ABSTRACT

The growing population of street children in Dodoma represents an often-overlooked public health concern. Although health interventions are essential in identifying and linking street children to medical checkups and treatment, access to such services remains limited. In Tanzania, approximately 65% of the street children lack access to health services, despite national initiatives such as Universal Health Coverage and targeted budget allocations, which have not yet been achieved. This disparity contributes to poor health outcomes, including sexually transmitted infections, preventable diseases, and untreated medical conditions. The study aimed to examine the existing "health interventions" targeting street children, assess their effectiveness, barriers, and propose comprehensive strategies to enhance service delivery. Guided by Structural functionalism and vulnerability theories, the research adopted a phenomenology design to capture qualitative insights. Both street children and the key informants were involved: medical doctors, social health officers, outreach workers, counsellors, and shelter coordinators within the Dodoma City Council. Data were collected through In-Depth Interviews, Focus Group Discussions, and document review, and were analysed thematically with strict adherence to ethical standards, including confidentiality and informed consent. The findings revealed that the problem of executing health programmes, which reflect the needs of street children, is a major concern. It was revealed in terms of the absence of dedicated health programmes for street children, insufficient funding, and limited government engagement. Non-governmental and faith-based were found to primarily drive service provision, yet weak coordination with hospitals and government agencies were undermining quality and sustainability. To address the problem, there should be increasing of financial support through alternative funding mechanisms such as the corporate sector and public-private partnerships, international donor assistance, and mobile banking; establishing dedicated health service windows for street children; and strengthening collaboration between government institutions and support organisations. Linking shelters and drop-in centres with health facilities and peer networks could enhance access to basic health education and referrals. Future research should explore the role of peer networks among street children in improving health outcomes and behaviour change. The study claims to contribute knowledge in terms of refining the comprehensive healthcare framework for treatment, referral, and follow-up, thereby enhancing the availability of health services for street children in Dodoma City Council.