THE SUSTAINABILITY OF SUPPORT SERVICES FOR MOST VULNERABLE CHILDREN: A CASE OF BUGURUNI WARD IN ILALA DISTRICT, DAR ES SALAAM

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

2017

CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by the Open University of Tanzania, a dissertation entitled **"The Sustainability of Support Services for Most Vulnerable Children: A Case of Buguruni Ward in Ilala District, Dar es Salaam"** in Partial Fulfillment of the Requirement for the Degree of Master of Social Work (MSW) of the Open University of Tanzania.

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Dr. Zelda Elisifa

(Supervisor)

……..

Date

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DECLARATION

I, **Rose John Chundu**, do hereby declare that this dissertation is my own original work and that it has not been submitted for similar degree in any other university.

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Signature

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Date

DEDICATION

To my beloved parents Mr. John Chundu and Mrs. Mary Chundu, for their moral and material support.

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ABSTRACT

This study assessed the extent to which the support services to MVC established by the government institutions and civil society organizations were sustainable. The research was guided by three specific objectives: First, to identify actors in the provision of support services to the most vulnerable children, second, to determine the contribution of the actors in achieving the sustainability of the support services to most vulnerable children. And third, to evaluate to the extent to which the services enable the most vulnerable children to be self-sustained. This study was conducted in Ilala district at Buguruni ward. The study was a case study research design and it involved 67 respondents that were chosen through, simple random sampling, and purposive sampling. The study was mainly qualitative although quantitative data were also collected. Methods of data collection were in depth interviews, focus group discussions, questionnaires, observations and documentary reviews. The findings indicated that there were many actors in providing support services to MVCs. These included Kiwohede, Kuleana, Wamata, Pasada, social welfare officers and community development officers. In addition, the findings have also shown that the actors were contributing too much on MVCs services support but the services were not sustainable. It is recommended that consistency of care and familiar surroundings should be more emphasized by the ministry of health, community development, gender, children and elders, president's office, regional administrative and local government authorities, Ministry of education and vocational training and the ministry of home affairs in order to ensure protection of MVC.

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LIST OF ABBREVIATIONS

AU	African Union
CDO	Community Development Officer
FBO	Faith Based Organization
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committees
NCPA	National Costed Plan of Action
NGO	Non-governmental Organization
OVC	Orphans and Vulnerable Children
SSA	Sub Saharan African
SWO	Social Welfare Officer
UN	United Nations
UNICEF	United Nations Children's Fund
URT	United Republic of Tanzania
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background Information

The number of vulnerable children worldwide is not easy to estimate, their definition varies from country to country (USAID, 2008). In addition, countries' ability to monitor the extent of so broad a category of people is highly limited (USAID, 2008). It may be safe to say that number of most vulnerable children is likely far to exceed that of orphans. While the definitions of "orphan" and '' most vulnerable child '' are hotly debated in development circles, the United Nations estimates (based on its definitions) that there are between 143-163 million orphans worldwide who are in need of immediate care and support in order to survive (UNICEF, 2008). More and more children are being orphaned due to AIDS, 48 million children that are orphans in sub-Saharan Africa, 11.6 million have been orphaned due to AIDS (UNICEF 2008b), and about 2.6 million children are currently infected with HIV and the number is likely to increase (Patrice, 2008).

In addition to this number, UNICEF estimates that two million children lived in orphanages worldwide, a number based on 2007 UNICEF data provided by their country office reports. Millions of other at-risk children are assumed to be living with families, in community settings, in child-headed households, streets, railway stations, garbage dumps, brothels, and armies. In Tanzanian context, currently, Tanzania is estimated to have two and half million children identified as most vulnerable who are approximately 10 percent of children less than 18 years of age (Godfrey, 2012). Over 40 percent of orphan hood is estimated to be due to AIDS,

and many additional children are vulnerable due to a chronically ill-parent who is unable to provide proper care. It is also estimated that about 40 percent of all children under age 18 are living in households at or below the national poverty level (Godfrey, 2012). Besides, over 50 percent of orphans and vulnerable children live in households with grandparents aged over 60 years as their primary guardian whereas about 30 percent live with other relatives or caregivers, and 12 percent are in child-headed households of which only one percent gets support from relatives (Godfrey, 2012).

In response to the general awareness of the increasing number of these MVCs and Orphan Vulnerable children (OVCs), a global initiative to develop National Plans of Actions (NPAs) for these orphans and vulnerable children (OVCs), or children affected by HIV and AIDS, has been launched (Patrice, 2008).

In 2001, world leaders agreed on the first set of global community for children affected by AIDs .Articles 65-67 of the declaration of the commitment on HIV/AIDs identified children as a particularly vulnerable group and highlighted the needs for policies and programming around HIV/AIDs to be child –sensitive (Patrice, 2008).

Between 2003 and 2007, a number of countries did a rapid assessment of the living conditions of children affected by HIV/AIDS and developed plans and costing estimates for appropriate interventions. The plans of 17 countries in sub-Saharan Africa were reviewed, comprising all of the high prevalence countries whose NPAs were finalized (Patrice, 2008). The review found that there is a wide range in the developmental appropriateness of the plans within the 17 countries. Moreover, in

2006 at the United Nations General Assembly Special Session for Children (UNGASS) review, world leaders resolved to be more particular and precise about their commitments to children, as captured in Article 32 of the political Declaration of HIV (Patrice, 2008). They pledged to address as a priority the vulnerability faced by children affected by and living with HIV, to provide support and rehabilitation to these children and their families, women and elderly, particularly in their roles as care givers, to promoting child oriented HIV/AIDS policies and programmes, and increased protection for children orphaned and affected by HIV/AIDs to ensure access to treatment and support the social security systems that protect them (Miriam, 2011).

The first global child and HIV/ AIDs specific policy is the framework for the protection, care and support of orphans and vulnerable children living in a world with HIV/AIDS. This framework provides guidelines and guiding principles for OVC programming. The framework was endorsed by UNICEF, UNAIDS and a broad range of representatives from donor and government agencies, faith based organisations (FBOs), NGOs, academic institutions, private sector and civil societies in 2004 (Miriam, 2011).

The situation of most vulnerable children in Africa is more resulted by HIV/AIDS. In countries most affected by HIV/AIDS, particularly sub-Saharan Africa, HIV/AIDS has reduced life expectancy, deepened poverty among vulnerable households as well as communities and weakened institutional structures like family. The situation led to continuation of an increase in number of orphans and the most vulnerable children.

In Sub-Saharan Africa, nearly 12 million children under age of 18 have lost one or both parents due to HIV. Before AIDS epidemic in the 1980s, there was no large number of orphans and the most vulnerable children in Africa (UNAIDS and WHO, 2008).

In the Tanzanian context, the problem of most vulnerable children is not a new phenomenon; they were there, before and after independence. Orphans and most vulnerable children were taken care of by their close relatives through their families and neighbours since there were strong traditional systems that children belong to the whole community, therefore, family and neighbours were responsible in providing services to those children. These care systems started to fail slowly as time goes due to the burden on HIV/AIDS which has weakened traditional system provided by extended families and community (Department of Social Welfare, 2010). A rapid increase in the number of MVC in the country has necessitated development of different workable strategies and interventions among them the National Child development Policy of 1996 that aims at mobilising and educating communities and children themselves on the rights of the child and involve them fully in their implementation (URT, 1996). In the same vein, the policy stipulates that children should be supervised and full follow up of enforcement of Laws concerning the rights of the child and protect their interests when involved in criminal offences.

Moreover, the government of Tanzania in collaboration with stakeholders has responded in different ways to provide care, support, and protection for those most vulnerable children. However, the provision of quality services to the most vulnerable children has been challenging due to lack of uniform guidelines and

standard to guide service provision. Due to that the government decided to develop National Guidelines for Improving quality of care, support and protection for most vulnerable children of September 2009 guidelines for training for MVC committees at the community level of July 2011 and training for improving quality of care , support and protection for most vulnerable children in Tanzania of October , 2010 (URT, 2009). In addition to that, the government initiated a National Costed Plan for Action (NCPA) aiming at ensuring that MVC are effectively and efficiently provided with community based support and scaling up protection and care (UNICEF, 2009 and URT, 2008).

The NCPA, however, serves as a reference tool for government and stakeholders in their efforts to improve the lives of MVC and promote the rights of children. The thrust of the plan is to develop and implement safety net systems that deliver multifaceted care and support at the household level (URT, 2008). It puts forward a concrete work schedule, specifying stakeholder's responsibilities and providing a clear framework for the continuation, improvement, and scaling up of OVC interventions. Periodic monitoring and evaluation exercises also guide the quality and effectiveness of the response (URT, 2008). The plan is also indicative of Tanzania's determination to meet UNGASS goals on HIV/AIDS for OVC, specifically targeting articles 65, 66, and 67; governments' added motivation to realize millennium development goals by 2015; and the AU agreement to ensure OVC universal access to essential services.

Despite having in place different ways and policies such as children and development policy of 1996 and strategies such as MKUKUTA and MKUZA from

both the government and civil societies that aim at reducing children's vulnerability, vulnerability among children is increasing day after day. Taking into account the above situation, this study intended to assess the extent to which support services provided to MVC were sustainable.

1.2 Statement of the Problem

Chronic poverty, social disintegration, the HIV/AIDS pandemic and chronically diseases limit many families' ability to meet even the most basic needs of their children (USAID and Catholic Relief Services (CRS, 2008). Due to that MVC support services require a range of assets to achieve positive livelihood outcomes, including materials and social resources and this can only be sustainable when it can cope with and recover the stresses and shocks MVC have been passing through.

In Tanzania where this study was carried out, the number of MVC is estimated at 5% of the child population which is estimated at 31.3% of the country's mainland population with a estimated of 140,000 children under the age of 15 infected with HIV /AIDS (URT, 2007 and UNAIDS, 2008). Enormous work done by the government of Tanzania through the Ministry of Health and Social Welfare , the National Costed Plan of Action and the guidelines specified within Most Vulnerable Children support services , civil society organisations focusing on devastating effects of poverty , HIV/AIDs and other social ills to MVC has been done, especially on its incremental nature affecting households and resulted changes in family and community coping systems in response to increasing of MVC but in vain (Joel and Walter , 2013). The increase of number of MVC is in increase day after day.

Although it seems that support services to MVC seem not to be sustainable, research on MVC issues tends to focus on approaches implemented by social protection initiatives, how MVC cope with the problem they face and factors or causes of MVC and MVC identification but there is little consensus as to the relationship between support of services and sustainability of the services for livelihoods impacts on MVC (Miriam, 2011). For example, the study by Amuri and Komba (2010) on coping strategies used by street children in the event of illness has been limited to understanding the strategies MVC used when they got sick. On the other hand, Joel and Walter (2013) in their study on social protection targeting on MVC in Tanzania targeted approaches utilized by service providers but they failed to link how they can be sustainable in improving the livelihoods of MVC.

These studies altogether were unable to evaluate the extent to which the services support strategies and means enable the most vulnerable children to be self-reliant hence failing to inform the development of transformative interventions to the affected communities to establish more community-led (self-help) programmes for supporting MVC in their localities. Based on this, the current research focused on assessing the services support to MVC and its sustainability at Buguruni ward in Ilala district Tanzania.

1.3 Objectives of the Study

1.3.1 Main Research Objective

This study aimed at assessing the extent to which the support services to MVC established by the government institutions and civil society organisations were sustainable.

1.3.2 Specific Objectives

The following specific objectives were formulated so as to attain the overall objective:

(i) To identify actors in the provision of support services to the most vulnerable children.

(ii) To determine the contribution of the actors in achieving the sustainability of the support services to most vulnerable children.

(iii) To evaluate to the extent to which the services enable the most vulnerable children to be self sustained.

1.4 Research Questions

The following are specific research questions:

(i) Who are the key actors in providing support services to most vulnerable children at Buguruni ward?

(ii) What are the contributions of these services being provided for sustainability of children with vulnerability?

(iii) To what extent do the services provided enable the children to be self sustaining?

1.5 Scope of the Study

This study was conducted in Buguruni ward in Ilala District in Dar es Salaam. It focused on support services provided to most vulnerable children from 5 to 17 years old. In addition to that, street children and children affected by HIV/AIDS were also looked at. Since attachment model was used for this study, all actors of civil society organisations and Government organisations were a focus.

1.6 Significance of the Study

Despite the international and national efforts to improve the standard of living of MVC through services support and improving their livelihoods, vulnerability among children still remains a very big problem. The process of implementing the service support is still at infant stage in Tanzania. The study of this nature is therefore of great importance due for the following reasons.

First, the findings of this research helped to raise awareness regarding support services among communities and improving the livelihood of MVC, as the findings indicated that there were many actors in providing support services to MVCs.These included Kiwohede,Kuleana,Wamata,Pasada,social welfare officers and community development officers. Second, the findings from this study act as a source of information for governments and civil society organisations to redesign strategies for improving the support service programmes for MVC.

The findings have also shown that the actors were contributing too much on MVC support services but the services were not sustainable. Third, it supplement the existing literature regarding support services and help other researchers and academicians. Policy and law makers can use this study to come up with other new strategies to improve the programme. Fourth, the study explore one of the most important and children's rights issue of today not only for Tanzania but for all countries worldwide, namely children's empowerment through support services programme.

1.7 Contextual and Theoretical Overview of Terms

1.7.1 Child

The World Bank in its draft document known ‘Investigate Child and Youth: A Strategy to Fight Poverty, Reduce Inequality and Promote Human Development" defines children as age 0-14 and youth as 15-24 years (Godfrey, 2012). This study considers the definition adopted by Tanzania the Law of Child Act, 2009 that defines a child as any person under the age of 18 years. The understanding of who is a child brings the concepts of the child’s right where the best interest of a child shall be the primary contemplation in all procedures regarding a child whether assumed by any institution whether public or private.

1.7.2 Most Vulnerable Children

The term most Vulnerable children evolved in policy language over the last two decades in an effort to protect children from the fierce stigma that often accompanies the label “ orphan ‘’ and to balance the needs of all at-risk children, regardless of the causes of their vulnerabilities (Miriam, 2011). The term can be defined as children whose safety, well-being or development is at significant risk. Amongst others, such children can include children orphaned due to AIDS, children infected with HIV, children caring for terminally sick parents with AIDS, fostered children, children in poor households which have taken in orphans, disabled children, street children, children exposed to excessively hazardous labour, children involved in the sex industry, children affected by conflict, migrant children and children out of school (USAID and CRS, 2008). The extent to which such children can be said to be vulnerable will vary from place to place and community to community and country

to county. In Tanzania, the department of Social Welfare under the Ministry of Health and Social Welfare is vested the responsibilities of identifying the MVC through the MVCC in the respective locations (URT, 2008). The standard categorization of most vulnerable children has been developed to include the demographic characteristics and indicators of poor living conditions (National Costed Plan of Action (2007-2010).

The criteria used to identify the children vulnerability include: those living in child-headed households, those living in elderly-headed households with no adult from 20–59 years-old present, those with one or both parents deceased, those who are poor and with disabilities; children with one surviving parent living in a house with poor quality roofing (grass and/or mud) and those with a disability living in similar poor conditions and children with one surviving parent living in a house with poor quality roofing (grass and/or mud) or with poor wall materials or without toilet facilities and those with a disability living in similar poor conditions (URT, 2008, cited in Godfrey, 2012). This classification recognizes that not all orphaned children are most vulnerable, and it equally recognizes that children living with a parent can be most vulnerable.

The national MVC registration forms have 12 criteria to classify MVC and 13 reasons for being MVC. The MVC are also classified into 13 groups that are used to report and disseminate information on MVC: maternal orphans, paternal orphans, orphans without both parents, abandoned, disabled, child forced to work, child harassment, early child bearing, child forced to do sex work, street children, living in child-headed house, child affected by disaster (Godfrey, 2012).

1.8 Limitations of the Study

The field research required several more months, if not years, to accomplish this task and get to the crux of the matter. To delimit this, the researcher required more research assistants to make sure that the data are collected at a specific time and presented at the right time to the principal researcher.

It might happen bias during in-depth-interviews, however, the researcher used the questionnaire and training of the interviewers on interview skills helped to minimise this effect.

CHAPTER TWO

RELATED LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is: The first is to review theoretical relevant to the study, while the second is to review empirical literature with a view to understanding some existing studies on the sustainability of support services for MVC. These reviews are important because they not only enable one to establish a research gap but also facilitate understanding of the readers on the question in hand.

In addition to that, more essentially, literature review informs research focus, question and methodology. Theoretical literature review is presented first, followed by empirical literature review.

2.2 Theoretical Review

The modern era show a troubling transition in the social construction of childhood (De Rijke, 1999 as cited in Moses, 2012) as instances of children vulnerability ramifies and traditional notions of childhood and family are undergoing unprecedented change (Higonnet, 1998 cited in Moses, 2012). Four interconnected processes are especially attributed to this effect. First, increase in number of orphans in Sub-Saharan Africa (SSA) (Bicego, 2003) and Tanzania in particular (Urassa, 1997).

Second, increased adult mortality and morbidity (Holmes, 2003), which results in diminution in the size of capable adult members of the society who are classical

supporters of children (Foster, 2000). Three, engraved structural poverty (Kessy, 2003) and, four, social-cultural and economic changes which brings in new needs, new values and new challenges pertaining to child nurturing and growth in our societies. These factors strain and challenge the traditional social support networks, the social context and the social system and institutions responsible for mitigating against harsh childhood experiences and responsible for facilitate ideal childhood (Hunter, 1990 cited in Moses, 2012).

2.2.1 Children's Five Basic Needs

The needs of many children in Tanzania are not well met, because people are not well informed about the issues that could be presenting huge challenges for children. Ignorance in knowing what the child needs and ignoring their feelings have very bad effect on the child. Hereunder are categories of such needs:

(a) **Physical needs:** According to Killian (2003, as cited in Lungile , 2007), children have many physical needs which include material/financial needs for clothing, shelter, school basic survival needs such as food, health care and hygiene. The simple provision of financial and physical needs is simply not sufficient enough for children to grow into healthy and well-adjusted adults in future. The physical needs often appear to be the most urgent basic need. But the emotional needs of children who have lost a parent or both should not be forgotten. Having parent become sick and die is clearly a major trauma for any child, and may affect them for the rest of their lives (Madorin, 2001).

(b) **Emotional needs:** Children need to love and be loved and a sense of belonging to society. Children are also viewed as needing a voice to be heard and to feel

that they are important and valued in their communities. The basic sense of being a worthy individual and important to those who love them, is an essential part of being a human being (Killian, 2003). When God spoke about human beings being distinct from animals, He was primarily referring to these emotional needs to have others love us and accept us and for us to reciprocate these feelings. When children are distressed in any way, their emotional needs become critically important (Lungile , 2007).

(c) **Social needs:** On the social learning theory, John. B. Watson shared Locke's views that the child was a blank slate on which experience writes on. He held that a child learns to be what he/she becomes, usually in a social context (Killian, 2003). Humans are also social beings; they have to live among others. No man is an island. MVC need to feel that they belong in their families, and their communities, that they form part of a cultural group and national group. This basic need to feel as if they belong gives them a sense of identity and belonging (Lungile , 2007).

(d) **Cognitive needs:** There are three main categories of cognitive needs: (i) formal education whereby, human beings are taught from infancy what we need to know and then attend school to help us to survive within an industrialized society; (ii) informal education where human beings, learn by observing others, their reactions and also learning what it takes to be part of particular community setting; (iii) general life skills and general knowledge (Killian, 2003). This is linked to the notion that behaviour is learned through interaction during the socialization process (Owens, 1993). The cognitive theory of Piaget focuses more on the development of thought processes

(reasoning) and stresses the child's active role in determining his/her developmental level. Each stage is associated with the development of certain kinds of behaviours and reasoning strategies.

(e) Spiritual needs: It is through our belief in the Higher Being that human beings develop a sense of hope in the future. Being able to pray in times of hardship enables us to cope and deal better with life's challenges. It gives them a sense of purpose and also enables us to think beyond the hardships of the present life circumstances to a life hereafter (Killian, 2003). MVC, especially those affected with HIV/AIDs orphans need, spiritual support to make them be strong and endure the suffering they are passing through. Without spiritual support most of the children would have ended up not being able to cope and survive the escalating scourge of HIV /AIDS, poverty and violence.

2.3 Theoretical Perspective on MVC

According to Reynolds (1942), the term theory refers to a systematic explanation of the observation that relate to a particular aspect of life. Phenomenon like vulnerability among children deal with the relationships among and between people, groups, and nations and involves a continuous sequence of interactions in which perspectives are either shared or ignored, and actions and reactions are coordinated.

Therefore, from this basis, there are various perspectives and conceptions about the most vulnerable children, but for the context of this study, below is one selected theoretical perspective on the most vulnerable children (MVC).

2.3.1 Attachment Theory

The attachment theory is a joint work of John Bowlby and Mary Ainsworth (Ainsworth and Bowlby, 1991). Specifically, it makes the claim that the ability for an individual to form an emotional and physical attachment to another person gives a sense of stability and security necessary to take risks, branch out, and grow and develop as a personality.

The theory was originally coined by Bowlby in the precedent that childhood development depends heavily upon a child's ability to form a strong relationship with at least one primary care giver (one of the parents) for social and emotional development to occur normally (Shaver, 1994, cited in Joel and Walter, 2013). Although it is usually for the mother to be the primary attachment figure, infants will form attachment to any care giver who is sensitive and responsive in social interactions with them. The role of the parent as a care giver grows overtime to meet the particular needs of the attached child. That role is to be attached to and provide constant support and security during the formative years.

The implication of this theory to this study is that organizations that provide different supports to MVC, to some extent, become secure bases of attachment in their lives influencing their eventual growth and development. Through the support and care (such as psychosocial, material: medical care, scholastic, food etc.) by different organizations (government organizations and civil society organisations) they can regain the secure base necessary for their positive development which they had lost through different incapability or death of their parents (Joel and Walter, 2013).

2.4 A Global Overview of MVC

Vulnerable children and orphans, their sheer number is immense (USAID and CRS, 2008). Around 145 million orphans in sub-Saharan Africa, Asia, Latin America and the Caribbean have lost one or both parents (USAID and CRS, 2008). In sub-Saharan Africa, where HIV has hit hardest, both the percentage of children (12%) who are orphans (UNICEF 2006) and the absolute number of children (47.5 million) who are orphans (UNICEF 2008) are rising dramatically. Absolute numbers have increased by more than one-third since 1990.

In Asia, the percentage of children who are orphans is smaller, but the absolute numbers total more than that of sub-Saharan Africa. An estimated 37.4 million children are orphaned in South Asia, another 30.1 million are orphaned in East Asia and the Pacific, and 5.9 million children are orphans in the Middle East and North Africa. An estimated 9.4 million children are orphaned in Latin America and the Caribbean (UNICEF, 2008).

In Asia, for example, approximately one fourth of the world's child population lives in South Asia, comprised of India, Pakistan, Bangladesh, Nepal, Afghanistan, Sri Lanka, the Maldives, and Bhutan. Most of these countries lack widespread family support services and alternatives to institutional care which is often viewed as the only recourse immediately available to children in need. As of 2003 UNICEF report, more than 48 million of the estimated 584 million children in the South Asian region were reported as having lost one or both parents. Across South Asia, an estimated eight percent of the total population under 18 is classified as orphans, with national estimates ranging from approximately 6.5 percent (Pakistan and Sri Lanka) to 13

percent (Afghanistan) (Miriam, 2011). In the same vein, China's Ministry of Civil Affairs estimates that there are 712,000 at-risk children nationally, with approximately 90,000 living in child/social welfare institutions. However, another study, conducted with the same Ministry and the Beijing Normal University, estimates that there were 573,000 O/MVC, including 67,942 children living in child/social welfare institutions, while in India, which is estimated to have 25 million orphans, data from Kerala region suggests a population of more than 50,000 MVC living in 600 institutions (Miriam, 2011). In Sri Lanka, more than 50 percent of children in orphanages were admitted due to poverty.

In United States of America, in any given day, there are over half a million children in foster care (U.S. Department of Health and Human Services (U.S. DHHS), 2007b cited in Delilah, 2008). Children in foster care are a vulnerable population (Kools and Kennedy, 2003; Leslie 2005; Vig, Chinitz and Shulman, 2005 cited in Delilah, 2008). This means that nationally, 542,000 children are in foster care. Many of these children have prior histories of maltreatment such as abuse and neglect. Apart from vulnerability due to HIV/AIDS and poverty, report on MVC and child abuse estimates that the past decade, more than 2 million children were killed in armed conflicts, and many other children were disabled and psychologically scarred by the experiences of the war terror (Peter and Ximena , 2002). In 2000, there were about 35 million internally displaced persons and refugees, of whom about 80% were children and women. In at least 68 countries, children live with the daily fear of land mines, and about 10,000 children are killed or maimed by mines every year. About 300,000 children worldwide are actively involved in armed conflicts, either as child

soldiers or in other roles, such as messenger. Girls are often sexually abused by military men (Peter and Ximena , 2002).

2.4.1 The Situation in Sub-Saharan Africa

While the situation is bad worldwide, the Sub-Saharan countries do not do exception (UNAIDS and WHO , 2008). Most Sub-Saharan African countries are affected by HIV/AIDS pandemic and this has reduced life expectancy , deepened poverty among vulnerable households as well as communities and weakened institutional structure like family (UNAIDs and WHO , 2008). This situation led to an increase in the number of vulnerable children up to 12 million children under the age of 18 who have lost one or both of their parents due to HIV/AIDS. According to the UNAIDS and WHO (2008), the number was expected to rise to 53 million by 2010.

One quarter of all orphans is orphaned because of AIDS, and about 2.6 million children are currently infected with HIV. Taking an example of Zimbabwe, the county has a high prevalence of Orphans and Vulnerable Children (OVC) and the National AIDS Co-ordination Program estimates that the OVC population grows by 60,000 children per year, thus causing the total number of orphans to rise to an estimated 1.8 million in 2012 (UNICEF, 2008 cited in Tendayi , 2010).

Furthermore, in Uganda household survey data were used to estimate the number of vulnerable children in all four major regions of Uganda. Household survey data indicate that 14 percent of children in Uganda had been orphaned (i.e experienced the loss of one or both parents), which is equivalent to a national total of 2.43 million

out of 17.1 million children under 18 years of age (Republic of Uganda, 2009). According to the Uganda-specific definition and indicators developed during this research, nationally, up to 96 percent of children had some level of vulnerability. Within this broad grouping of vulnerable children, degrees of vulnerability can be distinguished for the prioritization of support services: nationally, 51 percent of children in Uganda were considered moderately or critically vulnerable, equivalent to a national total of approximately 8 million vulnerable children in Uganda (Republic of Uganda, 2009).

In addition to that, according to the International Labour Organisation (ILO), about 10 million children under 15 years in Africa are in formal employment, working long hours with poor pay and are exposed to substantial health hazards. Clinical reports (Onyango and Male, 1982; Okehialam, 1984: Peltzer, 1986 cited in Famuyiwa, 2014) corroborate the use of African children as agents of cheap labour, and highlight the deleterious impact of child labour on the child's physical and emotional well-being. For example in Uganda, a total of 10.7 percent of children reported experiencing sexual abuse weekly while 8.3 reported experiencing sexual abuse every day. Most of the children (32.2%) experienced abuse at home, 24.3% at school, 34.2% at both home and schools, while 9.3% experienced sexual abuse in the community (ECPAT, Uganda, 2008).

In addition to that, the conflict that took place in Uganda which lasted for 20 years and displaced a population over 1.8 million people, affected in number children (Aliobe , 2010). Approximately 3,000 children were abducted and forcibly recruited as child soldiers. It is estimated that between 20,000 and 25,000 children, including

girls were kidnapped, used as commanders, defiled, raped and forced to be sex slaves or wives of rebel commanders (Aliobe , 2010). Children had their hands tied together with ropes and many more were made to carry heavy loads of bombs, grenades, bullets, looted goods and food over long distances, and were killed or forced to kill against their will (Aliobe , 2010).

In the same vein, it is estimated that at least 30,000 children were attached to the armed forces and armed groups in the conflict zones of eastern Democratic Republic of Congo (DRC) and this constituted up to 40 per cent of some forces Amnesty International USA (AIUSA, 2007). Girls were estimated to represent up to 40 per cent of these children and, in early 2005 it was believed that around 12,500 girls were associated with the armed forces and groups (AIUSA, 2007).

2.4.2 Tanzania Experience on MVC

The number of children orphaned due to HIV/AIDS as well as other causes is significantly higher, encompassing approximately 2,600,000 children (United Nations Children's Fund [UNICEF], 2010). About 8 percent of all children are considered to be vulnerable children, as identified within the framework of the National Costed Plan of Action for Most Vulnerable Children (Tanzania HIV/AIDS and Malaria Indicator Survey, 2007–2008). An estimated 140,000 children in Tanzania under the age of 15 are infected with HIV/AIDS, according to a 2008 UNAIDS survey estimate (USAIDS, 2008). Children who are orphaned or made vulnerable by HIV/AIDS face a range of challenges, including stigma and discrimination, abuse, exploitation, neglect, poverty, and illness and depression.

According to Policy Project (2005 cited in USAIDS, 2008), in Tanzania, 3 percent of children under age 18 had a parent who was very sick from HIV/AIDS; 7 percent lived in a household in which at least one adult (a parent or other household member) was very sick; and 1 percent lived in a household where at least one adult had been very sick and died during the 12 months preceding the survey. According to the Rapid Country Assessment, Analysis, and Action Planning (RAAAP) Final Report, forty percent of all children under age 18 are living in households at or below the national poverty level (Policy Project, 2005 cited in USAIDS, 2008) .More than 50 percent of OVC live in households with grandparents as their primary guardian.

In addition to that, it is estimated that children aged between five and seventeen years comprise about 31.3% of the country's mainland population of which 5% of them are the most vulnerable (Joel and Walter, 2013). Children vulnerability is mainly due to chronic poverty, social disintegration, lack of education, diseases (HIV/AIDS pandemic, malaria, water- and air-borne diseases), economic exploitation, unstable families, broken marriages and children born out of wedlock (REPOA, 2007 cited in Joel and Walter, 2013).

Moreover, HIV/AIDS cause about 48.5% of orphans countrywide (UNAIDS, 2008). The rising number of MVC is emerging at the time when the capacity of families and communities to respond to the crisis is increasingly compromised by the weakening of the social system that traditionally offered social protection to vulnerable children (Kaare, 2005; URT, 2007a). The social systems have become weak due to increasing poverty and family burdens (Mkombozi, 2006). Consequently, many people refuse to

take care of other people's children, even those of their close relatives (Mkombozi, 2006). This increases the vulnerability of children as their basic needs for care, support, and protection are not met.

2.5 World's Responses to Child Vulnerability

Social Protections to MVC are a value shared by all cultures and communities around the globe (Patricia, 1998). In almost all societies, responsibility for raising children well and preparing them for adulthood goes beyond the parents and is shared, to some degree, by the community at large (Patricia,1998). The community's investment in the well-being of its children is reflected in cultural mores and social norms, and in legal frameworks that permit intervention in individual families when children live in harsh environments. The 1989 Convention on the Right of the Child places a comprehensive duty on states to ensure that the rights of children are protected from all forms of abuse, exploitation and violence. This implies that a state can be held responsible for its failure to respond to the requirements of the CRC to prevent child abuse (Aliobe,2010).

Articles of the CRC relate specifically to exploitation of children and its consequences. Countries that have ratified the convention are required to take appropriate action to protect children from all forms of physical or mental violence, injury and abuse, including sexual abuse by parent(s), guardian(s) or caretaker(s).

The protection from inducement or coercion of a child to engage in unlawful sexual activity and from the abduction of, sale of or trafficking in children for any purpose is an obligation of member states (Aliobe, 2010). On the other hand, in 2001, world

leaders agreed on the first set of global commitments for children affected by AIDS at the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS (Cardoso, 2010). Articles 65-67 of the Declaration of Commitment on HIV/AIDS identified children as a particularly vulnerable group and highlighted the need for policies and programming around HIV and AIDS to be child-sensitive (Cardoso, 2010). Specifically, leaders committed themselves to develop by 2003, and implement by 2005, "national policies and strategies to build and strengthen government, family and community capacity to provide a supportive environment" for affected children.

At the UNGASS Review in June 2006, world leaders resolved to be more particular and precise about their commitments to children, as captured in Article 32 of the Political Declaration on HIV/AIDS (Cardoso, 2008). They pledged to address as a priority the vulnerabilities faced by children affected by and living with HIV, to provide support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers, to promoting child-oriented HIV/AIDS policies and programmes, and increased protection for children orphaned and affected by HIV/AIDS, to ensure access to treatment and intensify efforts to develop new treatments for children, and to build, where needed, and to support the social security systems that protect them.

2.5.1 Responses to Children's Vulnerability in Tanzania

2.5.1.1 Government Responses

Tanzania as a UN and a AU member States was a signatory of all convention to protect its children. Using different strategies, Tanzania aims at ensuring that MVC

are effectively and efficiently provided with community-based support and care (UNICEF, 2009). Based on that reality, Tanzania is committed to ensuring that the rights of children are respected. The evidence is that the adoption of The Law of the Child Act, approved by the Tanzanian Parliament in November 2009 and the Children's Act, passed by Zanzibar's Members of House of Representative in March 2011, enshrine fundamental rights of children and lay the foundation for a child protection system that oblige a range of bodies to prevent and respond to violence, abuse and exploitation of children.

Towards this a child protection system building approach, focuses on the establishment of a system with a set of linked and coherent structures, functions and capacities that can prevent and respond to all child protection are adopted. A system that integrates the actions of families (and children themselves), communities, formal and informal laws and practices, states and non states actors all sectors, to work together to protect a child (URT, 2011). It looks at all the actions needed to protect children along a continuum, from promotion of a safe environment for the child, to prevention through to response and restorative services for the children at risk of, or experiencing, violence, exploitation and abuse (URT, 2011).

Moreover, the government of Tanzania in the same vein, adopted a National Costed Plan of Action of 2007-2010 and National Costed Plan ii of 2013-2017 which make strategies for each stakeholder to their position they can be able to implement services to children (URT, 2009). The main goal of the NCPA, is to make the community itself to be the key actor of supporting these children even if there are many NGOs, such as PACT Tanzania, Family Health International (FHI),

KIWOHEDE, Plan Tanzania and many of the kind collaborating with the government and the community to provide the services to MVC such as food, shelter, income support, education support, health as well as psycho-social support (URT, 2009). To ensure that MVC in Tanzania are protected from harm and receive access to essential services to realize these objectives, the NCPA focuses on the following six thematic areas (URT, 2009).

(i) *Policy and Service Delivery Environment:* Partners should carefully coordinate activities with one another, linking programs and mobilizing resources in a way that is most effective. Communities should be mobilized and their capacity built so MVCs can be identified early. Local authorities and communities should participate in the care, support, and protection of MVC, developing coordination mechanisms for MVC programs at the district level. This would include development of policies and guidelines focusing on MVC issue.

(ii) *Household and Child-level Care:* The basic or "core" needs of children and youth must be met to ensure their current and future wellbeing. Their basic needs include food and nutrition and non-food needs such as shelter and care, protection, health care, psychosocial support, education, and economic strengthening.

(iii) *Protection and Security:* Stigma and social neglect faced by MVC must be addressed, as well as all forms of child abuse and exploitation, including child trafficking, child labour, and commercial sex. It also aims to ensure succession of property to MVC.

(iv) *Psychosocial Support:* Fear, grief, trauma, and stigma faced by children must be addressed. The continuity of social relationships of MVC and their

> caregivers should be ensured. Children should receive love and emotional support, and the opportunity to express their feelings without fear of stigma and discrimination. Developmental child psychology reveals that children's earliest experiences and social attachments to others form the backbone of their ensuing learning, setting the stage for their ability to cope with challenges later in life. Their relationship to others, and especially to loving and attentive primary adult caregivers, is among the most import factors in healthy psychological development (Miriam, 2011).

Extensive research from various countries confirms that O/MVC between the ages of 0 and 8 years who had experienced serious emotional trauma early in life were more likely to suffer from depression and other mental health conditions later in their lives (Miriam, 2011). In societies with a high burden of HIV/AIDS and poverty, for example, children are more likely to be exposed to factors that detrimentally impact their cognitive development and future psychosocial and physical health. These factors include chronic malnutrition, lack of education and healthcare, compromised care giving behaviours in institutional or family/community settings, the early death of a parent, caregiver illness, and exposure to exploitation and violence (Rachael , 2010). Such stresses are known to disrupt brain chemistry and lead to impaired learning, memory, and social development, and to greater susceptibility to physical illnesses as an adult.

A wide array of empirical and theoretical analyses reveals that the primary, loving relationship between a caregiver and a child carries critical implications for children. For example, in a study of 19 countries in sub-Saharan Africa, at-risk children living

in a household headed by a relative were worse off than those living with a parent, and children living in households headed by non-relatives were less likely to be enrolled in school (Rachael, 2010). Serious emotional attachment difficulties have also been consistently observed and reported throughout all regions of the world among institutionalized children.

(i) *Measuring the Process:* The progress of NCPA implementation should be monitored and evaluated. The quality of MVC responses should be evaluated and intervention effectiveness should be assessed. Outcomes should be evaluated (i.e. Have NCPA activities achieved their intended outcomes for MVC and the community?)

(ii) *Resource Mobilization:* Adequate resources must be available to ensure effective and sustainable implementation of the NCPA.

2.5.1.2 Tanzania Anti-Poverty Programs and MVC

To put into practice the support services to MVC, the Tanzanian government adopted the National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children of September, 2009, guidelines for training for most vulnerable children committees at community level of July, 2011 and training package for improving quality of care, support and protection for the most vulnerable children in Tanzania of October, 2010 (UNICEF, 2009). NSPF as a part 2 of the national efforts to reduce poverty primarily aims at reaching the most vulnerable groups and ensuring their protection by comprehensively addressing structural and multi-causal vulnerabilities. NSPF defines social protection as traditional family and community support structures, and interventions by state and non-state actors that

support individuals, households and communities to prevent, manage, and overcome the risks threatening their present and future security and well-being, to embrace opportunities for their development and for social and economic progress (URT, 2008 cited in Joel and Walter, 2013).

Drawing from the above definition of social protection and the works by Devereux and Sabates-Wheeler (2004 cited in Joel and Walter, 2013) on 'Transformative Social Protection' and the Hagen-Zanker and Holmes (2012 cited in Joel and Walter, 2013) study on 'Social Protection in Nigeria', four mechanisms that deliver social protection are established. These are protective, preventive, promotive and transformative measures. First, protective measures aim to provide relief households from poverty and deprivation. They protect households' income and consumption, which includes social assistance programmes such as cash transfers, school feeding programmes, and social services fee exemptions and waivers to vulnerable groups and in-kind transfers. Second, preventive measures aim to alleviate poverty by preventing the economically vulnerable groups from falling further into poverty.

These initiatives include social insurance schemes such as community health insurance and other subsidized risk pooling mechanisms to deal with consequences of livelihood shocks. Third, promotive measures deal with promoting household's ability to engage in productive activities and increase incomes. These measures include targeted livelihood enhancement programmes such as public works employment schemes, agricultural inputs transfers or subsidies and microfinance programmes. Lastly, transformative measures seek to address issues of social equity

and discrimination. These measures include protection of socially vulnerable groups. Examples of transformative measures are programmes which tackle gender inequality and gender based violence, promotion of child rights, HIV/AIDS anti-stigma campaigns and linkages to transform public attitudes in enhancing equity and inclusion.

2.5.1.3 The Ministry of Education, Science and Technology

The Ministry of Education and Vocational Training serves the majority of school age children from pre-primary, primary, and secondary schools in the country (ages 5–6, 7–13, 14–17, 18–19, and 20–21). About 70 percent of the youth population is in either primary or secondary school. The ministry has engaged in intensive teacher and peer training in these schools (URT, 2010). Teachers are being trained as both counsellors and HIV/ AIDS educators, and the ministry has plans to strengthen HIV/AIDS counselling services including promoting the following: life skills, better learning, communication among stakeholders in education, learners' self-respect, trust and confidence, coping skills in response to traumatic events (URT, 2010). The government is also implementing a friendly school environment program that will facilitate integration of all children, including MVC, into the school and teaching, learning environment.

2.5.1.4 Actors of Non State Anti Poverty Programs and MVC

On the part of non-state actors, several forms of MVC support have been achieved. These non state actors include UN and international NGOs and religious based organizations that supported various initiatives through funding and initiation and implementation of various programs. Some of the initiatives are as follows: first,

provision of legal aid services to the poor. Some organizations offer these services to children in the areas of inheritance, custody, maintenance, and sexual abuse. The services include conducting administrative follow ups and litigation in courts of law. Mass awareness-raising through media programs and simple publications, although the latter has limited circulation but does contribute. Some print media have specific programs targeting MVC (NCPA, 2010).

Second, in ensuring that MVC, especially those orphaned by HIV/AIDS continue enjoying family life and are not left to be predisposed to child labour, prostitution, or street life, a pilot initiative of "*Mama Mkubwa*" has been tried in Makete district, which has been hard hit with AIDS. Under this initiative, which has been pioneered by UNICEF, TAHEA, and other actors who intend to replicate it elsewhere, a respectable mature lady from the clan who commands some affection from the orphans is given the guardianship of them and lives among them to provide care, support, and protection (URT, 2010). This guardian is economically supported in order to manage this task. This approach ensures that such children continue living in the same society and enjoy the same social bonds.

Moreover, children living in the street, children with disabilities, children in childcare institutions, and children with similar problems and living out of family environments are lacking psychosocial support to fill in for the missing family environment (URT, 2010). There are some good examples of psychosocial support initiatives currently operating in the country. PASADA and HUMULIZA have been singled out as being among the best projects. The lessons from PASADA and

HUMULIZA, which emphasize the need to integrate psychosocial support activities with programs that meet the other basic needs of children. Many other organizations provide psychosocial support to children, including Kiota Women's Health and Development (KIWOHEDE), which serves to protect the rights, health, and development of children in domestic service (2010).

This organization includes trained personnel such as social workers, clinical officers, gender specialists, nurses, and teachers. This helps MVC overcome trauma, help MVC regain self-esteem, help MVC acquire knowledge and working skills, provide counselling and income generation activities, provide educational training. Others include Yatima Group Trust Fund, which provides basic needs parenting care to orphans; Kurasini National Children's Home; WAMATA, Upendo Counselling Centre, and Dogodogo Centre for MVC.

2.6 Challenges that Hamper Provision of Social Services and Security to MVC

Numerous MVC intervention mechanisms face a number of challenges which limit their outreach and impact significantly (Joel and Walter, 2013). Some of the challenges are lack of coordination of existing intervention arrangements, weak institutional framework between ministries , low levels of community participation and human and material resource constraints (Mbaula, 2011 cited in Joel and Walter, 2013). The assessment of the MVC programmes in Tanzania reveal a bias towards HIV/AIDS induced orphans against other vulnerabilities. Charwe (2004 cited in Joel and Walter, 2013) reported that in some parts of rural areas over 60% of children live

below the poverty line and were not served by interventions because they were not orphaned by HIV/AIDS. They explained that the challenges are based on geographical locations. It was argued that MVC who are remotely located, despite their eligibility for interventions, are neglected because of the inaccessibility of the areas.

With regard to legal matters, provisions on children's rights are scattered in different statutes (URT, 2010). Many laws are old and do not reflect existing children's rights. Some have provisions that oppress or expose children to vulnerability. Many are not accessible and user friendly, especially to the children themselves and their caregivers (URT, 2010). For example, the process of developing a new Children's Act has not been participatory enough for people with different ideas and perspectives. This may mean that a number of important issues are left out and various services that are rendered to the MVC like legal aid, paralegal services, institutional care, and various advocacy campaigns in favour of MVC are uncoordinated. On the other hand, in health care through the Ministry of Health and Social Welfare, the government provides for preventive and primary health care needs of children (URT, 2010).

However, it is difficult for MVC to access even the freely provided health care because they lack money to meet the associated extra expenses. This includes an inability to meet transport costs to the nearest health care provider. Besides difficulties buying prescribed medicines from pharmaceutical shops, a lack of funds often prevents MVC and their caregivers from joining the Community Health Fund in communities where it has been introduced.

In education, through the Ministry of Education, science and technology the government has recognized the importance of education in fighting poverty and vulnerability. Measures taken to secure MVC access to school include abolition of primary school fees and provision of scholarships for secondary and tertiary education (NCPA, 2010). However, MVC face additional constraints that prohibit them from attending school regularly and remaining in the formal education system. This includes care-taking responsibilities especially those in child-headed households and or those in households with elderly and critically ill parents or caregivers. MVC also often have difficulties affording required educational materials and school uniforms.

2.7 Review of Empirical Studies

Positive support services to MVC can be seen as the results to positive livelihood outcomes. The focus of this study was the sustainability on support services to MVC. Since literature on sustainability on support services to MVC per se is very limited, available literature based protection and social protection targeting on MVC and MVC identification factors will be used. There is evidence that the central element of most support service programme is livelihoods support, an emphasis readily understood in economic, social and psychosocial (Abraham, 2006).

In his qualitative cross sectional study conducted in Morogoro, on assessment of factors influencing identification of the most vulnerable children in Tanzania, Godfrey (2012) revealed that training was lacking to undertake MVC identification.

However, majority of the influential entities such as MVCC, ward and village leaders had little knowledge and exposure on the identification process. Inadequacy of

workforce and time allocation for MVC identification was evident. Policies guidelines were not adequately advocated and disseminated to the council and community level.

Moreover, in their cross-sectional survey conducted in Singida district and Singida Municipality on social protection targeting on the MVC in Tanzania, Joel and Walter (2013) noted that the MVC identification process was highly influenced by the organizations objectives, the scope of activities and the available resources. In the same vein, Joel and Walter (2013) also found that many of the non-state actors adopted their own identification process instead of using the national guidelines. On the other hand, the study found that often the difficulties faced by children were detrimental to the children's physical and cognitive growth and development. Analysis on the support extended to children shows that many interventions focus on protective social protection services while a few deal with preventive and promotive social protection. Joel and Walter (2013) also found that the major challenges in support service delivery which were found are distribution of support, few resources support to support MVC secondary and vocational education, poor self-help initiatives, poor implementation of targeting methods, misuse of support provided, and duplication of efforts. However, the study by Joel and Walter (2013) did not adopt more qualitative approach to gather narrative stories from MVC which would provide detailed information on their life, views and sentiments. In addition, this study did not investigate the community attitudes towards MVC.

In their survey, using qualitative and quantitative methodologies, on coping strategies used by street children in the event of illness, conducted in Dar Es Salaam

in the three districts, Zena and Aneth (2010), found that although health services could be granted to MVC, the majority of them were not getting them. The researchers found that the cost of services and unfriendly attitudes of health workers were the barriers for MVC to access services. In addition, the researchers found that most of the children preferred to buy medicine from local shops and pharmacies because it was cheap and saved times, thereby allowing them to focus on income earning activities. However, the study by Zena and Aneth was limited in scope. It served as an evaluation of the strategies used by street children in the event of illness instead of looking at other vulnerable children. The study overlooked the attitudes and practices of health personnel towards children living on the street.

Information presented in the reviewed literature observes a number of forces, which contribute to the problems in extending support services to the MVC. The process may begin with the available child protection mechanisms' inability to reach the neediest of the MVC and adjust to various basic needs of these children. Largely, empirical studies have done little on the cause of the problems within the broad programme targeting system. These include neglect of children's own voices in the identification of their needs and proposing the solution for their problem as well as challenges faced by interventions programmes in targeting the eligible beneficiaries.

2.7.1 Literature Synthesis and Knowledge Gap

More comprehensive researches on child vulnerability have been undertaken in several parts of the country but many studies mostly focus on HIV/AIDS induced orphans. There is a paucity of detailed information on how intervention programmes

deal with and meet the needs of the MVC in other categories. There is little likelihood of finding a lasting solution to the problems of the MVC by interventions focusing mostly on HIV/AIDS induced orphans and neglecting other causes of vulnerabilities. In addition, there is paucity on how children voice their views on their needs, thus posing challenges for developing a sustainable solution to the problem. The studies above were unable to evaluate the extent to which the services support strategies and means enable the most vulnerable children to be self reliant hence failing to inform the development of transformative interventions to the affected communities to establish more community-led (self-help) programmes for supporting MVC in their localities. Based on this the current research focused on assessing the support services to MVC and its sustainability at Buguruni ward in Ilala district Tanzania.

2.8 The Conceptual Framework

A conceptual framework for analyzing the social protection targeting approaches to for the support of the most vulnerable children was developed as in figure 1 as illustrated by Joel and Walter (2013). The pattern of interaction between different variables (input, process and output) has been illustrated in the Figure 1.

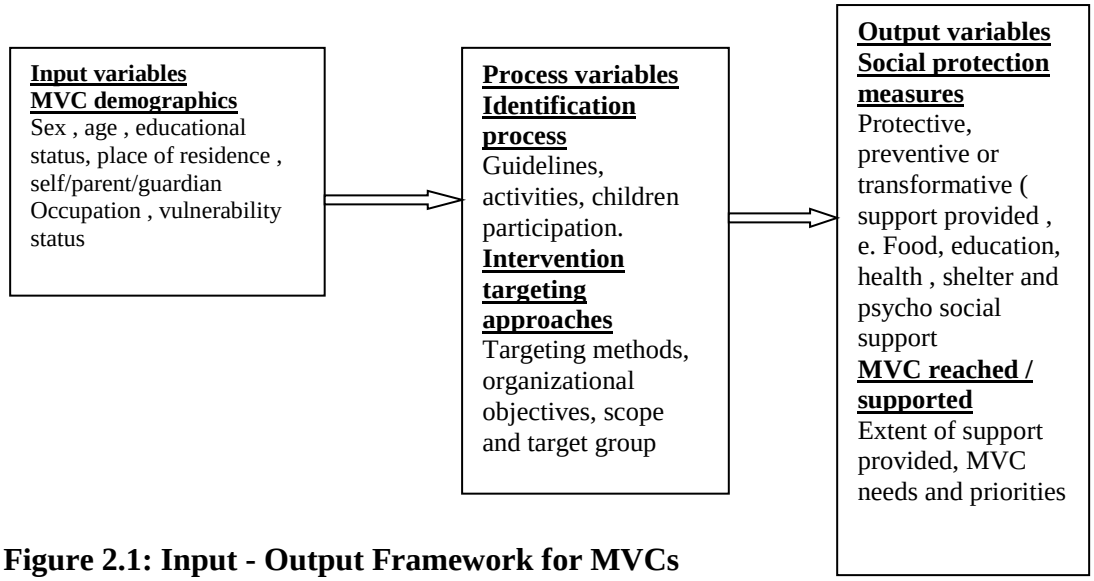


Figure 2.1: Input - Output Framework for MVCs

Source: Adapted from Joel and Walter (2013: 14)

The input variables consists of children socioeconomic and demographic attributes such as dwelling place, geographical location (whether rural or urban), relationship with the head of household, sex and age of children. The process variable included identification exercises and intervention targeting approaches. The way identification process of factors is conducted and the type of targeting methods adopted by the family supporting organization have a great influence on the children who can be supported. Moreover, the output variable included the social protections measures in place to support the children. These include protective, preventive, promotive and or transformative services. Moreover, the output variables include number of children reached and supported and the extent of support in relation to children needs.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology is a way to systematically solve the research problem. It entails various steps that are adopted in studying a research problem along with the logic behind them (Kothari, 2004). This chapter describes the methodology that will be used to carry out this study. The chapter describes the type of the study, area of the study, study population and sample size, sampling techniques, types and sources of data, data collection methods, validity issues and data analysis methods.

3.2 Research Design

This is an empirical study based on the use of a case study. This Case study design was selected because it is a particular method of qualitative research that involves in-depth and breadth examination of a single instance or event. These dimensions are related to two important issues in research design; the number of variables to study, and the number of units to study. A social constructionist approach was chosen that puts people at the centre of research and places importance on the observer's view point in defining reality.

3.3 Area of the Study

Area of study refers to the geographical location covered by the study which is usually stated in terms of the country, state, education, political or administrative zone local government area (Osundu, 2004). This study was conducted at Buguruni Ward in Ilala Municipal, Dar es Salaam. The choice of this study area was prompted

by two main reasons: First, because the organisations dealing with MVC such as Plan International, Kiwohede and Family Health International operate in the Buguruni area in service provision and, second the area is among the leading wards which have many vulnerable children.

3.4 Study Population

According to Nachmias (2008), population is the aggregate of cases that conform to some designated set of specifications. The population of the study comprise 200 respondents: 100 most vulnerable children, 30 care givers (both parents and guardians of MVC), 20 Nongovernmental organisations workers based on human children issues, 10 Social welfare officers, 10 community leaders , 15 MVCC members and 15 community members. These categories were targeted because they are the ones that were better placed to provide their experiences and opinions on the question of support services for most vulnerable children in the targeted ward.

3.5 Sample Size

The purpose of sampling was to select a group of people or things or areas that can be studied. It is usually impractical and unnecessary to include all the target population in the study. From that basis, sixty five (30 percent) of the respondents will be drawn from the population to represent the target population. Krishnaswami (2002: 144, cited in Latisia, 2008), recommends a population sample of 30 % as being an enough representation of the entire population in the qualitative research. The sample was made up as follows: 33 MVC , 10 care givers , 6 Nongovernmental workers , 3 social welfare officers , 3 community leaders, 5 MVCC and 5 community members as detailed in Table 1 below.

Table 3. 1: Distribution of the Respondents

	Sex					
Level	**Male**		**Female**		**Total**	
MVC	16	23.88 %	17	25.37 %	33	49.25 %
Care givers	5	7.46%	5	7.46 %	10	14.92 %
NGO workers	3	4.47 %	3	4.47 %	6	8.95 %
Social welfare officers	2	2.98 %	1	1.49 %	3	4.47 %
Community leaders	1	1.49 %	2	2.98 %	3	4.47 %
MVCC	2	2.98 %	3	4.47 %	5	7.46 %
Community members	3	4.47 %	2	2.98 %	5	7.46 %
Total	32	50.74 %	33	49.25%	65	100 %

Source, Field Data, 2015

3.6 Sampling Techniques and Procedures

Probability and non-probability sampling will be used for this study. These two approaches are described below.

3.6.1 Probability Sampling

This study was use simple random sampling approach to select the MVC. Based on Kothari (2004) advice, SRS was involved assigning numbered slips of paper to all individuals or elements featuring in a sampling frame. For the purpose of this study, sampling frames were lists of all 100 MVC in that particular area. The number of slips of paper were put in container and thoroughly shuffled to avoid selection or reduce bias and one slip of paper will be blindly selected at a time. This process was

repeated until the envisaged sample size that was 33 was reached. The persons whose names were match the selected slips of paper were included into the questionnaire sample.

3.6.2 Non-probability Sampling

Purposive sampling involves including respondents into sample based on their assumed or perceived resourcefulness in terms of their potential to provide required information (Kothari, 2004). For the purpose of this study, this sampling procedure was used to select 34 adult respondents from different department and community setting. It is believed that adult respondents are likely to give more details about support services for the MVC in their community.

3.7 Data Gathering Process

The study was conducted in four main phases. The first phase was a questionnaire covering all 65 respondents. The purpose of the questionnaires was to get some baseline data for the sample data. The second phase was to select 18 respondents for in depth interviews. The third phase was to select 30 respondents for Focus group discussions. The fourth phase focused on participatory observation of living situation of MVC.

3.8 Data Gathering Tools

3.8.1 Primary Data

3.8.1.1 Questionnaires

This quantitative tool was employed during this primary data collection. This was intend to generate information on the number of cases and various forms of provision

of services of MVC children in the period under review. In addition, this method helped the researcher minimize her own bias towards the respondents and to be fair regarding the answers given by the respondents. The construct of questionnaires was closed and open questionnaires. This quantitative tool was developed in English and translated into Kiswahili to make it easier to be read by MVC. This instrument of data collection was used for all 17 respondents so as to collect data from all the three objectives. The principal researcher and her assistants were given these questionnaires to the respondents and were requested them an appointment to come back to collect them. Information based on the following ware gathered:

(i) The methods adopted to identify and select MVC and their needs

(ii) The strategies for intervention in case of need

(iii) The nature of the benefit, and the design of the distribution system

(iv) The challenges encountered in service delivery.

(v) MVC social demographic data

(vi) Identification of actors of the provision support and their contribution in achieving the sustainability of the support services

(vii) Evaluation of the services to MVC

3.8.1.2 In-depth Interviews

In depth interviews was conducted to generate personal accounts of support services to MVC. Such interviews was used because they constitute a flexible research strategy of discovery recommended when the purpose was to assess and describe what was happening about the phenomenon and not to find out the frequency of some predetermined variables (Lofland, 1971; cited in Makombe, 2006). All in-

depth interviews was taped recorded in order to have accuracy and consistency of the data collected. This method of data collection was used to 18 respondents, 13 MVC, 5 community members together.

(i) children's socio-economic and demographic characteristics,

(ii) children's views on the process of identification and selecting benefiting children,

(iii) the types of benefit provided and modality of its distribution,

(iv) children's views on the extent the benefit provided meet their needs and priorities,

(v) Children's views on the better ways of supporting the children in most need. This qualitative tool of information gathering will be used to meet the third objective of the study.

3.8.1.3 Focus Group Discussion

Focus group discussion is a facilitated discussion that elicits the opinions and emotions of participants on a specific theme (Lori and Dipak, 2006). This method was used in order to obtain detailed information about the whole process of support services to MVC and exploring attitudes and feelings of community, MVC and service provider regarding the issue. This qualitative tool was assist the researcher in gaining the following data:

(i) the major categories of MVC and their needs ,

(ii) the categories of interventions organizations,

(iii) the major organizations providing effective support to MVC,

(iv) the procedures for MVC identification and stakeholders involved in the process, and

(v) the role of the community in the MVC identification and selection

The interaction among participants was enabling them to ask each other questions, as well as to reevaluate the problem. FGD was involve three categories of respondents namely: 10 mvc female, 10 mvc male and 10 caregivers. These are the same participants who were involved in the in depth interviews so as to achieve the objective one of the study (see 6.3.1).

3.8.1.4 Participant Observation

This is collecting the information through viewing and listening to what is taking place regarding the study under investigation. The researcher will use this kind of observation since she is public servant in that community. This qualitative tool was used to explore MVC's experiences and environment of living, attitudes towards support services, behavior and interaction with other community members and care givers. This tool was used to attain the information on the third objective of the study.

3.9 Secondary Data

It could be very difficult to get vivid examples and data that are valid without having a look at what has been documented about the study under investigation (Kothari, 2004). To this end, an attempt was made to review various documents that might help to shade some light on the question of service provision on MVC. The target

sources included monthly and yearly reports on service provision from government offices, NGOs, news papers, strategic plans and also capacity building training. Since useful documents can be misleading or simply inaccurate or archaic , caution was exercised in the sense that documentary data were critically examined and compared with evidence from in depth interview , FGDs , observation and questionnaire data.

3.10 Validity and Reliability Issues

In order to ensure the validity of this study the researcher took several measures. In depth interviews were recorded through a recorder and finally transcribed repeating the actual words that were spoken or written. The researcher hoped that would make the data accurate and complete. To ensure the reliability of this qualitative research, the researcher ensured that instructions are given to research assistants in order to ask questions exactly as they appear in the questionnaires. Careful examination of data was to ensure the consistency of both the process and the product of the research. This was achieved through the use of combined methods of data collection such as, in depth interviews, FGDs, questionnaires, and documentary reviews. Thus, the reliability was when a particular technique will be applied repeatedly to the same situation and give the same results each time.

3.10 Data Analysis Procedure

Data analysis is a process of assembling masses of data into meaningful and relevant category by means of coding and eventually assigning meaning to them. Thus the purpose of data collection is to finally interpret and provide meaning to the data collected with the view to answering the research questions and meeting research

objectives (Kothari, 2004). Data analysis can also be defined as a process of organizing or arranging the data collected and providing meaning to the data by means of qualitative and or/ quantitative approaches (Yin, 1994).

This study was used both qualitative and quantitative approach to data analysis. Quantitative data collected via questionnaire was analyzed by means of descriptive statistics. This involved the presentation of relevant frequencies tables and even graphs. Qualitative data collected through in depth interviews, FGDs, participant observation and documentary review were analysed by means of thematic analysis. This approach involves summarizing the data and cleaning them to remove irrelevant data, documenting themes emerging from the data in relation to the research objectives and questions. A narrative style (Bailey, 1982) was used to describe the findings by means of quotes and paraphrasing responses given by in depth interview and FGDs respondents.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.1 Introduction

The chapter presents the analysis and discussion of the findings of the study. The presentation of the chapter is organized according to the research questions, objectives and the emerging themes and issues, including social demographic data of respondents as follows:

4.1.1 Demographic Data of Respondents

Table 4.1 below shows that slightly more than half 20 (53%) of children respondents ranged between 9 to 13 years old, while slightly less than half 18 (47 %) of them ranged between 14 to 17 years old.

Table 4: Demographic Data of MVCs

Parameters	Females	Percentage	Males	Percentage	Total	Percentage
Sex	1 9	50%	19	50%	38	100%
Age						
5-8 years old	0	00%	0	00 %	0	00%
9-13 years old	10	26.3%	10	26.3 %	20	53%
14-17 years old	10	26%	8	21%	18	47%
Education						
Primary level	10	26.3%	7	18.4 %	17	45%
Secondary level	5	13%	7	18 %	12	31%
None	6	16%	3	8%	9	24%

Source, Field Data, 2015

The data shows that MVCs interviewed were still adolescent and did not have life experience and ability to make decisions and choice as adult people could do. During distress and psychological ambiguity, children are passive victims of the abuse by adult people. They can rarely play a role in the decision making that affect their daily social lives due to their ages and vulnerability (Sheria, 2009).

With regard to education, the findings in Table 4.1 shows that less than half 17 (45%) of all children interviewed had primary level of education , slightly more than third 12 (31%) had secondary level , while slightly less than a quarter 9 (24%) did not go to schools.

Based on the findings in Table 4.1 the majority 26 (67%) of all MVCs respondents had low level of education. This implies that MVC in this study lack their basic cognitive needs of formal education which could help them to survive within an industrialized society. Lack of access to education can spark the discontent that can fuel children and youths desire to join the gang groups.

These arguments tally with what was reported by the International Save the Children Alliance (1999) with regard to deprivation of education to children. The agency found that children who have little or no education and those who find themselves in hazardous and vulnerability environments are among the most vulnerable groups to join the groups of atrocities.

The findings in Table 4.1 indicates that slightly more than a quarter 10 (26.3%) of female MVCs interviewed had primary level, while less than a quarter 7 (18.4%) of

males had primary level. According to manual mathematical calculations, the findings in Table 4.1 indicates that female MVC interviewed who had primary education were eight percent higher compared to their counterparts males.

In addition, the findings in Table 4.1 indicates that slightly more than tenth 5 (13.1%) of female MVCs had secondary education, while less than a quarter 7(18.4%) of their counterparts males had secondary levels. Mathematically, according to the findings, five percent of male MVCs who had secondary level were higher compared to their counterpart's females. However, the findings indicates that more than tenth 6 (15.7%) of female MVCs did not attend school, the number which is 6 percent higher compared to their counterparts males 8(7.8 percent) who did not attend schools.

4.1.2 Social Demographic Data of Civil Society and Government Officers

Table 4.2 below shows that less than tenth 1(6%) of all adult interviewed respondents ranged between the age of (18-23), the data also shows that slightly more than tenth 2(12%) ranged between (24-29) while, slightly less than a quarter 4(23.5) ranged between (30-35).

Moreover Table 4.2 show that less than half 7(41.1) ranged between (36-41), less than tenth 1(5.8) ranged between (42-47), while slightly more than tenth 2(11.7) ranged between 48 and above. The data in table 4.2 indicates that the majority of adult respondents ranged between 24 to above. This implies that the selection of respondents in this research has targeted both youths and matured adult people.

Table 4. 1: Demographic Data of Civil Societies and Government Officers

Parameters	**Category of respondents**								**Total**	
	NGOs workers	%	SWO	%	CL	%	CM	%		%
Ages										
18-23	0	00	0	00	0	00	1	6	1	6
24-29	2	11.7	0	00	0	00	0	00	2	12
30-35	1	5.8	1	5.8	1	5.8	1	5.8	4	23
36-41	2	11.7	2	11.7	1	5.8	2	11.7	7	41
42-47	1	5.8	0	00	0	00	0	00	1	6
48-above	0	00	0	00	1	5.8	1	5.8	2	12
Education										
None	0	00	0	00	0	00	1	5.8	1	5.8
Primary	0	00	0	00	0	00	0	00	0	00
Secondary	1	5.8	0	00	1	5.8	1	5.8	2	11.7
Bachelor Degree	4	23.5	2	11.7	2	11.7	1	5.8	9	52.9
Master Degree	1	5.8	1	5.8	0	00	0	00	2	11.7
PhD	0	00	0	00	0	00	0	00	0	00
Others	0	00	0	00	0	00	0	00	0	00

Source, Field Data, 2015

Key:

SWO- Social Welfare Officer

CL- Community Leaders

CM- Community Members

With regard to education slightly more than half 8(52.9) of all adult respondents had first degrees, slightly more than tenth 2(11.7), were second degree holders and more than tenth 2(11.7) were secondary level respectively .Table 4.2 also shows that less than tenth 1(5.8) were illiterates, none of them had primary level and PhD, respectively. The data in Table 4.2 indicate that the majority of all adult respondents had a very understandable level of education. This implies that the question of MVCs and social delivery issues to those children could be more understandable to the respondents

After presenting and discussing the demographic data of respondents covered in this study, the next section is devoted to present and discuss the first objective of the study.

4.2 The Actors of the Provision of Support Services

The objective number one was to identify actors in the provision of support services to the most vulnerable children. This section covered all respondents of the study. Data were collected through questionnaires and in depths interviews.

The interviewees were asked if they knew some of the actors providing support services to MVCs and what were they. The answers of the respondents are summarized in the Figure 4.1.

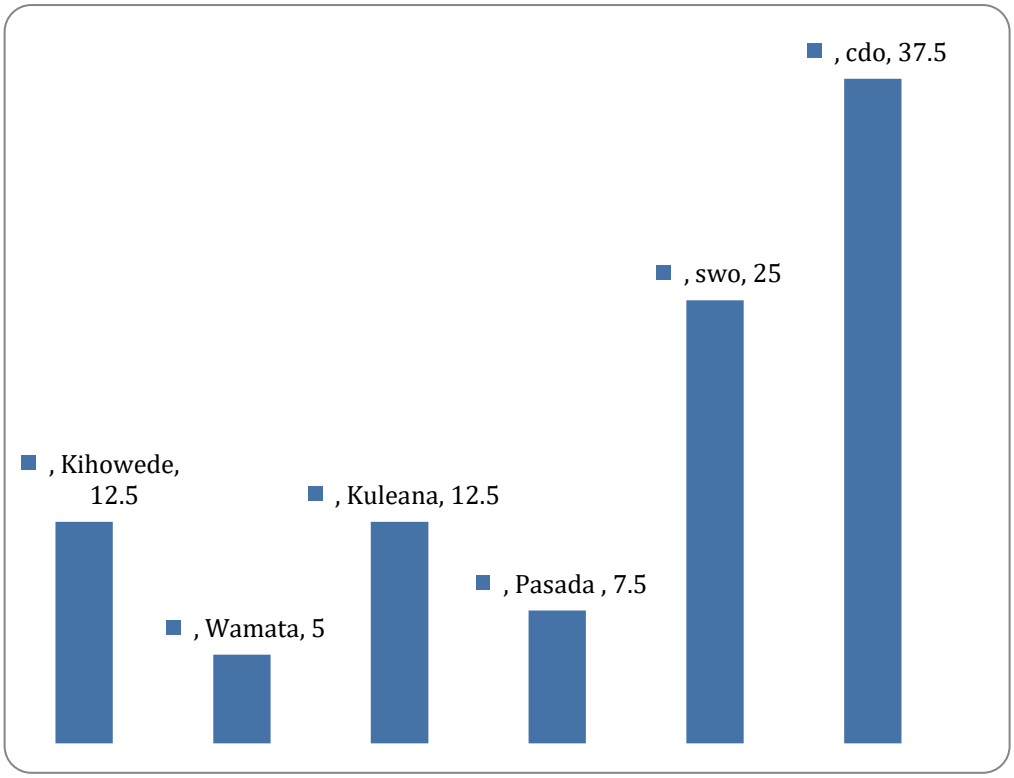


Figure 4. 1: Actors of Support Services

Source, Field Data 2015

When the researcher further probed those who gave positive answer asking them to name those actors, their answers fell into six group namely: Kiwohede, Pasada, Kuleana, wamata, social welfare officers and community development officers.

The findings in figure 4.1 indicate that more than tenth (5 which is 12.5 %) of these respondents said that the main actors were Kiwohede , less than tenth (2 which is 5%) said wamata , while slightly more than tenth (5 which is 12.5 %) said kuleana. In the same vein, Figure 4.1 indicates that slightly less than tenth (3 which is 7.5 %) said Pasada, a quarter (10 which 25 percent) of them said social workers , while more than third (15 which is 37.5 %) said development workers.

Table 4.2: Knowledge on Actors on Support Services Providers

Parameters	Respondents	Percentages
Yes	40	60
No	10	15
I do not know	17	25
Total	**67**	**100**

Source, Field Data, 2015

The data in Table 4.3 indicate that there are efforts that are being done by governmental and non-governmental organizations to support services to MVCs. This fall into the theory of attachment that advocates that through the support and care (such as psychosocial, physical facilities, medical care, scholastic, food etc.) by different organizations (government and civil society organizations) MVCs can regain the secure base necessary for their positive development which they had lost through different incapability or death of their parents (Joel and Walter , 2013).

In same vein, Patricia (1998) also argues that support services to MVC are a value shared by all cultures and communities around the globe since in all societies, responsibility for raising children well and preparing them for adulthood goes beyond the parents and is shared, to some degree, by the community, government and civil societies. This implies that the government and communities can be held responsible for its failure to respond to the social, economic and psychological needs of MVCs.

The researcher conducted a FGD with 9 MVCs with the aim of identifying the major organizations providing effective support to MVCs. Most of all FGD members said that Social workers and development workers were very ineffective in providing support services, but NGOs were very effective in doing so. These tally with Tanzania aims at ensuring that MVC are effectively and efficiently provided with community-based support and care and make strategies for each stakeholder to their position to be able to implement services to children (UNICEF, 2009).

They also argued that some of them did not even know what were social workers and development workers doing, despite the reality that some are well documented and identified as MVCs in their offices.

When the researcher probed to find out why some of them were well documented but still they could not get support services to social workers and development workers, they argued that these government organizations are more selective, since some people do not meet their criteria and others do. Data from FGD show that provision of support services to MVCs was given little attention and priorities by the government agencies. This situation might be due to the inadequate funds that the government agencies have in providing support services to MVCs in the country.

These arguments concur with those of Jesuit Refugee Services (JRS) (2003) that found that in most cases and especially in developing countries support services to MVCs is neglected, goes on arguing that operational framework neglects the programmes due to inadequacy of budget located to them and other resources.

After the researcher has discussed and analysed the identification of actors of service support, the following section deals with the contribution of the actors in achieving the sustainability of the support services to MVCs.

Table 4.3 shows that more than half 40 (60%) of all interviewed respondents said that there were actors providing support services to MVCs , more than tenth 10 (15%) said no , while a quarter of them 17 (25%) said they did not know.

Table 4.3: Knowledge on Actors on Support Services Providers

Parameters	Respondents	Percentages
Yes	40	60
No	10	15
I do not know	17	25
Total	**67**	**100**

Source, Field Data, 2015

Based on the findings in Table 4.3, who knew that there were actors for providing support services to MVCs were 34 percent higher than those who knew nothing and 45 percent higher than those who said no to the question. This implies that the majority of the respondents covered in this study had knowledge on the support services to MVCs. However, the findings also show that there are also a significant number of the people who are not aware of the system. This might be due to lack of education or unconcern with the problem of MVCs or ignorance.

This argument tallies with The National Costed Plan of Action for the Most Vulnerable Children URT (2008) that asserts that many children in Tanzania do not have their needs met, partly because people are not well informed about the issues

that could be presenting huge challenges for children. As the result, ignorance in knowing what the child needs and ignoring his feelings have very bad effect on the child. When one girl respondent was asked, she said she knew nothing about actors of providing support services to MVCs to support her answer, then later said the following:

It is difficult to know them since I have never gotten any assistance from them. In addition, I am not even registered as the MVC in my place, how should I know it?

The statement of the girl might be true due to the fact that the classification of MVCs recognizes that not all orphaned children are most vulnerable, and it equally recognizes that children living with a parent can be most vulnerable URT, 2008 cited in Godfrey, 2012).

4.3 Contribution of Actors

The second objective of the study was to determine the contribution of the identified actors in achieving the sustainability of support services to MVCs. This objective was examined in using questionnaires, FGDs and observation. All 67 respondents were covered in this section in order to determine how MVCs basic needs were met and made sustainable.

The respondents were asked if the actors had any contribution in achieving the sustainability of support services to MVCs.

Table 4. 4: The Perceived Contribution of Actors

Parameter	Frequency	Percent
Yes	35	52
No	20	30
I do not know	12	18
Total	**67**	**100**

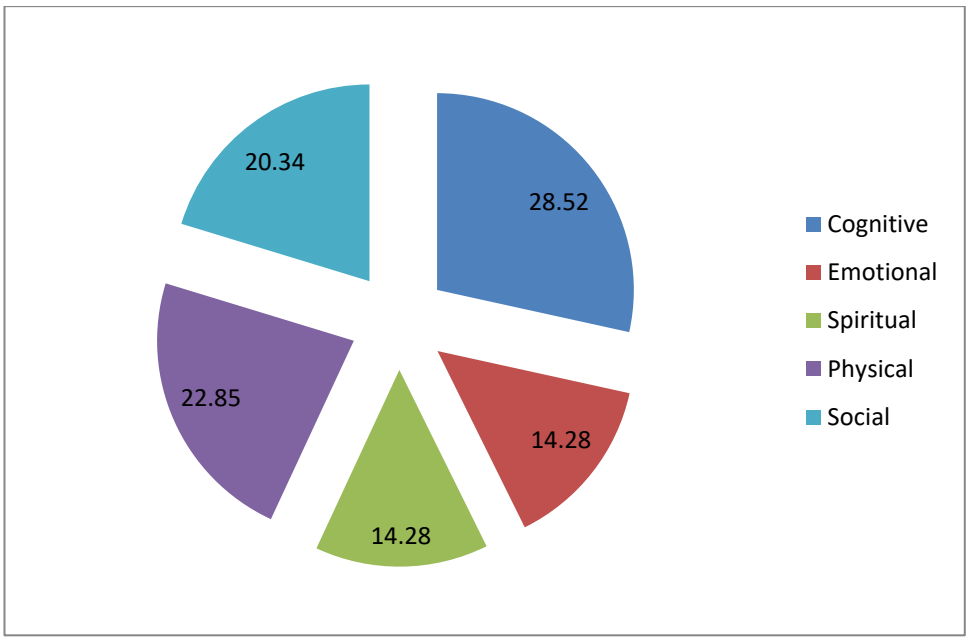
Source, Field Data, 2015

Table 4.4 shows that slightly more than half (35 which is 52%) of all respondents said yes to the question, slightly less than third (20 which is 30%) of them said no to the question, while less than a quarter (12 which is 18 %) said they did not know.

The findings in Table 4.4 indicate that the difference between those who gave a positive answer and those who gave negative answers was significant. The findings show that the frequencies of positive answers were 23 percent higher than those of negative ones. This implies that the contribution of support services providers to make sure the exercise is sustainable is considered to be much worth.

The researcher further probed those who gave the positive answers to justify their stance as the contributions of those services support providers. Their answers were grouped into five groups; namely: cognitive support, emotional support, spiritual support, physical support and social support, as indicated in Figure 4.2.

Figure 4. 2 Five Basic Needs Offered



Source, Field Data, 2015

Figure 4.2 indicates that slightly less than third,(10 which is 28.5%) of the respondents who gave positive answers said that MVC were provided cognitive support, more than tenth (5 which is 14.2 %) said that they were provided emotional support, and more than tenth (5 which is 14.2 %) said that they were provided spiritual support. Figure 4.2 also indicates that slightly less than a quarter, (8 which is 22.8%) of them said that MVCs received physical support, while less than a quarter, (7 which is 20%) said that they received social support.

The researcher also conducted an FGD comprised of social workers and civil society workers. The researcher aimed at exploring the major MVCs being assisted by service support services and their needs. All FGD members said that normally orphaned children living in harsh environment, children living with HIV/AIDs and those orphaned by HIV/AIDS and their needs were grouped into economic and social

needs. They further added that these were education, social participation, financial, housing and clothes.

When the researcher probed to find out why most of the support services targeted only orphaned children and those living with HIV/AIDs, the FGD members argued that other categories of MVCs were very hard to identify. However, the most vulnerable orphan children were the ones that were the first priority.

When analysing the data in FGDs and those of figure 4.2, one can say that many children in Tanzania do not have their needs met since other group of vulnerable children are not easily identified and targeted. The researcher made an observation in different MVC FGD acknowledged being supported by actors and those claiming rarely supported ones to see the situation of each family. The researcher observed that the confusion of each MVC member's roles and lack of resources and money were two psychological and economic ills that were seen to unsupported MVC households compared to their counterparts supported MVCs, interpreting these to be common themes. These two distinct aspects seen in MVCs unsupported families go along with the recent findings of other researchers.

Researchers had found that most MVCs families lacked the economic resources to support such siblings, often residing in overcrowded areas or houses (Al-Krenawi, Graham and Slonim, 2002), as well as having much confusion about roles and loyalty (Lev and Al-Krenawi, 2000). The researcher also observed that resentment and the lack of love or neglect have effects stemming to MVCs.

The findings in Figure 4.2 and observations point to the fact that the economic and social situation of individual MVCs are shown to be diverse. It is clear that unsupported families are in grind economic crisis, sadness, depression, confusion, resentment, and a loss of identity and love.

Excessive lack of financial and physical resources leads to proven health risks for MVCs, or economic hardship and embarrassment for the community (Farzaneh, 2004). In that respect, one can say service support could help MVCs to become part of the members of society , hence boosting family income and reducing poverty among them (John and Steven , 2011). This relationship among social, economic and educational wealth could highlights the benefit of sustained investments in MVCs as a poverty reduction strategy.

It can thus be concluded that despite their roles in making sure that the services support are sustainable, the results of this research are different from the expectations. This is due to the fact that among the indicators of five basic needs of a child, no one of these indicators was scored by the respondents to fifty percent. This implies that financial support to pay for clothes and food and material support like shelters and several others were inadequately provided by the service support providers. On the other hand, love to children and hope to them is lost, hence isolated from the community.

The above observations do not match with the child developmental psychologist, Miriam (2011) who asserts that children's earliest experiences and social attachments

to others form the backbone of their ensuing learning, setting the stage for their ability to cope with challenges later in life.

In the same vein, the findings in Figure 4.2 and researcher's analysis concur with URT (2010) that assertations that it has become difficult for MVC to access even the freely provided health care because they lack money to meet the associated extra expenses. This includes an inability to meet transport costs to the nearest health care provider. Besides difficulties buying prescribed medicines from pharmaceutical shops, a lack of funds often prevents MVC and their caregivers from joining the Community Health Fund in communities where it has been introduced. In educational setting, the findings in Figure 4.2 and observations tally with NCPA (2010) that argues that MVC face additional constraints that prohibit them from attending school regularly and remaining in the formal education system.

This includes care-taking responsibilities especially those in child-headed households and or those in households with elderly and critically ill parents or caregivers. It is argued in NCPA (2010) that often MVCs have difficulties affording required educational materials and school uniforms. After the analysis and discussion of the research objective number two, the coming section focuses on the evaluation of the services to enable MVCs to be self-sustained.

4.4 Evaluation of Support Services to MVCs

The research objective number three was to evaluate the extent to which the services enable the MVC to be self sustained. The researcher asked if the support services to

MVCs were sustainable and to what extent. The data for this question were collected through the use of questionnaires, in depth interviews and focus group discussions.

Table 4.5: Perceived Sustainability of Services

Parameters	Frequency	Percentage
Yes	15	22.38
No	40	56.70
I do not know	12	17.19
Total	**67**	**100**

Source, Field Data, (2015)

Table 4.5 shows that slightly less than a quarter (15 which is 22.38%) of the respondents said that the services to MVCs were sustainable, more than half, (40 which is 56.70%) of them said that the services were not sustainable , while less than a quarter, (12 which is 17.19 %) said they did not know.

The findings in Table 4.3 indicate that respondents who gave negative answers to the question was 36 percent higher than those who gave the positive answer, and 38 percent higher than those who did not know. This implies that the livelihood of MVCs outcomes were not given adequate attention by the Tanzania government, NGOs and communities. This might be due to the fact that most organisations seem to lack the formal mechanisms and methods to make livelihoods support to MVCs be effective. However, the Tanzania government and its implementing agencies forget that livelihoods sustainability of MVCs could be improved when they were socially, economically and psychologically positively reintegrated and made to be sustainable (Kayombo, 2010).

The arguments provided above tally with those of Joel and Walter (2013) who assert that the major challenges in support service delivery are distribution of support, poor implementation strategies and methods of targeting and duplication of efforts. The researcher conducted an in depth interview with MVCC and the latter said:

> *MVC lives depend on a large extension not only on their own initiatives as well as that of their families but also on the daily economic, social and psychological assistances they receive from the government, communities and non-governmental organizations, but this is not the case in our place.*

In the same vein, when the one PASADA worker was interviewed, he said:

> *None sustainable support service delivery may cause MVCs encounter problems which may create profound psycho social stress.*

In analyzing the above interviews and data in Table 4.3, the findings imply that lack of sustainable services can cause poor health of MVCs, inability to care for oneself , others and hopelessness in the long run.

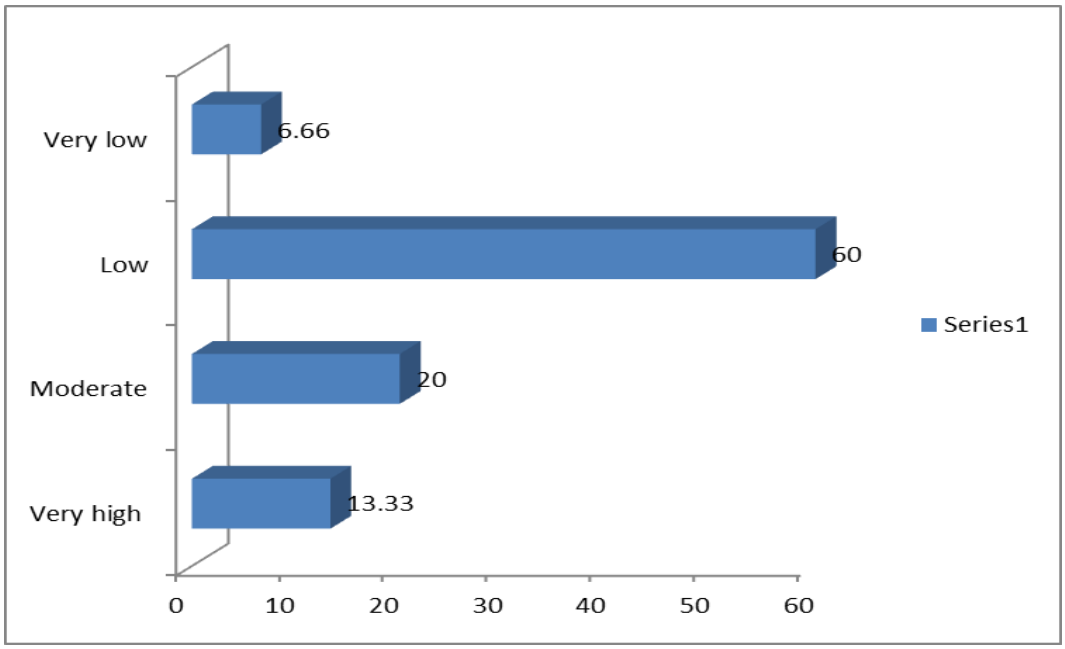


Figure 4.3: The Degree of Sustainability
Source, Field Data, (2015)

When the researcher probed those who gave positive answers to specify on what degree the services were sustainable, the respondents gave varying responses as illustrated in Figure 4.3.

The Figure 4.3 shows that slightly more than tenth, (2 which is 13.33 %) said that the extent of sustainability was very high , less than a quarter (3 which 20%) said that the sustainability was moderate , more than half, (9 which is 60 %) said that the sustainability was low, while less than tenth, (1 which is 6.66 %) said that the sustainability was very low.

The findings in Figure 4.3 above predominance of perceived low level of sustainability. The Findings also indicate that low degree of sustainability was 67 percent higher than that of very high, and 33 percent higher than that of moderate scores. This implies that the sustainability of service delivery was depreciating. This might be due to social system disintegration that have become weak due to economic and hardship of many members of communities.

This findings is consistent with that of Mkombozi (2010) that asserts that many people refuse to take care of other people's children, even those of their close relatives due to social ills and poverty that threatens most of them. This goes against what Patricia (1998) advocacy that community's investment in sustainable well-being of its children is reflected in cultural morals and social norms, and in legal frameworks that permit intervention in individual families when children live in harsh environments.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1.1 General Summary

This study was designed to assessing the extent to which the support services to MVC established by the government institutions and civil society organisations are sustainable.

The study was conducted in Dar es Salaam, in Ilala district in Buguruni ward. This study was conducted with the view of achieving the following specific objectives: First, to identify actors in the provision of support services to the most vulnerable children, Second, to determine the contribution of the actors in achieving the sustainability of the support services to most vulnerable children and third to evaluate the extent to which the services enable the most vulnerable children to be self sustained.

Data collections were guided by the following major research question:

To what extent support services to MVC programme established by the government and civil society organizations are sustainable to improve the livelihoods of children?

Three specific research questions were used to collect data: First, who are the key actors in providing support services to most vulnerable children at Buguruni ward? Second, what are the contributions of these services being provided for sustainability of children with vulnerability? And third, to what extent do the services provided enable the children to be self-sustaining?

The target population of the study was most vulnerable children. However for the purpose of getting further information, social welfare officers, NGOs members and community members in that area were also covered. This study used case study research design.

The sampling procedures used in this study were simple random sampling and purposive. These sampling procedures were used to select sixty seven respondents. The sample was divided as follows: Thirty–three MVCs, ten care givers, six NGOs workers, three social welfare officers, three community leaders, five MVCC and five community members.

This study was mainly qualitative although quantitative data were also collected. Qualitative data were collected through in depth interviews, focus group discussions, and observation while quantitative data were collected through questionnaires. Quantitative data were analysed through the use of descriptive statistical methods involving tables and figures, while in depth interviews, focus group discussions and observations data were analysed qualitatively.

5.1.2 Summary of the Findings

The objective number one sought to identify actors in the provision of support services to the most vulnerable children. The findings showed that over half of respondents said that there were actors of services provision in the ward. The findings have shown KIWOHEDE, WAMATA, Kuleana, Pasada , Social workers and development workers were the actors in provision of those services .

With regard to actors of providing support services to MVCs, the findings have shown that the majority of respondents knew that there were potential actors that were providing support services to MVCs.

The objective number two was to determine the contribution of the actors in achieving the sustainability of the support services to most vulnerable children. The findings have shown that more than half of the respondents said that the actors of service provision were contributing a lot to the wellbeing of MVCs and five basic needs were mentioned by the respondents which included: Emotional needs, spiritual needs, physical needs and social needs. In addition, the finding has also shown that the contribution of actors of service support provision was very important to MVCs.

The objective number three was to evaluate the extent to which the services enable the most vulnerable children to be self-sustained. The findings have shown that more than half percent of the respondents said that the services were not sustainable. The findings have also shown that sixty percent of the respondents said that the sustainability rate was low. The findings have shown that the sustainability of service support provision was not sustainable since the degree of sustainability was ranked to be low than expected.

5.2 Conclusions

The problem of improving support services to MVCs in Africa has been found to be more difficult. Despite that people are aware of the problem; the government of the United Republic of Tanzania and other provisional service providers has put less efforts in making the programme to be sustainable.

There is a need of the government of the United Republic of Tanzania and other provisional stakeholders providers to work effectively and allocate more funds in order to make these services to be continuous.

5.3 Recommendations

5.3.1 Policy Implications

The findings have shown that the contribution of actors were much valued but not sustainable , the policy implication for that is Children's needs apart from meeting their basic survival needs , such as food, water and shelter and development needs , a sustainable care of children should also provide Sustainable Love and affection from different stakeholders to MVCs Secondly , the findings have shown that the support were not adequately provided to MVCs , the policy implication for this is that there should be a sense of stability and security provided from the government and NGOs workers.

Findings have also shown that the support was not consistent, the policy implication for this is that, Consistency of care and Familiar surroundings should be more emphasized by the government of Tanzania.

Moreover, the children's policy makers and implementing agencies should put into their minds that can be achieved through psychosocial care and protection services of children in emergency and this should be provided to children and adolescents whose symptoms of psychological distress are persistent and have failed to resume to normal behavior. The rationale of this is that nearly all children and adolescents who

have experienced bad situations will initially display symptoms of psychological distress.iMost children and adolescents will regain normal behavior once basic survival needs are met, safety and security have returned and developmental opportunities are restored, within the social, family and community context.

5. 3.2 Recommendations Areas for further Research

Recommendations areas for more studies can be undertaken in the following areas:

Since this study was case study the findings did not give the process of change to service support over time. From this basis, longitudinal study is required from both rural and urban areas. The study of this nature will give a useful insight into the services support provision across time.

Finally, since many geographical areas are full of MVCs and are inadequately supported by the service support providers, it should be of importance to replicate this study in other areas apart from Buguruni ward in order to get more data regarding the sustainability of support services to MVCs.

REFERENCES

AIUSA, (2007). Sexual violence against the Most vulnerable children. In world report for violence and health. Geneva, Switzerland.

Aliobe, J. (2010). Child Abuse in Uganda. A case Study of Unyama Internally Displaced people's camp, Gulu District. A Research dissertation submitted in partial requirement for the award of the Degree of Master of Arts in Human Rights in the Department of Philosophy, Makerere University. Kampala Uganda.

Amnesty International USA, (2007). *Democratic Republic of Congo. Children at War, Creating Hope for the Future.* New York: Action for Human Rights

Amsworth, (2007). "Evidence from range for low income earners. New York

Pew Research center Inc.

Bailey (1982), Treatment of child neglect and abuse. A systematic review. *British Journal of councellors,600 (5)* 33 - 50

Bicego, G. (2003). *Dimensions of the Emerging Orphan Crisis in Su-Saharan Africa*. *Social and Medicine* Vol.56: 1235-1247.

Bruin, C. (2010). National Plan for Action for Orphans and Vulnerable Children Establishing reviewing and implementing National Plans of Action for Orphans and vulnerable children in Southern and East Africa: Lessons Learned and Challenges. Multi-sectoral workshop on legal and policy frameworks protecting Children. Pretoria, save the children Pretoria, South Africa.

Cardoso, (2010). Community integrity for child orphan. The case of central Afria. Washingon DC, Academy for educational development.

Delilah, B. (2008). *Children in Foster Care: A vulnerable population at risk.* National Center for Biotechnology Information, U.S. National Library of Medicine Washington.

Department of social welfare, (2014), ministry of health and social welfare with the support of American people through the United States Agency for International Development (USAID). Dar es Salaam, Tanzania.

Foster, (2000). The Problem of Child Neglect and Abuse, the problem of Vulnerability. Mc Marther Family Assessment Device. *Journal of family treatment.6(5),* 35-36

Foster, (2000). The Problem of Child Neglect and Abuse. A cause of Vulnerability. NSP after Family Assessment Device. *Journal of family Assessment 16 (5),* 35/36.

Godfrey, K. (2012). *Assessment of Factors Influencing Identification of the most vulnerable Children in Tanzania*: Experience from Morogoro Rural District: MA (Health Policy and Management) Dissertation Muhimbili University of health and allied Sciences. Morogoro, Tanzania.

Holmes. (2003). Creating Space for Participation: Plan with Most Vulnerable in Africa. Save the Children Europe.

Joel, M., and Walter, M. (2013). *Social Protection Targeting on the Most Vulnerable Children In Tanzania*, Dar es Salaam: REPOA.

Kaare, S. (2005). *Targeting the Chronic Poor; Lessons for OVC programme in Tanzania*. Dar es Salaam- REPOA.

Kessy, F. (2003). *The Economic and Social Impact of HIV/AIDs in Tanzania*. Dar es Salaam: Economic and Social Research Foundation.

Kilian, R. (2003). The relationship of Adult and Children. The case of children affected by AIDS. *American journal_ Volume 5(1)*, 5-12.

Kothari, R. (2004). *Research methodology (2nd ed),* New age International. New Delh:kk.gupter(for new age International (P. limited).

Lungile, P. (2007). An Evaluation of Psychosocial Support Intervention for Vulnerable Children. Thesis submitted in partial fulfillment of the requirement of the Degree of PhD in Community Psychology in the Department of Psychology. University of Zululand. Cape Town, South Africa

Lungile, P. (2007). *Source Book of the Most Vulnerable Children in Modern World. New York premium press*

Masuma, M. Rakesh, R. and Valerie, L . (2009). *Influencing Policy for children in Tanzania: Lessons from Education, Legislation and Social Protection*., Dar es Salaam: REPOA

Miriam, Z. (2011). Can Global Development Dollars Do More to Improve Care for Orphans and Most Vulnerable Children (O/MVC) background paper. Washington, DC:, USA.

Mkombozi, (2006). *Demonstrating the potential for Mkukuta to protect and support the development of vulnerable children. Positive Tanzania child welfare accountability.* Mkombozi centre for street Children. Paper 1, Kilimanjaro

Moses, M. (2010). *Child protection and Child social protection: Institutional issues and Practice in the Tanzanian Experience.* REPOA 17 the Annual research workshop. Dar es Salaam, Tanzania.

Nachimias, (2008). *Research Methods in the social science*. St. Martin press

Osundu, (2004). *Scientific Studies and Better Analysis*.*2nd edition*, Pretoria: Research Book.

Owens; (1993). Orphans in the Contemporary World. Biological Parent Death, Poverty and the School Attendance. Demography, *Journal Review,30,*320,330

Patrice , E. (2008). *National Plans for Actions for orphans and vulnerable children in Sub-Saharan Africa. Where are the youngest children*? New York: Bernard Van leer foundation

Patricia , A. (1998). Past, Present and Future Roles of Child Protective Services. Washington The Future of Children. *Protecting Children From Abuse And Neglect 8(1)* 211 – 228.

Rachael , K. (2010). *Factors affecting orphans and vulnerable children dropping out of School*: Case study of Mulenga, Kitwe Zambia. A Master Dissertation submitted at the Harvard University, Department of Child Department for the Award of Master Degree.

Republic of Uganda, (2009). *Protecting Hope:* Situation of Vulnerable Children in Uganda. Kampala, population council consultant

Reynolds, (1942). *Children in the World of Violence and Conflict. The Root of Abuse.* Chicago-War child: Bulletin.

Samuel, K. and Lyne, E. (2009). *Protecting Hope: A situation Analysis of Vulnerable Children in Uganda* Population Council Consultant .Kampala

Tendanyi, C. (2010). The role of NGOs in addressing the needs of vulnerable children in Marondera district Zimbabwe. A dissertation submitted to the department of Sociology, University of Fort Hare, in fulfillment of the requirement for the Degree of Master of Social Science in Sociology.

UNAIDS. (2000 a). *The State of the world children.* New York: UNICEF.

UNICEF. (2008 a). Children and AIDs. Third stocktaking report, 2008. UNICEF. Geneva, Switzerland.

UNICEF, (2008 b). The State of the world's children 2009: Maternal and Newborn health UNICEF. Geneva, Switzerland.

UNICEF . (2010). *Social Welfare Workforce Strengthening for OVC*. USAID from the American people . Geneva

Urassa, M. (1997). Orphaned, child fostering and the AIDs epidemic in rural Tanzania. Health Transition review , supplement 2 vol. 7 P.141-153

URT, (2007). *Analytical Report for Integrated Labour Force Survey*. Tanzania National Bureau of Statistics . Statistics of Development .Dar es Salaam

URT, (2008). *The National Costed Plan of action for the Most Vulnerable Children*. Dar es Salaam: Ministry of Health and Social Welfare

URT, (2009). *The Law of the Child Act, 2009.* Dar es Salaam: Ministry of Health and Social Welfare

URT, (2008). *Child Development Policy of 1996,* Dar es Salaam: Ministry of Health and Social Welfare

WHO, (2008), *Annual report*. Unpublished Geneva, Switzerland

Zena , A. and Aneth, K. (2010). Coping Strategies Used by Street Children in the Event of Illness. Dar es Salaam: REPOA,

APPENDICES

Appendix 1: Questionnaire for MVC

Dear respondent i am currently a Master Degree student of Social Work at the Open University of Tanzania. I am undertaking a research project which attempts to assess the extent to which the support services to Most Vulnerable Children (MVC) established by the government institutions and civil society organisations are sustainable. Your participation in this study will remain confidential and all information given here will be discarded once the study is completed. Names and addresses will not be included for confidentiality purposes. Answering questions from this questionnaire may be difficult and sometimes distressing and therefore we apologize in advance for any inconvenience. Your cooperation in participation of this questionnaire is greatly appreciated and we would like to thank you in advance for your careful and honest replies to our questions thus making the study more scientific.

Thank you

Section A : MVC Social demographic data

(Tick whether is appropriate)

1. Your sex?

   Male ( ), Female ( )

2. Your age

   a) 5-8 ( ) b) 9-13 ( ) c) 14-17 ( )

3. What is your level of education?

   a) Primary ( ) b) Secondary ( ) c) None ( )

4. What is your current occupation? Please specify.....

5. Who among your parents is alive?

   a) Mother ( ) b) Father ( ) c) Both are alive ( ) d) all are dead ( )

6. If one of your parents is alive, what is his/her work? Please specify.....

7. If they are all alive, what is their work? Please specify.....

   .....

8. If they are all dead, who are you living with ? Please chose the answer that fit

   a) Aunt ( ) b) uncle ( ) c) grand –father ( ) d) grand-mother ( ) e) brother ( )

   f) Cousin ( ) g) neighbour ( ) h) other specify .....

Section B : Identification of Actors of the Provision of Support

9. Do you think are some of the main actors who provide support services to the MVC?

   a) Yes ( ) b) No ( ) c) I do not know ( )

10. If your answer to number nine is yes, what do you think are those main actors in providing support of services to the MVC? Please tick the correct answer

    a) KIWOHEDE ( ) b) KULEANA ( ) c) WAMATA ( ) d) PASADA ( )

    e) Social workers ( ) f) Development workers ( ) g) Other specify .....

Section C: Contribution of Actors in Achieving the Sustainability of the Support Services

11. Do you think the actors have any contributions in achieving the sustainability of support of services to MVC?

    a) Yes ( ) b) No ( ) c) I do not know ( )

12. If your answer is yes to question eleven , what do you think are the contributions of actors ? please specify .....

13. If your answer to question eleven is no , do you think why ? please explain

    .....

Section D: Evaluation of services to MVC

14. Do you think support services to MVC are sustainable?

    a) Yes ( ) b) No ( ) c) I do not know ( )

15. If your answer to question fourteen is no, what do you think are the reasons? please explain .....

16. If your answer to question fourteen is yes, to what extent do you think are those services sustainable to MVC ? Please tick the write answer

    a) High ( ) b) Very high ( ) c) Moderate ( ) d) Low ( ) e) very low ( ).

Thank you for your cooperation

Translation

Appendix 2: Dodoso kwa Watoto Waishio Katika Mazingira Magumu Sana

Mpendwa mimi ni mwanafunzi wa Shahada ya uzamili ya Ustawi wa Jamii ya Chuo Kikuu Uria cha Tanzania. Nafanya utafiti ili kutathmini kwa kiasi gani huduma za kijamii zitolewazo na taasisi za kiserikali na za kijamii kwa watoto waishio katika mazingira hatarishi ni endelevu . Ushiriki wako katika kutoa majibu kwa maswali utakayo ulizwa utakuwa wa siri tu . Jina na anwani zako hazita itajika kwa sababu ya usiri . Inawezekana kujibu maswali haya yanaweza kusumbua mipango yako , tunaomba radhi sana kwa hilo . Tunatanguliza shukrani zetu za dhati kwa ushiriki wako.

Kipengele A : Taarifa za watoto

(Weka alama ya vema panapohusika)

1. Jinsia yako ?

   Mwanamke ( ), Mwanaume ( ).

2. Umri wako ?

   a) 5-8 ( ) b) 9-13 ( ) c) 14-17 ( )

3. Kipi kiwango chako cha elimu ?

   a) Shule ya msingi ( ) b) Sekondari ( ) c) Sijasoma ( )

4. Unajishughulisha na nini sasa ? tafadhali ainisha.....

5. Ni yupi kati ya wazazi wako yu hai ?

   a) Mama ( ) b) Baba ( ) c) Wote ni wazima ( ) d) Wote wamekufa ( )

6. Kama mmoja wa wazazi wako ni mzima , anajishighulisha na nini ? tafadhali ainisha .....

7. Kama wote ni wazima , wanajishughulisha na nini ? tafadhali ainisha.....

8. Kama wote wamekufa , unaishi na nani ? tafadhali chagua jibu sahihi

   a) Shangazi ( ) b) Mjomba ( ) c) babu ( ) d) bibi ( ) e) kaka ( )

   f) binamu ( ) g) jirani ( ) h) mwingine taja .....

Kipengele B : Uchambuzi wa watekelezaji wa watoa huduma

9. Je unafikiri kuna watu wanao husika kutoa huduma kwenu ?

   a) Ndio ( ) b) Hapana ( ) c) Sijui ( )

10. Kama jibu lako ni ndio , unafikiri hao watoa huduma ni akina nani ? tafadhali chagua jibu sahihi

    a) KIWOHEDE ( ) b) KULEANA ( ) c) WAMATA ( ) d) PASADA ( ) (weka alama ya vema panapohusika)

    e) Ofisa ustawi wa jamii ( ) f) Ofisa maendeleo ya jamii ( ) g) Nyingine .....

Kipindi C: Mchango wa watoa huduma kwa huduma endelevu

11. Unafikiri watoa huduma wanachangia kwa kuwezesha huduma hizi ziwe endelevu ?

    a) Ndio ( ) b) Hapana ( ) c) Sijui ( )

12. kama jibu lako ni ndio ,unafikiri hao watoa huduma ni akina nani ? Tafadhali ainisha .....

13. Kama jibu lako ni hapana , unafikiri kwa nini ?Tafadhali ainisha

.....

Kipindi D : Tathmini ya huduma

14. Unafikiri huduma hizo ni endelevu ?

a) Ndio ( ) b) Hapana ( ) c) Sijui ( ) (Weka alama ya vema panapohusika)

15. Kama jibu lako ni ndio ,unafikiri nini sababu ? tafadhali ainisha

.....

16. Kama jibu lako ni ndio, unafikiri ni kwa kiasi gani huduma hizo ni endelevu ? tafadhali tiki jibu

a) Juu ( ) b) Juu zaidi ( ) c) ya kawaida ( ) d) Chini ( ) e) Chini zaidi ( ) (Weka alama ya vema panapohusika)

Ahsante kwa ushirikiano

Appendix 3: Questionnaire for Civil Society and Government Organisations

I am currently a Master Degree student of Social Work at the Open University of Tanzania. I am undertaking a research project which attempts to assess the extent to which the support services to Most Vulnerable Children (MVC) established by the government institutions and civil society organisations are sustainable. Your participation in this study will remain confidential and all information given here will be discarded once the study is completed. Names and addresses will not be included for confidentiality purposes. Answering questions from this questionnaire may be difficult and sometimes distressing and therefore we apologize in advance for any inconvenience. Your cooperation in participation of this questionnaire is greatly appreciated and we would like to thank you in advance for your careful and honest replies to our questions thus making the study more scientific.

Thank you

Section A: Civil society and government organisations Social demographic data

1. What is your sex?

   Male ( ), Female ( ).

2. What is your age?

   a) 18-23 ( ) b) 24-29 ( ) c) 30-35 ( ) d) 36-41 ( ) e) 42-47 ( ) f) 48 above ( )

3. What is your level of level of education?

   a) Primary ( ) b) Secondary ( ) c) None ( ) d) 1st Degree ( ) e) 2nd degree( )

f) PhD ( ) g) Others please specify .....

4. What is the organisation you are working for ? Please specify.....

5. Who among the MVC are your clients? please tick the correct answer

a) Orphan Most Vulnerable Children (O/MVC) ( ) b) Street children ( ) c) Sexually Abused children ( ) d) Psychologically abused children ( ) e) Neglected children ( ) f) other please specify .....

Section B : Identification of Actors of the Provision of Support

6. Do you think are some of the main actors who provide support services to the MVC?

a) Yes ( ) b) No ( ) c) I do not know ( )

7 . If your answer to number nine is yes , what do you think are those main actors in providing support of services to the MVC? Please tick the correct answer

a) KIWOHEDE ( ) b) KULEANA ( ) c) WAMATA ( ) d) PASADA ( ) e) Social workers ( ) f) Development workers ( ) g) Other specify .....

8. If your answer to question number nine is no , what do you think are the reasons ? Please explain .....

Section C: Contribution of actors in achieving the sustainability of the support services

9. Do you think there are contributions of actors in achieving the sustainability of support of services to MVC?

a) Yes ( ) b) No ( ) c) I do not know ( )

9. If your answer is yes to question nine, what do you think are the contributions of the actors ? please explain .....

10. If your answer to question nine is no , why do you think so ? Please explain .....

Section D: Evaluation of services to MVC

11. Do you think support services to MVC are sustainable?

a) Yes ( ) b) No ( ) c) I do not know ( )

12. If your answer is no to question eleven , what do you think are the reasons ? please explain .....

.....

13. If your answer is yes to question eleven, to what extent do you think are those services sustainable to MVC? Please tick the write answer

a) High ( ) b) Very high ( ) c) Moderate ( ) d) Low ( ) e) very low ( ).

Thank you for your cooperation

Tafsiri ya Kiswahili

Appendix 4: Dodoso kwa Wahudumu wa Taasisi za Kijamii na Serikali

Mimi ni mwanafunzi wa Shahada ya uzamili ya Ustawi wa Jamii ya Chuo Kikuu Uria cha Tanzania. Nafanya utafiti ili kutathmini kwa kiasi gani huduma za kijamii zitolewazo na taasisi za kiserikali na za kijamii kwa watoto waishio katika mazingira hatarishi ni endelevu . Ushiriki wako katika kutoa majibu kwa maswali utakayo ulizwa utakuwa wa siri tu . Jinan a anwani zako hazita itajika kwa sababu ya usiri . Inawezekana kujibu maswali haya yanaweza kusumbua mipango yako , tunaomba radhi sana kwa hilo . Tunatanguliza shukrani zetu za dhati kwa ushiriki wako.

Kipengele A : Taarifa za wahudumu wa taasisi za kijamii na serikali

1. Ipi njinsia yako ?

   Mwanaume ( ), Mwanamke ( ).

2. Upi umri wako ?

   a) 18-23 ( ) b) 24-29 ( ) c) 30-35 ( ) d) 36-41 ( ) e) 42-47 ( ) f) 48 above ( )

3. Kipi kiwango chako cha shule ?

   a) Shule ya msingi ( ) b) Sekondari ( ) c) sijasoma ( ) d) Shahada ya kwanza ( ) e) Shahada ya uzamili ( ) f) Shahada ya uzamivu ( ) g) Nyingine, ainisha .....

4. Unafanyia kazi shirika gani ? Tafadhali ainisha.....

5. Ni yupi kati ya watoto tajwa hapo chini ni mteja wenu ? chagua majibu sahihi

a) Watoto yatima na wanyone zaidi (O/MVC) ( ) b) Watoto wa mitaani ( ) c) Watoto wanao nyanyaswa kingono ( ) d) Watoto wanao nyanyaswa kisaikolojia ( ) e) Watoto walio telekezwa( ) f) wengine , tafadhali aininsha .....

Kipengele B : Uchambuzi wa watekelezaji au watoa huduma

6. Unafikiri kwamba kuna wahudumu maalumu wa kutoa huduma kwa watoto hawa tajwa juu ?

   a) Ndio ( ) b) Hapana ( ) c) Sijui ( )

7. kama jibu lako ni ndio , unafikiri watoa huduma hao ni akina nani ? chagua majibu hapo chini

   a) KIWOHEDE ( ) b) KULEANA ( ) c) WAMATA ( ) d) PASADA ( ) e) Ofisi ya ustawi wa jamii ( ) f) Ofisi ya maendeleo ya jamii ( ) g) Wengine ainisha .....

8. Kama jibu lako ni hapana ,unafikiri ni kwa nini hawapo ? tafadhali eleza

   ……

Kipindi C : Mchango wa wahudumu kwa huduma endelevu kwa watoto tajwa hapo juu

9. Unafikiri wahudumu wa huduma hizi wanachangia huduma hii kuwa endelevu ?

   a) Ndio ( ) b) Hapana ( ) c) Sijui ( )

9. Kama jibu ni ndio, unafikiri mchango wao ni upi? tafadhali elezea

   ……

10. Kama jibu lako ni hapana , kwa nini unafikiri hivyo ? tafadhali eleza

. .....

Section D : Tathmini ya huduma

11. Je unafikiri huduma hizi kwa watoto ni endelevu ?

a) Ndio ( ) b) Hapana ( ) c) Sijui ( )

12. kama jibu ni hapana , unafikiri jibu ni nini ? tafadhali eleza

.....

13. Kama jibu ni hapana , unafikiri kwa kiasi gani huduma hizo ni endelevu ? tafadhali chagua jibu sahihi

a) Juu ( ) b) Juu zaidi ( ) c) kawaida ( ) d) Chini ( ) e) Chini zaidi ( ).

Ahsante

Appendix 5: Interview Guide for MVC

Thank you for coming I am grateful for your time. My name is Rose Chundu and I am a Master Degree student at the Open University of Tanzania. As this project is meant for the fulfilment of the requirements for this degree, I will be facilitating the discussion myself. I am doing an assessment on the sustainability of support services for most vulnerable children in Bugurini ward in Ilala district. In this study the term MVC refers to all children who are in difficult circumstances under the age of eighteen who have either lost one or both parents and also those children who are exposed to factors that threaten their well being. We are all aware of the impact of HIV and AIDS, the socio-economic environment and other issues are causing in our community. The number of MVC and especially orphaned and made vulnerable is rising significantly. Only the summary of the discussion will be included in the final report and none of your individual comments will be identified with individual names.

1. How old are you?
2. How many siblings do you have?
3. How do you define a) Most Vulnerable Child?
   b) Orphans
4. Describe your experiences concerning your life before and after being in this life
5. What are the reasons of being orphaned or vulnerable?
6. What are your needs as a child?

7. Do you have knowledge of the kind of support services available? If so please elaborate them
8. How long have you been receiving support from the government and civil society institutions?
9. What types of support do you receive from civil society and government institutions?
10. Are the services provided by those agencies meeting your needs as O/MVC?
11. Do you have any other form of support other than the one you get from civil society and government institutions?
12. Do you still attend school? If not what are the reasons for not attending school?
13. How do you manage to make a living?
14. What is your source of income?
15. Do you encounter any difficulties as a family in securing food?
16. Do you receive any form of support from the community?
17. What are the general attitudes of your relatives and neighbours towards your situation?
18. What kind of support do you need?
19. Is there anything else you would like to share with me?
20. How is the process of identification and selecting benefiting children ?
21. What is the modality of the distribution of support services?
22. What is the better ways of supporting the children in most need ?
23. Is there anything else you would like to share with me?

Appendix 6: Interview Guide for Civil Society and Government Institutions Workers

Thank you for coming I am grateful for your time. My name is Rose Chundu and I am a Master Degree student at the Open University of Tanzania. As this project is meant for the fulfilment of the requirements for this degree, I will be facilitating the discussion myself. I am doing an assessment on the sustainability of support services for most vulnerable children in Bugurini ward in Ilala district. In this study the term MVC refers to all children who are in difficult circumstances under the age of eighteen who have either lost one or both parents and also those children who are exposed to factors that threaten their well being. We are all aware of the impact of HIV and AIDS, the socio-economic environment and other issues are causing in our community. The number of MVC and especially orphaned and made vulnerable is rising significantly. Only the summary of the discussion will be included in the final report and none of your individual comments will be identified with individual names.

1. How many years have you been working with your organisation ?
2. What is the mission of your organisation ?
3. How many years have you been involved with O/MVC?
4. The term O/MVC has its own difficulties as a construct, since it is has no implicit definition or clear statement of inclusion and exclusion. In your own view how can you define an

   a)orphan

   b) Vulnerability

c) An orphan and vulnerable child

5. What are some of the indicators that confirm a child to be orphaned and vulnerable (MVC?)
6. What is the age range of O/MVC in your support?
7. How best can you describe the needs of O/MVC?
8. What is the scale of the problem of the O/MVC phenomenon?(Follow up question, if it increasing have the role players increased in terms of number or scope and vice versa)
9. What are the survival strategies of MVC?
10. What are the problems faced by MVC?
11. What are the main risks of children orphaned and made vulnerable?
12. How does your organisation identify O/MVC?
13. What services do you offer to O/MVC?
14. In what ways do these the services meet the objectives of your organisation ?
15. How have the social services impacted O/MVC?
16. from your professional involvement with O/MVC, what are the major challenges faced?
17. How do you gather information about the needs of MVC ?

    b) What do you do with the information?
18. a) Do you collect data about O/MVC, Interventions you partake as an NGO or GO and demographic information?

    b) Is this information available to the public?
19. concerning the scaling up or down of O/MVC how do you deal with the rising numbers of OVC?

20. Does the community help the O/MVC in any way? If so, please explain
21. What are the responsibilities of the role players in dealing with issues regarding O/MVC?
22. How is the department of Social Welfare and other NGO agencies presently supporting O/MVC?
23. Does your mission link to the objectives of the National Plan of Action of Tanzania?
24. In what ways can NGOs and GOs improve service delivery and make it sustainable to O/MVC?
25. What are your comments on the resources available for O/MVC?
26. What other issues related to the O/MVC phenomenon you think need attention

Appendix 7: Focus Group Discussion Guide (Discussion to be Tape Recorded)

- What do you understand by the terms

  - Orphan

  -vulnerable children

  -Orphans and vulnerable children
- What are the reasons which have rendered most children orphans and made them vulnerable? What are problems faced by O/MVC?
- What are the main risks of O/MVC?
- Are you aware of your rights as O/MVC and as children?
- What support do O/MVC receive from the community?
- How do O/MVC meet their needs? (Probe for answers relating to basic needs, such as, food, shelter, clothing, education, health,etc)
- How long have O/MVC been receiving support from government and civil society organisations?
- What type of support do they offer O/MVC?
- Do you think the services provided by NGO and GO are meeting the needs of O/MVC?
- Do you think NGO and GO could do more?
- Are you satisfied with the services offered to you by SC?
- Do you feel some O/MVC are receiving preferential assistance from NGO and GO? If so please explain.
- What kind of support do O/MVC get from

  - Your relatives and

- The community

- How is the department of social welfare and other government agencies dealing with the O/MVC phenomenon?
- Is the government doing enough to address the needs of O/MVC?
- What other issues relating to the O/MVC phenomenon do you think need attention from GO, NGOs and the community?

Appendix 8: Observational Checklists

A list of behaviour and attitudes of MVC towards services, care givers and community members. A tick will be in the numbers at the left hand shows that behaviour of the child and its attitudes.

1--------rejected by relatives, friends and neighbours

2.....physical condition very weak

3.....attitudes towards support services positive

4.....attitudes towards support services negative

5.....companies are drug abusers

6.....companies are people of good character

7.....aggressive

8.....self controlled

9.....always tempered