



Meeting Fundamental Needs of Street Children in Resource-Limited Settings: A Pragmatic Evaluation of NGO Interventions in Geita, Tanzania

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Abstract: Street children remain one of the most vulnerable yet underserved populations in sub-Saharan Africa, yet evidence on the effectiveness of non-governmental organisation (NGO) interventions in resource-limited settings remains fragmented. This study pragmatically evaluated the role of NGOs in addressing the fundamental needs of street children in Geita, Tanzania, a gold-mining region with high child orphanhood rates (10.5%) and poverty prevalence. Using a cross-sectional design, data were collected from 180 staff across five purposively selected NGOs. Descriptive statistics, Kruskal-Wallis H tests, and chi-square analyses were employed to assess need prioritisation, health programme delivery, and operational challenges. Results revealed a mature but experienced workforce (67.8% with 2–3 years' experience), with food ranked as the highest-priority need, followed by shelter and clothing, while education and psychosocial care were significantly deprioritised ($\chi^2 = 340.710$, $p < 0.001$). Vaccination (40%) and screening/diagnosis (38.9%) dominated health programmes, but first aid and nutrition-specific interventions were markedly underprovided ($\chi^2 = 33.284$, $p < 0.001$). Critically, 46.1% of NGOs identified chronic funding shortages as the primary barrier, alongside operational difficulties (33.9%), yet 65% reported having overcome major challenges, demonstrating notable resilience. This study provides three key contributions: empirically, it quantifies disparities in need prioritisation and health service coverage among NGOs; methodologically, it offers a replicable comparative framework for evaluating street-child interventions; and practically, it underscores that without standardised essential service packages and diversified funding mechanisms, NGOs risk perpetuating inequities. We conclude that while NGOs deliver life-saving basic provisions, the systematic neglect of education and psychosocial support undermines long-term reintegration. Consequently, we recommend: (i) mandatory minimum service standards for NGOs receiving public or donor funding; (ii) establishment of multi-stakeholder coordination platforms to reduce duplication and funding fragmentation; and (iii) targeted capacity-building in fundraising and financial sustainability. Addressing these structural gaps is essential to transform NGO efforts from episodic charity into sustainable, rights-based support for street children.

Keywords: Street children; Non-governmental organisations (NGOs); Needs prioritisation; Health programme disparities; Tanzania

1.0 Background Information

Street children represent one of the most vulnerable and marginalised populations globally, yet they remain largely invisible in formal policy frameworks and social protection systems. Defined as minors under 18 years for whom the street has become their primary residence and source of livelihood, often without adequate adult supervision or care, these children face compounded risks including malnutrition, physical and sexual abuse, substance addiction, and exclusion from education and healthcare services (Schmeeckle, 2016; Ogan, 2021). The phenomenon is neither new nor geographically confined; rather, it reflects deep-

seated structural inequalities, family disintegration, and the failure of social safety nets across both developing and developed nations (de Benítez, 2011). Globally, estimates of street children remain notoriously difficult to ascertain due to their transient nature and the absence of standardised definitions and data collection methodologies. However, the Consortium for Street Children (2019) suggests that tens of millions of children worldwide live and work on the streets, with numbers continuing to rise in urban centres across Africa, Asia, and Latin America. In Africa, rapid urbanisation, coupled with persistent poverty, HIV/AIDS-related orphanhood, armed conflict, and climate-induced



displacement, has accelerated the migration of children to city streets in search of survival (Kopoka, 2000; Lwandiko, 2023). Urban centres offer the allure of economic opportunities, water, electricity, markets, and informal work, that rural areas increasingly fail to provide, yet for many children, this migration results not in improved livelihoods but in greater vulnerability and exploitation (Nerg, 2017).

Tanzania exemplifies this crisis. The country has witnessed a dramatic increase in street children over the past three decades, from approximately 259 full-time street children documented in Moshi and Arusha in 1991 (National Programme of Action, 1993) to an estimated 5,732 children identified across six major urban centres, Arusha, Dar es Salaam, Dodoma, Iringa, Mbeya, and Mwanza, in 2021, with boys comprising nearly 80% of this population (Friberg & Martinsson, 2017; UNICEF, 2024b). These figures, while alarming, likely underestimate the true scale of the problem, as many children evade official enumeration due to mistrust of authorities and the transient nature of street life. The persistence of street children in Tanzania, despite decades of policy attention and NGO intervention, signals a critical gap between policy rhetoric and implementation effectiveness. Non-Governmental Organisations (NGOs) have emerged as primary service providers for street children in Tanzania, stepping into roles that government institutions have been unable or unwilling to fulfil. These independent, non-profit entities are vital for addressing humanitarian gaps where government intervention is lacking, particularly in resource-constrained settings (Desai, 2024; Lewis, 2023). NGOs working with street children provide an array of services including emergency shelter, food assistance, healthcare, counselling, education, and family reintegration programmes. In Geita Region, a gold-mining area in northwestern Tanzania characterised by high poverty rates and significant child orphanhood (10.5% of children under 18) (URT, 2024), NGOs play an especially critical role. The region's mining economy has attracted internal migration, disrupted traditional family structures, and created conditions conducive to child abandonment and street migration (Haule & Kilonzo, 2024).

Yet, the effectiveness of NGO interventions remains under-examined. While descriptive accounts of NGO activities abound, rigorous empirical evaluations of need prioritisation, service coverage, and programme outcomes are scarce. This gap is particularly pronounced regarding how NGOs determine which needs to address first, whether health programmes are comprehensive or fragmented, and what obstacles limit their capacity to deliver sustainable support. Without such evidence, interventions risk being shaped by donor priorities or organisational convenience rather than by the actual, multi-dimensional needs of street children. Furthermore, the absence of comparative data across NGOs obscures variations in practice that could inform

standardisation and quality improvement efforts. Defining “street children” has been a subject of considerable academic and policy debate, with definitional ambiguity posing challenges for research, intervention design, and cross-national comparison (Schmeeckle, 2016). Early definitions tended to homogenise a heterogeneous population, but contemporary scholarship recognises that street children occupy different positions along a spectrum of family connection and street involvement. Ogan (2021) offers a comprehensive definition: any child who is not yet an adult, for whom the streets and dwellings have become their real home and primary source of livelihood, and who is inadequately protected, cared for, or guided by a responsible adult. A useful typology distinguishes between three overlapping categories: “children on the street” who maintain some family contact and may return home at night but spend significant daylight hours working or begging on the streets; ‘children of the street’ who have severed family ties and consider the street their primary residence, often sleeping in public spaces, abandoned buildings, or under makeshift shelters; and “thrown-away children” who have been explicitly rejected or abandoned by their families, leaving them with no alternative but street life (Cumber & Tsoka-Gwegweni, 2016). This study adopts an inclusive definition encompassing all three categories, recognising that service needs may differ across these groups but that all require targeted, multi-sectoral interventions. The socio-demographic profile of street children varies contextually, but certain patterns recur across settings. Males typically outnumber females, though girls may be undercounted due to their greater visibility in sex work or domestic servitude rather than public begging (Joseph *et al.*, 2024). Ages range from as young as five to the late teenage years, with many children initiating street life during early adolescence, a developmental period characterised by heightened vulnerability to peer influence and family conflict. The majority of street children come from impoverished backgrounds, with poverty consistently identified as the most powerful predictor of street migration (Golomski, 2018; Olaoye, 2025).

The causes of street children are multi-faceted, operating at individual, family, community, and structural levels. Understanding these interlocking factors is essential for designing effective prevention and intervention strategies. At the individual level, child-specific factors such as disability, perceived behavioural problems, or being born outside marriage may increase the risk of family rejection and street migration. Orphanhood, particularly double orphanhood due to HIV/AIDS, is a significant individual-level risk factor, as it removes primary caregivers and often leads to placement in overstretched extended family networks where resources are insufficient. In Geita Region, 10.5% of children under 18 are orphans (URT, 2024). These children face elevated risks of exploitation, abuse, and street life. At the family level, a



constellation of adverse conditions drives children to the streets. These include extreme poverty that prevents families from meeting basic needs; domestic violence, including physical and sexual abuse; parental substance abuse, particularly alcoholism; parental neglect or abandonment; family breakdown due to divorce or separation; and the absence of positive parenting practices (Kopoka, 2000; Waziri & Fundi, 2019). Joseph *et al.* (2024) found that economic hardship was the leading cause of child labour and street migration in Tanzania, followed by family conflict and rejection by relatives. These findings resonate with the broader East African context, where family instability is increasingly prevalent. At the community level, the erosion of traditional child protection mechanisms, including extended family care, community surveillance, and informal social support, has left many children without safety nets. Urbanisation has weakened kinship ties, while poverty has stretched the absorptive capacity of relatives beyond breaking point. Furthermore, the presence of street gangs and older street youth can both recruit and provide a sense of belonging to newly arrived children, creating self-perpetuating street subcultures (Novatus, 2017). At the structural level, macro-economic policies, rural underdevelopment, and inadequate social protection systems drive rural-to-urban migration. Children migrate to cities not only to escape adverse family conditions but also because rural areas lack basic amenities, clean water, electricity, schools, health facilities, and economic opportunities, that cities concentrate (Solile *et al.*, 2023). The growth of industries in towns and cities creates an allure of a better life, but when children arrive, they often find themselves without housing, employment, or support networks, making street life the only available option (Nerg, 2017).

Street children experience profound health deficits compared to their housed peers. Their living conditions, exposure to elements, overcrowded sleeping arrangements, lack of sanitation, and limited access to clean water, create ideal conditions for infectious disease transmission. Respiratory infections, skin diseases, gastrointestinal illnesses, and tuberculosis are disproportionately prevalent among street children (Abate *et al.*, 2022). Malnutrition is nearly universal among street children, manifesting as both undernutrition (stunting, wasting, micronutrient deficiencies) and overnutrition (obesity from cheap, energy-dense, nutrient-poor foods). Food insecurity is a daily reality, with children often relying on begging, scavenging from rubbish, or accepting food from strangers, exposing them to risks of poisoning or assault. The prioritisation of food as the most fundamental need by NGOs in this study reflects this basic survival imperative. Beyond physical health, street children suffer severe psychosocial consequences of their circumstances. Stigma and social exclusion, experienced from both the general public and service providers, damage self-esteem and mental well-being. Depression, anxiety,

post-traumatic stress disorder (from abuse or violence experienced on the streets), and substance use disorders are common. Ahadi (2020) documented high rates of trauma, depression, and suicidality among street-connected children, with substance abuse often serving as both a coping mechanism and an additional health risk. Despite this burden, mental health services are rarely integrated into NGO health programmes for street children. Jørgensen *et al.* (2024) conducted a scoping review and found that access to health services for street children remains severely constrained, with mental healthcare being the most significant gap.

Non-Governmental Organisations have become indispensable actors in the street children response ecosystem. Their roles span direct service provision, advocacy, capacity-building, and policy engagement. In Tanzania, NGOs have been particularly active in filling gaps left by an under-resourced and often unresponsive public sector (Nyaisa, 2021; Simon, 2023). Direct service provision constitutes the core of NGO work with street children. Typical services include: emergency and transitional shelter providing safety, food, and basic care; healthcare services ranging from first aid and vaccinations to treatment and hospital referral; educational support including non-formal education, catch-up programmes, and school fee assistance; counselling and psychosocial support; family tracing and reintegration services; and vocational training for older youth (Consortium for Street Children, 2019; Fuseini *et al.*, 2022). The Railway Children Africa programme in Mwanza exemplifies a comprehensive approach, combining street outreach, child help desks at transport terminals, family reintegration, and advocacy for systemic change. NGOs also play crucial advocacy roles, raising awareness of street children's rights and needs, challenging stigmatising narratives, and pushing for policy reforms. At the international level, organisations like the Consortium for Street Children work to ensure that street children are included in global frameworks such as the Sustainable Development Goals. At national and local levels, Tanzanian NGOs have advocated for the ratification and implementation of child protection legislation, including the Law of the Child Act, 2009. Despite their critical contributions, NGOs face significant constraints. Funding shortages are chronic, with many organisations relying on short-term project-based grants from international donors, which create instability and limit long-term planning (Simon, 2023). The absence of volunteers, partners, and donors interested in fundraising contributes to these financial challenges (Mikeladze, 2021). Operational difficulties, including political interference, cultural and social barriers, and competing interests among stakeholders, further complicate service delivery. Solile *et al.* (2023) identified lack of reliable internal and external funding sources, alongside inadequate managerial and resource mobilisation



skills, as primary barriers to effective service provision for street children in northwestern Tanzania.

Tanzania has established a formal policy and legal framework for child protection that, on paper, addresses the needs of vulnerable children including those on the streets. The Law of the Child Act, 2009, domesticates the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, establishing minimum standards for child protection, care, and justice. The National Costed Plan of Action for Every Vulnerable Child (2018-2022) articulated strategies for reaching vulnerable children, including street children, with essential services. Despite these frameworks, implementation gaps persist. Social welfare departments at district and municipal levels are chronically underfunded and understaffed, with few trained social workers relative to the scale of need. Coordination between government departments (social welfare, health, education, police) and NGOs is often weak, resulting in fragmented service delivery and duplication of efforts. Furthermore, data systems for tracking street children are rudimentary, impeding evidence-based planning and resource allocation. The situation in Geita Region illustrates these challenges acutely. A gold-mining hub, Geita has experienced rapid in-migration, creating pressures on housing, services, and family structures. Labour migration, often involving parents leaving children behind or taking them into hazardous mining environments, has contributed to child vulnerability. The region's 10.5% orphan rate among children under 18 (URT, 2024) compounds these challenges, as orphans face heightened risks of exploitation, abuse, and street life. NGOs operating in Geita therefore contend not only with the immediate needs of street children but also with a broader environment of poverty, family disruption, and weak institutional capacity.

This study is motivated by several identified gaps in the existing literature. First, while descriptive studies of NGO interventions for street children exist, rigorous comparative research examining variation in need prioritisation and service delivery across multiple NGOs within a single geographic context is lacking. Such comparative analysis is essential for identifying best practices, standardising quality, and allocating resources effectively. Second, the majority of studies on street children in Tanzania have focused on major urban centres, Dar es Salaam, Arusha, Mwanza, while secondary cities and towns, including those in resource-extraction regions like Geita, remain understudied. Given the unique socio-economic dynamics of gold-mining areas, including labour migration, environmental hazards, and boom-bust economic cycles, findings from major cities may not generalise to these contexts. Third, existing research has disproportionately emphasised the supply side of NGO interventions (what services are provided) over the demand side (what children actually need and prioritise). Through

examining NGO staff perspectives on need prioritisation alongside documented service provision, this study seeks to illuminate potential mismatches between perceived needs and delivered services. The primary objective of this research is to examine the role of Non-Governmental Organisations (NGOs) in addressing the fundamental needs of street children in Geita, Tanzania. Specifically, the research aims to: (i) explore the demographic characteristics of respondents working in NGOs serving street children; (ii) examine variations in how fundamental needs are prioritised for street children across NGOs; (iii) assess differences in the health programmes available to street children across NGOs; and (iv) identify the obstacles encountered by NGOs in meeting those needs. This study makes several contributions. Empirically, it provides primary data on NGO operations in an under-researched region, filling a geographic gap in the street children literature. Methodologically, it offers a replicable comparative framework for evaluating street children interventions across multiple sites. Practically, the findings will inform NGO programming, donor allocation decisions, and government policy on standardising and supporting services for street children. Through generating evidence on *what works, for whom, and under what conditions*, the study aims to contribute to improving the well-being of some of Tanzania's most marginalised children.

2.0 Theoretical Framework

This study is grounded in Bronfenbrenner's Ecological Systems Theory as the sole theoretical framework for understanding the multi-dimensional nature of street children's vulnerabilities and the role of Non-Governmental Organisations (NGOs) in addressing their fundamental needs. This theory provides a comprehensive lens for examining how NGOs prioritise needs, deliver health programmes, and navigate operational challenges in resource-limited settings such as Geita, Tanzania, by situating street children within the multiple environmental systems that shape their experiences and pathways to the streets.

2.1 Ecological Systems Theory

Bronfenbrenner's ecological systems theory, developed by developmental psychologist Urie Bronfenbrenner, provides a foundational framework for understanding human development as occurring within nested environmental systems that interact with and influence the individual (Bronfenbrenner, 1979). The theory conceptualises child development as occurring within five interconnected systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Each system represents a different level of environmental influence, from the most immediate settings in which the child directly participates to the broader cultural and historical contexts that shape those settings (Bronfenbrenner, 1986).



The microsystem refers to the innermost layer of the ecological model, encompassing the immediate environments in which the child directly interacts, including family, school, peer groups, and neighbourhood play areas. Within this system, the child is not a passive recipient but an active participant whose biological and psychological characteristics influence how others respond to them (Bronfenbrenner & Morris, 2006). For street children, the microsystem is characterised by disruptions in family relationships, parental absence or death, domestic violence, substance abuse within the household, and lack of positive peer influences (Kopoka, 2000). Children who experience these adverse conditions within their microsystem may perceive the streets as offering an alternative, however dangerous, to an intolerable home environment.

The mesosystem comprises the interactions and processes occurring between two or more microsystem settings. For example, the relationship between family and school, or between family and neighbourhood social services, constitutes the mesosystem (Bronfenbrenner, 1979). When these connections are weak or dysfunctional, children's development is compromised. In the context of street children, poor communication between parents and teachers may mean that declining school attendance, a precursor to street involvement, goes unaddressed (Nerg, 2017). Similarly, lack of coordination between social welfare departments and community organisations means that families in crisis may receive no intervention before children leave home. The mesosystem also includes the relationship between street children and the NGOs that serve them; when these relationships are trusting and consistent, they can provide a protective counterbalance to other negative mesosystem influences.

The exosystem represents the layer of the environment that does not directly contain the child but nonetheless affects their experiences within their immediate settings. This includes community institutions such as social welfare services, health facilities, police departments, religious organisations, and parents' workplaces (Bronfenbrenner, 1986). For street children, the exosystem is often characterised by inadequate or inaccessible services. Social welfare departments at district and municipal levels in Tanzania are chronically underfunded and understaffed, with few trained social workers relative to the scale of need (URT, 2024). Police may view street children as nuisances or delinquents rather than vulnerable children in need of protection, leading to harassment rather than assistance (Solile *et al.*, 2023). Conversely, NGOs operating in Geita function as part of the exosystem, providing services that government institutions have failed to deliver and potentially buffering children from some negative exosystem influences.

The macrosystem encompasses the broader cultural values, beliefs, national policies, and economic systems that characterise a particular society or subculture. This is the outermost layer of the ecological model and influences all other systems (Bronfenbrenner, 1979). In Tanzania, the macrosystem includes national policies such as the Law of the Child Act (2009), which domesticates the UN Convention on the Rights of the Child, as well as economic conditions characterised by high poverty rates, rural underdevelopment, and urban-rural inequality (Joseph *et al.*, 2024). Cultural attitudes toward children, which in many African contexts have traditionally emphasised collective responsibility for child welfare, have been eroded by urbanisation, economic pressures, and the HIV/AIDS epidemic (Waziri & Fundi, 2019). The macrosystem also includes global economic forces that drive labour migration to gold-mining areas like Geita, creating conditions conducive to family disruption and child abandonment (Haule & Kilonzo, 2024).

The chronosystem refers to the dimension of time as it affects the other systems, including both historical changes and individual life transitions. This system recognises that the environment is not static but changes over time, and that these changes can have profound effects on development (Bronfenbrenner & Morris, 2006). For street children, chronosystem factors include the timing of family disruption relative to developmental stage (e.g., losing a parent during early adolescence may be more destabilising than during late childhood), historical events such as economic recessions or mining booms that affect family livelihoods, and the cumulative duration of street life before intervention occurs (Nerg, 2017).

2.2 Application of Ecological Systems Theory to Street Children

Applying ecological systems theory to street children illuminates how risk factors at each level interact to produce street migration, and conversely, where interventions can be targeted to prevent or reverse this process. The theory resists reductionist explanations that locate the problem solely within the child or family, directing attention instead to the multiple, interacting systems that shape children's pathways to and from the streets (Miles *et al.*, 2014).

At the microsystem level, research has consistently identified family dysfunction as a primary driver of street migration. This includes extreme poverty that prevents families from meeting basic needs; domestic violence, including physical and sexual abuse; parental substance abuse, particularly alcoholism; parental neglect or abandonment; family breakdown due to divorce or separation; and the absence of positive parenting practices (Kopoka, 2000; Novatus, 2017). Orphanhood, particularly double orphanhood due to HIV/AIDS, is a significant microsystem risk factor, as it



removes primary caregivers and often leads to placement in overstretched extended family networks where resources are insufficient. In Geita Region, 10.5% of children under 18 are orphans (URT, 2024). Joseph *et al.* (2024) found that economic hardship was the leading cause of child labour and street migration in Tanzania, followed by family conflict and rejection by relatives.

At the mesosystem level, the quality of connections between family and other microsystems is critical. Children whose parents are engaged with their schooling, who have access to community support services, and whose families maintain positive relationships with extended kin networks are less likely to end up on the streets even when facing economic hardship. Conversely, when these connections are weak or absent, children lack buffering supports that might otherwise prevent street migration (Schmeekle, 2016). The presence of street gangs and older street youth can both recruit and provide a sense of belonging to newly arrived children, creating self-perpetuating street subcultures that function as alternative mesosystem connections (Novatus, 2017).

At the exosystem level, the availability and quality of community institutions profoundly affect street children outcomes. Social welfare departments in Tanzania are under-resourced, limiting their capacity for preventive intervention or family reunification support (Simon, 2023). Healthcare services may be inaccessible to street children due to lack of identification documents, inability to pay user fees, fear of arrest or mistreatment, or lack of knowledge about available services (Jørgensen *et al.*, 2024). NGOs, as exosystem actors, have stepped into these gaps, but their effectiveness is constrained by funding shortages, operational difficulties, and coordination challenges (Solile *et al.*, 2023). The study's findings that 46.1% of NGO respondents identified shortage of funds as a key challenge reflects the structural constraints operating at the exosystem level.

At the macrosystem level, national policies and cultural values create the context within which all other systems operate. Tanzania has established a formal policy and legal framework for child protection that, on paper, addresses the needs of vulnerable children. The Law of the Child Act, 2009, domesticates the UN Convention on the Rights of the Child, establishing minimum standards for child protection, care, and justice. However, implementation gaps persist due to inadequate funding, weak enforcement mechanisms, and competing policy priorities (UNICEF, 2024b). The macrosystem also includes economic structures that drive rural-to-urban migration. Children migrate to cities not only to escape adverse family conditions but also because rural areas lack basic amenities, clean water, electricity, schools, health facilities, and economic opportunities, that cities concentrate (Solile *et al.*, 2023). The gold-mining economy of Geita Region, which has attracted internal migration and

disrupted traditional family structures, exemplifies these macrosystem forces (Haule & Kilonzo, 2024).

At the chronosystem level, the timing and duration of exposures matter. Children who experience family disruption during early adolescence (ages 10-14) may be more vulnerable to street migration than younger children, as this developmental period is characterised by increasing independence from family, heightened susceptibility to peer influence, and the transition to secondary school, a point where many children from impoverished families drop out (Ogan, 2021). The duration of street life before intervention also affects outcomes: children newly arrived on the streets are more amenable to reintegration than those who have developed street networks and identities over years (Consortium for Street Children, 2019). The study's finding that NGOs serve children across age ranges from 1 to 20 years suggests that organisations are working with children at different chronosystem stages, which may require different intervention approaches.

2.3 Conceptual Framework Derived from Ecological Systems Theory

The conceptual framework guiding this study (Figure 1) is derived directly from Bronfenbrenner's ecological systems theory, adapting its core insights to the specific phenomenon of street children in Tanzania. The framework distinguishes between immediate causes (operating primarily at the microsystem and mesosystem levels), underlying causes (operating at the exosystem and macrosystem levels), and the influence of NGOs as exosystem actors that can intervene to meet children's fundamental needs and overcome the problem of street children.

Figure 1 illustrates how ecological systems theory explains the multiple levels at which causes of street children operate. The immediate causes (poverty, domestic violence, death associated with illness) operate primarily at the microsystem level, the child's immediate environment. The underlying causes (poor guidance of adults, street gangsters, death of parents and adoption) operate across the mesosystem (interactions between family and other settings) and exosystem (community institutions that affect children indirectly).

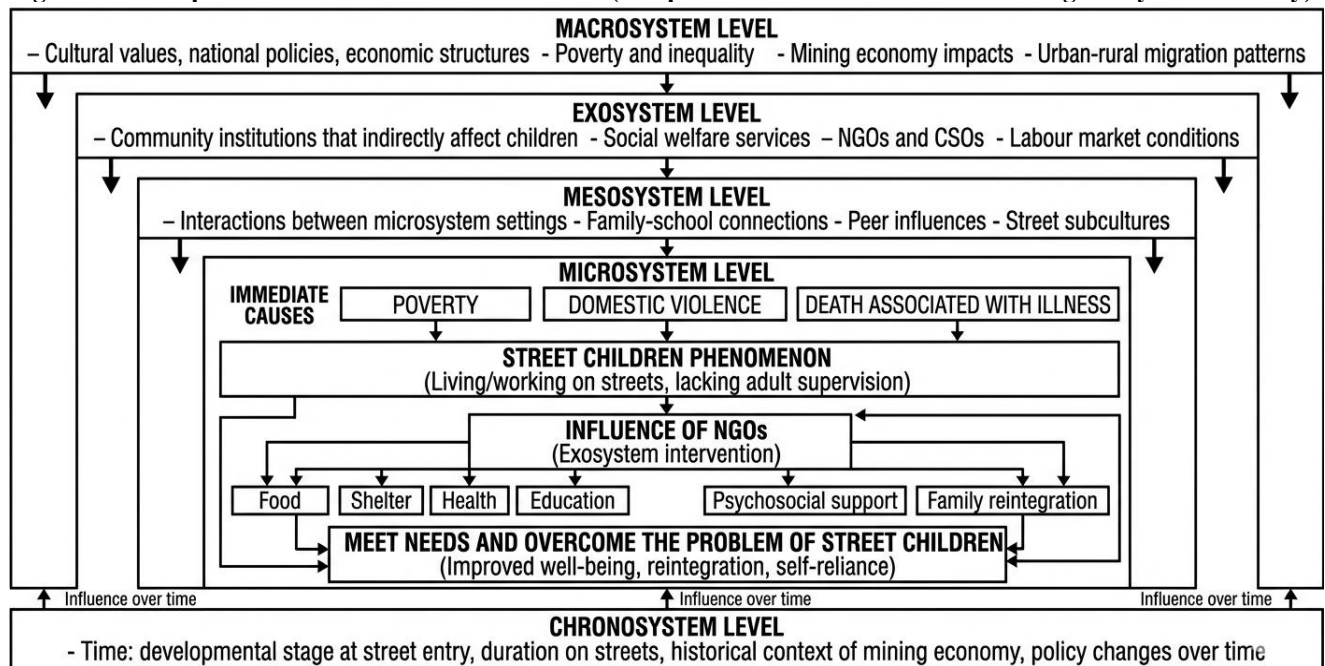
The framework then shows how NGOs, functioning as exosystem actors, can intervene to meet children's fundamental needs. Their interventions target multiple ecological levels simultaneously: provision of food and shelter addresses immediate survival needs at the microsystem level; educational support and psychosocial counselling address developmental needs and build protective factors; family reintegration efforts work to repair or create alternative mesosystem connections; and advocacy



for policy changes operates at the macrosystem level (Consortium for Street Children, 2019; Fuseini *et al.*, 2022).

survival but fail to address the root causes that keep children on the streets. The study's finding that education and

Figure 1: Conceptual Framework of Street Children (Adapted from Bronfenbrenner's Ecological Systems Theory)



Source: Adapted from Bronfenbrenner (1979) and Miles *et al.* (2014)

The chronosystem level, represented at the bottom of the framework, recognises that the timing and duration of both risk exposures and interventions matter. A child who loses a parent at age 12 may be more vulnerable to street migration than one who loses a parent at age 17; a child who has lived on the streets for five days is more amenable to reintegration than one who has lived on the streets for five years (Nerg, 2017). The framework also recognises that historical context, including Geita's gold mining boom, which has accelerated in-migration and family disruption, shapes the prevalence and nature of street children in the region (Haule & Kilonzo, 2024).

2.4 Application of Ecological Systems Theory to Study Objectives

The ecological systems theory framework directly informs the four objectives of this study. First, the examination of demographic characteristics of NGO personnel recognises that the quality of microsystem and mesosystem interactions between NGO staff and street children depends on staff experience, skills, and demographic composition. The study's finding that 67.8% of NGO workers had 2-3 years of experience and that the largest age group was 40-49 years (38.3%) has implications for the stability and quality of these interactions (Kreuter *et al.*, 2021).

Second, the investigation of variations in how fundamental needs are prioritised across NGOs is examined through the lens of ecological systems theory. If NGOs focus exclusively on microsystem-level needs (food, shelter, clothing) while neglecting mesosystem (family reintegration) and exosystem (advocacy) interventions, they may achieve short-term

psychosocial care were deprioritised relative to food and shelter suggests that NGOs may be operating with a truncated ecological perspective (Faraz & Marc, 2022).

Third, the assessment of differences in health programmes available to street children is analysed in terms of how well these programmes address health risks that arise from multiple ecological levels. Vaccination (40% of programmes) addresses infectious disease risks at the individual level, but does not address the environmental conditions (overcrowding, lack of sanitation, exposure to elements) that produce these diseases. The underprovision of nutrition-focused programmes (10.6%) is particularly concerning from an ecological perspective, as malnutrition affects children's immune function, cognitive development, and ability to benefit from other interventions (Cumber & Tsoka-Gwegweni, 2015).

Fourth, the identification of obstacles encountered by NGOs is understood as constraints operating at multiple ecological levels. Funding shortages (46.1% of respondents) reflect macrosystem constraints (donor priorities, national budget allocations) as well as exosystem constraints (lack of diversified funding sources). Operational difficulties (33.9%), including political interference, cultural barriers, and competing interests, reflect mesosystem and exosystem coordination failures. The study's finding that 65% of NGOs reported having overcome major challenges demonstrates the resilience of these organisations, but also raises questions about whether these solutions are sustainable without

addressing structural macrosystem constraints (Lewis *et al.*, 2021).

3.0 Methodology

3.1 Research Philosophy and Design

This study adopted a pragmatic research philosophy, which prioritises practical consequences and real-world outcomes over abstract theoretical commitments (Creswell & Creswell, 2018). Pragmatism is particularly appropriate for evaluating NGO interventions because it focuses on what works in practice, acknowledging that multiple realities exist and that research methods should be selected based on their fitness for addressing specific research questions. The pragmatic orientation allowed the study to employ a cross-sectional research design, which involves collecting data from a sample of participants at a single point in time to describe the characteristics of a population or examine associations between variables (Kraska-Miller, 2014).

The cross-sectional design was selected for three primary reasons. First, it is efficient for capturing current practices, need prioritisation patterns, and challenges faced by NGOs serving street children without the logistical complexities and costs of longitudinal follow-up (Bryman, 2016). Second, the design enables comparison across multiple NGOs operating within the same geographic context, facilitating identification of variations in service provision and health programme delivery. Third, cross-sectional studies are particularly suitable for generating evidence to inform policy and programme decisions when time and resources are constrained, which is typical in resource-limited settings like Geita Region. Data were collected once from 5 out of 12 NGOs that were present in the surveyed area between May and July 2024.

3.2 Description of the Study Area

This study was conducted in Geita Region, located in the northwestern part of the Lake Zone in Tanzania. Geita Region was purposefully selected based on its high prevalence of active NGOs providing support services to street children. Furthermore, Geita serves as a unique setting for this study because of its gold mining industry, which has a significant impact on social life, the local economy, and the environment compared to other Lake Zone regions. The region has 10.5% of children under 18 years who are orphans (URT, 2024). According to the 2022 Population and Housing Census, Geita Region has a total population of 2,927,186 persons, comprising 1,430,678 males and 1,496,508 females, with 65.3% of the population living in rural areas and 34.7% in urban areas (URT, 2024, p. 2). The region has six districts: Geita Town Council (comprising Geita Municipal and Geita District), Chato, Bukombe, Mbogwe, and Nyang'hwale.

The selection of Geita Region was further justified by recent policy attention to child labour and child protection in the area. In December 2024, the U.S. Department of Labor awarded a \$4 million cooperative agreement to Pact, an international development organisation, to support Tanzania's efforts to address child labour and promote acceptable conditions of work in artisanal and small-scale gold production in Geita Region (U.S. Department of Labor, 2024). Additionally, the French Development Agency (AFD) has been collaborating with Plan International France to eliminate child labour and violence against children in the mining and fishing sectors of Geita Region, with 2,687 children having escaped forced labour and returned to school through this initiative (AFD, 2025). These concurrent policy and programme investments underscore the timeliness and policy relevance of this study. Geita Town Council was

Figure 2: Map of the Study Area (Geita Region, Tanzania)





specifically selected for data collection due to its concentration of NGOs dealing with street children, while children’s centres were purposefully selected due to their characteristics of serving street children.

Figure 2 presents the geographical context of the study, showing Geita Region’s position in northwestern Tanzania bordering Lake Victoria. The region’s proximity to the lake and its gold mining deposits have driven significant immigration, contributing to both economic activity and social challenges, including child labour and street children phenomenon.

3.3 Study Population

The study population comprised all staff members working in NGOs that provide services to street children in Geita Town Council. The inclusion criteria required that participants had been employed by their respective NGOs for more than three months and had direct experience working with street children. This criterion was established to ensure that respondents possessed sufficient knowledge, experience, and skills to provide accurate and reliable information about NGO operations, need prioritisation, health programmes, and challenges encountered (Simon, 2023).

3.4 Sampling Techniques

A purposive sampling technique was employed to select both the NGOs and the individual respondents. Purposive sampling is a non-probability sampling method in which researchers intentionally select participants based on specific characteristics or criteria that are relevant to the research objectives (Palinkas *et al.*, 2015). This technique is particularly appropriate for studies examining specific phenomena, such as NGO interventions for street children, where the population of interest is specialised and not randomly distributed.

The selection of NGOs followed a two-stage process. First, all NGOs operating in Geita Town Council were identified through consultation with the Geita Regional Administrative Office and the Tanzania Council for Social Development. Of the 12 NGOs registered as providing child protection services, 5 were found to have active programmes specifically targeting street children. These 5 NGOs were all included in the study to ensure comprehensive coverage of street children services in the study area. Second, within each

selected NGO, all staff members who met the inclusion criterion of having worked with street children for more than three months were invited to participate. This approach ensured equal representation of respondents from each NGO, as shown in Table 1.

3.5 Sample Size

A total of 180 respondents were solicited from the five NGO centres. The sample size was determined based on the total number of eligible staff across all five NGOs who met the inclusion criterion. Table 1 presents the distribution of employees by centre and gender, along with the percentage of respondents from each centre. Proportional distribution was adhered to by calculating the number of respondents from each NGO based on the total eligible staff, which helped to achieve balanced representation across the five organisations.

As shown in Table 1, the total sample comprised 180 respondents, with males constituting 56.1% (n=101) and females 43.9% (n=79). The variation in gender distribution across centres reflects the different organisational contexts and staffing patterns of each NGO. Centre B had the highest proportion of male respondents (91.4%), while Centre A had the highest proportion of female respondents (62.2%). This diversity in gender composition across centres enhances the representativeness of the overall sample.

3.6 Data Collection Methods

Data were collected using semi-structured questionnaires administered through face-to-face interviews. The questionnaire was developed based on the study objectives and a review of relevant literature on NGO interventions for street children (Cumber & Tsoka-Gwegweni, 2015; Simon, 2023; Solile *et al.*, 2023). The questionnaire comprised four sections.

Section One collected socio-demographic information, including age, gender, education level, length of employment, and occupational role within the NGO. Section Two focused on organisational characteristics, including the number of street children served, the age range of children receiving services, and the types of fundamental needs addressed (food, shelter, clothing, education, and care and support). Section Three examined health programmes provided to street children, including vaccination services,

Table 1: Distribution of NGO Centres and Employee Respondents

Centre	Female Employees (n)	Male Employees (n)	Total Employees (n)	Female Respondents (%)	Male Respondents (%)
A	23	14	37	62.2	37.8
B	3	32	35	8.6	91.4
C	19	17	36	52.8	47.2
D	20	15	35	57.1	42.9
E	14	23	37	37.8	62.2
Total	79	101	180	43.9	56.1

Source: Field data, 2024



first aid and hospital referral, screening/diagnosis and treatment, and nutrition programmes. Section Four explored challenges faced by NGOs in serving street children and the measures taken to address these challenges.

The questionnaires were administered by trained research assistants who had completed a two-day training session on research ethics, interview techniques, and the content of the questionnaire. Each interview lasted approximately 30-45 minutes and was conducted in *Kiswahili*, the national language of Tanzania, to ensure that participants could respond comfortably and articulately. Responses were recorded on paper questionnaires and later entered into an electronic database for analysis.

3.7 Data Analysis

Quantitative data were analysed using R software (R Core Team, 2023). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated to summarise the demographic characteristics of respondents and the organisational characteristics of the NGOs. The demographic characteristics of NGO staff were analysed by gender, age group, and years of experience, as presented in Table 2.

Table 2: Demographic Characteristics of NGO Staff Respondents

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	101	56.1
	Female	79	43.9
Age Group	18-29 years	58	32.2
	30-39 years	44	24.4
	40-49 years	69	38.3
	50-59 years	9	5.0
Working Experience	3-6 months	4	2.2
	6-12 months	20	11.1
	2-3 years	122	67.8
	4-8 years	34	18.9
Children Age Group Served	1-10 years (Centres B & C)	80	44.4
	5-20 years (Centre E)	67	37.2
	1-20 years (Centres A & D)	33	18.3
Number of Children Served	50-100 children	37	20.6
	101-300 children	102	56.7
	300+ children	5	2.8
	Any number (Centre C)	36	20.0

Source: Field data, 2024

Table 2 presents the demographic profile of the 180 NGO staff respondents. The majority of respondents were male (56.1%), and the largest age group was 40-49 years (38.3%), followed by 18-29 years (32.2%). Most respondents (67.8%) had 2-3 years of working experience with street children, while 18.9% had 4-8 years of experience. Regarding the children served, 44.4% of respondents reported serving

children aged 1-10 years, 37.2% served children aged 5-20 years, and 18.3% served children aged 1-20 years. The majority of NGOs (56.7%) served between 101 and 300 street children.

The Kruskal-Wallis H test was employed to determine differences in the ordinal Likert scale scores across the fundamental needs categories (food, shelter, clothes, education, and care and support). The Kruskal-Wallis H test is a non-parametric statistical test used to compare three or more independent groups on an ordinal or continuous outcome that does not meet the assumptions of normality required for one-way ANOVA (Kruskal-Wallis, 1952). Respondents rated the priority of each fundamental need on a Likert scale ranging from 1 (most preferred) to 5 (least preferred). The Kruskal-Wallis test was appropriate because the outcome data were ordinal and the assumption of normality was violated. The null hypothesis was that the distribution of priority ratings was the same across all need categories, with statistical significance considered at $p < 0.05$.

Additionally, the Chi-square test of independence was utilised to assess differences in the frequency distribution of various health programmes provided to street children by NGOs. The Chi-square test is a non-parametric test that evaluates whether there is a significant association between two categorical variables (Kruskal-Wallis, 1952). In this study, the Chi-square test was used to determine whether the observed frequencies of different health programmes (vaccination, first aid/hospital transfer, screening/diagnosis/treatment, and good nutrition) differed significantly from what would be expected if all programmes were equally likely. The Chi-square test was also used to analyse the distribution of challenges faced by NGOs across categories. All statistical analyses were performed using R software version 4.3.0 (R Core Team, 2023).

3.8 Validity and Reliability

To ensure the validity of the research instruments, the questionnaire was reviewed by a panel of three experts from Sokoine University of Agriculture's Department of Human Nutrition and Consumer Sciences, who assessed the content validity and clarity of the items. Based on their feedback, minor modifications were made to the wording of several questions to improve comprehensibility. Face validity was established through pilot testing with 15 NGO staff members from an NGO in neighbouring Mwanza Region (not included in the final sample), which confirmed that the questionnaire items were interpreted as intended and that the response categories captured the full range of relevant experiences.

Reliability of the ordinal rating items was assessed using Cronbach's alpha coefficient, which measures internal



consistency (Field, 2018). The five items measuring fundamental need prioritisation yielded a Cronbach's alpha of 0.81, indicating good internal consistency. The health programme items yielded a Cronbach's alpha of 0.76, which is acceptable for exploratory research. Inter-rater reliability was ensured through standardised training of research assistants and the use of a structured interview protocol that minimised interviewer variation.

3.9 Ethical Considerations

This study was conducted under approval from Sokoine University of Agriculture, Tanzania (Research Ethics Committee Approval No. *SUA/DPRTC/R/2024/12*). Permission to conduct this study was also obtained from the Geita Regional Administrative Office and the leaders of the respective NGOs. The study purpose was explained to all eligible participants, and verbal informed consent was obtained before data collection commenced. Participants were informed of their right to withdraw from the study at any time without penalty and that their responses would be treated with strict confidentiality. No personally identifiable information was collected, and data were stored on password-protected computers accessible only to the research team. Given the sensitive nature of some questions regarding challenges faced by NGOs, particular care was taken to ensure that participants did not feel compelled to disclose information that could negatively affect their organisations. No incentives were offered for participation, and no adverse events were reported during the study period.

4. Results and Discussion

4.1 Demographic Characteristics of Respondents

The demographic characteristics of NGO staff respondents are essential for understanding the human resource capacity available to serve street children in Geita Region. Table 3 presents the distribution of respondents by gender, age, and professional experience. The findings revealed that males constituted 56.1% (n=101) and females constituted 43.9% (n=79) of the total respondents, indicating a slight male predominance among NGO staff working with street children. This gender distribution may reflect broader patterns in the Tanzanian NGO workforce or may be specific to the child protection sector (Simon, 2023).

As shown in Table 3, respondents' ages varied from 18 to 59 years, with the highest proportion aged 40-49 years (38.3%), followed by those aged 18-29 years (32.2%). The predominance of workers in the 40-49 age range suggests that NGOs in Geita have a core of seasoned, skilled professionals who can leverage their expertise to effectively support street children. Older, experienced staff bring institutional knowledge, established professional networks, and nuanced understanding of the local context, all of which

are valuable for addressing the complex needs of street children (Kreuter *et al.*, 2021). However, the small proportion of workers aged 50-59 years (5.0%) indicates upcoming challenges with leadership transition and knowledge transfer due to retirement (Lokong, 2022). The presence of younger workers (32.2% aged 18-29) provides an opportunity for mentorship and succession planning, but organisations must be intentional about cultivating this cohort's skills and retaining them over the long term (Abiudin *et al.*, 2022).

Table 3: Demographic Characteristics of NGO Staff Respondents (N=180)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	101	56.1
	Female	79	43.9
Age Group	18-29 years	58	32.2
	30-39 years	44	24.4
	40-49 years	69	38.3
	50-59 years	9	5.0
Working Experience	3-6 months	4	2.2
	6-12 months	20	11.1
	2-3 years	122	67.8
	4-8 years	34	18.9
Children Age Group Served	1-10 years (Centres B & C)	80	44.4
	5-20 years (Centre E)	67	37.2
	1-20 years (Centres A & D)	33	18.3
Number of Children Served	50-100 children	37	20.6
	101-300 children	102	56.7
	300+ children	5	2.8
	Any number (Centre C)	36	20.0

Source: Field data, 2024

Regarding professional experience, the majority (67.8%) of NGO workers had 2 to 3 years of experience, while 18.9% had 4 to 8 years of experience. This concentration of staff in the 2-3 year experience bracket suggests relatively high turnover, as workers may leave after acquiring initial experience or NGOs may have expanded their workforce recently. The smaller proportion of workers with 4-8 years of experience provides valuable institutional knowledge and leadership within organisations, but their limited numbers raise concerns about continuity and mentorship capacity.

With respect to the street children served, 44.4% of respondents reported accommodating children aged 1-10 years, indicating that some NGOs focus on early intervention with younger children who may have recently left home or



been abandoned. Centre E served children aged 5-20 years (37.2% of respondents), reflecting a focus on older youth including adolescents and young adults. Centres A and D served the full age range of 1-20 years (18.3% of respondents), indicating a holistic, lifespan approach to street children services. When asked about the number of street children served, 56.7% of NGOs reported serving between 101 and 300 children, suggesting that most organisations operate at a substantial scale and believe that serving children also benefits the broader community.

4.2 Preferred Fundamental Needs of Street Children by NGOs

Understanding how NGOs prioritise different fundamental needs is critical for evaluating whether their interventions align with the multi-dimensional requirements of street children's well-being. Table 4 presents the prioritisation of five fundamental needs, food, shelter, clothes, care and support, and education, as rated by NGO staff on a Likert scale from 1 (most preferred/ highest priority) to 5 (least preferred/ lowest priority).

Table 4: Prioritisation of Fundamental Needs for Street Children by NGOs (N=180)

Fundamental Need	Mean Rank	Median Score	Priority Rank
Food	1.42	1	1st
Shelter	2.18	2	2nd
Clothes	2.95	3	3rd
Care and support	4.03	4	4th
Education	4.42	5	5th

Note: Scores range from 1 (most preferred/ highest priority) to 5 (least preferred/ lowest priority).

Source: Field data, 2024

As presented in Table 4, food was ranked as the highest priority need (mean rank = 1.42, median = 1), followed by shelter (mean rank = 2.18, median = 2), and clothes (mean rank = 2.95, median = 3). Care and support services were ranked fourth (mean rank = 4.03, median = 4), while education was ranked as the lowest priority (mean rank = 4.42, median = 5). The study revealed a statistically significant difference in responses among the different needs provided by the NGOs (Kruskal-Wallis test: $\chi^2 = 340.710$, $df = 4$, $p < 0.001$), confirming that the observed prioritisation pattern is unlikely to have occurred by chance.

The finding that food was the most preferred fundamental need is consistent with the logic of Maslow's hierarchy of needs, which posits that physiological needs must be met before individuals can attend to higher-level needs such as safety, belonging, esteem, and self-actualisation (Maslow, 1943). Street children in Geita, like their counterparts elsewhere, experience chronic food insecurity, with many relying on begging, scavenging from rubbish, or accepting

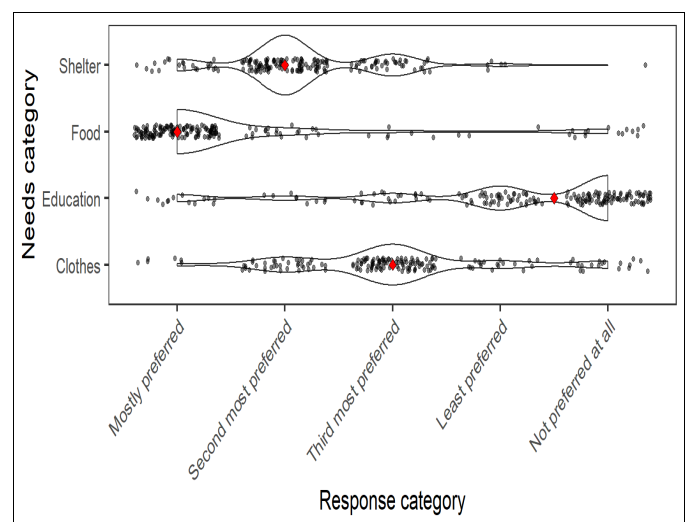
food from strangers (Abate *et al.*, 2022). The prioritisation of food by NGOs reflects an understanding that children cannot benefit from education, counselling, or other services when they are hungry and malnourished.

Shelter was ranked as the second priority, reflecting recognition that street children need a safe place to sleep, store belongings, and recover from the physical demands of street life. Shelters also provide a stable point of contact through which NGOs can deliver other services, including healthcare, counselling, and education (Fuseini *et al.*, 2022). Clothes were ranked third, addressing both practical needs (protection from weather, hygiene) and social needs (reducing stigma, enabling school attendance).

Notably, care and support services (including psychosocial counselling and emotional support) and education were ranked as the lowest priorities. This finding is concerning from a rights-based perspective, as the UN Convention on the Rights of the Child (United Nations, 1989) guarantees children's rights not only to survival but also to development (including education) and protection (including from psychosocial harm). Jørgensen *et al.* (2024) found that mental health services are the most significant gap in healthcare provision for street children globally, with depression, anxiety, and post-traumatic stress disorder being highly prevalent yet rarely addressed. The deprioritisation of education is also problematic, as education is essential for breaking the cycle of poverty and providing street children with pathways out of street life (Brophy, 2020).

Figure 3 provides a visual representation of the prioritisation of fundamental needs across the five NGOs, illustrating the consistency of the pattern across organisations.

Figure 3: Prioritisation of Fundamental Needs for Street Children by NGOs



As shown in Figure 3, the prioritisation pattern was remarkably consistent across the five NGOs, with food



uniformly ranked as the highest priority and education as the lowest priority. This consistency suggests that the observed prioritisation reflects shared professional norms among NGO staff in Geita rather than idiosyncratic organisational differences. However, the consistency also raises questions about whether this prioritisation is evidence-based or simply reflects established practice without critical examination. Faraz and Marc (2022) noted that NGO interventions are often shaped by donor priorities or organisational convenience rather than by rigorous assessment of what children actually need and prioritise. The present study's findings suggest that a similar dynamic may be operating in Geita.

The NGOs in Geita have a clear prioritisation of fundamental needs, with food as the top priority, followed by shelter and clothing, which are viewed as the most critical requirements to support the basic well-being and growth of street children. In contrast, care, supportive services, and education are ranked as lower priorities, suggesting an initial focus on meeting the street children's immediate physiological needs before addressing their social and developmental requirements in a more comprehensive manner. While this approach is understandable given resource constraints and the urgent survival needs of street children, it risks creating a pattern of episodic charity that meets immediate needs but fails to address the root causes that keep children on the streets (Lewis et al., 2021).

4.3 Health Programmes Provided to Street Children by NGOs

Table 5 presents the distribution of health programmes offered by NGOs to street children in Geita. The data show that vaccination was the most common programme, offered by 40.0% of respondents, followed by screening, diagnosis, and treatment services (38.9%). First aid and hospital transfer (10.6%) and good nutrition programmes (10.6%) were less commonly provided. The study revealed significant differences in the health programmes provided to street children by the NGOs (Chi-square test: $\chi^2 = 33.284$, $df = 3$, $p < 0.001$), confirming that the distribution of programmes is not uniform.

Table 5: Health Programmes Offered by NGOs to Street Children (N=180)

Health Programme	Frequency (n)	Percentage (%)
Vaccination	72	40.0
Screening, diagnosis, and treatment	70	38.9
First aid and hospital transfer	19	10.6
Good nutrition	19	10.6

Source: Field data, 2024

The predominance of vaccination services (40.0%) reflects the priority that NGOs and their donor partners place on preventive healthcare. Vaccination is a cost-effective public health intervention that protects children from vaccine-preventable diseases including measles, polio, diphtheria, tetanus, and pertussis (World Health Organization, 2024). Street children under five years of age are particularly vulnerable to these diseases due to their compromised nutritional status, exposure to elements, and lack of prior vaccination (Cumber & Tsoka-Gwegweni, 2015). The NGOs reported supporting vaccination services for street children under five years through health facilities where the recommended vaccines by the Tanzania Ministry of Health are provided. This alignment with national health priorities is a strength of the NGO response.

Screening, diagnosis, and treatment services were offered by 38.9% of respondents, indicating that NGOs are also investing in primary healthcare services to identify and address existing health conditions. Street children present with a range of health problems including respiratory infections, skin diseases, gastrointestinal illnesses, injuries, and sexually transmitted infections (Abate *et al.*, 2022). The provision of screening and treatment services is essential for addressing these conditions, which if left untreated can lead to serious complications, chronic disability, or death.

The finding that only 10.6% of NGOs offer first aid and hospital transfer services suggests a gap in emergency care. Street children are at high risk of injuries from falls, accidents, fights, and violence (Jørgensen *et al.*, 2024). Without access to first aid and emergency transport, minor injuries can become infected and lead to serious complications. Similarly, only 10.6% of NGOs offer good nutrition programmes, which is concerning given that malnutrition is nearly universal among street children. Nutrition programmes should include not only emergency food provision but also nutritional assessment, treatment of malnutrition, micronutrient supplementation, and nutrition education (Murdie & Barney, 2023).

The limited provision of nutrition-specific interventions is particularly problematic from an ecological systems perspective (Bronfenbrenner, 1979). Malnutrition affects children's immune function, cognitive development, growth, and ability to benefit from other interventions including education and psychosocial support. Through focusing on vaccination while neglecting nutrition, NGOs may be addressing one set of health risks while leaving children vulnerable to others. A more integrated approach that combines preventive, primary, and nutrition interventions would better address the full spectrum of health needs faced by street children.



Street children represent one of the most vulnerable populations in society. Given their precarious situation, NGOs in Geita have adopted a multifaceted approach to addressing healthcare needs, but the uneven distribution of services reveals opportunities for improvement. Through combining preventative, primary, and specialised interventions, the NGOs are working to address the full spectrum of health needs faced by street children through a diverse range of tailored healthcare initiatives (Cumber & Tsoka-Gwegweni, 2015; Jörgensen *et al.*, 2024). However, the under-provision of nutrition programmes and emergency services represents a significant gap that requires attention from both NGOs and their donors.

4.4 Challenges Faced by NGOs in Serving Street Children

Table 6 presents the distribution of challenges faced by NGOs when providing services to street children. The data show that shortage of funds was the most frequently cited challenge, reported by 46.1% of respondents, followed by operational difficulties (33.9%), absence of volunteers and donors (13.3%), and shortage of resources (0.6%). A small proportion of respondents (6.1%) reported facing no challenges. The study revealed significant differences in the distribution of challenges faced by NGOs (Chi-square test: $\chi^2 = 74.444$, $df = 4$, $p < 0.001$), confirming that funding shortages are disproportionately the most pressing constraint.

Table 6: Challenges Faced by NGOs in Serving Street Children (N=180)

Challenge Category	Frequency (n)	Percentage (%)
Shortage of funds	83	46.1
Operational difficulties (competing interests, political interference, cultural and social barriers)	61	33.9
Absence of volunteers and donors	24	13.3
No challenges faced	11	6.1
Shortage of resources	1	0.6

Source: Field data, 2024

The finding that shortage of funds was the most pressing challenge (46.1%) aligns with a substantial body of literature documenting the financial precarity of NGOs in Tanzania and across sub-Saharan Africa (Simon, 2023; Mikeladze, 2021). Most NGOs rely on short-term project-based grants from international donors, which creates instability and limits long-term planning. The transaction costs of applying for, reporting on, and auditing multiple small grants are substantial, diverting resources from programme delivery to administrative compliance (Desai, 2024). Solomon (2020) found that funding unpredictability was the single strongest predictor of NGO programme interruption and staff turnover in East Africa.

Operational difficulties were cited by 33.9% of respondents, including competing interests among stakeholders, political interference, and cultural and social barriers. Political interference may take the form of local government officials diverting NGO resources, imposing bureaucratic obstacles, or requiring NGOs to prioritise politically connected communities over those most in need (Lewis, 2023). Cultural and social barriers include community stigma toward street children, which makes reintegration difficult, and resistance to certain interventions (e.g., reproductive health services for adolescents) based on local norms (Waziri & Fundi, 2019). Competing interests among NGOs themselves can also create operational difficulties, including duplication of services in some areas and gaps in others, lack of coordination, and competition for limited donor funding (Abiudin *et al.*, 2022).

The absence of volunteers and donors (13.3%) reflects the challenge of building and maintaining a support base for street children services. Unlike causes such as wildlife conservation or disaster relief, street children may not attract the same level of public sympathy, as they are sometimes stigmatised as delinquents or blamed for their own circumstances (Ogan, 2021). This stigma can make fundraising more difficult, as potential donors may not perceive street children as “deserving” beneficiaries.

Despite these significant challenges, the NGOs serving street children in Geita have demonstrated remarkable dedication and resilience. Table 7 presents the measures taken by NGOs to address the challenges they face.

Table 7: Measures Taken by NGOs to Address Challenges (N=180)

Measure	Frequency (n)	Percentage (%)
Overcome the challenges	117	65.0
Some improvements made	32	17.8
Still in the process	30	16.7
No improvement made	1	0.6

Source: Field data, 2024

As shown in Table 7, the majority of respondents (65.0%) reported that they had exactly overcome the challenges they face, while another 17.8% reported that they had made some improvements. Only 16.7% reported that they were still in the process of addressing challenges, and a negligible proportion (0.6%) reported making no improvement. These findings highlight the proactive and effective approach of NGOs in finding solutions, their commitment to supporting street children, and their ability to adapt and overcome adversity, which is a testament to their positive impact in the community (Lewis *et al.*, 2021).



However, the high proportion of NGOs reporting that they have “overcome” challenges must be interpreted cautiously. Given that funding shortages remain chronic and operational difficulties persist, “overcoming” may refer to short-term coping strategies rather than sustainable solutions. NGOs may overcome a funding shortage by securing a new grant, only to face the same shortage when that grant ends. True sustainability would require addressing the structural macrosystem constraints that produce these challenges, including donor funding models, national budget allocations to child protection, and economic policies that affect family stability (Solile *et al.*, 2023).

The challenges faced by NGOs are a shortage of funds, various operational difficulties, and a lack of volunteers and donors, with resource scarcity being a less significant concern. The funding shortages appear to be the most pressing issue as they can significantly hinder the NGO's ability to deliver essential services, sustain their programmes, retain qualified staff, and expand their outreach to more street children in need. Addressing these challenges is important for enhancing NGO capacity and effectiveness in supporting the fundamental well-being of street children in the region (Solile *et al.*, 2023). Despite facing significant challenges, the NGOs serving street children in Geita have demonstrated remarkable dedication and resilience, with the majority reporting that they had overcome their challenges and some improvements were made. This progress highlights the organisations' proactive and effective approach to finding solutions, their commitment to supporting street children, and their ability to adapt and overcome adversity, which is a testimony to their positive impact in the community (Lewis *et al.*, 2021).

5.0 Conclusions and Recommendations

This study examined the role of Non-Governmental Organisations (NGOs) in addressing the fundamental needs of street children in Geita, Tanzania, providing empirical evidence on need prioritisation, health programme delivery, and operational challenges within a resource-limited, gold-mining context. The findings reveal that NGOs in Geita employ experienced professionals, predominantly males aged 40-49 years with 2-3 years of experience, who prioritise food, shelter, and clothing as the most fundamental needs, while education and psychosocial care and support services are significantly deprioritised ($\chi^2 = 340.710$, $p < 0.001$). This pattern reflects an understandable focus on immediate physiological survival but raises serious rights-based concerns, as the UN Convention on the Rights of the Child guarantees children's rights not only to survival but also to development and protection. The empirical implication is clear: current NGO interventions are skewed toward episodic charity that meets urgent needs but systematically neglects the educational and mental health services essential for breaking the cycle of street life and enabling sustainable

reintegration. Without addressing these gaps, NGOs risk perpetuating the very conditions that keep children on the streets.

Regarding health programmes, vaccination (40.0%) and screening, diagnosis, and treatment (38.9%) dominated service provision, while nutrition programmes and emergency first aid were markedly underprovided (10.6% each), with statistically significant disparities across NGOs ($\chi^2 = 33.284$, $p < 0.001$). From a policy perspective, this fragmented health response indicates that NGOs are aligning with donor-preferred, vertically delivered interventions (vaccination) while neglecting locally relevant, horizontally integrated services such as nutrition rehabilitation and injury care. The policy implication is that national and district health authorities, in collaboration with NGO coordinators, should establish mandatory essential health service packages for street children that include nutrition assessment and treatment, emergency care protocols, and mental health screening alongside vaccination. Furthermore, funding mechanisms should be restructured to incentivise comprehensive, rather than selective, health service delivery.

Critically, 46.1% of NGOs identified chronic funding shortages as the primary operational challenge, followed by operational difficulties including political interference and cultural barriers (33.9%), yet 65% of respondents reported having overcome these challenges, a finding that suggests short-term coping rather than sustainable solutions. The empirical implication is that NGOs have developed considerable adaptive capacity and resilience, but this resilience masks underlying structural vulnerabilities in the financing ecosystem. The policy recommendation arising from this finding is multi-pronged: first, the Tanzanian government, through the Ministry of Community Development, Gender, Women and Special Groups, should implement the National Strategy for NGOs Sustainability (2022/23-2026/27) with dedicated budget lines for street children services; second, international donors should transition from short-term project cycles (12-36 months) to core funding models (5-10 years) that support organisational sustainability; third, NGOs themselves should diversify funding sources beyond international donors to include local philanthropic contributions, social enterprises, and government co-financing arrangements. Without such structural reforms, the cycle of funding insecurity, and the consequent prioritisation of donor-friendly interventions over child-centred needs, will persist.

Finally, the study concludes that NGOs in Geita deliver life-saving basic services but operate within a constrained ecosystem that systematically undervalues education, psychosocial support, and nutrition, services essential for long-term well-being and reintegration. The overarching empirical contribution of this research is the demonstration



that need prioritisation is not merely a technical exercise but a reflection of deeper resource allocation logics shaped by donor conditionality, organisational capacity, and macrosystem constraints. The policy implication is that improving outcomes for street children requires not more NGO activity per se, but rather a fundamental reorientation of the financing, coordination, and accountability mechanisms that shape NGO behaviour. We recommend that all NGOs receiving public or donor funding for street children services be required to adopt minimum service standards that include education, mental health, and nutrition as non-negotiable core components; that multi-stakeholder coordination platforms be established at district level to reduce duplication, identify service gaps, and align interventions with local needs; and that capacity-building programmes be prioritised for NGO financial management and resource mobilisation. Through addressing these structural gaps, Tanzania can begin to transform NGO interventions from episodic, survival-focused charity into sustainable, rights-based support that enables street children to reclaim their childhoods and futures.

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Declaration of Conflict of Interest

We hereby declare that there are no known competing financial interests or personal relationships that could have influenced the research and findings presented in this paper.

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