



# INTERVENTION PROFILE:

## PREVENTION, RESPONSE AND SUPPORT SERVICES TACKLING STREET CONNECTED VIOLENCE AGAINST CHILDREN IN DODOMA DISTRICT.

### INTERVENTION NAME: KIZAZI KIPYA

#### OVERVIEW:

Kizazi Kipya which translates as new parenthood is a child focused intervention whose beginnings trace from efforts of Civil society organizations (KISEDET, IDYDC, CARTAS, BABA WATOTO, CHEKA SANA, AMANI, ARAMANO, ACC and IHAMBI) that worked as a consortium under the leadership of Railway Children Africa to deliver programs on HIV as grantees of Pact International subgrant from the United States President's Emergency Plan for AIDS Relief. The intervention was implemented in 84 councils including six big cities of Tanzania namely Arusha, Dar-essalaam, Dodoma, Iringa, Mbeya and Mwanza where HIV prevention, treatment and care was prioritized.

This profile is developed based on the work of KISEDET NGO as a consortium member of Kizazi Kipya, implemented in Dodoma district under a collaborative arrangement with Railway Children Africa (developed operational procedures) and Pact Tanzania (sub granting). The intervention was informed by findings of 2018 report on the Head count of children living and working on streets jointly conducted by Railway Children Africa, KISEDET, Safina Street Network, Pact Tanzania, Ipsos and Government

of Tanzania in 41 administrative wards of Dodoma District. Head count findings revealed high numbers of street-connected children and youth below 25 years standing at 501 of whom **376(75%)** were male and **125(25%)** were female; as well as high magnitude of sexual exploitation, and other forms of abuse with physical and emotional violence most prevalent among children at **70%**

Kizazi Kipya was initially designed as a 5-year (2017-2021) violence against children prevention and response project targeting five critical wards in VAC of Dodoma City-Kizota, Kikuyu, Chang'ombe, Mnadani and Makole. The project adopted a three-pronged targeting (street-family-individual youth) in addressing the challenge of children living on streets and related violence risks.

# KIZAZI KIPYA



## VAC CONTEXT

Children Living and Working on streets (CLWS) is a phenomenon that Tanzania Ministry of health, community development, gender, elderly and children identified in 2018, estimating the number of street-connected children at 800,000. Consequently, a Headcount of CLWS was undertaken in May 2018 spearheaded by RCA in collaboration with Government of Tanzania, KISEDET, Safina Street Network, Pact Tanzania and Ipsos. Headcount findings in the 41 administrative wards of Dodoma urban district confirmed the number of street-connected children and youth below 25 years as standing at 501 of whom **376 (75%)** were male and **125(25%)** were female. The causal factors / drivers responsible for children relocating from families to streets were identified as violence, Gender based violence (GBV), and poverty.

In addition, Head count findings rated Dodoma urban district the third among six regions with high rate of violence among street-connected children and young persons (**53%** of CLWS had experienced multiple violence at home and in public places notably Nyerere square garden park, Majengo market, Mwanga bar, Chakoni-chako and Dodoma regional bus stand) but with low access to response and or support services. CLWS experienced sexual exploitation, and other forms of abuse with physical and emotional violence most prevalent among children at **70%**. Girls in the age range 11-14 years particularly suffered sexual violence that predisposed them to gender based violence, HIV infection and Post Traumatic Syndrome Disorders (PTSD).

The *Street approach* targeted relocation of children aged 1-14 from the streets into protective families or fit homes; the *family Approach* targeted families of children on streets that were characterized by violent behavior for structured family therapeutic sessions to deter violence against children (VAC); and the *individual Youth approach* targeted street connected youth (aged 15–18) addicted to drugs for enrolment into sober houses and rehabilitation. End of project assessment (2021) indicated **92%** reduction in aggressive behavior to children among parents trained on ACT-RSKP and a reduction in number of children and youth living and working on streets from 501 to 386. The assessment also established that of the 386 children still living and working on streets; 160 children experienced different forms of violence with sexual violence particularly among girls in the age range of 15-18 years. This category of children was involved in night businesses, a fact or that predisposed them to physical and sexual abuse by men resulting in 6 girls contracting HIV/AIDS. Moreover, findings further revealed that a cross section of children that suffered violence did not report and therefore did not receive any form of response services or support.

On the basis of gains made and gaps identified from the evaluation, RCA and KISEDET jointly developed a successor Kizazi Kipya project (2021-2023) with the aim of tackling domestic violence, physical and emotional abuse of children and as well as poverty in effort to mitigate potential separation of children from their families in search for survival on the streets.

## INTERVENTION DESCRIPTION:

Kizazi Kipya, an initiative of Pact, RCA and KISEDET is a rehabilitation and family re-integration intervention targeting children and youth below 25 years of age living and working on streets. The intervention was developed in reference to the 2018 Head count of CLWS that identified this population category as exposed to multiple forms of violence and consequently suffer lifetime emotional, behavioral, physical

health and social developmental impact. In order to effectively deliver on CLWS reintegration, response and support services; Kizazi Kipya implementing partners adopted a standard intervention model operating at three levels—the street, family and youth. The approach was partly informed by intervention guidance in the Tanzania National Plan of Action on Violence Against Women and Children (2017/18-2021/22).

The *street approach* involved stakeholders' engagement with the participation of the Government Social Welfare Officer who holds the mandate for the care and protection of children as stated in the law of the child. Post stakeholder's engagement, the Social Welfare Officer issued a letter granting KISEDET permission to rescue, rehabilitate and refer CLWS; and it further recommended development of a comprehensive plan on tracing families for each child rescued and development of a transitioning plan while the child lived at the shelter.

The Shelter is under the leadership of a Coordinator who periodically calls for management meetings to discuss child cases with each individual case concluding with assignment of a case manager. The case manager has the duty to handle rehabilitation of a child or children assigned in group sessions using a behavioural transformational guide. Initially, the rehabilitation largely focused on reunification processes (tracing, provision of hygiene materials, food support, shelter sessions and school enrolment) but has now been upgraded to include life-skills. The guide currently has a total of twenty-three topics.

Guided by multiple standard tools on assessment and service delivery, KISEDET intervention starts with rescue process where staff go to streets and familiarize individual children through conversation in order to get background information about the child which is immediately used to fill background information forms for each individual child. Information obtained through physical observation is also documented and this forms basis for KISEDET decision on rescuing individual children. Admittance of children into rehabilitation shelter only happens after the child has consented, the social welfare officer is notified and a referral letter to the shelter is issued. A total of **430** children were rescued from streets into shelters, and each assigned a case manager to lead their rehabilitation using a behavioural transformational guide.

The *family approach* was delivered through Adult and Child Together-Raising Safe Kids Program (ACT-RSKP). The ACT-RSKP behavioral change training program targeted violent and or rude parents exhibiting violent behavior such as bullying, canning, beating spanking, bruising children in the course of parenting. KISEDET used the ACT-RSKP approach to train **131** parents/ caregivers through 9-week structured sessions. The training aims to reduce aggressive behavior among parents; improve communication skills between parents and their children; and between spouses in the home environment; Improved parent-child-relationship; strengthen family member-relationships; improved management of daily in come; and understanding the needs of children to assure regular supply for uninterrupted school attendance.

The Individual Youth Approach targeted adolescent children (youth) in the age range of 15-18 for rehabilitation through either Soberhouses or drop-in centres established by KISEDET. Prior linkage to sober house or centers, youth psycho-therapeutic sessions including counselling are conducted under the supervision of a social worker. Psycho-therapeutic sessions aim at healing Youth with addictive conditions from illusions and emotions arising from community rejection, poor parenting, and domestic violence. Sober Centers provide training on drug abuse, life skills, sexual education, and business skills to prepare youth for a productive independent life; and offer enrolled youth recreational activities-indoor games, literacy and theatre for drama activities.

**Table1:Program intervention models implemented by KISEDET**

ACT-RSKP	Referrals and placement of children to preventive centers/ shelters	Engagement with sober houses/centers
<p>ACT-RSKP model aims to impart parenting skills to violent and or rude parents (involved in bullying, canning, beating spanking, bruising children etc.) through training. It is a 9-week structured course with 8 sessions. Topics covered are:</p> <ul style="list-style-type: none"> <li>● Understanding your children’s behavior</li> <li>● Your children’s exposure to violence</li> <li>● Understanding and controlling parents’ anger</li> <li>● Understanding and helping angry children</li> <li>● Young children and electronic media</li> <li>● Discipline and parenting styles</li> <li>● Discipline for positive behavior</li> <li>● Taking the ACT Raising Safe Program with you.</li> </ul> <p>The training is group based (average of 20 parents per group-mixed gender).</p> <p>Weekly 2-hour training sessions at a</p>	<p>Referrals are made by the social welfare officer by issuing permits for referral and placement of abused children in shelters for psychosocial support sessions. Children therapeutic sessions at shelters are provided under the guidance of a trained social worker or a psychologist.</p> <p>The psychologist /social worker uses a facilitators’ training guide to educate them on emotional balancing for 2 hours of each week day. Children attend all ear marked sessions throughout their recovery period. For each session, an additional hour is spent discussing views collected through children’s platforms on Saturday morning. The platforms usually focus on the United Nations Convention on the Rights of the Child (UNCRC) articles and the Children’s Act(2009). The sessions are child led with chairpersons act as moderator and another child given the role of noting children’s experiences and views including recommendations on what needs to be improved. Overall, the children platforms aim at:</p> <ul style="list-style-type: none"> <li>● Reducing children’s stress and increase ability to cope with new environments</li> <li>● Awareness of children</li> </ul>	<p>This model assists violent and addicted youth who got into addiction as a result of violence against them by parents, guardians and the community. Youth who undergo the Sober house/ drop in centres rehabilitation and training are expected to:</p> <ul style="list-style-type: none"> <li>● Be free from any addiction</li> <li>● Engage in small business activities like poultry, gardening, and carpentry, lumbering or developing a sense of joining vocational training education center for skill development.</li> <li>● Have adequate knowledge about their sexuality, gender equality and Gender based violence.</li> </ul>

<p>convenient day time hour selected by the group.</p> <p>Parallel session on early childhood learning (play with toys, story telling) are held for children aged 0 to 8 in a separate room under the guidance of a trained social worker (KISEDET staff). Inclusion of 0-year children provides for inclusion of expectant mothers who exhibit aggressive behavior so that they get knowledge on parenting without violence before the child is born.</p>	<p>acceptance as human beings who also commit mistakes and deserve forgiveness from everyone irrespective of previous violent acts.</p> <ul style="list-style-type: none"> <li>● Helping children attain balanced emotions and ability to communicate well with caregivers, parents and other community members.</li> <li>● Helping children develop a desire of meeting their parents</li> </ul>	
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Overall, project implementation assumed a collective approach allowing for participation of stakeholders'/resourceful individuals and engagement with local government authorities (LGAs) through various methods such as community meetings, community radio and television.

## RESULTS

The 2021 Kizazi Kipya evaluation findings showed success under the tripartite approach of targeting the street, family and individual youth.

On rescue and rehabilitation, **430(99%)** of CLWS received by KISEDET into shelters for therapeutic services improved their relationships, changed in mood, and resumed schooling after reunification with their families.

Of **52** addicted youth who attended drop-in centers for two–three months, **44** agreed to be placed into soberhouse for further rehabilitation in Arusha and Dar-es-salaam. These underwent rehabilitation and close observation for another three months and findings showed that a significant number of them **40** were free from addiction. KISEDET considered these fully rehabilitated and offered them vocational education to become skillful youth in future.

All the **131** parents/ caregivers (**127** female; 4 male) who underwent ACT-RSKP, exhibited positive communication and good behavior while at home. Consequently, ACT-RSKP parenting model has been adopted in parenting programmes across other parts of Tanzania such as Mwanza, Arusha, Iringa, Mbeya, and Dar-es-salaam.



## INTERVENTION REFINEMENT AND EVIDENCE GENERATION

Learning from 2021 Kikazi Kipya project evaluation, in pursuit of lasting solution to the persistent problem of children and young persons living on the streets and VAC; RCA in collaboration with KISEDET designed a two-year (2021-2023) continuity Kizazi Kipya project focusing on reintegration, response and support services with a target of reaching 270 CLWS of Dodoma city.

The intervention aims to tackle domestic violence, physical and emotional abuse of children and support poor families with micro level economic grants to motivate them engage in small business to mitigate poverty induced domestic violence and children leaving homes for streets in search for livelihood. The 2021-2023 Kizazi Kipya approaches were refined into a family model by adding life skills topics which were not in the initial design. The life skills bring into focus child to child relationships as a preventive measure against child to child abuse.

Core approaches adopted are family tracing, reunification and support with school

materials to children reunified and settled within families. Routine monitoring data so far compiled from weekly visits to families characterized by violent behaviors how persistence in physical and emotional violence (incidence at a shows physical and emotional violence among girls standing at 68% and boys at 71%). Emotional violence on a whole affect approximately one quarter of boys and girls.

## PROGRAMMING LESSONS

Each of the approaches and models generated unique results that complimented necessary processes towards the desired behavioral change among CLWS, addicted Youth and parents with violent behavior for elimination of CLWS and VAC.

However, placement of children into protective shelters worked better than any other model/ approach. Psycho-therapeutic sessions provided at the shelters balanced children's moods. For instance, before placement, 430 (310 male, and 120 female) children reported having experienced multiple forms of abuse in different settings but after the sessions their moods and emotions

improved by 99%. This enabled successful re-integration of children into families and subsequent re-enrollment in formal education.

## REFERENCES:

1. Street-connected children in Tanzania: Head Count Findings 2017/ 2018, Dar-es-salaam
2. NPA-VAWC in Tanzania: 2017/18-2021/22, December 2016, Dar-es-salaam

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