

Health and Education Centre for the Reintegration of Street Children in Uruguay



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1. Background

Uruguay is located in the Southern Cone of South America and has population estimated at 3.4 million. Uruguay traditionally used to have fewer regional and social disparities than other countries in the region. However, in 2002 the economic crisis impacted very seriously on the nation and the current recession has reversed the former positive development situation. This has resulted in a doubling of the number of families living in poverty in just five years. A third of the population is under the age of 18 and approximately half of them live in poverty. Children and specially children under 6 are the most affected by poverty (56.5 per cent of children under five years of age live in the poorest families).

Because of increasing poverty throughout the country and continuing rural migration to the capital, poverty in Montevideo has increased disproportionately and especially has concentrated in the outskirts of the city. On average two thirds of all homes in these neighborhoods fall under the poverty line. "Casavalle" for example, is one of the poorest areas of the city, where poverty reaches almost three in four families. The majority of street children come from these neighborhoods.

The main causes for children forced into the streets are:

- Poverty. Because of low family income, many children have to work in the streets to help their families to survive.
- Neglect and abuse.
- School drop outs.

A number of NGOs has experience in working with street children. To ensure lasting success in helping reduce poverty and to permanently reintegrate street children, experienced professionals stress the need to develop a flexible approach when working with affected children and to involve their families.

2. Project concept

The project is carried out in cooperation with "El Abrojo" (a local NGO with long experience working with street children) since 2006.

The project is presently assisting 62 children and teenagers, plus their families; the total number of beneficiaries is 110. We can divide this population in two groups according to the type of attention given. The first participates in the educational activities in the "Trampolines" project in the centre of the city, and the second participates in two different educational activities on a neighborhood level in the suburban area of "Las Piedras".

The first group is composed by 62 participants, divided as follows:

10 in the group of children from 6 to 9 years old - 23 in the group of 10 to 12 years old - 29 in the group of 13 to 15 years old. The second group is currently composed of 53 participants who live in the "San Francisco" and "La Pilarica" neighborhoods.

The project objectives are to

- Provide educational support and bring children back to schools
- Empower families so they can properly take care of their children
- Health care including health promotion and education (including HIV/AIDS).

A support centre for the reintegration of street children will be established and include activities in nutrition and health, education, as well as sports and recreation.

The intervention strategy will consist in the combination of

- A realistic alternative to the streets, which must be economically viable and socially attractive and help ensure basic needs and,
- Specific and direct support to assist children in leaving the streets and to help reincorporate them into schools and families.

The Centre will develop activities to provide care and support to street children, strengthen family ties, and coordinate with other social services.

The project approach will be highly flexible to ensure priorities needs are met. The Center is planned to work with children aged between 6 and 13 and their families. In the first phase the estimated number of beneficiaries (including affected families) is over 600.

The specific project strategies for the Center are:

- i. *Educational support:* Many street children have not responded successfully to all attempts to reintegrate them into the traditional education system. For these children, the streets are their main space of socialization. Their families have often lost the ability to nurture, educate and protect. Those in especially severe economic difficulties cannot or will not give to education the attention needed or understand the fundamental importance it deserves as it is not considered a valuable asset. As a consequence many of the children have not learned to read and write and most knowledge acquired in their socialization process in the street environment does not allow them to succeed in schools where traditional teaching methodologies are used. Therefore an alternative approach to educating street children is needed. The project will provide it through a close and personal support to each child, allowing children to reach appropriate educational levels to succeed in the system, thereby providing them with better chances. The methodology will include workshops managed by qualified and experienced educators, the use of games, as well as necessary support to ensure physical and mental development.
- ii. *School Reintegration:* Helping children return to school - and remain in it - presents many challenges. Children may have developed health, psychological, and behavioral problems that affect concentration, discipline, and school performance. For these reasons, the education programs will emphasize learning and critical abilities and general life skills, rather than traditional pedagogy. At the same time, they should teach the standard curricula subjects to enable children to reenter the mainstream of the educational system and eventually labor market.

- iii. *Empowerment of Families:* Reuniting children with their families is the objective of the project, but this must take into account the families' capabilities and determination to protect and care for the children, as well as the children's wish to return home. In many cases, families are ready to reunite with their children if social support is provided.
- iv. *Physical and Mental Health Care:* The program will pay special attention to physical and mental health, either through their own specialists or by assisting children to obtain community services. Because of the special nature of their physical condition, street children tend to require immediate treatment, most often for injuries from accidents or abuse, malnutrition, respiratory infections, skin diseases, sexually transmitted diseases, HIV/AIDS, and drug abuse.
- v. *Individualized Approach:* Every street child has his or her own needs, medical and family history and skills. The complex combination of reasons that forced them into the streets is also unique, as is the situation that they would face once they are back with their families. Therefore it is important to use a multidisciplinary approach to helping solve the problem.

3. Activities

3.1 *Preparation*

- Selection of an adequate facility in the outskirts of the city for the purposes foreseen in the project
- Identification of a technical team in charge of the initiative. Background in education, social work, nutrition, physical education and psychology will be searched
- Equipment of premises so as to comply with the functions programmed.

3.2 *Local assessment*

- Identification of target population
- Identification of services within the neighborhood.

3.3 *Getting started*

- Activities in the streets in order to target children in need
- Recreation events, sports and bringing children close to the Centre
- Coordination with schools and support services.

3.4 *Centre activities*

- Educational support
- Health and mental care and education
- Nutritional support
- Family orientation and consultation services
- Family visits and accompaniment
- Leisure and sports

3.5 *Monitoring and Evaluation*

- Monitoring activities and reporting

4. Reporting

Progress on the implementation of the project will be documented by half-yearly reports. A final report will summarize the results achieved, list lessons learnt and provide recommendations for future interventions.

5. Timetable

Starting in January 2008, the project will be completed by 18 months.

Project month

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Preparation																		
2. Local assessment																		
3. Getting started																		
4. Center Services																		
5. Monitoring & Evaluation																		

6. Budget

Estimated cost 18 months: US\$ 125,500