problems discussed were: Village development projects, nutrition, immunization, death of children and pregnant women, primary school enrolment, primary school dropout, water, vulnerable children including orphans, the disabled and street children. The report shows that Ruvuma Region has 547 street children and Songea Municipal is leading

by having 468 of them which is 86%, followed by Songea District Council 47 street children which is 9%, Namtumbo District Council 25 which is 5%, Tunduru District council 7 street children which is 1%. The meeting concluded that there was the need of providing soft loan to the rural people through establishment of economic groups and savings and credit cooperatives (SACCOS).

Figure 1: Street Children in Ruvuma Region – June - 2006
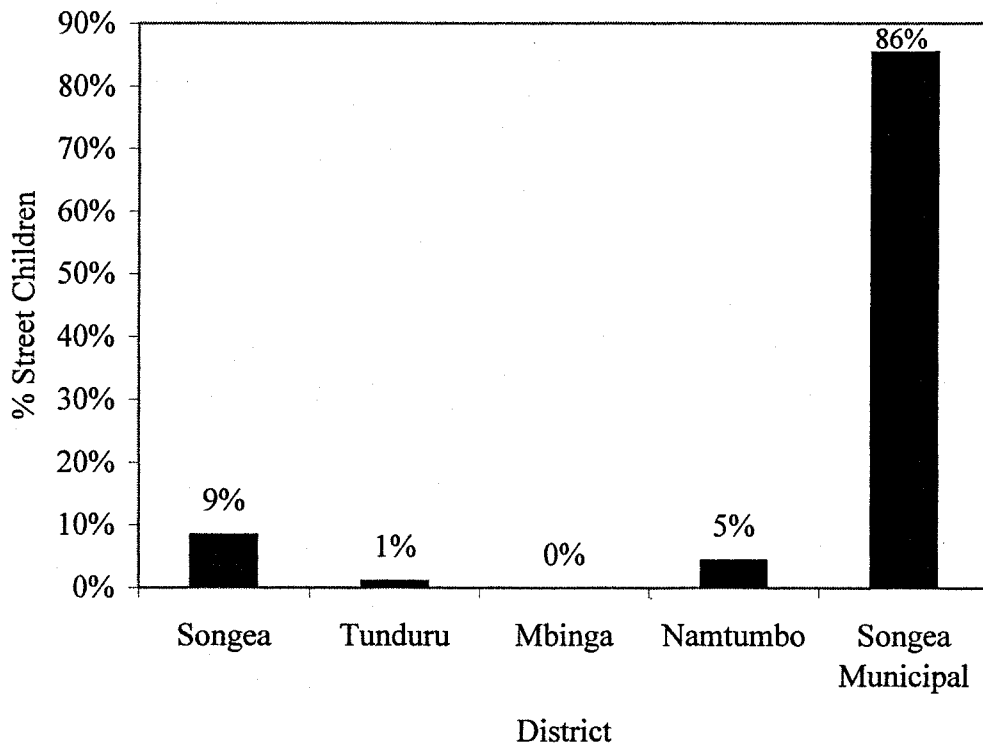
Source: Regional Annual Review Meeting Report August 2006

6.4. *Summary Evaluation*

Table 6.4: Summary Evaluation:

S/No.	Narrative Summary	Performance Indicator	Expected Out comes	Actual outcomes
1.	**GOAL:** To capacitate street children so that they can undertake their own life	-Number of street children trained by GSM. -Number of street children given working gears. -Number of street children continuing to use the given working gears.	- 16 street children to be trained in vocational training centre by GSM. -16 street children to be provided working gears by GSM. -16 street children to continue using working gears.	
2.	**OBJECTIVES:**			
	1. Identification of street children	-Number of street children Identified.	-30 street children to be identified. -Two category (orphans and non-Orphans) to be Identified.	-30 street children identified. -Two categories of orphans and non – orphans identified.
	2. Training, care and support.	-Number of street children selected for training in vocational training centre. -Number of street children trained in group formation. -Number of professional categorization of street children.	-16 street children to be selected for training in vocational training centre. -16 street children to be trained in group formation. -16 street	-16 street children have bee selected for training in GSM vocational training centre. -16 street children have been trained in group formation in GSM vocational training centre.
	3. Provision of capital grant to graduate street children and supervision	-Number of Professional categorization of street children. -Number of street children provided with working gears. -Number of supervision of street children groups.	-Carpentry and sewing (tailoring) categories to be identified. -16 street children to be provided with working gears. -Two supervision per year to be done.	

Participatory Monitoring and Evaluation (PAME) is very important in leading the project activities towards achieving project objectives. It helps the GSM to do the right things and getting things right. The efficiency and effectiveness was maintained as a result of PAME.

6.5. Sustainability

6.5.1. Sustainability of Street Children Identification and Capacitating Project

The concept of the sustainability is often reduced to the question of whether local institution will be able to continue providing the services that have been provided by the donor – aided project. Other important aspects of sustainability are institutional sustainability; economic sustainability and social sustainability (CATAD 1998:283). In this study, the sustainability of street children identification and capacitating is based on community involvement in the whole process of identification and assist them through contributing in vocational training without external support. Traditional system of care and support of vulnerable children may reduce the generation of street children.

6.5.2. Sustainability element

Continuing to function, supported by its own resources (human, material and financial), even when external sources of funding have ended is very important to any project to be sustainable. In this project the financial, political, and social circumstances that may affect the host community and the viability of the project in the future are as follow, the project depend on external donor; therefore, if the donor does not support fund to the project, it will be affected. Politically, if changes on policy of allowing non – governmental organization to participate in providing social services to vulnerable groups occur, the project will be affected. Socially, the

increase of epidemic and endemic diseases such as HIV/AIDS that have positive effects in increasing the number of people in vulnerable groups such as widows, orphans and street children.

6.5.3. Sustainability plan

In order to improve the sustainability of the project the Good Samaritan Mission (GSM) must do the following; the Good Samaritan Mission (GSM) must expand donor support framework to ensure proper management of street children. The support also will help to find new plot and building modern vocational training centre which will accommodate primary school, secondary school, vocational school, day care centre, community centre, and shopping centre. These will enable the Good Samaritan Mission (GSM) NGO to establish small projects which the NGO will get its own fund to run the day to day activities.

The Good Samaritan Mission (GSM) NGO must involve the community in the identification of street children and pay a certain percentage of fees for the identified street children. The government must reduce the number of vulnerable children by facilitating the community through providing them with development projects. Apart from furnishing the community with development projects, good environment must be created by the government to enable the community to get soft loans and agro – inputs subsidies so as to enable traditional system of taking care of vulnerable children to continue. The government must continue providing preventive measure (education) on HIV/AIDS to the community so as to reduce the number of orphans and widows. The above measure must be introduced in the financial year 2007.

6.5.4. *Institutional Plan*

The organization sponsoring this project will first need to accept the programme. Although this program was done by organization sponsoring this project, it was done in a different style. The organization sponsoring this project must adopt the suggested sustainability element above. The conclusion and recommendation is reported in chapter seven.

CHAPTER SEVEN

7.0   CONCLUSION AND RECOMMENDATION

This section provides major conclusions and recommendations from the result of the study and implementation of recommendations, based on how to improve the street children identification and capacitating in the Organization (GSM).

7.1.   Conclusion

Findings from this study have revealed that poverty is the major cause of street children followed by divorce and orphanage in the study area. The results seem to agree with the real situation in the study area because the average annual income per person is Tshs. 250,000.00 and about 38.7% of people in the study area earn below Tshs. 1,000.00 per day which is below poverty line (Songea Town Council Data analysis Report 2004:29). As a result most marriages are not stable and this produces more incidences of divorce. Death toll in the study area was about 535 in 2005 and HIV/AIDs contributed about 92 (17.2%), (Songea Town Council HIMS Registers 2005: Book 2). This results into more orphanages from HIV/AIDs victims.

In reviewing the result of this project the goals and objectives did not change over the life of the project. The objectives which are fully achieved are identification of street children and training of street children where 30 street children were identified, training of street children where 16 street children were trained. The objective which is partially achieved is provision of capital grant to graduate street children. The work remaining to fully achieve these objectives is supervision of street children economic groups.

Factors/ conditions which if they had been different would have enhanced my ability to complete all elements of the project are if the donor fund would have been reimbursed and if the training period of the street children in vocational training centre would have been completed.

No unexpected occurrences that greatly affected my ability to complete the project and achieve all my stated goals. The expected outcomes are proper and fair identification and selection of street children to join vocational training centers, sustainable facilitation of street children graduating from vocational training centers and reduced number of vulnerable children and hence street children due to education on fatal diseases such as **HIV/AIDS** and formulating development projects to the community.

The success of this project will be realized if and only if GSM, the implementing agency will adopt the approach used in identification of street children, training, provision of working gears and post management of graduated street children who will be in economical groups. Also, this approach needs to be adopted by other organizations dealing with street children in the same approach as GSM. It is important for the organizations that will implement street children projects using this approach to have reliable capacities in terms of good technical and financial base. This may require such organizations to have economic projects that will furnish them with additional funds.

7.2. Recommendation

In light of my experiences, I would recommend the following to others attempting similar projects; since the major cause of street children as per this project is poverty, strategies of poverty reduction must highly be considered such as developing development projects for the community. Also experience and findings from this project have revealed that orphanage caused by HIV/AIDS has a significant contribution to the problem of street children, education programme to the community on HIV/AIDS prevention is vital.

To reduce donor dependence, the CBO/NGO implementing similar project must strive to have its own development projects for income generation. Community participation in this type of a project is very important. The community must therefore be sensitized to identify and assist vulnerable and street children in the areas.

The strategies, best practices or models that are particularly helpful are, identification of street children, home visit for verification of street children, actual home environment, during vocational training the street children need to be given lunch at the vocational training centre so as to enable attain full attendance, mental capacitating through training, group formation training and equipment facilitation after vocational training and supervision is very important on the sustainability of the project.

Steps to further advance this or similar project are as follows, it is important to expand vocational training centre so that they can accommodate more children (vulnerable and street children), facilitation of vocational training centres so that they can put children (vulnerable and street children) in boarding. This has the advantage of providing good care to children and hence improving the attendance. Also improve the general habit of vulnerable and street children.

In order to implement this project successfully, the following are recommended:-

- GSM must adopt the implementation plan and budget already in place. (Appendix (5 and 7).

- GSM must strive to have income generation projects and in a long term plan must think of owning her own buildings for project activities.

- Other Organizations doing similar projects like that of GSM must adopt this approach.

- Follow up of post management of graduated street children is very important.

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