



USAID
FROM THE AMERICAN PEOPLE



AIDSTAR-One | CASE STUDY SERIES

December 2010

Looking Within

Creating Community Safety Nets for Vulnerable Youth in Dar-es-Salaam, Tanzania



Jamilla's grandmother signing the Youth and Parents Crisis Counseling Center agreement.

Jamilla, 18, lives in the Ilala Municipality of Dar-es-Salaam, which is Tanzania's largest city. Both of her parents died about 10 years ago, and since then she has lived with her grandparents. Her 70-year-old grandfather sells fish—his income supports eight family members—but his health is not what it used to be, and he needs an expensive operation. Most days, the family can afford to eat two simple meals: tea in the morning, and *ugali* (maize meal porridge) in the afternoon, supplemented by vegetables from a garden plot and occasionally some meat.

Low-income Tanzanian families like Jamilla's live close to the edge. An illness, a poor crop, or an unexpected crisis, even on a small scale, can upset a household's precarious financial balance. When times are tough, one set of expenses often sacrificed is school fees and related costs, such as uniforms and bus fare, forcing young people to leave their education behind and become breadwinners, housekeepers, or caregivers.

But Jamilla has opportunities that many poor African children—especially orphans—do not have. Even though she is old enough to work, she is enrolled in school and distinguishes herself as a top student with high grades; she shines in history, her favorite subject. She dreams of a career as an accountant or banker, aspirations that her family's poverty would normally preclude.

By Kara Greenblott

AIDSTAR-One

John Snow, Inc.
1616 North Ft. Myer Drive, 11th Floor
Arlington, VA 22209 USA
Tel.: +1 703-528-7474
Fax: +1 703-528-7480
www.aidstar-one.com

This publication was produced by the AIDS Support and Technical Assistance Resources (AIDSTAR-One) Project, Sector 1, Task Order 1.
USAID Contract # GHH-I-00-07-00059-00, funded January 31, 2008.

Disclaimer: The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Without these commitments, I would not be able to go to school. It's good to know that my schooling is now assured. It also feels good to know that people care about me.

–Jamilla



Jamilla signing the agreement.

What gives Jamilla her confidence and optimism about the future is a special contract that she and the adults in her life have created to make sure she can stay in school.

This simple and straightforward commitment of support—called a “community-enforced agreement”—covers everything Jamilla needs in order to stay in school. It is the work of a unique program implemented by Youth Alive Tanzania, a faith-based organization in Dar-es-Salaam, which created The Youth and Parents Crisis Counseling Center (YOPAC) in 1999.

YOPAC was established by Youth Alive with the specific aim of helping children and youth protect their access to education, including primary and secondary education, as well as vocational training. YOPAC’s other activities include home-based care,

HIV testing and counseling, psychosocial care and support, education, and outreach programming.

In 2003, only four years after YOPAC began, a new crisis changed everything. Food aid and other foreign assistance programs ended their work in many of the districts of Dar-es-Salaam where YOPAC had been operating. This left a huge gap in support for families with few apparent resources of their own and endangered education prospects for many young people, especially orphans and vulnerable children (OVC). As is customary in Tanzanian society, many families had taken in orphaned children over the years and, without the nongovernmental organization (NGO) support they were accustomed to, were deeply worried about how they would continue to pay for the children’s food, as well as other items such as health care, school fees, and other basic needs. Finding ways to sustain the level of household food security achieved by these external programs prompted YOPAC and similar organizations to rethink some of their most basic program strategies—the affected communities would now have to look within themselves to access resources and create new networks of support.

“We decided to start talking to community members to try to find a solution together,” said Pascal J. Maziku, YOPAC’s Deputy Executive Director. “What could be done to replace the vital support that was slipping away? Our discussions revolved around the idea of creating community safety nets, or more simply, replacing the previous external support with help from *within* the community.”

YOPAC’s approach raises important questions about care and support for young people affected

by HIV. Are there untapped resources within disadvantaged communities? To what extent can a safety net strategy rely on human kindness? Can an individual's sense of social responsibility be translated into resources for young people through the development of strategic relationships? Finally, can safety nets be "locally grown" when a young person asks for help?

Program Background

Achieving long-term sustainability is an aspiration of many humanitarian and development programs, including HIV- and OVC-related programs. Most of the time, food assistance and other externally funded aid programs operate on a finite timeline (e.g., three to five years) with little or no plan for how their clients will cope once the program phases out or moves to another area.

Ensuring sustainability means maintaining the impact of the program intervention beyond the life of the intervention itself. Ideally, a strategy for ensuring that this happens should occur at the design stage of programs; this strategy is commonly known as an exit or sustainability strategy. Unfortunately, this rarely happens, and when it does, it is often cursory and does not assess or make use of local resources as part of that plan. These local resources—those of the vulnerable family, friends, extended family, the church, the community, local community-based organizations, and even other international NGOs working locally—represent valuable assets that create a safety net for a vulnerable young person and his or her family.

When we first engaged in this process, we thought it would be impossible to find people who would support these young people. But when we began to ask them, they agreed! And then we realized that it would be possible after all. People want to contribute if they are able. It's a matter of matching strengths with gaps. This provides a safety net for the targeted youth.

—YOPAC counselor

The HIV prevalence rate in Dar-es-Salaam is estimated at 9.3 percent, and the national prevalence is 5.7 percent (Tanzania Commission for AIDS et al. 2008). In Tanzania, as in many countries affected by the HIV pandemic, one of the most common household coping strategies for dealing with the effects of food insecurity, illness, and household poverty is to remove children and youth from school. Families cannot afford costs related to school, and they also need their children to earn income, or be at home to care for those who are sick or too young to care for themselves. For many families, sending their children to school is seen as a luxury, not an essential practice.

The YOPAC program works in partnership with vulnerable families, helping caregivers and families facing adversity make better use of their own resources and expand their access to family and community resources so that a young person can stay in school. Once potential resources are identified, YOPAC works to forge and formalize the commitments of the individuals who form the youth's support network, monitoring agreements over time and intervening when necessary to avoid gaps in support. The community-enforced agreement,

Grandfather has promised to provide food. My two aunties have promised to pay for bus fare and other school expenses. Grandmother will also contribute to food once the harvest is complete. And we asked Teacher Doreen to provide tutoring. Teacher Doreen also helps with my medical expenses when I am sick. This happened just a few weeks ago, and she paid for the hospital transport. The Youth and Parents Crisis Counseling Center [YOPAC] has agreed to pay for my school fees, and finally, my contribution is to work hard at my studies and get good grades. Each person, including our municipal representative, has signed the YOPAC agreement to put in writing their commitment to my schooling.



Jamilla's grandfather.

—Jamilla

much like a memorandum of understanding (MOU), binds all of those involved—the young person, the family, community members, and a local government representative—to the agreed terms.

The process is simple, transparent, and easily replicable in many contexts. The strategy can be used in isolation, as a way to help individual families in crisis mobilize community resources to support OVC, or it can be used as part of an exit strategy, to ensure that families have a safety net in place before the phase-out of external assistance.

YOPAC uses its referral network to target children and youth who need help. Some youth are referred through the schools (teachers know who is most vulnerable), and others come to YOPAC through peer educators who work on HIV awareness and education programming. Some are referred by local municipal administrators, while others come to YOPAC on their own initiative. In all cases,

YOPAC investigates the situation of the youth and his or her family, interviewing family members, teachers, and neighbors to determine that they are indeed vulnerable and in need of the program's support. Currently, 75 OVC receive an education through the YOPAC program: 34 in public primary and second school and 41 in vocational training—a minute portion of the youth in Dar-es-Salaam who need support.

The Five-Step Process

In their own words, here is how YOPAC team members describe their work.

Step One: Identify Needs

“We go and sit down with the entire family. The aim is to identify all of the unmet needs of the vulnerable young person and of the family that is supporting him or her. The list is often long:

food, bus fare to go to school, school materials not covered in fees, clothing, mosquito nets, medicines such as [antiretrovirals], transport to get the medicine, and sometimes even shelter for the child whose caregivers have moved, died, or are just no longer able to care for them. We work with the young person and the family to make sure the list is comprehensive, and then we go about prioritizing these needs. This helps us (and them) to see the big picture.”

Step Two: Identify Existing Resources, Gaps, and Potential Providers

Identify existing resources:

“The next step is to identify the family’s existing resources, which we sometimes refer to as their

strengths and assets. It’s important to emphasize that the starting point is always the youth and the family themselves, and their contribution to meeting their own needs. Often the family starts by saying that they have nothing. No money, no food, and therefore nothing to contribute. But this is almost always a matter of perception. When we look around together, we can see that they may already be providing shelter, one or two meals per day, love and emotional support, and so on. These contributions should be counted. Other times, the family’s contribution is less tangible. For example, the young person’s contribution might be hard work and good grades in school. In all cases, however, the youth and family play an active role in the process and make some contribution to meeting overall needs.”

Even when we get donor funding, it usually covers just one category of need, like school materials and school fees. But there are always other expenses that still need to be covered or the child cannot effectively participate in school. Bus fare, for example, and materials such as fabric, sewing needles, and thread are crucial for those who are enrolled in a vocational training program. These items on their own might seem insignificant, but without them, the young person cannot participate and just sits by idly watching those who are practicing and learning.

—Judith Mwami, YOPAC coordinator



Student in sewing class shows off her skills and a finished product.

Even for someone sick, lying in bed, we ask, “What is going to be your contribution?” The family member is not a passive recipient. Everyone has assets of some kind and can make a contribution.

—YOPAC counselor

Calculate the “gap”:

“Once we have learned which of these needs the youth and family can meet, together we determine the gap that remains. This simple formula—‘total needs’ minus ‘existing resources’—is where we focus for the rest of the process. Once we know the gap, the process of selling it to the community begins. The basic idea is to get members of the community to share responsibility for this gap and to contribute to filling it in ways that they are able.”

Identify potential providers:

“In this part of Step Two, we talk about resources that extended family members and friends might be able to contribute; aunts, uncles, and cousins are often a source of untapped wealth. Then we expand the discussion to other potential helpers like neighbors, teachers, lawyers, members of parliament, counselors, community development officers, and business people within the community. The question to the family is this: who do we know who might be able to help?”

“Sometimes we have to get creative. We might look at services offered by local NGOs or the municipal or regional government. In another cases, we go to local businessmen who might be known through YOPAC’s network. YOPAC also has a small amount of resources that it contributes in some cases.”

I am a businessman in this part of the city.
A YOPAC staff member approached me and

together we went to meet two kids in need, one 17 and one 18. I now provide bus fare for them. Sometimes my business is good, sometimes it isn’t. I try my best. I am ready to support them without a limit in time, as long as we all know that there may be times that I struggle to meet my commitment. I feel good about helping these two youth. I want them to succeed.

—Mr. Mpinji, Karioko district, Dar-es-Salaam

“We spend a lot of time with the family on this part of Step Two. Ideally, families will receive reliable support from a diverse range of sources so that if one or more sources fail to materialize, they are not left completely stranded.”

Step Three: Plan How to Approach Potential Providers

“In this step we make a plan for approaching the potential providers that we identified in Step Two. Sometimes the family approaches the provider directly, and other times YOPAC facilitates the connection or makes it on behalf of the family or young person. It depends on the particular case.

“One of the biggest difficulties is the shame and stigma attached to asking for help. Families are apprehensive about asking for assistance, especially from a relative or neighbor who has given to them in the past.”

Families are ashamed to go to neighbors with their problems. We go together. We remind everyone that it is their responsibility to help those in need. We ask them to think, “What if it were you?”

—Judith Mwami, YOPAC coordinator

Youth/Parents Crisis Counselling Centre (YOPAC)
 P.O. Box 3799, Tel: 022-2123266 yopac@tadiliveonline.net.tz Dar-es-Salaam

CLIENT SERVICE PROVISION AGREEMENT FORM BETWEEN FAMILY MEMBERS AND YOPAC

1. FAMILY NAME: Eg MR & MRS P.MAZIKU REG. NO. _____
 2. FULL NAME (FATHER) _____
 3. FULL NAME (MOTHER) _____
 4. DISTRICT _____ WARD _____ STREET _____ Hs.No. _____
 FULL NAME TEN CELL LEADER _____
 5. CONTACT ADDRESS OF THE FAMILY : P.O BOX _____
 TEL _____ MOBILE _____ EMAIL _____
 6. CLIENT'S NAME: () AN ORPHAN, () SICK PERSON AND () OTHER - Specify _____ (MALE/FEMALE AGE....)

photograph _____ CLIENT'S ref. number: _____

CLIENT'S	IDENTIFIED	NEEDS
.....
.....
.....

7. AVAILABLE RESOURCES TO MEET CLIENT'S NEEDS (STRENGTH)
 7.1 FROM THE FAMILY
 7.2 FROM THE ORGANIZATION/AGENCY.....

7.3 FROM OTHER RESOURCE PROVIDERS (Detailed information of their particulars and type of resources that will be provided should be attached in a separate sheet).....

8.0 MEMORANDUM OF UNDERSTANDING
 8.1 THAT THE FAMILY SHALL SUPPORT THE CLIENT BY:.....
 8.2 THAT THE ORGANIZATION SHALL SUPPORT THE CLIENTS BY:.....
 8.3 THAT OTHER (NAME)SHALL SUPPORT BY
 (Attach a separate sheet filled with detailed information of other resource providers)
 8.4 THAT THE CLIENT SHALL SUPPORT HERSELF/HIMSELF BY:.....

9.0 WE AS A TEAM OF CARE GIVERS , UNDERTAKING THIS OATH, CONSCIOUSLY KNOW THAT IT IS OUR RESPONSIBILITY TO CARE AND SUPPORT THE MENTIONED CLIENT:
 FOR THIS REASON, WE HEREBY EXPRESS OUR CONSENT TO SUPPORT THE CLIENT BY WILLINGLY SIGNING THIS AGREEMENT THIS _____ (DAY) OF _____ (MONTH) _____ (YEAR), PROMISING TO ACT ACCORDINGLY AS AGREED HEREIN AND SPECIFIED THEREAFTER IN ARTICLE 8.0 ABOVE.
 MAY THE FAILURE TO FULLFIL THIS AGREEMENT BY EITHER PART WITH NO APPARENT REASONS BE TERMED AS A VIOLATION OF HUMAN RIGHTS!
 (UDHR Article 25/1) (Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event] of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in] circumstances beyond his control)

SIGNED AND WITNESSED BY
 ON BEHALF OF THE FAMILY FULL NAME _____
 SIGNATURE _____ DATE _____
 ON BEHALF OF THE ORGANIZATION (NAME) _____
 SIGNATURE _____ DATE _____ SEAL _____
 CLIENT AND OR ON BEHALF OF THE CLIENT (NAME) _____
 SIGNATURE _____ DATE _____
 LOCAL AUTHORITY (NAME) _____
 SIGNATURE _____ SEAL _____ DATE _____

English version of the community-enforced agreement.

“We help them move past the shame of asking, and help them to realize all of us—rich or poor—are in need in one way or another.”

We give examples of important people who also have been in need, reminding people that everyone needs support from other people at some point. Even the President at some point needed support from other people. We don’t need to be ashamed. Even the rich people need support. We are social beings; we need one another.

–Pascal J. Maziku,
 YOPAC Deputy Executive Director

“During this process we help families contact distant relatives, we write referral letters to organizations, and sometimes we approach

relatives and organizations on the family’s behalf. It can be a time consuming process but it has short-term and long-term benefits.”

Step Four: Sign Agreement and Implement

“YOPAC uses a form—the community-enforced agreement—that is much like a memorandum of understanding, to document the needs of the young person, his or her commitment to the process, the commitment of the family (i.e., their contribution of resources), and the commitments of relatives, community members and YOPAC.

“This process is completed jointly with the vulnerable youth, his or her family, the local municipal representative and YOPAC. Once everything is agreed, there is a signing ceremony

Verbal commitments don't work well. It's better to have people sign the agreement so they are really committed. This way they don't make us feel ashamed for asking for what they have promised. If they've signed, they know they are obligated.

–YOPAC youth participant, Halima, 18



Halima (center) and her friends.

with all parties. Copies of the agreement are held by YOPAC, the family, and the municipal representative.”

“The obligated resources are delivered directly to the young person or the head of the family. They do not go through YOPAC. This ensures that the relationship is built (or expanded upon) between the family and the community members directly.”

Step Five: Monitoring and Follow-up

“Periodic visits should be made to each youth and family engaged in this process to assess the status and progress of clients, and to compare the agreed contributions (per the MOU) to the actual receipt of support over the current period. In cases where obligations are not being met, YOPAC’s peer educators may make a visit to the person (or family) to investigate. In some cases, pressure may be applied by the municipal government representative, who is a signatory on the MOU; at other times a church leader is more effective.

“Often, however, the circumstances of the provider have changed and he or she is simply no longer able to contribute in the way that they had agreed. Where this is the case, YOPAC’s staff talks to them

about a new arrangement based on their changed circumstances, for example, perhaps a partial contribution to school fees makes more sense than covering the entire fee. In some scenarios, the provider is absolved of their commitment and YOPAC goes back to the family to re-visit the list of potential providers.”

This is the hardest aspect of the current YOPAC program. Volunteer peer educators used to help in following up the implementation of the MOU. We had a team that could undertake the follow-up. But these days, due to funding issues, we no longer have the staff or the cadre of volunteers. So follow-up is often lacking.

*–Pascal J. Maziku,
YOPAC Deputy Executive Director*

What Works Well

Strong counseling skills: YOPAC is affiliated with Youth Alive Tanzania, which is first and foremost an organization that provides counseling to youth and families. This means that members of the staff, including peer educators, have gone through extensive training in providing psychosocial support to youth and counseling to

families facing adversity. These counseling skills are extremely useful in helping families overcome difficult situations relating to HIV- and poverty-related shame and stigma, and in resolving conflicts among youth, family members, and resource providers.

Addressing stigma: Stigma associated with HIV and poverty is still a significant problem in these communities. At the beginning of each process, families often ask YOPAC staff to park their vehicles far from the house so that neighbors do not find out there is a person living with HIV residing there. YOPAC assures the family that their HIV statuses will remain confidential and that the primary aim is to work together to ensure that their needs are met.

Community members report that stigma associated with HIV has declined as a result of this program, and that community sensitivity and involvement in caring for people living with HIV and OVC have increased. By promoting positive interactions between the families and resource providers, the latter (and the community at large) gain a better understanding of and greater empathy for families facing adversity.

Creating connections: Where possible, getting families to approach resource providers directly can be greatly empowering. Family members feel like they are actively solving their own problems, and in the process they are improving their networking and self-advocacy skills. Similarly, the process works best when support is delivered directly to the youth and family, rather than through YOPAC. Ultimately, the process establishes (or grows) a network of supportive relationships across the community. This is the basis for a community safety net.

Challenges

Poverty: Poverty is the primary adversary of this strategy. In principle, the YOPAC approach relies on the existence of resources within the community that vulnerable youth and their families can tap to cover the assessed “gaps.” But within the context of urban poverty, aggravated by the consequences of high HIV prevalence, families who were previously in positions of relative comfort are often barely able to meet their own needs, let alone those of a more vulnerable family member.

A change in circumstances can also become an issue for those who make a commitment to help. In these struggling communities, people providing resources may suddenly become ill, lose their jobs, or become overwhelmed with responsibilities within their own families—simply put, they may no longer be in a position to help. For example, in the case of Jamilla, Teacher Doreen, who agreed to provide free tutoring and help with health care costs, has herself recently become ill and notified Jamilla that she can no longer meet her obligations.



YOPAC counselors (on each end) work with a young girl and family members.

This challenge does not necessarily mean a failure of the approach but rather illustrates that no solution is permanent and that follow-up and adjustment to change are necessary parts of the process. Jamilla and YOPAC will look for a new resource person who can take over Teacher Doreen's commitments. Ultimately, poverty-reduction strategies for the community as a whole provide the best way for the YOPAC approach to be consistently effective.

Staffing: Staffing is a serious constraint for YOPAC and should be carefully considered by any agency undertaking this approach. Follow-up, in particular, can be time-consuming and difficult, but is absolutely essential. When obligations are not being met, the reasons should be investigated promptly and the situation resolved so that negative feelings do not develop between the family and the resource provider.

Because the final step in the YOPAC process—monitoring and follow-up—is so crucial within the context of high HIV prevalence and widespread poverty, YOPAC's peer educators and home-based care providers have been key to success. With reductions in funding for YOPAC in recent years, there are fewer of these staff and volunteers, and therefore significantly less capacity to do the groundwork and follow-up required. As a result, the effectiveness of the approach has suffered dramatically. While YOPAC is fortunate to have a cadre of dedicated volunteers, there is a limit to the quality and reach of services that can be achieved without enough professional, salaried staff.

Sustainable programming: In the areas where YOPAC works, assistance has historically been delivered in a style where, according to YOPAC staff, "Almost everything was done by

the aid agency on behalf of the community." Agencies would "deliver assistance, reapply for funding, wait, and then deliver more assistance," a process that left communities detached from the design and implementation of programs. The YOPAC team was struck by the extent to which the families had become dependent on international and local NGOs and their unpredictable sources of assistance. When YOPAC began using the community-enforced agreements, families initially complained (and sometimes still do!) that YOPAC was complicating the process by using the MOU instead of just delivering the contributions "like a gift," the way other NGOs had done in the past. The failure of earlier programs to develop sustainable outcomes is now clearly visible to many families, yet old perspectives die hard, and paving the way to a new way of working is a challenge.

Chronically ill and elderly caregivers: In communities with high HIV prevalence, children and youth are often under the care of a chronically ill parent or an elderly grandparent. With the untimely passing of their own children due to HIV-related illnesses, elderly caregivers now find themselves once again performing parenting duties in their final years of life. Applying the YOPAC approach becomes difficult when the primary caregiver for the vulnerable youth is also vulnerable and in need of care, due to illness or age.

In these cases, who should sign the MOU on behalf of the family? Who becomes the primary caregiver for the young person? YOPAC has begun presenting these cases to the new "street AIDS committees," small prayer groups, and other support groups that offer support to families, in the hope that perhaps they could engage in the process on behalf of the primary caregiver.

To date, it is still unclear whether these groups are adequately equipped to assume the familial responsibilities laid out in the MOU.

MOU defaulters: Vulnerable families seek help from YOPAC because they need help from the community. But in many cases, they commit themselves to contributions they cannot meet. The same applies to resource providers in the community. Some genuinely want to help, but when it comes to actually making their contributions, they find it is beyond their means. They default on their obligation, and the arrangement is undermined.

YOPAC staff consistently encounter this problem and must often devise a strategy to deal with it. Some providers can be “encouraged” by YOPAC’s peer educators, the municipal representative, or church clergy to fulfill their obligation. In many cases, however, alternate arrangements are needed if, for example, the provider’s circumstances have changed. The fact remains, however, that the MOU is a contract and must be enforced to some degree if the safety net that it creates is going to function. A step-by-step process for enforcing the agreements has yet to be developed.

Recommendations

Recommendations for replication: The YOPAC approach can be replicated anywhere and in any setting, urban or rural.

The implementing agency should have:

- Staff with good counseling skills. Or, at a minimum, staff should have excellent interpersonal communication skills and

experience in working with youth and families facing adversity.

- A history of working in the target community, as well as structures (offices and staff) established in the area through other programming. It helps if other services are already offered, such as education, capacity building, counseling, or home-based care.
- In-depth knowledge of the target community and an ability to network and connect those in need with local resource providers.
- A strong human resource base of home-based care volunteers, peer educators, or other community-oriented providers. This is absolutely essential, especially when it comes to identifying and approaching resource providers, and to doing the monitoring and follow-up once the agreement is signed.

The community should have:

- Sufficient resources within households to provide ongoing support. This may not be realistic to expect in all situations. For example, places that have recently experienced large-scale crises (e.g., drought, floods, and civil conflict) may not have adequate capacity (Castleman 2008).
- Strong community leaders and structures (such as religious institutions or government/community committees) to support and “enforce” the process. The YOPAC approach relies heavily on peer pressure, so it is imperative that these structures have credibility and leverage with participating families and resource providers alike.
- An awareness of and commitment among its members to help vulnerable youth and families affected by HIV.

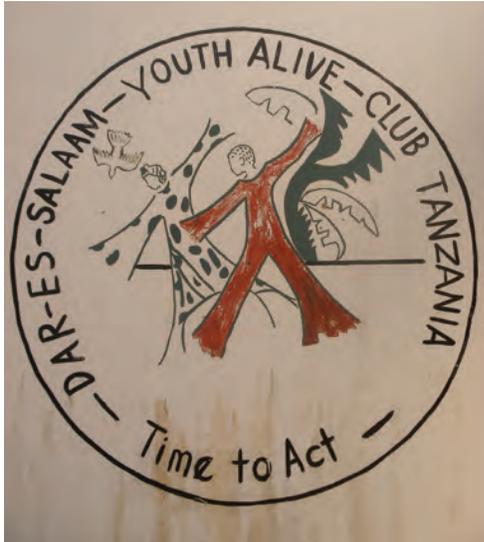
Recommendations for scaling up: As is the case for any community-based approach, scaling up can be a tricky endeavor. Some recommendations are as follows:

- Given the intensive community-based nature of the YOPAC approach, scale-up may be best achieved by engaging *many* local organizations to adopt the practice, rather than having one or a few expand their coverage. If this scale-up strategy is used, each of the local organizations could adjust the YOPAC approach to their organizational realities (development sector, agency policies, staffing, and so on) and community context rather than simply adopt YOPAC's approach in its entirety (Castleman 2008). This helps maintain strong ties between the organization and the community and is essential for success as relationships often weaken if the coverage area is too large.
- Umbrella coordination among the different implementing organizations may help maintain consistency during scale-up and ensure learning across areas. Involving religious organizations throughout a region, or even a country, may be an effective scale-up strategy because religious institutions often have strong networks, central coordination, long-term presence, and trust within their communities. This varies from one country, region, and cultural context to another (Castleman 2008).
- Advocacy efforts that involve local leaders and respected organizations encourage more effective implementation at scale. These efforts would encourage families and organizations to support vulnerable members of their communities and bolster the "peer pressure" tactic on which the approach relies.

- At the policy level, the use of this approach (or some aspect of it) could be required or encouraged by governments for all NGOs (local and international) as part of a broader exit or sustainability strategy.
- Given the widespread use of home-based care, support for this approach could be integrated into the terms of reference for home-based care workers across an area, region, or country. These workers would ideally help identify resource providers, follow the progress of the participating youth and their families, and conduct ongoing monitoring and support of the agreements between resource providers and recipient families.

Conclusion

Dar-es-Salaam is the ninth fastest-growing city in the world. The number of youth living in poverty, many of whom are directly affected by HIV, is also growing at a staggering pace. YOPAC's community-enforced agreement program is small and under-resourced by most standards, and the target group (vulnerable youth) is dramatically underserved, not just in Dar-es-Salaam, but in both urban and rural areas throughout Africa. Yet the YOPAC approach provides an example of how assistance can be mobilized from within communities to protect young people's access to education. It offers a process that ensures support for youth, and it encourages international NGOs to use this approach as part of their exit and sustainability strategies. The YOPAC approach also encourages community- and faith-based organizations to apply it in any community where access to education for young people is threatened by HIV and poverty.



Youth Alive Club insignia on the wall at the YOPAC office.

It is important to note that while resource providers on an individual basis are generally not able to offer long-term support (due to changing circumstances and their own difficulties), they do each play a role in constructing an ongoing network of support, one that is fluid, constantly shifting, and pieced together like a puzzle by an organization that knows the realities of their community. Sustainability will not come from specific individual partnerships but,

instead, may develop through a system that lets communities shape their own futures by seeking viable assistance from within, not relying heavily on external support.

With this in mind, it is important to note that informal, community-based safety nets are no replacement for formal, government-sponsored social protection on a national scale. Social protection is absolutely necessary to protect vulnerable members of society from destitution and to enable them to participate in economically viable livelihoods. Similarly, community-based safety nets are not a substitute for poverty-reduction strategies that aim to cultivate and expand community- and household-level assets. Ultimately, a combination of these strategies should be sought.

In the meantime, YOPAC's model offers immediate and long-term benefits to vulnerable youth. It is hoped that the approach detailed here, and the lessons that have emerged through the development of this case study, will encourage agencies in other countries to experiment with its application and explore its benefits in their own contexts. ■

REFERENCES

Castleman, Tony. 2008. *Nutrition, Food Security, and HIV: A Compendium of Promising Practices*. Washington, DC: FANTA/Academy for Educational Development. Available at http://www.pronutrition.org/files/fsHIV_compendium2008.pdf (accessed March 2010)

Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and Macro International Inc. 2008. Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08. Dar es Salaam, Tanzania: TACAIDS, ZAC, NBS, OCGS, and Macro International Inc.

ACKNOWLEDGMENTS

This case study was written by Kara Greenblott, with input and review by Kate Greenaway (both of Nzinga International). Field research was conducted on site in Dar-es-Salaam by Debbie Ventimiglia. The majority of photographs were taken by Anike Akridge. The authors are grateful to Pascal J. Maziku, Judy Mwami, Robert Malugu,

Victoria Nkulila, and Rhoda Itenda of YOPAC, who generously gave their time and reflections to the development of this case study. Special thanks goes to the youth, families, and community members who participate in the YOPAC program, and who graciously agreed to share their experiences with us so that lessons could be disseminated to a wider audience. Additional thanks to Gretchen Bachman (Senior Technical Advisor, PEPFAR OVC Technical Working Group Co-chair, Office of HIV/AIDS, USAID), Colette Bottini (Technical Advisor, OVC, Office of HIV/AIDS, USAID), and Elizabeth Lema (OVC Project Management Specialist HIV/AIDS, USAID/Tanzania).

RECOMMENDED CITATION

Greenblott, Kara. 2010. *Looking Within: Creating Community Safety Nets for Vulnerable Youth in Dar-es-Salaam, Tanzania*. Case Study Series. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

Please visit www.AIDSTAR-One.com for additional AIDSTAR-One case studies and other HIV- and AIDS-related resources.

For more information, please visit
www.AIDSTAR-One.com



AIDSTAR-One's Case Studies provide insight into innovative HIV programs and approaches around the world. These engaging case studies are designed for HIV program planners and implementers, documenting the steps from idea to intervention and from research to practice.

Please sign up at www.AIDSTAR-One.com to receive notification of HIV-related resources, including additional case studies focused on emerging issues in HIV prevention, treatment, testing and counseling, care and support, gender integration and more.