**ASSESSING THE FACTORS INFLUENCING ELIGIBILITY OF MOST VULNERABLE CHILDREN FOR PROGRAM SERVICES IN TANZANIA: A CASE OF KISHAPU COUNCIL**

# 

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**DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PROJECT MANAGEMENT OF THE OPEN UNIVERSITY OF TANZANIA**

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# CERTIFICATION

The undersigned certifies that he has read and consequently hereby recommends for the acceptance of this dissertation titled; “Assessing factors influencing eligibility of most vulnerable children for program services, the case of Kishapu council” by Haliye Abbakary that was done under my supervision and guidance for submission to the open University of Tanzania for the award of the Masters of project management.

……………………………………..

Prof. Matern Victor

(Supervisor)

………………………

Date

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**DECLARATION**

I, Haliye Abbakary, do hereby declare that, the whole content of this report is my own original work and that it has not been presented before to any other university for similar or any other award.

…………………….………..

Signature

………………………

Date

**DEDICATION**

This dissertation is dedicated to my mother Zainabu Mohamed and my Father Abbakary Haliye Mabakwe who over twenty two years ago took me to school. I strongly believe that they fulfilled parental responsibility of educating children without knowing. I am also indebted to my wife Amisa Fadhili Nyamanza for the moral support given to me and also I give this dedication to my lovely child Zainabu Haliye Abbakary as an inspiration for her.

**ACKNOWLEDGEMENT**

I take this opportunity, with pleasure, to adopt good tradition of recognizing all those who in one way or another contributed to make my studies to become a success story. I greatly value the intellectual guidance, thought provoking and valuable comments, patience and constructive criticisms I got from Prof. Matern Victor. Really, I am highly indebted to him for his productive, able and professional assistance.

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I took this opportunity to thank Kishapu district staff for the co-operation shown during my field work. Specifically, I thank them for allowing me to access information from their office, development actors and community members. These made a very strong co-operation that should also be importantly acknowledged in the same way.

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**ABSTRACT**

This study attempted to assess factors influencing eligibility of most vulnerable children for program services in Tanzania. Specifically, the study sought to determine the best methods used to identify MVC eligibility for program services, to assess adequacy of resources allocation for MVC identification and determine relationship between MVC eligibility and access to program services. A cross sectional design was conducted in two wards of Kishapu council, with both mixed and descriptive approaches to determine the influence of variables. Individual interviews and questionnaires were used in data collection. To achieve research objectives, tables, linear regression and correlation analysis were employed in presentation and analysis of data to determine relationship among variables. The research findings revealed that, success in MVC eligibility identification is highly influenced by authentic community involvement and available resources. Several processes stipulated in the National guidelines are neither followed by the government nor non-state administered MVC identification exercise. Further analysis revealed that, many of the non-state actors adopt their own process instead of using National guidelines. Lack of training, inadequacy work force and time allocation were evident. The study concluded that, identification is poorly planned, coordinated and implemented; little resources are invested in the process. There is poor participation of community members and children in the process. Creating awareness to key implementing partners, adequately allocation of human and time resources and dissemination of policy and guidelines are key recommendations from the study.

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**LIST OF ABBREVIATIONS**

AIDS Acquired Immune Deficiency Syndrome

CBT Community Based targeting

CDO Community Development Officer

DSWO District Social Welfare Officers

IPG Implementing Partner Group

LGA Local Government Authority

MVC Most Vulnerable Children

MIPG Most Vulnerable Identification Process Guide

MoHSW Ministry of Health and Social Welfare

MVCSC Most Vulnerable Child Sub-Committee

NCPA: National Coasted Plan of Action

NGO Non-Governmental Organization

NBC National Bureau of Statistics

OMVC Orphan and Most Vulnerable Children

OVC Orphan and Vulnerable Children

PMT Proxy means targeting

PSW Para Social Workers

PEPFAR President’s Emergency Plan for AIDS Relief

REPOA Research on Poverty Alleviation

TASWA Tanzania Social Welfare Association

TACAIDS Tanzania Commission for AIDS

UNICEF United Nations Children Education Fund

URT United Republic of Tanzania

UNAIDS United Nations Programs on AIDS

USAID United State Agency for International Development

WEO Ward Executive Officer

# CHAPTER ONE

# 1.0 INTRODUCTION OF THE STUDY

# 1.1 Background to the Research Problem

Children are among significant vulnerable groups in Sub-Saharan African countries, and Tanzania, in particular. They are exposed to the biggest challenge facing Sub-Saharan Africa today, particularly HIV/AIDS (UNAID, 2012). Their experiences on poverty and vulnerability are multi-dimensional and differ from those of adults. They undergo complex physical, psychological, and intellectual development as they grow, and are also more vulnerable to malnutrition, diseases, abuse and exploitation than adult (UNICEF, 2014).

Most children are said to live in extreme poverty, affected by chronically ill parents, live in households that have recently experienced death of parent (s); live in households headed by grandparents or live in households headed by a child; live outside family care, marginalized and has disability and lack adequate Support (URT, 2013) Most vulnerable children account 25.3 percent of the Tanzanian children population; child vulnerability is mainly due to chronic poverty, social disintegration, lacks of education, diseases (HIV/AIDS pandemic, Malaria, water-and air-borne diseases), economic exploitation, unstable families, broken marriage, and children born out of wedlock (REPOA, 2013).

Moreover, Wamimbi (2015) revealed that, over 48.5 percent of orphans and most vulnerable children (OMVC) is estimated to be due to HIV/AIDS, and many traditional Children are vulnerable due to chronically ill-parents who are unable to provide proper care, protection and support. About 40 percent of all children aged below 18 years are caregivers who live at or below the national poverty level. However more than 50 percent of orphans and vulnerable children are cared by -grandparents aged 60+ years as their primary guardians; and approximately 30 percent live with other near relatives as caretakers.

Nevertheless, 12 percent of guardians are in child headed families of whom 1 percent get support from relatives. There have been multiple interventions focused on addressing the needs of MVC in Tanzania. In collaboration with international agencies, Tanzania has been actively involved in addressing the growing needs of children orphaned and made vulnerable by the AIDS/HIV epidemic (UNICEF, 2014). Such interventions have invested much on advocacy, awareness raising, nutritional, educational, psychosocial support and economic strengthening to both MVC and households.

To ensure well coordinated MVC identification, Tanzania through Ministry of health and social welfare reminds the use of most vulnerable identification process guide (MIPG) to effectively identify eligible most vulnerable children for program services in the community. The frame work requires local government authority (LGAs) typically at district, ward, and Villages/Street level and implementing partners to use standardized guideline and tool when undertaking identification of MVCs. Apparently, both tools make emphasize on application of community-based participatory approaches in all phase of planning and execution of MVCs support services to advocate the needs of eligible MVCs in their context; the guideline further list the criteria for MVC eligibility.

URT (2013) reported the process of identification most vulnerable children to be very weak and ineffective. The review of the evaluation reports of National Coasted Plan of Action for most vulnerable Children Phase one revealed that the identification exercise was not adequately done. The report revealed that identification and registration of non-eligible children were not done properly. Therefore, the study aimed at assessing the factors influencing eligibility of most vulnerable children for programs services.

# 1.2 Statement of the Research Problem

Tanzania counts one of largest populations of orphans and vulnerable children in Sub- Saharan Countries (UNAID 2014). Identification of most vulnerable children has been reported to be an important stage in establishing a well co-ordinate process for protection, care and support by stakeholders’ interventions. However, identification of non-eligible MVCs for program services has been higher compared to the number of eligible beneficiaries which is very minimal (Kacholi, 2012). The inclusion of non-eligible children has been a notable challenge despite of the government’s efforts invested in the programs by Ministry of health and social welfare.

The percentage of non-eligible MVC and their households identified and registered for assistance has been often very high. In 2013, more than 25.3 percent of MVC received assistance from implementing partners was non-eligible (URT, 2013). But this has most often resulted in the partners which do not provides significant inquiry into targeting approaches and authentic community participation in identification process which is essential for successful identification in the situation with limited resources (REPOA, 2013).

In addition Kacholi (2012) in his study on MVCs identification founded that, identification of non-eligible children as intervention beneficiaries leaves behind eligible MVCs leading to insufficiently services and continuous lack and care, protection and support. There-fore, the study intended to provide community information that would contribute to existing literature by generating information on the reasons for identification of non-eligible MVC in Kishapu council.

# 1.3 Research Objectives

The study was guided by main and specific research objectives

## 1.3.1 Main Objective

To assess factors influencing eligibility of most vulnerable children for program services in Kishapu council.

# 1.3.2 Specific Research Objectives

1. To determine the best methods used to identify MVC eligibility for program

services in Kishapu council

1. To assess adequacy of resources allocation for MVC eligibility identification

in Kishapu council

1. To determine the relationship between eligibility of most vulnerable children

and access to program services in Kishapu council

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# 1.4 Research Questions

The study was guided with general and specific research questions

# 1.4.1 General Research Question

What are the factors influencing eligibility of most vulnerable children for program services in Kishapu council?

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# 1.4.2 Specific Research Questions

1. What are the best methods of identifying eligibility of Most Vulnerable Children for program services Kishapu council?
2. To what extent does the adequacy of resource (time and human) allocated

affects identification of MVC eligibility in Kishapu council?

1. What is the relationship between eligibility of most vulnerable children and

access to program services in Kishapu council?

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# 1.5 Relevance of the Research

The study has been a significant to implementing partners, local and central government authorities with considerable regards on existing identification forms and guidelines, and actual programs that may be undertaken. It has obviously enhanced the knowledge band of relevance which has enabled stakeholders in Kishapu district council and Tanzania as whole, to explore the extent to which programs support to most vulnerable children succeed, as well as action point to overcome existing difficulty and improve understanding of on-going literature on how MVC identification process can be upgraded in Kishapu district council. Experiences gained during the study may also be used to improve implementing partner’s managements and supporting MVCs with adequate minimum service packages.

# 1.6 Organization of the Dissertation

The study was organized in five main chapters, which incorporates chapter one comprising an introduction, statement of the problem, research objectives and questions; relevance and organization of the dissertation. Chapter two comprised literature review, conceptual definitions and theoretical framework; chapter three basically focus on research design and methodologies; chapter four place much attention on chapter overview, validity and reliability analysis, descriptive statistics, correlation between variables and regression analysis; while chapter five comprised an overview of the chapter, general discussion on findings, summary, recommendation and areas for further studies.

**CHAPTER TWO**

## 2.0 LITERATURE REVIEW

# 2.1 Overview of the Chapter

This chapter consists of conceptual definitions, theoretical literature review, empirical literature review, research gap and conceptual and theoretical framework.

## 2.2 Conceptual Definitions

This part describes all the concept definitions and meaning pertaining and prevailing in the literature of this study topic. This part provides concepts on child, vulnerable child, and orphans and vulnerable children.

## 2.2.1 Definition of a Child

In Tanzania the law of child Act, (2009) defines a child as any person under the age of 18 years. A strategy to fight poverty, reduce inequality and promote human development” defines a child as age 0-14 and youth 15-24 years. However, the United Nations Convections of the right of the child defines a child as any human being whose ages are below 18 ages (URT, 2009).

## 2.2.2 Vulnerable Child

Conceptually, vulnerable child is the one who is living in high risk circumstances whose prospects for continued growth and development are seriously impaired (URT, 2007-2010).

## 2.2.3 Orphans and Vulnerable Children

UNAID (2014) defines orphans and vulnerable children as children with increased vulnerabilities because of HIV/AIDS. Though at other times it is used to mean all vulnerable children regardless of the cause of their vulnerability, for example, chronic poverty, armed conflicts, death, and famine (URT, 2007-2010)

## 2.3 Theoretical Analysis

The study was conducted to assess factors influencing eligibility of most vulnerable children for program services in Kishapu council. Focusing on eligibility, the study utilized targeting theory as corresponding approach on identification of those who have and who haven’t. The theory is concerned with taking active close look at potential beneficiaries in order to determine conformance of pre-set eligibility criteria for program services. The theory provides an alternative community-based views and guidelines for selecting specific group of people with clear eligibility characteristics for benefiting from program services (Mbaula, 2011).

Targeting has been visualized as eligibility criteria and other course of intervention programs that intend to discriminate between the poorest or most in need individuals and those who are not. Targeting also focuses on identifying and reaching the neediest individuals who are eligible beneficiaries, (Mamdani et al 2009). Thus, targeting has been used as strategy of increasing program efficiency by increasing the benefit that the poor can get within fixed or limited program budget. From targeting theory, success in identification process depends on many variables that forester the process of getting those who have and haven’t; so that those who haven’t can be engaged in the benefits of program services. Thus targeting theory helped to analyze dependent and independent variable for the process.

## 2.4 Empirical Analysis

Various empirical studies were reviewed by the researcher so as to consider how others have obtained so as to get the knowledge gap.

## 2.4.1 The situation of Most Vulnerable Children in Global and Sub-Saharan Africa

It is approximately that 153 million of children in the global are orphans and vulnerable children. These children are at risk of poverty, health concerns, neglects, and abuse (UNICEF, 2014). With the rise of HIV/AIDS crisis, more and more children are orphaned every day, and children who are orphaned because of HIV/AIDS are stigmatized in their communities in the way that had lost one or both parents to HIV/AIDS. The number of children orphaned due to HIV/AIDS and other causes is considerably higher, encompassing 17.6 million of children.

Children who orphaned due to HIV/AIDS suffer higher rates of psychological stress that children orphaned by other situations. However 300,000 children are estimated to involve in armed conflicts, and one in four women between the ages of 20-24 was married before she was 18 years (UNICEF, 2014). In the view of the above, most vulnerable children have been suffering from range of problems associated with these vulnerability factors. Some of problem they suffer include hunger, lack of access to health and education, physical and psychological abuse, lack of love and affection, and negative communities’ attitudes towards them (Berry, 2003).

## 2.4.2 The Situation of Most Vulnerable Children in Tanzania

More than 970,000 children had lost one or more parents due to HIV/AIDS. The number of children orphaned by HIV/AIDS as well as other causes is higher, compassing of 2,600,000 children. 25.3 percent of all children have been identifies as most vulnerable children within the framework of National Coasted Plan of Action (URT, 2007). However, UNAIDS (2008) reported that 140,000 of children in Tanzania under the age of 15 are infected by HIV/AIDS.

Children who became vulnerable because of HIV/AIDS suffer from many challenges, discrimination, stigma, abuse, exploitation, trafficking, depression, poverty and illness being most challenges they face in their community. In Tanzania 3 percent of children below 18 years had parents who are very sick from HIV/AIDS; 7 percent lives in households in which at least one adult (parent or other household members) was very sick; and 1 percent lives in households where one adult had been sick and died during 12 months preceding the survey. Forty percent of children under age of 18 are living in households at or below the National Poverty Level.

## 2.4.3 Identification and Targeting MVC Eligibility

The identification process of MVC in Tanzania is guided by standardized guideline developed by MoHSW. The LGAs (including district, ward and village/mtaa governments) and other implementing partner group (IPG) use standardized framework to undertake the process. Identification and targeting orphans and most vulnerable children and their households is mostly often significantly because of fixed funding available to run the program interventions. The process is said to be the critical activity required to be implemented firstly to identify most eligible MVCs to continuously benefit program services. The step is passed to ensure fixed resources available and planed reach and benefit the most in neediest eligible MVCs in the community.

Identification of most vulnerable children has been considered to be key foundation towards provision of adequate care, protection and support of essential services to the children. Community-based approach in identifying most vulnerable children has remained to be at the centre of the National Coasted Plan of Action (NCPA) for most vulnerable children and the most vulnerable children identification guideline (MIG). The eligibility criteria of children being identified as most vulnerable are subject to standardized guideline developed by Ministry of health and social welfare (MoH&SW) of the year 2007.

Participatory process of identifying and registering orphans is a valuable opportunity for communities to understand degree of the problem and number of MVCs who meet eligibility criteria for program services support. It also helpful to build community support and participation for the initiative and ensure that the targeting approach to orphans and vulnerable children yield those who meet eligibility criteria as stipulated in the national guideline and recognized by local community as per their understanding. The concept of eligibility in identification process is based on understanding not all orphans are vulnerable, and not all vulnerable are most vulnerable; and many children who are most vulnerable are not orphans. Basing on the concept, targeting applies the following methods:-

Proxy Means-testing (PMT); Coady *et al* (2004) stated that, the method focuses on the data which are collected on applicant households’ social economic and demographic characteristics. These are used to calculate scores that indicates households’ income level, which will then be used to determine eligibility for program services receipt.

Community based-targeting (CBT); this is a targeting method in which community members are vested with power to identify eligible beneficiaries for program services (Pauw *et al*, 2007). The method allows local definitions of deprivation and vulnerability which may be more adoptable to local conditions for vulnerable groups who may be in neediest. Targeting by indicators; under this methods, alternatives eligibility to income, that are expected to be correlated with poverty are used to identify the neediest poor in the community. These can include number of children in the family, number of parents, nature of caregivers, size of ownership on land and dwelling. Regarding to the study, the Tanzanian government through MoH&SW and implementing partners developed eligibility criteria for children being identified and considered as most vulnerable children for benefit transfer.

Self-targeting; this method is also known as self-selection, interventions are premeditated in the way that will draw only the poor. Given that the transfer of benefits is low, many non poor chose not to partake. Self-targeting is characterized by low wages paid by public workers schemes, transfer of in-king benefits with “inferior” characteristics (eg. low quality wheat, or rice) and locating the point of delivery (ration stores, schools or clinic) in a nearer to the areas with high population of the poor. Considering opportunity cost of queuing and low wages (Pauw *et al*, 2007), explained that those who can command higher wages will opt to participate.

On the other hand, universal program interventions are not targeted; all Members of the community are eligible for the transfer benefits. Major significance of such interventions follows under no stigmatizing individuals and lower administrative costs. However, depending on the magnitude of the program, universal transfer can be expensive (Pauw *et al,* 2007).

## 2.4.4 Challenges that Contributes to the Incidence of Most Vulnerable Children

In developing countries typically in Tanzania, HIV/AIDS impact has been the major challenge contributing the incidence of vulnerable children in the communities. Numerous of the vulnerable children in one way or another portrays the death of one or both parents due to AIDS that generated a vast number of orphans in the Tanzania (UNICEF, 2013). The impact of HIV/AIDS has been a crisis in the context of children where they become abandoned by relatives and find themselves taking care for a sick parent and siblings.

This also is a potential factor that exposes them to HIV/AIDS. Contrary to the rationale put forward by UNAIDS and UNICEF, the prevalence of HIV and AIDS has not been the sole base of parental death but other diseases like malaria, cholera and road accidents and suicide. More specifically, this study and other literature has revealed that, there other dynamics than children losing their parents due to death by HIV/AIDS, instead there are many other factors which can result in a child becoming vulnerable (UNAID, 2014).

These factors pointed out include spontaneous pregnancies of young girls; unplanned pregnancies amongst women engaging in prostitution, fathers/mothers deserting families, poor parenting – drunkenness; beatings; heavy punishments; general neglect of basic needs and conflict between husbands and wives; referred to by informants as ‘misunderstandings.

## 2.4.5 Social Welfare Workforce for Most Vulnerable Children in Tanzania

Currently, there is no proper strategy for strengthening the Social Welfare workforce. Nevertheless, the second phase (2013–2017) of the NCPA includes plans for developing such a strategy. Currently, just half of the districts in Tanzania have district Social Welfare Officers; to address this gap, the government largely has been relying on paraprofessional social workers such as community volunteers, community justice facilitators, and Para-social workers (PSWs) who are developed by IPGs for their interventions. Through PEPfAR support, there are about 4,000 community volunteers who provide OVC support through implementing partners. Since 2007, 2,408 PSWs and 329 PSW supervisors have been trained in 25 districts; and103 PSW “training of trainer” sessions have been conducted (Kacholi, 2012)

In Tanzania recruitment and appointment of district Social welfare officers have shifted to be the responsibilities of central government. However, local authorities are responsible for training a new employed cadre of social welfare assistants at the ward level to supervise and support PSWs at the village level. Social welfare assistants will then be supervised and supported by district social welfare officers, who are government employees. There is a high level of need for pre-service and in-service education opportunities for PSWs, Social worker assistants, and Social workers at both the Bachelor’s and Master’s Degree levels.

## 2.4.6 Challenges in developing Social Welfare cadre for Most Vulnerable Children

Efforts to fortify the social welfare workforce for MVC in Tanzania have been facing a number of considerable challenges. Initially, the absence of both a comprehensive assessment of the social welfare workforce and a coordinated plan to strengthen the workforce has prevented efforts from achieving the desired impact; as a result, there is an acute shortage of social workers at all levels. This is predominantly true at the District, Ward, and Village Levels and in both urban and rural areas. Very few trained social workers choose to work for the government, and Social work graduates more often are employed by NGOs and other better-paying industries and program (Kacholi, 2012).

However, profile of DSW and understanding its roles and functions and how social welfare contributes to the overall development agenda has been great challenge in undertaking development programs in Tanzania. If these morals are not clearly demonstrated, the social welfare service will remain a low priority for government ventures, which will inevitably affect the recruitment and deployment of the social welfare workforce.

There has been continues contradictions in role descriptions of Social workers and community development officers in development interventions at district and Wards level. Social workers have been located in the department of district medical officer; hence have little to participate in development interventions as community development workers who are an integral part of any development programs.

Individuals employed as social workers are often less effective and difficult to retain. This is due to a number of factors, including the inability to access existing training and professional development opportunities; under appreciation for social work as a profession; lack of resources, supervision, and support to carry out social work tasks; and poor compensation and work environments. Social workers generally are undertrained, poorly distributed, overworked and less participative in community programs. For example, one social welfare officer per district oversees an average of 7,000 to 10,000 MVC (Kacholi, 2012)

There is poor understanding by the general public about the role of social workers, including the perception that anyone can be a social worker and that the profession requires no formal education or training. However, the 2009 Law of the child Act provides clarification on the role of social workers and strengthens the focus on their role to protect children from abuse, neglect, violence, and exploitation. This law also links social workers with the judicial system and other sectors to maximize the effectiveness of the government’s response. The implementation framework for the law is under development, and the implications of this new legal framework for Social welfare officers will be factored into the new NCPA for MVC (2013–2017) and the development of a National child protection system.

One of key roles of the Tanzania social welfare association (TASWA) is to advocate for the Social worker profession. Social workers rarely receive extra pay for overtime, health insurance, and hazard allowances for hardship posts. In addition, hardship posts frequently are located in areas that lack smooth roads, communication networks, electricity, and opportunities for recreation, clean water, or schools for children. As a result, social workers are poorly distributed throughout the country, with the majority concentrated in urban areas.

## 2.4.7 Key Lessons from Reviewed Literature

Identification of MVC in the community for program intervention is a vital and critical for effective eligibility targeting. However the process requires critical attention and adequate total community involvement and resources to make it successful. Successfully OVC/ MVC identification basing on targeting eligibility criteria often based on the most reliable criteria for identification which is derived from the community based participatory definition process. This classification recognizes that not all orphaned children are most vulnerable. It equally recognizes that children living with a parent can be most vulnerable. Revealed theory did not put much consideration on role a Community involvement and resource as among factor influencing identification process and there after provide research room for this study.

## 2.5 Research Gap

Most of the studies have been conducted on identification of MVC and perception of MVC exemption in medical service as revealed from literatures both theoretical and empirical. However, majority of studies undertaken MVC exemption in medical and services provision with less emphasizes on MVC eligibility criteria, role of community involvement in identification of beneficiaries and community resources mobilization for OVC responses as the factors influencing eligibility for program services; such those studies undertaken by Kacholi (2012) and Eliapenda ( 2013). Thereafter the study contributed in assessing and understanding the role of community involvement in eligibility targeting and resources as among factors influencing eligibility criteria for OVC program service.

## 2.6 Conceptual Framework of the Study

The study basically focused on the assumption that factors influencing success in MVC eligibility identification are associated with dependent and independent variables prescribed in the conceptual framework. The model comprised dependent variable which was success in MVC eligibility identification and a set of independent variables (Authentic community involvement, adequacy of resource (time and human), and active work forces). These variables founded relevant in explaining to why the existence of non-eligible beneficiaries is high given the existence of eligibility targeting criteria for the process. However, the model was encouraged also by Eliapenda (2013) (07).

Authentic Community involvement

Active MVC work force

Adequacy of resources (Time and Human)

Success in MVC Eligibility identification

**Figure 2.1:Research Conceptual Model modified from (Kacholi, 2012*)***

## 2.7 Theoretical Framework (Definition of Variables)

This part presents operational definition of identified characteristic of variables prescribed in the conceptual framework (model) of this study topic. These variables was measured and defined by the study as per reviewed theory and literatures above. Thus, this section gives the definitions of the variables.

**Table 2.1: Operational Definition of the Study Variable**

|  |  |
| --- | --- |
| **Study Variable** | **Operational Definition** |
| Successful MVC eligibility identification | Identification process that adhere to all requirements and results into clean MVC eligible program beneficiaries |
| Authentic community involvement | Active participation of community members in all stages of the whole identification process |
| Active MVC work force | Instruments designed to facilitate MVC eligibility identification and ensure continues adequately provision of protection, care and support |
| Adequacy of resources (Time & Human) | Refers to the availability and application of enough resources (time and human), that is well trained and professional identification team and enough time for the process |

## 2.8 Summary

An assumption is said to be a basic principle that is believed to be true with no ending proof or verification (Polit and Beck, 2004). The assumption below served as an entry point for the study topic. Community members play crucial roles in ensuring conformance in eligibility in the identification process for program services, as stipulated in the national guideline. Also, inadequate resource allocation (time and human), and inactive MVC work force, lack of personnel’s competence for the process, and lack of policy and guideline dissemination for identifying and registering beneficiaries, were among the causes determined for rapid existence of non-eligible beneficiaries in development interventions. However, poor sectoral integration also affects eligibility conformance.

### CHAPTER THREE

### 3.0 RESEARCH DESIGN AND METHODS

### 3.1 Chapter Overview

The study under this section discusses methodology used such as research design, sampling techniques, sampling methods and procedures, area of the study, methods of data collection, Processing and Analysis. A cross sectional research design was employed to undertake the study data as it provides quick scan of what is happening on the research variables for the problem.

### 3.2 Research Design

The study aimed at understanding the factors influencing eligibility for program services to MVCs in Kishapu district council in Tanzania. The major objective was to explain the phenomenon. Therefore the study employed cross sectional research design which was considered suitable for the study. The design is considered as “an empirical inquiry that investigates a contemporary phenomenon within its real life context; when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used” (Kothari, 2004).

The study also employed mixed method (i.e., combination of both qualitative and quantitative research design approach). For the purpose of the study, descriptive research approach was used to determine the impacts between variables and provide researcher with an opportunity to focus on finding relationship between variables at one moment in time. Both research design and approach were selected by researcher because they use survey techniques to gather data, hence relatively seems to be inexpensive and consume less time to the undertaker (Helen, 2009).

### 3.2.1 Survey Population

The study incorporated six different groups of respondents for accurate and relevant Data collection, and used both purposive and simple random sampling to get stated above respondent. Purposive sampling was used to extract key informant who had rich information about central issues for the study. The technique was used to purposively extract respondents as DSWOs, CDOs/WEOs, MVCSCs and NGOs representatives. The technique was chosen to suit research design/strategy and inclusion characteristics of the survey population for study. Under this sampling technique, items for the sample were selected deliberately by the researcher; his choice concerning the items remains supreme (Kothari, 2004).

Simple random was another sampling technique that was useful to select community members and caregivers/parents for undertaking the Study. Random sampling technique was used by the researcher to give an equal chance of inclusion of every item involved in the universe/survey population not deliberately but by some mechanical process. Using this technique, two wards out of 20 wards were randomly selected for the study, in which four villages from each of the two wards were conveniently and randomly extracted too. In each of the selected villages, any five households were also randomly selected to provide one community member preferably head of households to support study inquiry. However, their selection and involvement was basically based on the following roles and responsibilities they play in MVC protection, care and support.

### 3.2.1.1 District Social Welfare Officers

These have the roles of ensuring a well coordinated response to wards MVC by all implementing partners in the district; their roles incorporate successful and effective identification of eligible MVC for care, protection and support in the district.

### 3.2.1.2 Most Vulnerable Child Sub Committees Members

Such committees have been established to facilitate identification of eligibilities to MVC and ensures continuous adequately provision of protection, care and support; and all planed essential services in the community.

### 3.2.1.3 Ward Leaders

These have potential roles of ensuring effective functioning of MVCSCs in their daily functions, and ensure that, identified MVCs for program services are eligible.

### 3.2.1.4 NGOs Representatives Implementing OVC Interventions

These are voluntary Non-governmental, Faith-based, and community based organizations undertake interventions relating to MVC protection, care and support in the respective community. In the course of implementing their activities, they support and help the government at district level to carry out identification of MVC eligibilities for program services support; they share MVCs information and ensure well coordinated implementation of program interventions in their operational districts.

### 3.2.1.4 Caregivers

This group of respondents is primarily responsible for taking care MVCs by assuming the responsibility of ensuring the overall wellbeing of Children at households. The group is also the primary provider of OVC information during identification of MVCs eligibilities process.

### 3.2.1.5 Community Members

This group of respondent is primarily responsible in determining reliable eligibility criteria for identifying MVC through community based participatory process.

### 3.2.2 Area of the Research

Kishapu district is one among three districts and six councils forming Shinyanga region. It is bordered to the North by Maswa district, Tabora region to the South, Meatu district to the East, and Shinya rural and Urban districts to the West. The district has a total of 4,182 km2 and density of 65.3 h/km2 (NBC, 2012). According to the Tanzania national census, the population of Kishapu District was 272,990. The district is administratively divided into 20 wards to name: Bubiki, Bunambiyu, Itilima, Kililoli, Kishapu, Masanga, Lagana, Mondo, Mwadui Luhumbo, Mwakipoya, Mwamalasa, Mwamashele, Ngofila, Sekebugoro, Shagihilu, Somagedi, Songwa, Talaga, Uchunga, and Ukenyenge. The District was selected because is one of the district with highest number of MVCs and HIV prevalence which is above the National rate (5.4%), in the region. The district was assumed to have rich information on identification process; there for fit with the study context. However, the District was also one of the districts with high number of NGOs implementing MVC interventions.

### 3.3 Sampling Design and Procedures

The study used mix sampling approach of purposive and stratified sampling design. Purposive sampling method was employed to get a purposive sample from the study population. The sampling design was chosen to suit the research design/strategy for the study. In this type of sampling, items for the sample are selected deliberately by the researcher; his choice concerning the items remains supreme (Kothari, 2004). Proportionate stratified sampling was applied to get a proportionate balance of MVC care givers and community member respondents. If a population from which a sample is to be drawn does not constitute a homogeneous group, stratified sampling technique is generally applied in order to obtain a representative sample (Kothari, 2004).

In this study the population of the study included 154 respondents grouped in the following manner; DSWO 1, caregivers 57, WEO 2, CDOs 2, MVCSC members 60, NGOs 2, and 30 community members. With regard to the sample size, the researcher applied a simplified formula provided by Yamane (1967) as cited by Yilma Muluken to determine the minimum required sample size at 95% confidence level, degree of variability=0.5 And level of precision (e) = 0.05

**n**



Where n is sample size, N is the total number of Study population, 154

Where e is the level of precision

n = 154/ (1+154\*0.05^2)

n =111

So the sample size used was 111 respondents.

### 3.3.1 Sample Size

Kothari (2004) defines a sample as a collection of some parts of the population on the basis of which judgment is made, small sample for convenient data collection and large enough to be a true representative of the population from which it has been selected. Sample size refers to a number of items to be selected from the universe to represent others. The sample must be sufficient. A sample size of 111 respondents in Kishapu and Ukenyenge wards was considered. This was done with the aim of ensuring accessibility, easy management and cost reduction on data collection by the researcher.

### 3.4 Variable and Measurement Procedures

Variables measured by this study were grouped as background variables, dependent variables and the later as independent variables (figure 2.1; Conceptual model for the Study). Importantly, the type of data/Information from the defined variables under Sub- Section 2.7 with their operational definitions under the theoretical framework of this study was collected through questionnaire and focused group discussion (tool) by the researcher. Collected data for objective three was measured by aLinear Regression Model which is an approach for modeling the relationship between a scalar [dependent variable](https://en.wikipedia.org/wiki/Dependent_variable) ***(Y)*** and one or more [explanatory variables](https://en.wikipedia.org/wiki/Explanatory_variable) (or independent variables) denoted by ***X*** (Kothari, 2004)*.*

Hence, for the purpose of this Study, the dependent variable includessuccess inMVC eligibility and was denoted by ***(Y)***. The background and independent variables were denoted by ***(X)*** in the study to measure their relationship to the ***Y***variable. Measurement of the variables relationship for objective three by the model was assisted by the use of the Computer Software for Analysis, which is a Software Package for Social Sciences (SPSS) and the Linear Regression equation to be used to relate and test the variables relationship is stated below;

***Y = a + b1X1 + b2X2 + b3X3………. + b n X n + e****, where****X****is the explanatory variable and****Y****is the Dependent Variable. The slope of the line is****b****, and****a****is the intercept (the value of****y****when****x****= 0).* ***Source: (Kothari, 2004)***

### 3.5 Methods of Data Collection

In order to accomplish the objectives in this research and be able to come up with reliable results the researcher used both primary as well as secondary data. The primary data collection methods that were used during the study included questionnaires and interviews. The secondary data collection method that were used during documentation

### 3.5.1 Interview

According to (Kothari, 2004), these are flexible, continuous, and face-to-face discussion that requires a person known as an interviewer asking questions generally face-to-face contact to other persons. The researcher appropriately used in-depth interview to collect information at Ward and Village level from 24 community members and 30 caregivers. The same technique gathered information from community members and parents/guardians. The technique collected and influenced information related to the way how MVC eligibility identification process has been carried out and general experiences and roles that facilitate its implementation.

### 3.5.2 Questionnaires

A questionnaire is a set of questions consists of pre-determined answers, which are usually sent to selected respondents to answer at their own convenient time and being collected by the researcher in a specified time. Questionnaires were distributed to 55 respondents (2 NGO’s officers, 1 DSWO, 2 CDOs, and 50 MVCSC); questionnaires helped to explore opinions on their working and living environment in their local contexts. They were guided by theme that focuses to gather views and experiences of carrying out eligibility identification. The technique covered experiences relating to the role of Kishapu district authority in MVC identification process and relationship between eligibility and access to program services.

### 3.6 Data Processing and Analysis

Data processing is used to mean editing, cleaning, coding, classification and tabulation of the collected data so that they are amenable to analysis (Kothari 2004). This is an immediate point between data collection and analysis. Quantitative data from questionnaires was categorized, coded and entered into the computer for computation of descriptive statistics. The Statistical Package for Social Sciences (SPSS) version of 20 was used to run descriptive analyses to construct frequency distribution, percentages means and standard deviations based on various characteristics of the respondents.

### 3.7 Expected Results of the Study

Generally, the study was interested to significantly assess the factors influencing eligibility of most vulnerable for program services in Kishapu district, Tanzania. The study analyzed findings from field and reviewed literature that given an action recommendations to both policy makers, administrators, and implementing partners in child protection, typically MVC interventions in adopting a participatory community-based MVC eligibility identification.

# CHAPTER FOUR

# 4.0 PRESENTATION OF FINDINGS AND DISCUSSION

## 4.1 Chapter Overview

This chapter comprises of presentation and analysis of findings and discussion. Mainly it focuses on presenting and analyzing data using descriptive statistics, regression analysis and correlation between variables. Findings and discussion were presented and analyzed as tested according to the specific objectives which were:-

1. To determine the best method used to identify MVC eligibility for program services
2. To assess adequacy of resources (time and human) allocation for MVC eligibility identification
3. To determine the relationship between eligibility of most vulnerable children and access to program services

## 4.2 .Validity and Reliability Analysis

The credibility and/or correctness of the findings descriptions and interpretations account for what is called validity (Maxwell, 1996). Similarly, Ott & Larson (in Ballinger, (2000) makes clear that when the researcher measures what is supposed to be measured this is called validity. Three validity tests were identified namely criterion, content and construct validity. Ballingers (2000) defines the reliability as consistent results in different sitting of the same test. In the contemporary study, researcher test validity using closed ended questionnaire. Similarly, reliability was measured using Cronbach’s Alpha which ranges between 0 and 1 (Grayson, 2004). Moreover, when the interpretation of Cronbach’s Alpha coefficient value is closer to 1.0, shows greater internal consistency of items in the scale (ibid). Before alpha, researchers were limited to estimating internal consistency of only dichotomously scored items using the KR-20 formula. Cronbach’s (1951) alpha was developed based on the necessity to evaluate items scored in multiple answer categories. Cronbach (1951) derived the alpha formula from the KR-20 formula:



**Table 4.1: Reliability Analysis**

| **Factors** | **Number of items** | **Cronbach’s alpha** |
| --- | --- | --- |
| Best method of identifying MVC eligibility | 111 | .725 |
| Adequacy of resource allocation (Time and Human) in MVC identification process | 111 | .835 |
| Relationship between MVC eligibility and services access | 111 | .706 |

**Source:** researcher, 2017

Table 4.1 illustrates the results of reliability test using Cronbach’s alpha approach. According to Nunnaly (1978) and Grayson (2004) reliability coefficient of 0.7 or higher is considered acceptable in most social science research situations. George and Mallery (2003) established the rule of thumb indicating that a Cronbach’s alpha greater than 0.9 means excellent consistency, greater than 0.8 means good consistence, 0.7 means acceptable, 0.6 means questionable, greater than 0.5 means poor and less than 0.5 is unacceptable.

The analysis presented in Table 4.1 indicates the reliability coefficients of best method of identifying MVC eligibility and relationship between MVC eligibility and access to program services are acceptable while the reliability coefficient of adequacy of resources allocation (time and human) during MVC eligibility identification process is good which implies that probably few items could be improved. Therefore both variables indicate a strong internal consistency of instruments used in data collection. However, a high value for alpha does not imply the measure is un-dimensional. Therefore, the question of un-dimensional in an attempt to ensure that internal consistence is tested using Explanatory factor analysis.

**4.3 Descriptive Statistics**

This part presents main characteristics of respondents categorized in terms of age, marital status, level of education, period undertaken by respondents in their position, experience in identification process, and frequency of undertaking identification exercise. Researcher used descriptive statistics to present quantitative summary of the sample as the basis for description of the data in contemporary study.

**4.3.1 Age of Respondents**

The study was interested to use age because has an influence on eligibility identification for program service access in any development intervention. Table 4.2 shows age of respondents involved in this study. The age was measured in years ranging from 18 – 25, 26 – 40 and above 40. The respondent with the age 18 – 25 were 8 which is equivalent to 7.2%, the respondents with the age between 26 to 40 years were 99 which is equivalent to 89.2% and those with the age above 40 years were 4 which is equivalent to 3.6 of the total. The study portrayed identification is mostly performed by young aged group as majority are in district, ward and village structures responsible for identification process that follow under age of 26 to 40 years.

**Table 4.1: Ages of Respondents**

| **Age** | **Frequency** | **Percent** |
| --- | --- | --- |
| 18-25 | 8 | 7.2 |
| 26-40 | 99 | 89.2 |
| Above 40 | 4 | 3.6 |
| **Total** | **111** | **100.0** |

**Source:** researcher, 2017

**4.3.2 Marital Status of Respondents**

The researcher was much interested to measure marital status of respondents to determine the relationship between marital statuses and identification process. The researcher believed that, there is relationship between the two, and the success in MVC eligibility identification is highly influenced by the nature of marital status involved in the process. This is because, those who married are exposed to child difficulties compared to un-married. Table 4.3 describes the marital status of respondents who involved in the study.

**Table 4.3: Marital Status of Respondents**

| **Status** | **Frequency** | **Percent** |
| --- | --- | --- |
| Married | 93 | 80.9 |
| Single | 9 | 11.3 |
| Widow | 5 | 4.3 |
| Divorced | 4 | 3.5 |
| **Total** | **111** | **96.5** |

**Source:** researcher, 2017

Table 4.3 shows the status of respondents. Total number of respondents involved in the study was 111. Status of respondents was categorized into married, single and widow and divorced. Researcher was interested to identify how status related to MVC eligibility identification process. The study was also interested to identify marital status of respondents. It was found that 80.3% were married, 7.8% single, and the remaining 4.3%, 3.5%, and 3.5% were widow, divorced and missing system accordingly.

### 4.3.4 Level of Education

Table 4.4 shows level of education of participants involved in this study. The education was measured in terms of educational level attained and or reached by respondents.

**Table 4.4: Level of Education**

| **Education level** | **Frequency** | **Percent** |
| --- | --- | --- |
| Primary | 43 | 37.4 |
| Secondary | 49 | 46.1 |
| University | 19 | 16.5 |
| **Total** | **111** | **100** |

**Source:** Research Data 2017

Those who reached and attained primary education were 43 which is equivalent to 37.4%, 49 respondents equivalent to 46.1% accounted for those who reached and attained secondary education, 19 respondent equivalents to 16.5% were those who reached and attained university level of education. Table 4.4 narrates nature and level of education for all participants involved in this study.

### 4.3.5 Experience of Respondent in OMVC Identification Process

Table 4.5 shows the period of time which each respondent had been involved in OMVC identification process, the researcher was trying to appraise frequency undertaken by respondent in involving in identification exercise. Findings revealed that, 56.9% equivalents to 67 respondent involved in identification only once, 3.5% equivalent to 4 respondent involved only two times, and 39.6% of the remain had yet not involved in any way. This implied that, something was missing for undertaking the process, information dissemination and authentic community involvement suggested to be the solution to address inadequate community involvement.

**Table 4.5: Experience of Respondents in OMVC Identification Process**

| **Period** | **Frequency** | **Percent** |
| --- | --- | --- |
| Once | 67 | 56.9 |
| Two times | 4 | 3.5 |
| Nil | 44 | 39.6 |
| **Total** | **111** | **100** |

**Source:** Research Data 2017

**4.3.6 Participant’s Response on the Best Method to Identify OMVC Eligibility for Program Services**

Table 4.6 shows the respondent altitudes on best way to be considered to identify OMVC eligibility for program services. The variable was tested to identify the best way which might be used by implementing partners undertaking OMVC services intervention in identifying eligible orphans and most vulnerable children for benefiting in specific program intervention while leaving non-eligible out of intervention services. On average majority of the respondents interviewed were strongly agreed with the method above typically on community based participatory and involving MVCSC members as best methods to identify OMVC for service intervention. Further, the methods shown little deviation and standard errors in their opinion. All methods have an average mean of 2.3 at 0.3 averages.

**Table 4.6: Methods of OMVC Eligibility Identification**

| **Methods** | **N** | **Mean** | **Std. Deviation** |
| --- | --- | --- | --- |
| Community based participatory method | 111 | 1.3153 | .46675 |
| Involving MVCSC members | 111 | 1.9459 | .22715 |
| Direct identification by actors/ NGO | 111 | 2.6486 | .92095 |
| The use of only Social Welfare and NGO officers | 111 | 3.8649 | .34342 |
| To provide services to all MVC | 111 | 3.6577 | .78039 |
| **Valid N (list wise)** | **111** |  |  |

**Source:** Research Data 2017

From table 4.6, community-based participatory has an average mean of 1.31 and .46 standard deviations, this shows that most of respondent were strongly agreed on the method accounting to 68.5% of all respondents interviewed. The mean for involving MVCSC Members in identification is 1.94 at .22 standard deviation indicating that the method also is acceptable for the process; moreover, the findings revealed that, the mean for direct identification by actors was 2.64 with .92 value of standard deviation.

Further, the mean for the use of only social welfare and NGO officers was 3.86 at .34 value of standard deviation indicating that, the method was strongly disagreed by most 96 respondents involved in the study equivalent to 83.5% of all respondents. Similarly, it has been reported that, the mean of provision of services to all OMVC in the community was 3.65 at 0.78 value of standard deviation showing that, the method was not accepted by 53.2% respondents who were not sure, 27.9% disagreed and 18.9% strongly disagreed with the use of such method.

Generally, the mostly and strongly methods which have accepted by most of respondents to be used in OMVC eligibility identification are community based participatory and involving MVCSC Members in the process. These have become the key methods such most of respondents have strongly agreed with minimum variance among them.

**4.3.7 Respondent’s Response on Challenges relating to Resources Allocation in MVC Eligibility Identification Process**

Human resources typically human and time were key challenges reported at 78% of respondents revealed on the same in undertaking identification process in the study area. Table 4.7 depicts response of respondent on the question.

**Table 4.7: Challenges Relating to Resource Allocation for Identification**

| **Factors** | **N** | **Mean** | **Std. Deviation** |
| --- | --- | --- | --- |
| Poor compensation and work environment | 111 | 1.747 | .6391 |
| Absence of refresher trainings | 111 | 2.108 | .7305 |
| Inadequacy workforce | 111 | 2.114 | .8103 |
| Inadequacy time allocation | 111 | 1.971 | .5982 |
| **Valid N (list wise)** | **111** |  |  |

**Source:** Research Data 2017

Table 4.7 shows the response of respondent on challenges relating to resource (human and time) allocation and their impact on MVC eligibility identification exercise. The researcher tried to gather response of respondents altitudes related to human resources, and interviewed 111 respondents. 40 respondents which is equivalent to 36%, 59 respondents equivalent to 53.2% and 12 respondents equivalent to 10.8% were accordingly strongly agree, agree, and not sure that poor compensation and working environment leads to inclusion of non-eligible MVC for program services intervention and was reported at the mean value of 1.74 at .63 value of standard deviation. Similarly, time allocation was assessed to determine its implication on the success of MVC identification process.

Time allocation for this critical activity was determined to be a factor that can enhance or limit identification exercise only if is inadequacy and was accounted at the mean value of 1.97 with standard deviation of .59. The impact of refresher training to identification team was assessed to verify its proposition on the process. 24 respondents equivalent to 21.6%, 51 respondent equivalent to 45.9% and 36 respondents equivalent to 32.4% were respectively strongly agree, agree and not sure on its impacts that, leads to inaccuracy and oversight of MVC in identification.

Further, inadequacy work force as one among the challenge reported at the mean value of 2.11 at .81 value of standard deviation implied that, the factor has strong impact on the success of MVC eligibility identification exercise. 111 respondents equivalent to 100% of all interviewed respondents revealed that, there was less identification teams in all level, even volunteers to perform social works were lacking.

**4.3.8 Respondent’s Response on Relationship between MVC Eligibility and Program Service Access**

There is great evidence that, successful identification results into access of program services to identified MVCs, the researcher was interested to test the reality on the statement using collected data from the community level.

**Table 4.8: Relationship between MVC Eligibility and Program Service Access**

| **Factors** | **N** | **Mean** | **Std. Deviation** |
| --- | --- | --- | --- |
| In need MVC accessed services | 111 | 3.6847 | .77439 |
| Eligible MVC have not fixed for services | 111 | 2.1712 | .93297 |
| Inadequate services to sustainably improve their life ever | 111 | 2.2342 | .89397 |
| More service promise, little services provision | 111 | 2.6937 | .77216 |
| Suspicious to services support | 111 | 2.5856 | .95792 |
| **Valid N (list wise)** | **111** |  |  |

**Source:** Research Data 2017

Table 4.8 presents feeling of respondents towards relationship between eligibility and access to program services, researcher tried to find out the sense of MVC eligibility and their access to program services as compared to non-eligible MVCs who have been befitting from program services. Most of respondents interviewed rejected the factor and relationship that, MVC eligibility contributes to service access in program development intervention. They disagreed that eligibility is the source and factor to be considered for any children called MVC to access care, protection and support from development interventions. This is evidenced by the presence and inclusion of non-eligible MVC in program intervention leaving and taking opportunity of eligible. The relationship was strongly rejected at a mean value of 3.6847 with .7743 value of standard deviation accounting to 78.3% equivalent to 90 of all respondents interviewed.

Further, many identified eligible MVC were found not fixed for care, protection and support at a mean value of 2.1712 at standard deviation of .9329 with 30 respondents equivalents to 27% who strongly agreed, 42 respondents equivalent to 37.8% agreed, 29 respondents equivalent to 26.1% were not sure and 10 respondents equivalent to 9.06% were disagreed. The same was reported by 55 respondents equivalents to 49.5%, 35 respondents equivalents to 31.5%, and 21 respondents equivalent to 18.9% who accordingly, agreed, not sure and disagreed on the relationship by pointing out that, many interventions at community level have more service promise with little provision. In contemporary interventions, community members and MVCs are suspicious to care, protection and support.

## 4.4 Correlation between Success in MVC Eligibility Identification and Access to Services, See appendix 5

The extent to which two variables are related is referred to correlation. Such relationship may be a perfect negative correlation when correlation coefficient is represented by -1.00, likewise, the relationship may be a perfect positive correlation when the value for correlation coefficient is +1.00 and correlation coefficient is 0.00 to mean no correlation. Appendix 5 describes the relationship between success in MVC eligibility identification and access to services. Pearson correlation was used given a two tail test (2-tailed). The results summarized in a Pearson correlation matrix indicate that the correlation coefficient between success in MVC eligibility identification and access to services is negative -0.614 as an average. The probability Value (P-value) is 0.000 less than the significance level which is 0.05. The success in MVC eligibility identification and access to services does not move together in the same direction.

## 4.5 Testing the Assumptions of Multiple Linear Regression Model

Researcher investigated the rate of tolerance between independent and dependent variables to determine the regression using linear regression modal. The researcher started to measure independent variable for multi-co linearity as depicted below.

### 4.5.1 Multi-co Linearity Test on Independent Variables

Before running regression, the test of multi-co linearity between independent variables was done. Presence of multi-co linearity inflates the variance of the parameter estimates making them individually statistically insignificant even though the overall model may be significant. In addition multi-co linearity causes problems in estimation of the coefficients of independent variables and their interpretation.

**Table 4.9 Results of Multi-Co Linearity Test between Independent Variables**

| **Coefficients’** | | | |
| --- | --- | --- | --- |
| **Model** | | **Co linearity Statistics** | |
| **Tolerance** | VIF |
| 1 | Authentic community involvement | .479 | 2.087 |
| Active MVC work force | .408 | 2.452 |
| Adequacy resources (Human & time) | .582 | 1.719 |

**Source:** Research Data 2017

1. Dependent variable: Success in MVC eligibility identification

The tolerance rate and variance inflating factors (VIF) were used to detect multi-co linearity between explanatory. Table 4:9 indicates thatthe tolerance is greater than 0.1 (10%) and the variance inflating factor (VIF) does not exceed 5 to 10. Upon these results, it was found to be no problem of multi-co linearity among explanatory variables. Therefore, the associated regression coefficients are clearly estimated and reliable.

### 4.5.2 Checking Linearity between Dependent and Independent Variables

Appendix 5 showed the analysis to test the linear relationship between variables. To achieve this objective the researcher used correlation matrix to establish whether the included variables were linear or not. Relationship is linear if the difference between correlation coefficient and non-linear correlation is small. The probability associated with correlation coefficient between authentic community involvement and success in MVC eligibility identification is 0.000 while the correlation coefficient is 0.742 larger than the probability. This implies that, relationship between success in MVC eligibility identification and authentic community involvement and is linear. The same applies to the relationship between success in MVC eligibility identification and active work force whereby the correlation coefficient is 0.714 while the probability value is 0.000; that is to say, there is linear relationship between the two variables in the model.

### 

### 4.5.3 Test of Autocorrelation Assumption

Table 4.10 illustrates the results of the test of independence of observations. The test of autocorrelation assumption was done using Durbin Watson test. The statistical value ranging from 0 to 4 represents Durbin Watson statistic value. Its interpretation would mean that if Durbin Watson statistics is approximately to 2 and an acceptable range is 1.5 to 2.50, this would imply that the residual are not correlated. Therefore, the results in table 4.10 shows that Durbin Watson statistic found to be 2.123, such value fall within the acceptable range. It implies that, there is no serial correlation of errors and therefore the model was correctly specified.

**Table** 4.10: Test of Autocorrelation Assumption

| **Model summary** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
| 1 | .995a | .991 | .990 | .40962 | 2.123 |
| **a.** **Predictors**: (Constant), authentic Community involvement, active work force, adequacy resources (human & time) | | | | | |
| **b**. **Dependent Variable**: Success in MVC eligibility identification | | | |  |  |

**Source:** Research Data 2017

## 4.6 Results of Regression of Independent Variables against Dependent Variable

Success in MVC eligibility identification was regressed against authentic community involvement, active work force, and adequacy resources (human & time) to estimate the model for explaining the extent of identification arrangements, and Community involvement have contributed in success of MVC eligibility identification process and was treated as dependent variable while authentic community involvement, active work force and adequacy resources were explanatory variables. To achieve this, multiple linear regressions were conducted on identification arrangement and authentic community involvement as explanatory variables of success in MVC eligibility identification. The components of identification arrangement included active MVC work force and adequacy resources (human & time). The model was specified as follows:-

**WE=β0 +β1 HC+ β2 ES +β3 S + µ**

Whereby **β0** isthe constant term of the model, **β1** to **β3** are coefficients of independent variables and **µ** is the error term. The results are presented in Tables 4.11a, 4.11b and 4.11c

**Table 4.11: Results of Regression**

**Table 4.11a:** Test of Autocorrelation Assumption

| **Model summary** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
| 1 | .995a | .991 | .990 | .40962 | 2.123 |
| **a.** **Predictors**: (Constant), authentic community involvement, active work force, adequacy resources (human & time) | | | | | |
| **b**. **Dependent Variable**: Success in MVC eligibility identification | | | |  |  |

**Source:** researcher, 2017

**Table 4.11b: Test of ANOVA**

| **ANOVAb** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Model | | Sum of Squares | df | Mean Square | F | Sig. |
| 1 | Regression | 1551.874 | 5 | 310.375 | 1.850E3 | .000a |
| Residual | 14.430 | 86 | .168 |  |  |
| Total | 1566.304 | 91 |  |  |  |
| **a.** **Predictors**: (Constant), authentic community involvement, active work force, adequacy resources (human & time) | | | | | | |
| **b**. **Dependent Variable**: Success in MVC eligibility identification | | |  |  |  |  |

**Source:** Research Data 2017

**Table 4.11c Regression of Independent Variables**

| **Coefficient’s a** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Model | | Un standardized Coefficients | | Standardized Coefficients | t | Sig. |
| B | Std. Error | Beta |
| 1 | (Constant) | .216 | .139 |  | 1.546 | .126 |
| Authentic community involvement | .988 | .045 | .327 | 21.842 | .000 |
| Active work force | .997 | .051 | .316 | 19.487 | .000 |
| Adequacy resources (human & time) | .848 | .042 | .274 | 20.170 | .000 |
| **Dependent Variable**: Success in MVC eligibility identification | | |  |  |  |  |

****

**4.6.1 Authentic Community Involvement in Success of MVC Eligibility Identification**

The specific objective was to assess the role of authentic community involvement in the success of MVC eligibility identification. To achieve this objective, multiple linear regressions were conducted on the components of identification arrangement and authentic community involvement as explanatory variables of successful MVC eligibility identification. Table 4.11c shows that the un standardized coefficient of authentic community involvement is positive 0.988 with t-test equals to 21.842 and standard error equals to 0.045, adequacy resources shows un standardized coefficient of 0.848 with t test of 20.170 and standard error 0.042, active work force has Un standardized coefficient of 0.997 with t test value of 19.487 and standard error of 0.051.

From the standardized coefficient in table 4.11c portrayed that; authentic community involvement has greater contribution on the success of MVC eligibility identification by 0.327 coefficient beta. When the process authentically involved community members, existence of non-eligible MVC for program development intervention become very little and sometimes nil at all. This is because; community members are the ones who live, play and work with them. Similarly, active work force has a standardized coefficient beta of 0.316. When MVC institutional work force are stable and active enough to conduct the process authentically, reduces number of non-eligible children from benefiting in the program intervention. This implies that, to some extent it may contribute to the success of MVC eligibility identification process and sustainably access to care, protection and support from development actors.

In addition, variable corresponding to adequacy resource (human and time) revealed to contribute much on the identification process as has standardized coefficient beta of 0.274; meaning that, adequate time and human resource for the exercise adversely contribute to the successful MVC eligibility identification.

# 

**CHAPTER FIVE**

# 5.0 CONCLUSION AND RECOMMENDATIONS

## 5.1 Chapter Overview

This chapter is written to present summary of conclusion and recommendations; and areas for further study derived from collected and analyzed data as well as what other scholars have said in the literature review. Descriptive statistics was used to achieve research objective from which the role of MVC institutional work force and authentic community involvement in MVC identification was analyzed as major factors influencing MVC eligibility identification for program services. The results were presented using tables; Regression and Correlation analysis were further employed to achieve research objectives.

5.2 Best Methods of Identifying MVC Eligibility

The first objective was to determine the best method that could be taken by MVC implementing partners to identify most vulnerable children in the community. The variables tested in this context were community based participatory method, involving MVC members, direct identification by actors, use of only Social welfare officers and to provide services to all children. Majority of respondents interviewed agreed on community based participatory and involving MVC members as an acceptable methods of identifying MVC eligibility, and that; contribute to clearly identification of only eligible vulnerable children to benefit in care, protection and support from intervention partners.

Respondents asked on the above variables commented that, the methods demonstrate advantages on the undertaking, which increases the voice and responsibility. No doubt community members have knowledge about their context in which they live. These findings in line with the study conducted by Kacholi (2012), who commented that, firstly strengthen the ability of the community to effectively identify children who are indeed of assistance, and secondly, reinforce community networking and ownership of the intervention program in place. The findings have shown that, when community members are empowered to effectively and efficiently perform identification process in all phase of the exercise, up comes as solution to prevailing non-eligible inclusion problem in child protection programs.

However, was found that, there was inadequate community involvement in the process of identifying vulnerable children. Contrary to what the guideline provision indicates and requires MVC Program and other stakeholders to consult and work with communities, for instance in identifying, selecting and targeting children most in need or most vulnerable. Several processes stipulated in the National guidelines are neither followed by the government nor non state administered MVC identification exercise, and many of the non state actors adopt their own process instead of using National guidelines.

The general argument was that; community-based identification of eligible MVC was not done using a well defined eligibility criteria agreed up that was expect to take place through a community Meeting (consultation) process. The identification exercise is poorly planned, coordinated and implemented such that there is poor participation of community members and children in the process. Consequently, public meetings to some extent ware not transparent and thus limited the openness of the selection of the eligible MVC.

## 5.3. Adequacy of Resources Allocation

The second object was to assess challenges relating to adequacy of resource (time and human) allocation for identification exercise. The beneficiaries interviewed were strongly agreed by 36% equivalent to 40 respondents with a mean of 1.90, agree by 53.2% equivalent to 59 respondents and 10.8% equivalent to 12 respondents were not sure that poor compensation and working environment to volunteers challenges identification exercise.

On the other hand, the impacts of work force in identification process was revealed at a mean value of 2.11 with standard deviation of .81 implying that, the variable has strong impacts on the success of identification exercise. Inadequacy of workforce to undertake identification was apparent almost at all levels from the district to village. The study revealed that, there have been attempts by the government to strengthen the Social welfare workforce in the country, yet there are several obstacles related to absence of assessment and coordination of the available workforce.

One among other categories of the workforce assessed was MVCC. In principle, the Government established MVCC as a central body to ensure that eligible MVC are appropriately identified and ultimately have adequate protection including access to basic services. The study found that, MVCCs were undertaking their responsibility very seriously and their engagement was voluntarily. This result is consistent with Kacholi (2012) who noted that volunteerism is essentially a social phenomenon that involves patterns of social relationships and interaction among individuals, groups and associations.

However, findings revealed that, major challenges facing work force included not being empowered to meet their responsibility. They lack training which was critical in nourishing their knowledge about the protection including MVC identification. It was also revealed that, few individuals who were employed as social welfare officers were not easy to retain them. This is because there are a number of NGOs emerging that requires people with similar professions. In addition, social workers have been undertrained, inadequately allocated and burdened with huge responsibility with low compensation. For instance, the social welfare officers in Kishapu district oversee an average of 7,000 – 10,000 MVC. In addition, these social workers have vast responsibilities that includes solving the matrimonial disputes, care for the elderly and the poor.

In addition, inadequacy of social workforce including the MVCC has been challenged by the mobility limitation. There are unreliable transport services due to poor infrastructure that have been limiting mobility, provision and accessibility of social service. This fact has been considered to further amplify the isolation and marginalization of the eligible children who have been left out during the identification exercises.

Another variable relating to challenges of adequacy resource allocation for identification was absence of refresher training for available MVC work force. Researcher tried to find out the impacts of adequacy resources allocation on MVC identification regarding to time and human resources. 21.6% equivalents to 24 respondents, 45.9% equivalents to 51 respondent and 32.4% equivalents to 36 respondents who interviewed on this variable were strongly agree, agree and not sure accordingly on the impact of this variable. They revealed that, absence of refresher training to available work force leads to inaccuracy and oversight in identification exercise.

Allocation of adequate time for identification of MVC is vital in achieving the objectives of the MVC Identification Guide in order to come up with eligible Children to be supported under programs and interventions that address their needs. The study revealed that in order for identification process to bring positive results, the involved stakeholders need time to plan and internalize the way exercises could bring the intended results. The experiences shared by the respondents indicated that, probably little time has been allocated to this vital exercises because the government has been stretching itself to meet the donors requirements of supporting the identified MVC. The impact of this variable was reported at a mean value of 1.97 with 0.59 value of standard deviation, and that; local government authorities have been accepting the requirement of undertaking the exercise but as the implementers have been facing a lot of challenges including the number of MVC registered during the identification process is less compared to the number of eligible children who have been left out.

## 

## 5.4 Relationship between MVC Eligibility and Access to Program Services

The study established a significant relationship between MVC eligibility and access to program services. The study revealed that, when MVC identification abstains from community involvement and involving MVC work force, the resulting effect is identification of non-eligible MVC and suspicious to care, protection and support to eligible children. Appendix 5 describes the relationship between MVC eligibility identification and access to services using Pearson correlation with two tail test model (2-tailed). The results summarized in a Pearson correlation matrix indicated that the correlation coefficient between MVC eligibility identification and access to services is negative -0.614 as an average. The probability value (P-value) is 0.000 than the significance level which is 0.05. The success in MVC eligibility identification and access to services does not move together in the same direction. In Correlation analysis, the purpose was to measure the closeness of linear relationship between success in MVC eligibility identification and access to program services. In this study, success in identification was the not the bridge for access to care, protection and support. The Pearson matrix correlation coefficient indicates how not closely the data fit linear pattern.

The correlation coefficient (r) between the two variables is negative - 0.614 indicating that success in MVC eligibility identification does not corresponds to access of care, protection and support in program interventions. The negative sign of the correlation coefficient implies that, the variables do not move together in the same direction. Such correlation was also justified by an interview conducted to majority of respondents at a mean value of 3.6847 with .7743 value of standard deviation accounting to 78.3% equivalent to 90 of all respondents interviewed on the same. Therefore, not all eligible identified children could get care, protection and support from development partners.

## 5.6 Summary

The main objective of the study was to assess influencing eligibility of most vulnerable children for program services. Three specific objectives were developed to accomplish the study. Firstly, it was to determine the best method used to identify MVC eligibility for program services; Secondly, it was to assess adequacy of resources (time and human) allocation for MVC eligibility identification and thirdly, it was to determine the relationship between eligibility of most vulnerable children and access to program services.

Consistent with research objectives, the study was guided by general research question which focused on what were the factors influencing eligibility of most vulnerable children for program services? And three research questions were developed to enhance general questions which included the following questions: What are the best methods of identifying eligibility of most vulnerable children for program services? To what extent does the adequacy of resource (time and human) allocated affects identification of MVC eligibility? And what is the relationship between eligibility of most vulnerable children and access to program cervices? The study used both positivist and negative models to predict and measure significances of authentic community involvement, active work force and access to care, protection and support to eligible orphans and vulnerable children. On the other side, interpretive views were used believing that there are many truths and realities from the perspective of community members in relation to identification.

**5.7 Recommendations**

The followings were recommendations put forward in the light of the study findings; First, more efforts should be made to create awareness of key implementers and overseers of MVC program especially the MVCC and community leaders on how to undertake, supervise and monitor MVC identification exercises. This can be achieved by conducting seminars that focus on basic objectives, methodologies and the role of each player towards appropriate MVC identification that qualify for social protection as per National guidelines. Additional resources should be invested on training to transfer the necessary required skills and knowledge to Social workers, MVCC and community leaders to improve effectiveness of child protection interventions.

Second, key participants of identification process should adequately be allocated with sufficient time for them to have appropriate plans for identification process that fit with their context. The community should be at the front line in determining the appropriate time for undertaking identification exercises. Third, **s**trong coordinated advocacy and dissemination of the policy and guidelines should be emphasized in order improve awareness of MVC identification process among stakeholders. Through advocacy, the community will in turn appraise their contributions that will ultimately the focus of the identification process.

Finally, MVCC should be empowered through appropriate training that will enable them to acquire potential skills that are significant in undertaking their responsibilities. In addition, there should be financial support that will ensure volunteerism remain motivated. However, MVCC should be supported with supplies and transportation facilities that will motivate them and manage their administrative needs and provide them with safe working conditions.

**5.8 Areas for Further Studies**

The study focused on assessing factors influencing eligibility of most vulnerable children for program services basing on (authentic community involvement, active workforce and relationship between success in MVC identification and access to program services. There is need for further research to be done in the following areas:-

1. The role played by NGOs in empowering MVC identification workforce. There are enough needs for in-depth research on this topic to see their contributions after having seen community contribution in identification exercise.
2. The researcher recommends that further research may be undertaken on the role played by refreshers training for success in MVC identification. This recommendation is based on the fact that, this study was based on community involvement and adequacy of resources (human and time). The research can also be conducted on other identification component like training.

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# APPENDICES

**APPENDIX I: QUESTIONNAIRES FOR NGO REPRESENTATIVE, DSWO, CDOs, AND MVCSCs MEMBERS**

**THE OPEN UNIVERSITY OF TANZANIA**

**Introduction**

The study is conducted by Haliye Abbakary, a Student of Open University of Tanzania in the Faculty of Business Management. The study will result into a dissertation report, which is a partial fulfillment for the award of Masters of Project Management Degree of The Open University of Tanzania. This study is about assessing factors influencing MVC eligibility for program services. The survey thus is meant to avail background information on identification methods and their impacts on eligibility identification exercise. The purpose of the survey is therefore to gather data from different MVC actors of Ukenyenge and Kishapu ward in Kishapu council. You have been selected because you are among MVC actors implementing in or from one among the two wards. I am requesting you to give me the requested information to accomplish this study. The data collected shall be treated with utmost confidentiality and anonymity.

Thank you for your cooperation

**QUESTIONNAIRES**

**SECTION ONE: Personal Information**

**Section A: Background Information of the Respondents**

1. Age (Years)
   1. Below 18
   2. 18-25
   3. 26-40
   4. Above 40
2. Marital Status
   1. Married
   2. Not Married
   3. Widow
   4. Divorced
3. Level of education
   1. None
   2. Primary
   3. Secondary
   4. University
4. How long have you been working in this position
5. below 1 year
6. between 1-5years
7. between 5-10 years
8. above 10 years
9. Have you ever involved in any way in identification of MVC eligibility for services assistance?
10. Yes
11. No
12. How much have you ever involved
    1. Below 5
    2. 5 - 10
    3. 10 - 20
    4. Above 20
13. How much does identification process undertake in a year?
    1. Once
    2. Two times
    3. Three times
    4. Four times
    5. Nil
14. **Question relating to the best method of identifying eligibility of most vulnerable children to access program services**

| **Description** | **Strongly agree** | **agree** | **Not sure** | **disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Community based participatory method |  |  |  |  |  |
| Involving MVCSC members |  |  |  |  |  |
| Direct identification by actors/NGOs |  |  |  |  |  |
| The use of only Social welfare officers and NGO officers |  |  |  |  |  |
| To provide services to all MVC |  |  |  |  |  |

The following are best way /practices to be considered when identifying eligibility of Most Vulnerable Children for services access (in each area tick only one item among the items ranked 1,2,3,4 and 5)

1. **Question relating to how does adequacy of resources (Time and Human) allocated affect MVC identification process in Kishapu council.**

These are opinions regarding to resources (time and human) in MVC identification exercise in Kishapu council, (in each area tick only one item among the items ranked 1,2,3,4 and 5)

| **Description** | **Strongly agree** | **agree** | **Not sure** | **disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Inadequacy work force at all level (national, regional, district, ward, village and community ) adversely affects MVC identification process |  |  |  |  |  |
| Poor compensation and work environment for community volunteers (HBCs) leads to mass inclusion of non eligible MVC in program services |  |  |  |  |  |
| In adequacy time allocation enhance or limit MVC identification |  |  |  |  |  |
| Absence of refresher training to available MVC work force leads to inaccuracy and oversight on identification exercise |  |  |  |  |  |

1. What is you are opinion, have eligibility identification ever undertaken contributed to MVC access of program services?

| **Statement** | **Strongly agree** | **agree** | **Not sure** | **disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| The process contributed to in need MVC access of program services |  |  |  |  |  |
| Many identified eligible MVCs have found themselves not fixed for programs services |  |  |  |  |  |
| Services provided were less adequate to persistently improve their life ever. |  |  |  |  |  |
| Suspicious to services support |  |  |  |  |  |
| More service promise, little services provision |  |  |  |  |  |

## APPENDIX II: INTERVIEW GUIDE FOR MVC PARENTS/CARETAKERS AND COMMUNITY MEMBERS

**Part I: Identification particulars of the interviewee and Socio Demographic Data:**

a) Location……………………………………………………………………………

b) Job title……………………………………………Position………………………

c) Education level: …………………..……………………………………………….

d) Age………………………………......Sex: Female/Male…………………………

**Part II: Questions relating to understanding of identification exercise**

1. How many Children have been identified as MVC over past three years each?
2. Who involved/identified Children as MVC in the Council?
3. What do you think were Challenges during identification exercise?

**APPENDIX 3: Results of Multi-Co linearity test Between Independent Variables**

| **Coefficients’** | | |
| --- | --- | --- |
| **Model** | **Co linearity Statistics** | |
| **Tolerance** | VIF |
| Authentic community involvement | .479 | 2.087 |
| Active MVC work force | .408 | 2.452 |
| Adequacy resources (Human & time) | .582 | 1.719 |

1. Dependent Variable: Success in MVC eligibility identification

**APPENDIX 4**

### Test of Autocorrelation Assumption (Durbin Watson Test)

| **Model Summary** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
| 1 | .995a | .991 | .990 | .40962 | 2.123 |
| **a.** **Predictors**: (Constant), authentic community involvement, active work force, adequacy resources (human & time) | | | | | |
| **b**. **Dependent Variable**: Success in MVC eligibility identification | | | |  |  |

**Results of Regression on success in MVC eligibility identification**

**Appendix 4a**

| **Model Summaryb** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
| 1 | .995a | .991 | .990 | .40962 | 2.123 |
| **a.** **Predictors**: (Constant), authentic community involvement, active work force, adequacy resources (human & time) | | | | | |
| **b**. **Dependent Variable**: Success in MVC eligibility identification | | | |  |  |

**Appendix 4b**

| **ANOVAb** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Model | | Sum of Squares | df | Mean Square | F | Sig. |
| 1 | Regression | 1551.874 | 5 | 310.375 | 1.850E3 | .000a |
| Residual | 14.430 | 86 | .168 |  |  |
| Total | 1566.304 | 91 |  |  |  |
| **a.** **Predictors**: (Constant), authentic community involvement, active work force, adequacy resources (human & time) | | | | | | |
| **b**. **Dependent Variable**: Success in MVC eligibility identification | | |  |  |  |  |

**Appendix 4c**

| **Coefficient’s a** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Model | | Un standardized Coefficients | | Standardized Coefficients | t | Sig. |
| B | Std. Error | Beta |
| 1 | (Constant) | .216 | .139 |  | 1.546 | .126 |
| Authentic community involvement | .988 | .045 | .327 | 21.842 | .000 |
| Active work force | .997 | .051 | .316 | 19.487 | .000 |
| Adequacy resources (human & time) | .848 | .042 | .274 | 20.170 | .000 |
| **Dependent Variable**: Success in MVC eligibility identification | | |  |  |  |  |

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