

Vulnerable/Street Children Program

Background

Although Cambodia has achieved recent success in its fight against the continuing spread of the HIV & AIDS epidemic within its borders—with a decreased seroprevalence rate of 3.3% in 1998 to the current 1.6%—other data show that youth may be among the most vulnerable. The number of children up to 14 years of age living with HIV actually increased from 6,400 to 7,300 from 2002 to 2003, and those numbers are likely under-reported. Cambodia's population is very young, with more than 50% under the age of 20. Moreover, a significant sub-sector of Cambodia's youth population faces difficulties with poverty, unstable home lives, substance abuse problems, and other factors that lead too many of them to a life literally lived on the streets. These children, without the safety net of a stable home and a place in the mainstream of Cambodian society and culture, often do not attend school and are forced to eke out a living through any means at their disposal. The economic activities these street children engage in range from selling newspapers, shining shoes and working in private businesses such as restaurants and shops, to the more unfortunate who turn to commercial sex work or crime to survive.

For many of these children, the lack of stability in their lives means they lack access to basic information to keep them healthy and protect themselves from diseases such as HIV & AIDS. Reaching these children with health education requires special expertise, commitment and perseverance. The Ministry of Education, Youth and Sport (MoEYS), in recognition of this importance of reaching this population with HIV prevention education, has entered into a partnership with World Education and Mith Samlanh to deliver the Vulnerable/Street Children Program (VSCP). VSCP has a dual purpose of preventing HIV infections among street children while at the same time improving the capacity of MoEYS to design and implement these kinds of initiatives among vulnerable/street children. With the proper interventions and sustained involvement, these children can be helped to reach their potential and become healthy adults, fully integrated into society. VSCP's implementation period began on 1 July 2005 and runs until 30 June 2007. It is funded by the United Kingdom's Department for International Development.

Goals and Objectives

The **goal** of VSCP is to reduce HIV infections among street children in Phnom Penh. The **objectives** of the program are: 1) To improve awareness, attitudes and behaviors on the part of street children in regards to HIV & AIDS; and 2) To improve the capacity of MoEYS to design and carry out future interventions related to HIV prevention education for street children.

Partners

VSCP is implemented by World Education, in partnership with Mith Samlanh. Mith Samlanh, as the recognized leader in outreach and rehabilitation programs for street children in Cambodia, is the technical lead for HIV prevention interventions targeted to that population under VSCP. World Education, in addition to being responsible for overall program management, is building on its close working relationship with MoEYS to design the capacity building strategy for MoEYS in the area of HIV prevention education among street children and lead the Ministry through this process.

HIV & AIDS Prevention Education among Street Children

The HIV prevention initiative targeted to street children involves a three-step approach. Step I is comprised of a situational analysis of potential neighborhoods or areas of town most suitable for inclusion in the program (the program is initially focused only in Phnom Penh). Factors involved in this analysis include the population size of street children or other vulnerable youth, the "relative vulnerability" of this population (meaning, do the children live entirely on their own, or are they living with parents, do they go to school, etc.) and the receptivity among this population and other community members to receiving the interventions. Once a neighborhood is chosen, a site is identified at which a "semi-mobile" youth center will be established within that neighborhood. The youth center is rented and outfitted with IEC materials, a television and DVD player, some games and other materials designed to attract youth and provide them with some education on HIV and other related issues while they are on site. A short survey is also conducted among a sample of the youth population to find out their knowledge, attitudes and behaviors related to HIV & AIDS vulnerability. From this survey, the team can gain an idea of which messages they should give emphasis.

Phase II involves the provision of life skills education for HIV prevention and the identification of potential Peer Educators. Life skills education will be provided through a variety of means designed to encourage group participation among the youth (such as quizzes, games, puppet shows, etc.) and by meeting one-on-one with individuals. Activities are conducted on an as needed basis, and youth are free to come and go as they please

while the center is open. Certain activities are carried out at set times and are advertised (such as video screenings, etc.). Identifying potential Peer Educators involves recruiting from among those youth who regularly attend the center and show a higher degree of interest and enthusiasm in participating in youth center activities. These individuals are encouraged to organize youth-led activities such as plays and puppet shows at this stage to gauge their aptitude and interest in taking these leadership roles.

Phase III focuses on selecting the final candidates for peer education, training them and gradually increasing their roles as educators with the other youth at the center. This will be accomplished by encouraging them to identify key topics of HIV-related life skills education messages they and their friends might find interesting and important; training them in communications skills; and getting them involved in the development of educational tools they as Peer Educators can use to carry out their work. This might include posters, informational brochures, condoms. These materials will then be packaged in the form of a "toolbox" (a backpack) that the Peer Educators can carry with them.

Phases I through III take eight months to complete, after which the process is repeated in another neighborhood of Phnom Penh for another population of vulnerable/street children. Peer Educators will continue to be monitored and provided technical assistance and support as they carry out their work, but the youth center will move on to another location for the next six months. By the end of the program, three different locales will receive outreach and education services for their vulnerable youth population to help them protect themselves against HIV & AIDS.

Capacity Building for MoEYS in Working with Street Children

World Education leads a capacity building process for MoEYS involving an intensive series of activities designed to gradually increase its involvement with the program. Two staff from MoEYS are seconded to VSCP to learn the program's approaches from the ground up as participant-observers, fully immersing themselves in the HIV prevention work at the youth center. They document their learning in personal learning journals and meet regularly with World Education staff to jointly assess how the methodologies employed may or may not be of use for MoEYS as it develops its own program strategy. A MoEYS Working Group has also been formed, bringing at least five more staff from the Ministry to the project. The Working Group members participate in frequent, guided observations of key activities of VSCP, after which World Education facilitates debriefings to help them reflect on their observations and discuss competencies needed for MoEYS should they decide to employ these methodologies. A series of products will also be produced by the MoEYS personnel involved in the program and World Education. These products will include a draft project design for MoEYS to consider as it formulates its own strategies for involvement with street children, a national workshop to discuss the project design and to develop an action plan for MoEYS as it escalates its involvement in this area, and the development of implementation and training manuals for MoEYS focused on HIV prevention activities among street children.

The final result of VSCP will be two-fold: a substantial population of street children will be impacted with education and information geared to helping them avoid risk behaviors related to HIV infection; and MoEYS will gain substantial in-house experience and knowledge about working with this population, culminating in their development of a strategy to work with these vulnerable youth directly in the future.



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Funding provided by the United Kingdom's Department for International Development