**AN EXPLORATION OF CHALLENGES FACING MOST VULNERABLE CHILDREN GROWN FROM THE HOME CENTRES: A CASE OF SELECTED CHILDREN’S HOME CENTRES IN MONDULI DISTRICT, TANZANIA**

**MOLLEL KAMETE NDOORIAN**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN MONITORING AND EVALUATION (MAME)**

**DEPARTMENT OF ECONOMICS**

**OF THE OPEN UNIVERSITY OF TANZANIA**

**2021**

# CERTIFICATION

The undersigned certifies that, has read and hereby recommends for the acceptance by the Open University of Tanzania a Dissertation titled: “**An exploration of challenges facing most vulnerable children grown from the home centres: a case of selected children’s home centres in Monduli District, Tanzania,** in partial fulfillment of the requirements for the award of the Degree of Masters of Arts in Monitoring and Evaluation (M&E) of the Open University of Tanzania.

…………………………………………..  
Prof. Emanuel Maro Nyankweli  
(Supervisor)

……………………………………………  
Date

# COPYRIGHT

No part of this Dissertation document shall be reproduced, stored in any retrieval system, distributed or transmitted in any form by means whatever the case, whether  
electronically, mechanically, by photocopying, recording or otherwise without prior  
written permission of the author or the Open University of Tanzania in that behalf.

# DECLARATION

I, **Mollel, Kamete Ndoorian**, do hereby declare to the Senate of Open University of Tanzania that this project is my own original work, and that it has not been submitted for the similar degree in any other University.

…………………………………………  
Signature

…………………………………………  
Date

# 

# DEDICATION

This dissertation is dedicated to my family members for their moral, wisdom, and  
material support to the accomplishment of this work. It is through their support that I made it this far. Without their help and confidence, I would not have been the way I am now and I am thankful they always believed in me.

# 

# ACKNOWLEDGEMENTS

First and foremost, I wish to thank the Almighty God who without his help, nothing could have been done to accomplish this work. I kindly extend my sincere appreciation to my supervisor Prof. Emanuel Maro Nyankweli for the remarkable job he did to make this work possible. His tireless support and constructive criticisms made me to be confident in producing this dissertation. Furthermore, I will always remember the financial and moral support I got from my brother, Lucas Olekimaath, My young brother Mr Ndekeyo Kaika and my lovely mother Nosim Ndoorian and my youngest brother Alaice Samwel together with my friend Emily from USA and Simone Lee from Canada. Their support had a big contribution towards accomplishing this work. I wish to extend my thanks to all Open University of Tanzania lectures particularly faculty of art and social sciences department of economics. I say “bravo” for the hard work and transfer of knowledge to me. The Open University of Tanzania has been a wonderful place for me to gain new knowledge. Indeed, I am obliged to recognize the support I got from the Arusha Regional Social welfare officer (RSW), Monduli District social welfare officer (DSWO), Monduli municipal community development Head of department, Home children center administrators (HCCA) and caregivers from selected home care centers during data collection. Their consideration and cooperation given to me had a huge credit towards timely completion of this dissertation. Without my respondents, this dissertation would be an empty paged. I say thank you all for the assistance. Greatly I acknowledge my employer, Majengo children home board and its administration who granted me a study leaves and off for pursuing my masters’ degree program.

Furthermore, I wish to extend my sincere gratitude to my fellow staff members at Majengo children’s home who, from time to time, never retreated from challenging and encouraging me. Thank you very much. I cannot forget my fellow students, particularly Anna Marco, Wangeli Lema, Neema, Aikaeli, and Luciana among others. Their support was an important stepping stone towards accomplishing this work. Exceptional gratitude goes to my blood sisters and brothers, Ester Mollel, Suzana Mollel, Sinyati and Singeen Mollel for their parental care, moral and financial support and prayers during my studies. Finally, my appreciations go to all unmentioned contributors to the accomplishment of this work. Thank you very much.

# ABSTRACT

The study intended to explore the challenges facing most vulnerable children grown from the home centres in Mondulidistrict. The study employed mixed research approach withacase study design. Participants from whom data were generated were 65 including children, caregivers and administrators. These were sampled from the targeted population through purposive and simple random sampling techniques. Data were generated through questionnaires and interviews. The study findings identified food, accommodation, clothes and education as the social needs of vulnerable children in home care centres while guidance, love, motivation and religious prayers were identified as the psychological needs of children living in home care centers. Furthermore, the study identified physical problems facing most vulnerable children as overworked, theft, congested rooms and lack of life skills activities for future life to make children independent after leaving from home care centers. On the other hand Psychological problems were insults, corporal punishment, depression and gender discrimination. Furthermore, it was unveiled that to alleviate those challenges there is a need of seminar to caregivers and centre administrators, guidance and counseling, love, the government supports, the establishment of various projects, meetings with children and community support and engagement in support of these children. The study recommends that education should be given to caregivers and centre administrators on the best way of living with most vulnerable children. The government should watch on children’s homes operations to ensure children’s interest is mostly considered.

**Keyword** : Most Vulnerable children, children’s home centers.

# TABLE OF CONTENTS

**CERTIFICATION i**

**COPYRIGHT ii**

**DECLARATION iii**

**DEDICATION iv**

**ACKNOWLEDGEMENTS v**

**ABSTRACT vii**

**LIST OF TABLES xiii**

**LIST OF ABBREVIATIONS AND ACRONYMS xiv**

**GENERAL BACKGROUND 1**

**GENERAL BACKGROUND 1**

**CHAPTER ONE 1**

1.1 Background to the Problem 1

1. 2 Statement of the Problem 3

1.5 Purpose of the Study 4

1. 5.1 Specific Objectives 4

1.5.2 The Research questions 5

1.6 Operational Definitions of Key Terms 5

1.7 Scope 6

1.8 Limitations of the Study 6

1.9 Significance of the study 6

1.10 Organization of the Dissertation 7

**CHAPTER TWO 8**

**LITERATURE REVIEW 8**

2.0 Introduction 8

2.1 Theoretical Underpinning 8

2.1.1 Psychodynamic theory 8

2.1.2 The theory of attachment 9

2.2. The concept of MVC 10

2.3 An Over View of MVC in Different Context. 10

2.4 The situation of MVC in Tanzania 11

2.5 Empirical Studies on Most Vulnerable Children 12

2.5.1 Empirical literature reviews worldwide on MVC 12

2.5.2 Empirical literature review in Africa on MVC 14

2.5.3 Empirical literature review in Tanzania on MVC 16

2.6 Research Gap 18

**CHAPTER THREE 19**

**RESEARCH METHODOLOGY 19**

3.0 Introduction 19

3.1 Research Approach 19

3.3 Research Design 19

3.4 Study Area 20

3.5 Target Population 21

3.5.1 Centre administrators. 21

3.5.2 Caregivers 21

3.5.3 Children 22

3.6 Sample and Sample Size 22

3.7 Sampling Techniques 22

3.7.1 Simple random sampling 22

3.7.1 Purposive sampling 23

3.8 Data Collection Method 23

3.8.1 Questionnaires 23

3.8.2 Interview 24

3.9 Data Analysis Procedures 24

3.9.1 Qualitative data analysis 24

3.9.2 Quantitative data analysis 25

3.10 Validity and Reliability of Instruments 25

3.10.1 Validity 25

3.10.2 Reliability 26

3.11 Ethical consideration 26

**CHAPTER FOUR 28**

**FINDING PRESENTATIONS, ANALYSIS AND DISCUSSIONS 28**

4.1 Introduction 28

4.1.1 Year of stay in home care centres 29

4.1.2 Sex 29

4.2 Identification of Social and Psychological Needs of Children in Home Care Centres 30

4.2.1 Social needs of children in-home care Centre’s 30

4.2.2 Psychological needs of children in home care centres 32

4.3.2 Physical problems among children in HCCs 35

4.3.3 Psychological problems among children in HCCs 39

4.4 Strategies to Mitigate Challenges faced Vulnerable Children in HCCS 45

4.4.1 Seminar to caregivers and centre administrators 45

4.4.2 Guidance and counseling 46

4.4.3 Meetings among children 47

4.4.4 Community involvements 48

**CHAPTER FIVE 51**

**SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 51**

5.1 Identification of Social and Psychological Needs of Children in Home Care 51

5.2 Physical and Psychological Problems among Children in Home Care

Centres 51

5.3 Strategies to Mitigate Challenges faced Vulnerable Children in HCCS 51

5.4 Conclusions 52

5.5 Recommendations 52

5.5.1 Recommendations for action 52

5.5.2 Recommendations for policy 53

5.5.3 Recommendations for further research 53

**REFERENCES 54**

**APPENDICES 61**

# LIST OF TABLES

Table 3.1 Sample size of the study 22

Table 4.1: Children’ Level of study, Year of stay in Home Care Centres and Sex 29

Table 4.2: Responses of Children on Social Needs of Vulnerable Children on HCCs (No=50) 31

Table 4.3: Responses of Children on Psychological Needs of Vulnerable Children on HCCs (No=50) 33

Table 4.4: Physical Problems Facing Children in Home Care Centres (No=50) 35

Table 4.5: Psychological Problems Facing Children in Home Care Centres (No=50) 39

Table 4.6: Strategies Used to Mitigate Challenges faced Vulnerable Children in HCCS (N=50) 49

# LIST OF ABBREVIATIONS AND ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

HCCs Home Care Centres

HIV Human Immune Virus

HRW Human Rights Watch

KNBS Kenya National Bureau of Statistics

## MVC Most Vulnerable Children

NGOs Non-governmental Organizations

UN United Nations

UNAIDS United Nations Acquired Immune Deficiency Syndrome

UNICEF United Nations International Children’s Fund

# CHAPTER ONE

# GENERAL BACKGROUND

# 1.1 Background to the Problem

Globally, it is estimated that more than 7 billion people are living in the world whereby 2.2 billion are children aged 0-18 years. According to SOS (2016), it is contended that amongst them, millions of these children and young people have no parental care or at risk of losing it. To date, there are an estimated 151 million Most Vulnerable Children (MVC) worldwide. It is further anticipated that 570 million children live under the poverty line which is $1.25 per day however the number is expected to mount by 2025( UNICEF,2018). Furthermore, more than three quarter of all children dwell in Asia and Africa. Most of these children are marginalised group in the society and are exposed to vulnerable circumstances such as lack of parental care, poor health, child labour and poor education among others which ultimately threaten their wellbeing (SOS, 2015).

Africa is not exempted from this phenomenon. Africa in the Sub Saharan region is recognized as the largest poor region in the world with the largest number of MVC (UNICEF report, 2013). It is anticipated that Sub Sahara Africa has about 45 million MVC of which 11.4 million of these children are orphaned due to AIDS (UNICEF, 2016).According to Berry and Guthrie (2003), MVC encounter problems such as psychological and physical abuse, hunger, lack of affection and love, lack of access to health and education and also negative attitude towards them from the society. In addition, a good number of these children live with chronically diseases and poverty addition, a good number of these children live with chronically diseases and poverty (Makuku, 2017).

In general, Ethiopia is one of the largest homes of MVC in the world (UNICEF, 2018). It was further anticipated that about 5.5 million children in Ethiopia were vulnerable (UNICEF report, 2013). Like other African countries, the caregiver families or guardians face challenges in Ethiopia. Unstable family income leads to lack of providing enough food, health care, housing and tutor for the MVC (Nayak, 2014).In Kenya alone, there are over 3.6 million children aged below 18 years who have been orphaned or who are vulnerable (KNBS, 2013). As HIV and AIDS epidemic becomes increasingly, the complex personal and social consequences rise as well (UNICEF report, 2013).

Tanzania like other developing nations has been one of the most victims of MVC. The number of MVC is projected to be 3,000,000million (SOS, 2018). MVCs have been subjected to critical exploitation, abuse, discrimination and general neglect (Save the children, 2015). It is on this basis, Tanzania gears various programs to facilitate MVC growth. Among of the programs established in Tanzania is “Kizazi Kipya” being a USAID program is run in all districts of Tanzania. This program was created in 2017 as a 5-year program and it has succeeded to reach more than 800.000 MVC (USAID, 2019). This program is in charge of identifying, providing support, referring and following up MVC. Likewise, due to increased number of MVC, there has been establishment of Home Care Centres and schools managed by NGOs and religious groups (Rukundo & Daniel, 2016). Such children centres in Tanzania include among many, Kidzcare Tanzania, Mbagala Home for Girls, Msimbazi Children Home, Chamazi Orphanage, Faraja Orphan and Training Centre in Pwani Region and Samaritan Village Orphanage centre**.** It is anticipated that there 500 inhabited care centres in Tanzania being governmental and nongovernmental centres responsible for taking care for MVC (UNICEF, 2018).

Despite the government’s efforts in helping MVC, they are still hampered with many challenges. UNAIDS (2014) contends that most of these care centres provide several care and support to children in scarce resources because of insufficient capital and human resources. In view of this, most institutional care settings, particularly in Tanzania, have failed to address orphaned children’s psychosocial support and care. Rukundo and Daniel (2016) asserts that those children who are dwelling in orphanages and many other institutional care centres are among the MVC who experience exploitation, abuse, developmental damages, mental distress as well as maladaptive behaviours. Therefore, this study intends to examine the challenges facing MVC grown from home care centres so as to determine what can be done to overcome the situation.

## 1. 2 Statement of the Problem

A situation analysis of MVC in Tanzania which was carried out by the department of social welfare estimated the number of MVC to be 3,000,000 (SOS, 2018). This implies that they have limited access to basic services, they live in low-income households and they are forced into adopting negative coping strategies such as early marriages, school dropout and child labour due to lack of care and protection (UNICEF, 2018). Similarly, the increased number of MVC have alerted government, civil society and the international donors to attempt to fill gaps in care and support of millions of at-risk children in terms of education, health and psychosocial wellbeing through children home care centers and other community based support programs (UNICEF, 2018).

Despite the mushrooming of child care centres in Tanzania, MVC grown from these centres are at risk of abuse and developmental damages (Rukundo & Daniel, 2016).Cheney and Rotabi (2014) supports that many care centers in the Sub-Saharan Africa and South East Asia use MVC as commercial entities to attract international volunteers and donations. Likewise, these children are often sent out to beg on behalf of centres. Moreover, these children are kept in poor health conditions in order to attract donors and volunteers. Therefore, this study is specifically set to examine the challenges facing most vulnerable children grown from home care centres with a case of selected children home centers in Monduli district, Tanzania.

## 1.5 Purpose of the Study

The main purpose of this study was to examine the challenges facing MVC grown from the home care centres with a case of selected children’s home centres in Monduli district, Tanzania**.**

## 1. 5.1 Specific Objectives

1. To identify social and psychological needs of children living in home care centres.

2**.** To evaluate the physical and psychological problems among children living in Home care centres. 3**.** To assess the available strategies to mitigate challenges faced by most vulnerable

children grown in the home care centres.

## 1.5.2 The Research questions

Based on objectives above, the following research questions were formulated: -

1. What are the social and psychological needs of children living in home care centre?

2**.** What are the physical and psychological problems among children living in home care centres**?**

3**.** What are the available strategies to mitigate challenges faced by most vulnerable children grown in the home care centres?

## 1.6 Operational Definitions of Key Terms

**Children:** in the context of this study, children refers to a person aged below 18 years old who are grown in Home care centres due to the situation of being vulnerable.

**Caregivers:** in the context of this study**,** these are guardians who take care for the most vulnerable children grown from home care centres.

**Most Vulnerable Children:** This is a special group of people specifically children who are at risk or are exposed to vulnerable circumstances due to number of reasons such as poverty and death of parents. They need to be taken care because of the situation.

**Home care Centres:** these are child centres being governmental or privately owned

that engage in taking care of the most vulnerable children.

## 1.7 Scope

This study was conducted in Children’s Home Care centres including Majengo children’s Home center (MCH), Child Concern Foundation (CCF), Amani Children’s Home (ACH), Tumaini disabled Home center (TDHC) which all are located in Monduli district .The sample size involved 65 respondents whereby purposive sampling and simple random sampling were used to select the required participants. Questionnaires and semi-structured interviews were distributed so as to assess the situation of the MVC living in the children’s home care centres.

## 1.8 Limitations of the Study

In carrying out this study, the researcher experienced some problems. This study involved a small sample due to lack of resources and inability to reach a larger population. This case study involved only MVC who went to school, other vulnerable children from a residential placement were excluded, it is therefore important to note that the study results may not be applicable to MVC in other areas, since their experiences may be different, therefore, there would be no generalizability, but rather the study had provided a snapshot of possible needs to be addressed and possible solution.

**1.9 Significance of the study**

This study is significant, timely and appropriate due to a number of reasons which

include: Firstly, it contributes to national efforts in formulation and implementation of policies that effectively address the problem of MVC in Tanzania. Secondly, the study findings contribute to the improvement of communities’ responsibilities for children’s upbringing by increasing public awareness on the challenges facing MVC. Lastly, this study raises awareness to policy makers and implementers regarding appropriate measures to be taken in the eradication of the problem of MVC.

## 1.10 Organization of the Dissertation

The dissertation is structured in five chapters. Chapter one introduce the problem and its context, the scope of the study as well as the research significance. Chapter two reviews the theoretical arguments on the magnitude of the problem. It also examines various writings on the concept of MVC and the challenges faced by MVC in Children home centres. Chapter three presents the procedures and methods that will be used to conduct the study. It indicates how data will be collected, the sources of information and how the collected data will be analyzed and presented. In chapter four the key findings and discussion of the findings are presented while chapter five presents the summary of the stud

# CHAPTER TWO

# LITERATURE REVIEW

## 2.0 Introduction

This chapter presents previous existing literature and examines the challenges of MVC in the homes care centres. It further presents various literature review related to the study. In line with the study objectives, the chapter provides a theoretical review, empirical review and research gap.

## 2.1. Theoretical Underpinning

According to Yin (2009) a theory exposes a framework within which social phenomena can be understood and interpreted. Based on this, the current study will adopt the psychodynamic theory of Erikson and attachment theory by Bowlby.

## 2.1.1 Psychodynamic theory

The psychodynamic theory was postulated by Erikson to describe the developmental stages of a human (Erikson, 1963). According to Erikson, individuals undergo through eight (8) stages of life. The theory posits that in each of these stages of an individual’ life, the family, school, peer group and society have an effect on his/her expectations and behavior (Batra, 2013).If an individual fails to attain the expected goals in a certain phase of development would result to emotional embarrassment which may lead to the inability to cope with the challenges of the current and later stages of development (Batra, 2013). This study adopts the psychodynamic theory because of poor situations faced by MVC in the care centres. As these vulnerable children growth, their needs and wants may change and perhaps the institution would not be able to provide all the needs which would lead to emotional distress and challenges. Therefore, the psychodynamic theory of Erikson is considered as an appropriate theory that can be adopted to support the current study.

## 2.1.2 The theory of attachment

Attachment theory is a psychological model that alters the dynamics of interpersonal relations among parents and their children propagated by Bowlby in 1969 (Duschinsky, 2013). The attachment theory states that infants have a tendency of developing mutual and reciprocal relationships with constant and favorable caregivers. Bowlby (1969) believed that the tendency for primate infants to develop attachments to familiar caregivers was the result of evolutionary pressures since attachment behavior would facilitate the infant's survival in the face of dangers such as predation or exposure to the elements. Discussing the attachment theory, one of the most important aspects of the theory is that an infant would have an attachment with the caregiver. According to Bowlby (1969) any caregiver becomes the most important attachment figure if they offer most of the child care as well as related social relations (Holmes, 1993). MVC may be faced with certain challenges as they stay in the homes care centres. The theory provides the indication that a child doesn’t feel good when he/she leaves the parents. Since the current study is aimed at examining the challenges facing MVC in the home care centres, the attachment theory seems suitable to be used as a theoretical framework underpinning the current study.

## 2.2. The concept of MVC

Defining Most Vulnerable Children has become a very debatable topic. Smart (2003) contends that variety of terms are used in varied settings to describe MVC. Some of the terms include children affected by AIDS, children in difficult circumstances and children in need of special protection. The term MVC is also used to mean children whose safety and well-being are threatened as a result of numerous reasons such as lack of adequate shelter, education, nutrition and psychological support (World Bank, 2004). Previously, the term vulnerability used to mean orphans but currently due to an increased number of children who are at risk, it encompasses all children who are unable to meet the required basic needs for survival (*ibid*). As the result of the inability to get basic needs for survival, they are forced to live in home care centers so that they can get basic needs for survival.

## 2.3 An Over View of MVC in Different Context.

The increased number of MVC is a global phenomenon. It is estimated that there are 8 million children living in institutions worldwide (Doore, 2016). Moreover, it is estimated that 25 million children in the European Union (EU) are at risk of poverty or social segregation that is one child in every four. Most of these children grow up in poor families who are increasingly struggling to provide them with a decent life. This is a social crime in an EU that prides itself on its social model, an attack on fundamental rights and a failure to invest in people and in their future (EAPN, 2016). These children find themselves being grown in home care centres. However, the potential for exploitation in care institutions is huge. Many care homes are unregulated, meaning staffs are poorly trained, without background checks and unaccountable (Doore, 2016). However, poverty is recognised as the main driver of child institutionalization in most countries.

## 2.4 The situation of MVC in Tanzania

The problem of orphans and other vulnerable children is not new in Tanzania. Orphans and other vulnerable children have been there from the very beginning of this country. It is approximately that there are 3,000,000 million MVC in the country (UNAIDS, 2019). Likewise, according to SOS (2015), 72.5 percent of children living in the country are at risk. Most Vulnerable Children are faced with number of problems like amplified risks of school drop-out, poor psychosocial well-being, food insecurity, lack access to healthcare and other uncountable problems allied with extreme poverty and lack of adult care (Schenk, 2009). Following these circumstances, different countries have been adopting society based child security structures from public, private and voluntary organizations to sustain communities, families and individuals in the efforts to put off and overcome the risks and vulnerabilities among children.

Previously, it was the roles of close relatives and neighbors to take care and support MVC. There were strong community safety nets such as extended family to absorb these children. These safely nets are fading with time due to rampart household income poverty, effects of globalization, and socio-economic changes. In addition, the number of orphans and other vulnerable children has been increasing due to HIV and AIDS and other major causes of child vulnerability (Makuku, 2017). Numbers of orphans and other most vulnerable children have grown ahead of the capacity of communities to handle. The government and other stakeholders have responded by

providing care, support and protection for these children in different ways.

Furthermore, child care in Tanzania takes place in various environments that include different configurations of families, including child care institutions. Nevertheless, due to the HIV epidemic and poverty in many countries including Tanzania, increasing numbers of children in Sub-Saharan African (SSA) countries are being taken care of in orphanages (Rukundo & Daniel, 2016). These orphanages have in turn become overwhelmed by the number of children in need of psychosocial support and care. Nevertheless, most of these institutions have been providing different types of care and support to children under resource scarce conditions, due to insufficient capital and human resources. In view of this, most institutional care settings particularly in Tanzania have failed to address problems facing vulnerable children (*ibid*).

## 2.5 Empirical Studies on Most Vulnerable Children

This section presents a thorough review of various empirical literatures in Tanzania and around the world related to Most Vulnerable Children. It was noted that, the review is important as it provides information about what was done in the related filed, how it was done and what results were generated.

## 2.5.1 Empirical literature reviews worldwide on MVC

A study was carried out by UNICEF (2014) in Indonesia on understanding vulnerability and situations that affecting family separation and the lives of children in and out of family care. The study involved 625 participants who were children ranging between 13-18 years. The qualitative and quantitative data were collected observing the principles of research ethics. From the findings, it was revealed that there was no significant difference between genders in these institutions. Indeed, the study established that children having one parent are likely to be sent to a voluntary institution as compared to children with both parents. Nevertheless, more boys are institutionalized in correctional institutions as compared to girls. Furthermore, a quarter of children in this study, the financial difficulties of their parents had been the source of school dropouts before entering an institution.

HRW (2014) carried out a study on violence, neglect and isolation for children with disabilities in Russian Orphanage context. The report involved 10 orphanages in 6 regions as well as 200 interviews with children and parents by Human Rights Watch. The study confirmed that almost Russian children ranging 30 percent with disabilities live separately from their families care centers. The study further disclosed that children with disabilities in orphanages are subjected to serious abuses and neglect that severely impede their physical, emotional, and intellectual growth. However, this study cannot be conclusive since it was only conducted in Russian context.

SOS Children’s Villages (2014) conducted a study on violence against children in alternative care systems. The report accumulates evidences in a widespread worldwide literatures and assessing the implementation of the strategies that may be used to take care children involving 21 countries. The study unveiled that children under in alternative home care centers are extremely vulnerable due to emotional, physical and psychological abuse. It is further argued that there is considerable data that inhabited care setting may be embattled by abusers. However, abandon is one of the mainly frequent forms of aggression children experience home care centers.

Saraswat and Unisa (2017) did a study of psychosocial distress among orphans and vulnerable children dwelling in home care centers in India. 15 children who aged between 10-17 years were involved in the study. Through interviews, the results revealed that children are overwhelmed with huge psychological torture. Majority of children yearned for their parents and longed for love and friendliness. Apart from low self-concept and lack purpose in life long term bereavement had resulted in depression and anxiety issues among these children. Indeed, trying to forget parents, avoiding crowded places, making new friends and finding their family among inmates of orphanage were the coping mechanisms adopted by orphan children.

## 2.5.2 Empirical literature review in Africa on MVC

Hlatywayo et al. (2015) did analytical study on challenges in copying with orphans and MVC at family level in Zimbabwe. A study was mixed research approach involving 10 community leaders, 30 caregivers and 20 OVC. Through interviews and questionnaires the study established that caring orphans in families is very challenging in which the magnitude and complexity of the problem exceed the ability of families to take care of these children. Although they were able to provide a secure environment for children, to a large extent they were unable to meet the orphanages psychosocial and basic needs.

Fordjour (2018) conducted a study on challenges faced by MVC in SOS, Kumasi-Ghana. The study sample involved all children living in Kumasi SOS Village. The study was a qualitative in nature and case study design while purposive sampling technique was used to get the required respondents. An in-depth interview guide was used as the main instrument for data collection. The study findings established that children were very happy in the SOS Village. The source of happiness and satisfaction came from their access to education, the food, having a mother and siblings from the village/having a family. The study further unveiled that the sources of sadness among these children is corporal punishments and oral abuse which leads to anxiety.

Mutiso and Mutie (2018) carried out a study on challenges affecting orphans and vulnerable children in Embu County. This study adopted a descriptive research design and the target population was orphans and MVC support programs. Stratified sampling was used to select 10% of orphans and vulnerable children in each location. Data were collected through interviews, observation and FGDs. The findings of the study indicate that the situation of orphans and most vulnerable children is increasing. The community suspects that large numbers of people are infected with HIV/AIDS. This study has shown that the family members are currently taking care of over 90% of OVC under extreme pressure and the quality of lives of foster OVC and all children in vulnerable households remain in danger.

Dereje &Jiba (2015) carried out a study aiming at understanding the challenges faced by orphan caregiver families in Jimma town, Oromia using phenomenological study design. Within the qualitative research approach, interviews and FGDs were employed to generate information. Thirty care givers were interviewed and three focus group discussions were conducted. The study revealed that orphan care givers faced strong socio-economic challenges yet they are willing to continue to give care and support to the orphans. The study concluded that needs of the orphan children are not fulfilled in line with social, psychological, physical, spiritual, and educational aspects mainly due to lack of sufficient resources to provide standard care and support for the children. Therefore, comprehensive intervention programme that addresses challenges of orphan caregiver families are recommendable.

Nyamutinga and Kang’ethe (2015) did a study which aimed to evaluate and discuss the appropriateness of institutions caring for MVC in the face of HIV/AIDS through a systematic literature review by drawing examples from South Africa and Botswana. The study findings disclosed that children suffer immense state of stigma. Management and funding challenges; experience erratic and unreliable donations and their caregivers display knowledge and skills gaps. The present research recommended ant stigma community mobilization and sensitization various forms of education starting with on the job training of the caregivers education on care of children generally, HIV/AIDS testing, early HIV/AIDS diagnosis and disclosure by children and counseling.

## 2.5.3 Empirical literature review in Tanzania on MVC

Daniel and Mathias (2012) envisioned to explore the challenges and coping strategies accompanying two possible life trajectories for orphaned children without adequate adult care. The data emanated from two distinct phenomenological studies. The first study involved in-depth interviews with 12 orphaned children in a poor rural area while the second study involved 15 girls who were trafficked from rural areas to Dar es Salaam by giving their extended history narrations. The study unveiled that loss of parents; lack of cash and the need to balance school attendance with food production were among the chronic stressors for the children heading in households. The study concluded that given physical and social resources, the child-headed households were able to cope with the challenges of caring for themselves.

Msoka and Holroyd (2018) conducted a study on factors affecting the wellbeing of institutionalized orphaned children in Dar es Salaam, Tanzania. There were 76 male and 47 female orphans; orphans without one or both parents were 87 and 36 respectively. A descriptive qualitative study was used to collect data while purposive sampling was employed to select 10 orphanage centers from which 123 orphaned children were recruited. A semi-structured interview guide was developed from the literature and was used to guide the focus group interviews. Study findings revealed that the orphanages provided a higher degree of material support compared to psychosocial support services, such as emotional or counseling assistance. The orphanage schedule needs to include time for caregivers and children to talk about their feelings regarding the type services provided at their center, in particular educational services.

Makuu (2019) did a situation analysis of orphans and vulnerable children in existing alternative care systems in Dar es Salaam Tanzania. The study was a qualitative in nature where by non-probability sampling was used to sample 100 respondents. Through observations, semi structured interviews and focus group discussion, the study findings unveiled that the treatment of OVC in alternative care systems is overwhelmed with poor treatment related to abuse, violence, discrimination and exploitation of children. The study recommended that international partners should adopt a holistic approach in addressing alternative OVC in order to ensure adequate care for every child.

## 2.6 Research Gap

Numbers of studies have been carried out on the challenges facing the wellbeing of orphans (Govenderet et al, 2012; Zhou, 2012; Makame, 2002). In Tanzania orphaned children suffer various problems in the orphanages but these problems have not been clearly addressed by empirical studies (UNICEF, 2010). It is in this regard that this study aimed to empirically examining the challenges facing MVC grown from home care centres.

**CHAPTER THREE**

**RESEARCH METHODOLOGY**

## 3.0 Introduction

This particular chapter provides a description of where and how the study was conducted. The chapter constitutes ten sections which involving the introduction, research approach and design, study site, targeted population, sample size and sampling procedures, sources of data, data collection techniques and instruments, ethical issues consideration, and trustworthiness of research finding.

## 3.1 Research Approach

Research approach refers to a theoretical construction in which the research is conducted. Creswell (2010) contends that the approach is mainly concerned with the collection, measurements as well as data analysis. This research specifically will employ a mixed research approach. This is an empirical research design that brings together  
quantitative data (and methods) and qualitative data (and methods) (Tashakkori & Teddlie, 2008). In this approach, a researcher will correct data concurrently where by quantitative data will be corrected by using questionnaires while qualitative data will be obtained through interviews and observations. The results will be merged during interpretation and analysis so as to expand the findings.

## 3.3 Research Design

The current study employed a case study design whereas home care centres were the cases studied (Yin, 1994). The choice of this design was mainly influenced by the nature of this study which aimed at giving important information on challenges facing MVC grown from the home centres in Monduli District. This design is an experimental inquiry that investigates an up to date phenomenon in the real-life context. In order to achieve this, the researcher visited the selected home care centres to interview participants and collect data through questionnaires in order to obtain participants’ understanding on the challenges facing MVC grown from home care centres.

## 3.4 Study Area

The current study was conducted in Monduli District, Arusha region. Monduli district is one of the six districts in the Arusha region of Tanzania. This district bordered by Longido district to the north and to the East by Arusha Rural District, to the South by the Manyara Region and to the West by Ngorongoro District and Karatu District and to the Southeast by the city of Arusha. The selected area of the study was influenced by the number of reasons. Firstly, it is occupied with children home centers where Most of the Vulnerable Children are found their especially in Mto wa Mbu community because of tourist activities. Therefore a researcher expected to get enough information on challenges facing most vulnerable children grown from these home centers. Secondly, there was little evidence conducted on the selected area on the topic under investigation. Thirdly, the area was convenient to the researcher as the researcher was able to conduct the research while working so as to fulfill the employer’s conditions. These were the major reasons that motivated the researcher to carry out his research in this particular district.

## 3.5 Target Population

The study population consisted of three groups. The first group consisted of all MVC grown from selected children home care centers in Monduli district. Simple random sampling was used to obtain these children. The second group consisted of centre administrators who were purposefully selected from five home children care centres. The last group consisted of caregivers who were purposefully selected as well. The three groups were involved in this study because of their potential to provide vital information that facilitated the analysis required for the problem under the study

## 3.5.1 Centre administrators.

Center administrators were involved in this study because they are the managers who are responsible to ensure that all required resources are available to facilitate children growth. So they are expected to give in-depth feeling and attitudes on the challenges facing children grown in their home centers. Purposive sampling was used to obtain these respondents required for interviews.

## 3.5.2 Caregivers

## This group was included in the study because caregivers are directly involved in taking care for the children so they know what is actually hindering the effective provision of required care for the MVC grown in these centers. The purposive sampling technique was used to sample the Caregivers from the selected home care centers.

## 3.5.3 Children

These respondents are the key informants as they are the ones who are directly experiencing difficulties in home care centers. Simple random was used to sample the MVC from the selected home care centers.

## 3.6 Sample and Sample Size

Sampling is meant to measure the elements of population by looking at characteristics and making conclusion regarding the whole population (Cohen et al*,* 2000).In this context, The study participants involved 65, 50 being MVC aged between 10-18 years old living in the selected home care centres, 10 respondents were Caregivers and 5 respondents were centre administrators who are working with MVC at the selected centres.

**Table 3.1** **Sample size of the study**

|  |  |
| --- | --- |
| Item  Participants | C/Administrators Guardians Children Total  5 10 50 65 |

## 3.7 Sampling Techniques

## 3.7.1 Simple random sampling

This sampling technique was used to obtain MVC aged 10-18 years old. Since the  
number of respondents was too big, the simple random sampling was employed so as to allow MVC to count numbers in which the second number was chosen to be included in the sample because the study needed only 50 most vulnerable children. In this case sampling was very important because it is less time consuming and less cost full when conducting the research. Also the possibility of better assessment as the study aims and it led to better supervision of data analysis and hence achievement of the research objectives. Moreover, simple random sampling was used to obtain home care centers where the study was conducted.

## 3.7.1 Purposive sampling

Purposive sampling involves deliberate or purposive selection of particular units of the universe for constituting a sample which represents the universe (Ary *et al*, 2010). Purposive sampling in this study was used to select Center Administrators and Caregivers due to their virtue of powers in taking necessary care to MVC in their respective care centers, so they have enough information on the topic under investigation.

## 3.8 Data Collection Method

Data were collected by using two main methods namely questionnaires and semi- structured interviews as described below:

## 3.8.1 Questionnaires

Questionnaires were administered in data collection as they are believed to be suitable method in gathering quantitative data. Best and Khan (2006) suggests that questionnaires are the best when factual information are desired. The questionnaire in the current study was administered to 50 vulnerable children from five child care centres. This was used for MVC aged 10-18 years old. A comprehensive questionnaire was to be prepared by basing on the analysis of in-depth information. Questionnaires was used to seek information concerning with social and psychological needs, physical and psychological problems among MVC and a available strategies to mitigate the challenges facing MVC aged 10-18 years old. A form of one to one respondent was used when a questionnaire was administered to MVC living in the Home care centres.

## 3.8.2 Interview

An interview was used as the main means of gathering data from centre administrators and caregivers. Semi structured interviews were used to gather information on challenges in the provision of physical and psychological support of MVC and alternative strategies to address the challenges faced by these children. The rationale for using interviews was that it remains focused in a sense that it uses interview guide. In this context, the interview guide is prepared to make sure that the similar information is obtained from each person of the study participants (Hoepfl, 1997). Furthermore, the interview guide was used in order to ensure good use of limited interview time interviewing multiple subjects more systematic and comprehensive; and they help to keep interactions focused. The interview guide was written in English because the researcher believed that centre administrators and Caregivers working in the Home care centres selected are able to express themselves in English so there was no need to translate into Swahili version.

**3.9 Data Analysis Procedures**

**3.9.1 Qualitative data analysis**

In this study, qualitative data were subjected to content analysis with thematic

organisation frame work. The data were to be coded and categorized according to research objectives, some views and opinion were to be presented as quotations whenever necessary. This method helped the researcher to analyse text in form of writing, sounds or picture.

## 3.9.2 Quantitative data analysis

Quantitative data from structured questionnaire were analyzed by simple statistical methods which included coding, and tabulation. Coding was employed for the purpose of assigning numbers to answers so that responses can be put into limited numbers of categories. The study responses were to be categorized into research objectives and questions. Coding helped the researcher to classify process and arrange data in groups or classes depending on the characteristics. Statistical data were tabulated into columns and row of analysis. The results indicated figures and percentages.

## 3.10 Validity and Reliability of Instruments

## 3.10.1 Validity

Validity refers to the degree to which the sample of the test represents the context or content that the test is designed to measure (Orodho, 2009). The study adopted the content validity. According to Kothari (2004) content validity is the extent to which a measuring instrument provides adequate coverage of the topic of the study. If the instrument contains the representative sample of the universe, the content validity is good. Its determination is primarily judgmental and intuitive. It can also be determined by using a panel of persons who shall judge how well the measuring instrument meets the standard. To validate the research, the instruments such as questionnaires, interview and interview guide were prepared and approved by the supervisor before the actual data collection so as to enable improvement of the instruments through correction.

## 3.10.2 Reliability

This refers to the consistency of measurement when observing the same condition. A reliable measure returns the same observational value. It is the degree of correspondence between the repeated measures (Anderson, 1987). Questionnaires were tested to check if they provide data consistency. The study adopted test-retest method of measuring reliability. The test-retest is the method of assessing reliability of data that involves administering the same instrument twice to the same group of subjects. There is usually a time lapse between the first test and the second test (Mugenda &Mugenda, 2003). For this study, one Home care centre was used, whereby for the first test, the questionnaire was administered to MVC. After two weeks, the second test was conducted to the same subjects using the same instrument with the same items.

## 3.11 Ethical consideration

Ethical considerations were assured to all participants as the researcher informed them on the purpose of the study so as to obtain their willingness to participate. Individual permission was requested from respondents in order to be assured of high degree of confidentiality. Indeed, the researcher did not display the respondent’s privacy. All information was used only for academic purposes and also the permit to conduct the research was provided by the Open University of Tanzania. The company was assured that the information collected was for academic purposes and not otherwise.

**CHAPTER FOUR**

**FINDING PRESENTATIONS, ANALYSIS AND DISCUSSIONS**

## 4.1 Introduction

This chapter presents and discusses research findings regarding the investigation of the challenges facing most vulnerable children grown from home care centres. The research findings are presented using tables, percentages and quotations. The data collected were analysed in line with objectives of the study which include: To identify social and psychological needs of children living in-home care centres; to evaluate the physical and psychological problems among children living in-home care centres and to assess the available strategies to mitigate challenges facing most vulnerable children.

The chapter is divided into four major sections: the characteristics of respondents, identification of social and psychological needs of children, evaluation of the physical and psychological problems of children and assessment of the available strategies to mitigate challenges faced by most vulnerable children.

The findings in Table 4.1 below show that 31(62%) of selected children studied primary schools level and 19(38%) studied secondary schools level. According to these data, children included in the study were knowledgeable enough to identify social and psychological needs of MVC in-home care centres, evaluate the social and psychological problems faced by children living in HCCs and assess the available strategies which aim to mitigate challenges faced by MVC grown from home care centres.

## Table 4.1: Children’ Level of study, Year of stay in Home Care Centres and Sex

|  |  |  |
| --- | --- | --- |
| Centres Children Primary Seco | Year of stay in HCCS  2yrs 2-5yrs 6-10yrs 10yrs+ | Sex  Boys Girls |
| A 10 4 6  B 10 1 9  C 10 8 2  D 10 9 1  E 10 9 1  Total 50 31 19  Percentages 62% 38% | 1 1 4 4  1 1 4 4  1 1 5 3  1 1 5 3  1 1 4 4  5 5 22 18  10% 10% 44% 36% | 6 4  5 5  6 4  4 6  3 7  28 22  56% 44% |

## 4.1.1 Year of stay in home care centres

Year of stay in home care centres as revealed in table 4.1 shows that 5(10%) of children who lived in HCCs were below 2 years, 5(10%) lived in HCCs between 2-5 years and 22(44%) had lived in HCCs between 6-10 years while 18(36%) of children lived above 10 years in HCCs. Children years of stay in HCCs were very important because they knew environments, experiences of home centres which helped the researcher to identify social and psychological needs of children, social and psychological problems among children and strategies to mitigate challenges facing most vulnerable children.

## 4.1.2 Sex

The identification of participants' sex becomes inevitable in this study as the study intended to examine the challenges facing most vulnerable children from the home care centres by including both girls and boys to have challenges which cut across all gender. Table 4.1 above indicate that number of boy participants 28(56%) were statistically equal to girls participants 22(44%).

## 4.2 Identification of Social and Psychological Needs of Children in Home Care Centres

The study identified the social and psychological needs of children living in-home care centres. The objective was included in the study because children who lived in HCCs had various challenges which made them to be in HCCs, thus the researcher wanted to identify what specifically the social and psychological needs of children in HCCs. To achieve this objective, children, centre administrators and caregivers were asked questions in the areas of social and psychological needs of most vulnerable children and how most vulnerable children are handled in HCCs.

## 4.2.1 Social needs of children in-home care Centre’s

The first objective intended to identify social needs of children living in-home care centers. Children through questionnaires, the findings revealed that the most important social needs of children to be food (100), accommodation (78), clothes (76) and education (100). The following problems were listed (See table 4.2).

## Table 4.2: Responses of Children on Social Needs of Vulnerable Children on HCCs (No=50)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social needs | Children=50 |  |  |  |
| Frequency | Percentage (%) |  |  |
| Food  Accommodation  Clothes  Education | 50  39  40  50 | 100  78  76  100 |  |  |

**Source: Field data**

The information in table 4.2 above shows that children living in HCCs need food, accommodation, clothes and education. Accommodation 39(78%) and clothes 40(76%) were moderately needed while food 50(100%) and education 50(100%) were more needed by children living in home care centres. Majority of children identified food and education because they eat to live but also education is very important to children personally, society and country in general. Thus, the identification of these needs was significantly important to children's life.

Nevertheless, centre administrators revealed that social needs could vary according to the centers’ location and children background with the care centres. Centre administrator from centre "A" confirmed that;

*Aaah! At my centre, we provide food, accommodation, clothes and education to our children….Vulnerable children need quality food, good clothes and education. This made vulnerable children registered in our centre to forget the problems of his/her home. Furthermore, it makes our children in our centre to look similar to other children………………….*

Similarly, a caregiver from centre "B" remarked that;

*We give children basic needs like food, clothes, accommodation and education. This is because the most vulnerable children come from poor families which accompanied with family separation which makes children to lack basic social needs. For example food, accommodation and education….we make sure that our children get all these services.*

Foregoing quotations imply that food, accommodation, clothes and education were social needs of children living in-home care centres as identified by centre administrators and caregivers. Thus, the good existence of children in-home care should depend on all social needs identified by children, caregivers and centre administrators. These findings correlate with what was observed earlier by Mbangwa (2013) that children in HCCS need education and secured environs purposely for children to live dignity life within the centre and independent life before leaving HCCS. The concurrent observation was revealed by the government of Tanzania (2010) from the data management system that indicate that recent Most Vulnerable Children (MVC) needs food and education.

## 4.2.2 Psychological needs of children in home care centres

Psychological needs were also the aspect which needed to be identified by children living in home care centres. Through questionnaires, children indicated the following needs such as guidance, love, internal and external motivation and religious belief as the psychological needs in the HCCs for a good stay of vulnerable children as indicated in the following table below.

## Table 4.3: Responses of Children on Psychological Needs of Vulnerable Children on HCCs (No=50)

|  |  |  |  |
| --- | --- | --- | --- |
| Psychological needs | Children=50 |  |  |
| Frequency | Percentage (%) |  |
| Guidance  Love  Motivation  Religions | 50  50  40  41 | 100  100  80  82 |  |

**Field data**

The table above indicates that all children (50) involved in the study identified guidance 50(100%), love 50(100%), internal and external motivation 40(80%) while 41(82%) identified religious believe as among of psychological needs in HCCs.

Furthermore, the centre administrators and caregivers' response indicated similar results as in questionnaires. In this regard a caregiver from school "B" had this to say;

*The most psychological needs children need in our centre is guidance, love and motivation. I can also say that these are the ones which are needed by vulnerable children in our centre and every caregiver provides these needs to our children in this home care centre. I believe if these needs are given to children as required children can forget all problems of his/her home and to see the home care centre is the good place to stay…..we try and manage to give our children these needs.*

Additionally, a centre administrator from centre "E" argued that;

*Normally we guide our children because of their family background which is full of sadness. We do this because we need our children to forget history. Similarly, we show love to our children because through love our children will stay in our centre….both internal and external motivation are given to our children in our centre….most importantly prayers among children is given priority.*

The quotations above show that children, centre administrators and caregivers believe that guidance, love, motivation and prayers are the major psychological needs of children living in home care centres. Children need the guidance from caregivers and centre administrators in their daily life because children in the home care centres were young who need daily supervision and directives from caregivers and centre administrators. Moreover, love stated by children, caregivers and centre administrators as the needs of vulnerable children living in home care centres. This was because as the children who joined the centres because of family separation, death of parents and guardians, and poor living condition love was inevitable. Children need love from centre administrators and caregivers. Most importantly children among themselves need to show love because where there is love there is peace and dignity life. Additionally, motivation was identified as the psychological need of children.

Children mentioned extrinsic and intrinsic motivation as the psychological need of children in HCCs. They need where they perform well to be reorganized materially and morally. These aspects also are a very important need in this group of children because of their historical background thus home care centres should consider it. Lastly, prayers were identified by children, caregivers and centre administrators as the need for children in home care centres. Religious prayers were identified by participants as the psychological need which needed by HCCs to make children live in acceptable life in the centre and after leaving the centres.

## 4.3.2 Physical problems among children in HCCs

Through questionnaires, children were asked to list psychological problems among children in home care centres. The following problems were listed (See table 4.4).

## Table 4.4: Physical Problems Facing Children in Home Care Centres (No=50)

|  |  |  |  |
| --- | --- | --- | --- |
| No. Physical Problems in HCCs | Responses | Children=50 |  |
| **Frequency** | **Percentage %** |  |
| 1. Congested rooms 2. Theft 3. Overworked 4. Lack of life skills activities | 42  32  31 42 | 84  64  62  84 |  |

The findings from table 4.4 above revealed that all children in home care centres had physical problems such as overworked, theft ,congested rooms and lack of life skills activities for future life to make children independent after leaving from HCCs. Physical problems were evaluated as 42(84%) children reported congested rooms,32(64%) children reported theft,31(62%) reported overworked while 42(84%) children reported lack of life skills activities in home care centres to make pupils practical and independent after leaving the centres. According to the findings, most of children 42(84%) reported congested rooms and lack of life skills activities for future life after leaving the centres.

A similar argument was provided by centre administrator for centre "D" who argued that

*Mmmh! I have a few rooms to accommodate all children who administered in this centre. This make pupils share rooms…..we have caregivers who are not trustful who hide some of the property of our children but we are bitter for this and in case anyone reported we take action and we terminate the contract but there is several incidences of theft between children and children and caregivers….We need to prepare children for future life but we face the challenge of tools and equipment to develop children life skills to manage their life after leaving the centre to live independent life…in short, these are problems facing the centre and children in particular.*

Likewise, a caregiver from school "B" explained that:

*Our centres were established to help vulnerable children…..we receive many children and this causes the shortage of rooms and makes children to be congested in rooms. Furthermore, our centre has of modern tools and equipment for imparting life skills knowledge to our children for future after leaving the centre…..but also we have the challenge of theft among children themselves but among us caregivers, mmmh it is painful………*

Additionally, a caregiver from centre "E" exposed that:

*Listen! This centre is small and has several challenges… because we have children we use them to perform several activities which could be performed by other workers but due to insufficient funds we do so. For example, children are responsible for fetching water, cleaning inside and outside environs, digging holes for garbage storage among others….these activities are not acceptable by children but no way whether they like or not they perform it.*

Through an interview with the caregiver from centre "A" affirmed that:

*We receive children of different age and different historical background….others experienced adult life before their age….others were street children who experienced various life…that is why in our centre we have cases of thief among children….what is important as caregivers we try to put heavy laws against theft but controlling this has a lot of challenges….but at least we handle it…..*

Findings above are similar to what obtained from children questionnaires that children in home care centres have physical problems like congested rooms, theft, overworked and lack of life skills for children which intend to prepare children independent life after leaving the centres. Through interviews centre, administrators and caregivers also stated similar physical problems which vulnerable children faced in home care centres. This implies that the identified problems are real problems facing home care centres which affect the daily life of children.

Overall, findings from questionnaires and interviews show that children in the home care centres need life skills which prepare them for coming responsibilities to make them independent after leaving the centres. Furthermore, they need to do work which is in their capacity and to see theft problems are controlled for children's property but also to produce children who have moral standards for society benefits and nation in particular.

The above findings from questionnaires and interviews relate to what was described by Waziri (2013) that children living in home care centres should be given income-generating activities which impart some skills to children. Waziri argued that through income-generating skills children after leaving the centre would have enough skills and could establish various economic activities at any place wherever they would be found.

Furthermore, the concurrent argument was provided by Meli (2015) who argues that home care centre should provide vocational skills/trainings which meet the immediate needs of the vulnerable children living in home care centres. In gaining these types of skills, vulnerable children will be able to acquire jobs that command a decent pay check greatly decreasing the risk of the vulnerable children from engaging in vices as a source of income generation.

## 4.3.3 Psychological problems among children in HCCs

Through questionnaires, children were asked to list psychological problems among children in home care centres. The following problems were listed (See table 4.5)

## Table 4.5: Psychological Problems Facing Children in Home Care Centres (No=50)

|  |  |  |  |
| --- | --- | --- | --- |
| No. Psychological Problems  in HCCs | Responses | Children=50 |  |
| **Frequency** | **Percentage (%)** |  |
| 1. Insults/Abuses 2. Corporal punishment 3. Depression and stress 4. Making Love 5. Discrimination of gender | 48  48  45  46  44 | 96  96  90  92  88 |  |

**Source: Field data**

The results in table 4.5 show that almost all children in home care centres faced psychological problems which were analyzed statistically as follows: 48(96%) children indicated to be insulted by the caregivers, 48(96%) children stated to receive corporal punishment illegally, 45(90%) children affirmed to have depression due to unfair treatment from caregivers and centre administrators. Furthermore, 46(92%) children identified children making love. Finally, 44(88%) children stated discrimination of gender as among of psychological problems among children living in home care centres. The findings above discovered that most children 48(96%) reported insults/abuses and 48(92%) children reported corporal punishment as major psychological problems among children living in HCCs. These imply that vulnerable children living in home care centres are more insulted and punished by caregivers and centre administrators which make children to be affected psychologically. According to Ministry of Health, Community Development, Gender, Elderly and Children (2013) children who live in HCCS face a range of challenges including stigma and discrimination, abuses and depression.

Despite most of the children living in home care centres to face corporal punishment and insults at the centres, table 4.5 indicate that 46(92%) children participated in love affairs among themselves in home care centres and 44(88%) children indicated that were discriminated because of gender. These findings further concur with what some studies (Forjour, 2018; Muhsin, 2015; Dereje &Jiba, 2015) noted that children in home care centres faced discrimination, verbal abuse and depression which caused sadness among children in HCCS. Similarly, Unisa and Saraswat (2017) declare that, majority of children living in institutional care faced depression and anxiety because they lived in crowded places, clothes are not in good order and they lack deep love from caregivers. These resulted in endless stress and depression among vulnerable children.

The findings from key informants revealed similar psychological problems facing children in home care centres. Generally, they expressed their view that insults, corporal punishment, depression; making love and discrimination of gender are the five psychological problems facing vulnerable children in home care centres. As one caregiver from centre "B" was quoted:

*Our children are growing and they and at a time they got love feeling ………during that time we got a hard time to control them…..you cannot believe researcher but it the reality …what I can say our guidance is the big weapon used at least to reduce these sexual behaviours among children but we have a hard time, to be honest …mmmh difficult.*

Similarly, centre administrator from centre "B" confirmed how children at the centre engage in love affairs among themselves as exemplified:

*I receive love affairs cases among children…..we manage to guide our children and particularly advising them to wait….this is a challenge facing our centre. Our policy in this centre is collectively guidance of children on these challenges. I believe children are too young to engage in love affairs even if it they reach the stage of an adolescent.*

Concurrent arguments were confirmed by centres administrators from centre "A" and "C" that:

*You cannot believe the researcher but it is the reality. Children are busy with love…They make love. Despite being administrators but we are also parents and guardians…we provide the required assistance to our kid and the first treatment it to wait ….time will come not now. This strategy helped us to reduce but not to eliminate.*

The quotations above indicate that children at home care centres are making love among themselves. This appeared at the stage of an adolescent. Caregivers, centre administrators are managed to guide children and keeping them busy to make them concentrate on what makes them join the Centre. Through guidance, the magnitude of children making love has been reduced. This finding relates to what was observed by Browne (2012) who argued 37% of children in HCCS participate in making love.

On other hand, the findings from centre administrators from centre "E" and "D" signify that, children were punished at the centre we he contended that:

*You cannot live with these children without punishing them…because of our culture and in the bible somewhere allows children to be caned. There are regulations of providing punishment to children…though through this caregivers and other workers are over punishing children…Punishment reduced indiscipline cases.*

Consistently, a centre administrator from centre "E" showed the incidence of corporal punishment when she claimed that:

*We have children who come from various environments and family….others are behaving well and others are very stubborn. The mechanisms we use to put children online is to canning, though other workers at the centre are not following the required rules and regulations…What I do is to advise them to reduce numbers of sticks to make children love the centre and stay purposely to achieve the goal of bringing them to the centre.*

The two quotations above imply that children are over punished because of various low breakages. These illegalities made pupils not to enjoy centre life. Children stay in feel fear and sadness at the centre which put them into depression. These findings relate to what Mwageni (2020) cautioned that over punishment may cause some of the children to be injured, killed and other paralyzing. He suggested that corporal punishment regulation should be adhered before administering corporal punishment. Similar observation identified by UNICEF (2002) that 37.5% of children in HCCS have been victims of severe punishment or beatings. This caused by the ignorance of caregivers on the use of corporal punishment regulations as the result some of children to be injured, killed and other paralyzing.

Depression among children was reported by caregivers and centre administrators as the problems facing children living in home care centres. They confirmed that depression among children was due to remembering their fellow children, parents and sometimes new life in the centres which have some rules and regulations governing the HCCs. The caregiver from centre "A" affirmed that:

*It is inevitable for children to remember the previous life they experienced before….some remember unlimited freedom, unlimited movement and cares they received at their home.....contrary it very difficult for children to forget punishment and other forms of punishments. Collectively this package of the good and bad deed they experienced in their life. All these cause depression among children.*

Moreover, a centre administrator from centre "D" provided a similar argument when he contended that:

*Our children have various type of depression…this is caused by children background. We have children who joined the centre because they lost their parents/guardians, family separation, poverty and gender discriminations. When you put new life at the centre all these packages make children be in a depression so we manage to assist these children as much as we can.*

Overall, the finding above indicates that children in home care centres have depression. The causative of this problem was the historical background of children and new life after admission. This depression hurts the existence of children living in the home care centre. While depression reported being problems to children living in HCCs caregivers and centre administrator reported assisting those children who have faced these challenges through love, guidance and different treatment them. These findings match what discovered by Mutiso and Mutie (2018) showed that children living in-home care centres lived in depression and they are discriminated according to their gender because of historical backgrounds. They continue arguing that society perceived that children in HCCS come from extreme poverty and others are HIV victims. Furthermore, the findings above are similar to what was observed by Berry and Guthrie (2003), children in care centres faced physical and psychological abuse, lack of access to education, lack of love and affection and also negative attitude from the community on vulnerable children.

## 4.4 Strategies to Mitigate Challenges faced Vulnerable Children in HCCS

The study sought to assess the strategies through which challenges faced vulnerable children in home care centres could be mitigated. Caregivers, children and centre administrators provided the following strategies for challenges mitigation. Given this, seminar caregivers and centres administrators, guidance and counseling, love, the government supports, the establishment of various projects, meetings with children and community support and engagement were assessed as the strategies to mitigate challenges among vulnerable children in HCCs.

## 4.4.1 Seminar to caregivers and centre administrators

Through interviews, caregivers and centre administrators were asked to mention the available that may be used to overcome the challenges faced by most vulnerable children in home care centres. The participants provided that seminar to caregivers and centre administrators could be used as the strategy to physical and psychological challenges facing vulnerable children in home care centres. They argued that:

*We invite an expert in our centre for seminars among workers in our centre… Not all caretakers and centre administrators are aware of the negative impact of insulting children, corporal punishment, depression among children, and discrimination of gender among children. Through seminars we became aware of how we can handle these children…new skills and knowledge is acquired to caretakers and centre administrators on to overcome the challenges caused by vulnerable children.*

The quotation above implies that the seminar was used as the strategy to mitigate challenges among vulnerable children at the centre. Centre administrators invite experts in the field of psychology to orient workers on the best way of solving children problems at the centre without harassing children. Moreover, they oriented on the best way of living with vulnerable children. Lastly, the seminar was used as to make all workers at the centres to remember that children joined at home care centres because of the problems so they need care, love and encouragement from them living dignity life.

## 4.4.2 Guidance and counseling

Guidance and counseling were used as psychological treatments to children who are facing several problems at HCCs. Children are guided on the best way to live at the centre and others who had a problem of depression and making love are guided and counseled respectively. Similarly, caregivers who were insulting children and canning children are guided on the rules and regulations governing corporal punishment regulations. Caregivers and centre administrators confirmed that:

*There are problems which cannot be solved through canning or insults…..it needs guidance and counseling. Our children are making love and we know this is due to the adolescent stage. The available strategy to reduce sexual desire is through counseling…we tell them to wait. We show to them the impact of engaging in love affairs on this age. To some extent, we reduced this …..*

The quote above noted that guidance and counseling had been used as the strategy to alleviate the challenges of most vulnerable children in home care centres. Internal and external experts are invited at the centre to guide and counsel children, caregivers and centre administrators for a good stay of vulnerable children at the centres. Through these platforms, new skills and knowledge among caretakers and centre administrators are acquired which intern was used by native workers to solve children challenges at the centres. This finding is similar to what discovered by Dore (2016) who argues that vulnerable children in home care centres need guidance and counseling services at the centres because caregivers and centre administrators in HCCS are poorly trained. Thus, guidance and counseling services could be alternatives for challenges alleviation among children.

## 4.4.3 Meetings among children

It was found that meetings were used by caregivers and centre administrators as the strategy to alleviate challenges among children. Through meetings, caregivers and centre administrators informed children on how to live in the centre, how they are valued by all workers in the centres. Similarly, children themselves informed caregivers and centre administrators on how they think their affairs could be improved for a good stay in the centres. Through this platform, the identified challenges were taken and to be solved by everyone according to his/her sector in the centres. Centre administrators' quote exposed that:

*Our centres have a calendar which shows various activities to be done…within we have meeting sessions which need to be conducted…and are well conducted and we are serious for that. We believe that through the meeting is where various issues and problems are identified and alternative means to solve the problem among children and children, children and caregivers are given….through this some challenges are reduced.*

Overall, the foregoing quote implies that meeting among children and caregivers, centre administrators were used to alleviating challenges among vulnerable children at the centre. This was implemented officially through the planned time table and to be attended by all members of the institution. Through this, some challenges are reduced.

## 4.4.4 Community involvements

It was found that centre administrators engaged community members to support schools and children individually. This strategy had helped some of the problems facing centres and children to be reduced. For instance, some members of the community had contributed to the building of hostels. Similarly other acted as free counselors, others provided food and scholarships. Through this strategy some challenges facing children, administrators and caregivers are given solution by members from the society. Interviews by centre administrators confirmed that:

*We have a good relationship with the community surrounding us…..we engage them in various events….this strategy had benefited the centre. Various support, for instance, counseling services caregivers and children are given, donation of food to our vulnerable children, scholarship and other funds to children and institution are given……these have reduced some challenges within the centres.*

Data above showed that community engagements strategy had a direct impact on the alleviation of challenges among vulnerable children. This was due to the services that had been provided by the community like food, funds, counselling service and security among children at the centres. This had helped the centres to excel to some extent.

Likewise, children in home care centres were asked to assess the strategies through which challenges faced vulnerable children in-home care centres could be mitigated. The findings are presented in table 4.6 below;

## Table 4.6: Strategies Used to Mitigate Challenges faced Vulnerable Children in HCCS (N=50)

|  |  |  |  |
| --- | --- | --- | --- |
| No. Strategies | Responses | Children=50 |  |
| **Frequency** | **Percentage (%)** |  |
| 1. Provision of seminar 2. Guidance and counseling 3. Meetings among children 4. Community involvements | 48  47  40  45 | 96  94  80  90 |  |

**Field data**

It was revealed that a total of 48(96%) children strongly agree and 2(12%) children agreed that provision of the seminar in home care centres was used as the strategy to mitigate challenges faced vulnerable children in HCCS. Moreover, 47(94%) children strongly agree and 3(6%) children agree that guidance and counseling services at the centre were the strategy used to alleviate challenges among vulnerable children. Additionally, 40(80%) children strongly agree and 10(20%) children agree that meetings among children, caregivers and centre administrators was the strategy used to mitigate challenges among children living in HCCS. Lastly, 45(90%) children strongly agree and 5(10%) children agree that community involvement was used to mitigate challenges among vulnerable among children living in HCCS. These findings are similar to what was identified by caregivers and centre administrators during interviews that the provision of the seminars, guidance and counseling services, meetings, and Community involvements if used effectively may mitigate challenges among vulnerable children in HCCS.

# 

# CHAPTER FIVE

# SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Identification of Social and Psychological Needs of Children in Home Care Centres

The study identified food, accommodation, clothes and education as the social needs of vulnerable children in HCCS. Similarly, children, caregivers and centre administrators identified guidance, love, motivation and religious prayers as the psychological needs of children living in HCCS. All these needs are needed by children living at home care centres for a good stay of vulnerable children.

## 5.2 Physical and Psychological Problems among Children in Home Care Centres

The study found that most vulnerable children living in HCCS were faced with physical and psychological problems in HCCS. Physical problems were overworked, theft, congested rooms and lack of life skills activities for future life to make children independent after leaving from HCCs. Psychological problems were insults, corporal punishment, depression, love among children (making love) and gender discrimination identified to be major psychological problems. These problems had affected children negatively and others left the centre because of these problems. Similarly, it causes children to the centre failed to realise the dream.

## 5.3 Strategies to Mitigate Challenges faced Vulnerable Children in HCCS

The study found that centre administrators use various strategies to mitigate the challenges faced by vulnerable children at HCCS. These can be grouped into five strategies namely: seminar to caregivers and centre administrators, guidance and counseling, love, the government supports, the establishment of various projects, meetings with children and community support and engagement were assessed as the strategies to mitigate challenges among vulnerable children in HCCs. If all these strategies applied by caregivers and centre administrators could make children enjoy centres life and forgot the history which is full of sadness.

## 5.4 Conclusions

The overall conclusion of this study is that children, caregivers and centre administrators know the social and psychological needs of vulnerable children living in HCCS. Despite knowing these needs, still children living in HCCS had various physical and psychological problems. This study established that caregivers, children and centre administrators had employed various strategies which aimed to mitigate challenges faced by vulnerable children in HCCS. They employed strategies to mitigate challenges faced vulnerable children living in HCCS had helped to minimize the magnitude of challenges which affects children living in HCCS though the problems still existed in HCCS.

## 5.5 Recommendations

## 5.5.1 Recommendations for action

Education should be given to caregivers and centre administrators on the best way of living with vulnerable children. This is because literature and educational expert suggests that most vulnerable children need love, respect and encouragements. This seemed to be problems with caregivers. Caregivers should constantly guide and mentor children for life skill development Community should support children living in home care centre by providing scholarships, food and clothes which is the basic needs of the children.

## 5.5.2 Recommendations for policy

Ministry of Health, Community Development, Gender, Elderly and Children should come up with health circular which needs all home care centre owners to employ skilled caregivers and centre administrators which could provide the required services. This is because almost all caregivers and centre administrators had no required qualifications of needed for serving vulnerable children in HCCS.

The government with a helping hand from other stakeholders for example, international organizations, NGOs and other donors should take full responsibility to provide life skills training among most vulnerable children especially in the provision of education and life skills training. Funding and resources should be channeled to the disadvantageous groups especially the vulnerable children because most of the children in home care centres faces major setback in training orphans due to lack of training personnel and as well as equipment.

## 5.5.3 Recommendations for further research

Further studies could be carried out by quantitative approach to determine the preparedness of caregivers who serves children living in home care centre for effective parenting of children. Similarly, an intensive survey is needed to determine the continuation of MVC after leaving care centres.

# REFERENCES

Ary, D., Jacobs, L. C., & Sorensen, C. (2010).*Introduction to research in education (8th ed)*. California: Thomson Wadsworth.

Baxter, J., &Eyles, J. (1997).Evaluating qualitative research in social geography: Establishing rigour in interview analysis. *Transactions Journal of the Institute of British Geographers*, 22(4), 505-525.

Batra, S. (2013). The psychosocial development of children: Implications for education and society – Erik Erikson in context. *Contemporary Education Dialogue*, *10*(2),249-278

Bicego, M., Perveen, F., &Sameen, A. (2003). Dimensions of the emerging orphan

crisis in Sub- Saharan Africa. *Journal* of *Social Science and Medicine*

*56* (12), 1235-1247.

Bitsch,v.(2005).Qualitative research. A grounded theory, example and evaluation criteria. *Journal of agribusiness*, *23*(1), 75-91

Bowen, R. (2009). *Recognizing and Reward Employees.* USA: Mc Grew-Hill.

Bowlby, J. (1969). *Attachment and loss*. New York: Basic Books.

Braun, V., & Clarke, V. (2006).Using thematic analysis in Psychology. Qualitative

Research in Psychology, *3*(2), 77-101.

Browne, K. (2012).*The risk of Harm to young children in institutional care*. The Save The Children Fund. United Kingdom.

Chogo, P. (2015). *Improved Income for Centers of Orphan and Vulnerable Children*

*through Poultry Production at Kibowa Orphanage Center in Arusha District*.

Unpublished master’s thesis in Community Economic Development at the Open University of Tanzania.

Cluver, L., Gardner, F., &Operario, D. (2007). Psychological distress amongst AIDS-orphaned children in urban South Africa. *Journal of Child Psychology and*  *Psychiatry*, *48*, 755-763.

Creswell, J. W. (2008).*Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*. New Jersey: Pearson Prentice Hall.

Daniel,M.,&Mathias, A. (2012).Challenges and coping strategies of orphaned children in Tanzania who are not adequately cared for by adults, *African Journal of* *AIDS Research*, *11*(3), 191-201.

Dereje, F.,&Jiba, N.(2015). Challenges of Orphan Caregiver Families in Jimma Town, Oromia/Ethiopia. *International Journal of Science and Research (IJSR) 6*(3), *78-96*

Duschinsky, R. (2013). Childhood innocence: essence, education and performance.

*Textual Practice*, *27*(5), 763-781

EAPN. (2016).*Towards children’s well-being in Europe explaining on child poverty in The Eu*. European Union Report.

Erikson E.H. (1963. *Youth: Changes and Challenges*. Basic books, New York.

Freeman, M., &Nkomo, N. (2006).Guardianship of orphans and vulnerable children. A survey of current and prospective and South African caregivers. *AIDS Care*, *18*, 302-310

Graneheim,U.H.,&Lundman,B.(2004). *Qualitative context analysis in nursing research, concepts, procedures and measures to achieve trustworthiness.*

Nurse Education today.

Government of Tanzania, (2010).Most vulnerable children data management system report 2010.*UNGASS 2010 progressing report.*

Hatch, J.A.(2002).*Doing qualitative Research in educational setting*. USA: State University of New York Press.

Hlatywayo, L .,Taurai, N &Zimondi, F. (2015).Challenges of Copying with Orphans and Vulnerable Children at Household Level: A Caregivers Perspective.

*International Journal of Scientific and Research Publications*, *5*(1), 2250-3153

Holloway, I. and Wheeler, S. (2002). *Qualitative research in nursing*. Blackwell Science, Oxford

Holmes, J. (1993). *John Bowlby and Attachment Theory: Makers of Modern*

*Psychotherapy*. Routledge

Kombo, D.K. & Tromp, D.L.A. (2006)*. Proposal and thesis writing*. Nairobi: Pauline’s Publication Writing.

Makame, V., Ani, C., & McGregor, S. G. (2002). Psychological well-being of orphans in Dar es Salaam, Tanzania. ActaPaediatrica, *91*, 459-465.

Meli, B.M. (2015).Provision of vocational skills education to orphans: Lesson from orphanage centres in Dar es Salaam city Tanzania. *Journal of Education and Practice 6*(15), 65-75.

Mbangwa, Z.K. (2013).*Assessment of psychosocial well-being of orphans: a case of*

*Three orphanage centres in Moshi municipality*. Unpublished Master thesis of Arts in social work of the open university of Tanzania

Makuku, M.J. (2017).*Family matters. Strengthening alternative care systems for*

*orphans and vulnerable children in dare s salaam, Tanzania*. A dissertation

submitted in partial fulfillment of the requirements for the degree of doctor of

philosophy in social work. University of Botswana.

Merriam, B. S. (2002), *Qualitative Research in Practice; Example for Discussion and Analysis.* New York: Jesery-Bass.

Ministry of Health & Social Welfare (MHSWF) (2013).*The most vulnerable children in Tanzania*. Dar es Salaam -Tanzania.

Ministry of Health & Social Welfare (MoHSWC) (2013).*Human resources for health strategic plan 2008-2013*.Dar es Salaam-Tanzania

Muhsin, H.J. (2015).*Identification of academic challenges facing most vulnerable*

*Children in Zanzibar: the case of west district*. Unpublished master’s thesis of degree of Master of Arts in social work of the Open University of Tanzania.

Msoka, A. C., & Holroyd.E. (2018). Children’s perspectives of their psychosocial

wellbeing in Tanzanian orphanages. *International Journal of Nursing and*

*Midwifery, 10*(5), 41-46.

Mwageni, F. (2020).*Teachers’ perceptions on implementation of corporal punishment regulations in secondary schools in Tanzania*. (Unpublished Master’s dissertation).University of Dar es-Salaam.

Mutiso, D.N &Mutie, P.M. (2018). Challenges affecting orphans and vulnerable

children (OVCS) in Embu County. *International Journal of Sociology,*

*1*(1), 18-36.

Nyangara, F., &Lema, E. (2009).*A summary: Slowly but surely: Evaluations of three*

*programs supporting most vulnerable children in Tanzania show some*

*benefits*. Dar es Salaam, Tanzania.

Rukundo P., & Daniel, M. (2016).*Children orphaned by AIDS in Uganda: Can they*

*thrive under Orphanage care*? Soc. Work Soc. 14:1.

Save the Children. (2015). Save the children child protection strategy 2013-2015.

Kingdom Save the children.

Schutt,R.K.( 2006). *Investigating the social world. The process and practices of*

*research* (5thed) Sage publications.

SOS. (2015).*Children at risk: the world’s most vulnerable children: who they are?*

*Where they live and what puts them at risk*. SOS children village international.Tanzania Child right forum (2013) .*Tanzania child right status report; TCRF*, Dar-es-Salaam, Tanzania.

Tobin,G.A.,&Begley,G.M.(2004). Methodological Issues in nursing research. Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, *48*(4), 388-396

UNICEF. (2018). *Child poverty in Tanzania: report based on 2014/2015 national panel survey*. United republic of Tanzania. National bureau of statistics.

UNICEF. (2016). *Monitoring the situation of children and women*. Retrieved from:

http//www.dataunicef.org on 09/10/2020.

UNICEF. (2013). *Situation analysis of orphan and vulnerable children*: Ethiopia.

UNICEF.(2010) *Child Disciplinary Practices at Home. Evidence from a Range of Low- And Middle Income Countries.* UN

UNICEF.(2010).*Children and Women in Tanzania*. Dar-es-salaam.

<https://www.unicef.org/tanzania/SITAN_Mainland_report.pdf>

UNICEF. (2006). *Africa’s orphaned and vulnerable generations: Children affected by AIDS*. New York: NY.

UNAIDS (2014). 90-90-90 an ambitious treatment target to help end the AIDS

epidemic. Vulnerable children: a review of evaluation evidence. *AIDS Care*,

*21*(7), 918-942.

USAID. (2019). *KizaziKipya - Fact Sheet.*(USAID). Retrieved from

<https://www.usaid.gov/documents/1860/kizazi-kipya>

URT. (2009). *National Guidelines for Improving Quality of Care, Support, and*

*Protection for Most Vulnerable Children in Tanzania*. Ministry of Health and

social welfare.

Unisa, S., & Saraswat, A. (2017).An in-depth study of psychological distress among orphan and vulnerable children living in institutional care in New Delhi, India and their coping mechanism. *Journal of International Psychology3* (19), 2-17.

United Republic of Tanzania. (2008). *The National Costed Plan of Action for Most*

*Vulnerable Children: 2007-2010*. Dar es Salaam, Tanzania: Ministry of

Health and Social Welfare.

Waziri, T. (2013).*Problems and challenges facing the government in addressing the problem of street children in Tanzania*. (Published Master’s dissertation).

Open University of Tanzania.

Whitehouse, A. (2002). *A situation analysis of orphans and other vulnerable children in Mwanza region, Tanzania: A collaboration between government and non-government, community, mission and faith based organizations working on behalf of these children. Mwanza, Tanzania*. Catholic Relief.

Yin.R. (1994).*Case study Research: Design and Methods*. London: Sage Publisher

# APPENDICES

# APPENDIX 1: QUESTIONNAIRE FOR CHILDREN

|  |
| --- |
| This questionnaire is to collect data for purely academic purposes. The study seeks to examine challenges facing most vulnerable children grown from the Home centres with a case of Monduli District. All information will be treated with strict confidence. Do not put any name or identification on this questionnaire.  *Answer all questions as indicated by either filling in the blank or ticking the option that applies*. |

**DESTINATION: -…………………………………… Date……………………**

**PART 1: BACKGROUND INFORMATION**-(**You can circle the number or put a tick**)

1. Gender of respondent (i) Male………………. (ii) Female……………………………
2. Level of education (i) Primary……… (ii) Secondary……… (iii) Others…………….
3. Ages (Years) (i) 10-12…………. (ii) 12-15……….. (iii) 15-18………………………
4. How long have you been living in this child care Centre? (i) Less than 2 years……… (ii) 2-5 years…. (iii) 6-10 years………. (iv) More than 10 years…………………….
5. Do you have access to school? i. Yes ( ) ii. No ( )
6. Do you feel comfortable being at this Home care centre? 1. Yes ( ) 2. No ( )
7. If the question no (6) above is no please give reasons

i........................................................................................................  
ii........................................................................................................  
iii.......................................................................................................  
iv.......................................................................................................

1. Circumstances that brought me in this centre?

i. Death of the parents ( )   
ii. Separation of the parents ( )   
iii. Divorce for the parents ( )   
iv. Poverty ( )   
v. Tortured from step mother ( )   
vi. Tortured from step father ( )

**PART 2 A. IDENTIFICATION OF SOCIAL AND PSYCHOLOGICAL NEEDS OF CHILDREN LIVING IN HOME CARE CENTERS**

Put a tick [√] in the column containing the response which you think best describes your social and psychological needs at this Child care centre.

1. **Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5 Strongly agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Responses** | | | | | |
|  | **Activities** | **1** | **2** | **3** | **4** | **5** |
| 1 | In my life, I like to have good counseling services |  |  |  |  |  |
| 2 | In my life, I do not like to be overcrowded in a room/house |  |  |  |  |  |
| 3 | In staying here, I prefer to be provided with quality food |  |  |  |  |  |
| 4 | I like to be handled when l have traumatic events |  |  |  |  |  |
| 5 | l like to be handled when l have stressed |  |  |  |  |  |
| 6 | I like to be handled when l have depression |  |  |  |  |  |
| 7 | I like to be provided good health service |  |  |  |  |  |
| 8 | I like to get education |  |  |  |  |  |
| 9 | I feel very good if I am loved |  |  |  |  |  |
| 10 | I feel very good when I am involved in society activities in the area I stay |  |  |  |  |  |
|  |  |  |  |  |  |  |

**PART2. B: TO EVALUATE THE PHYSICAL AND PSYCHOLOGICAL PROBLEMS AMONG CHILDREN LIVING IN HOME CARE CENTRES.**

Please answer the following questions as directed.

1. What is your educational progress?  
2. (a) Excellent [ ] (b)Good[ ] (c) Moderate [ ] (d)Bad [ ]  
3.( a) Do you have any persistent health problem (a) Yes [ ] (b) No [ ]  
b) If yes please mention them…………………………………………….  
4. Have you observed incidences of stigma and discrimination directed toward MVC  
by caregivers and peers?  
5. Do you have any difficult to find the educational needs such as money for school  
fees, uniform and books? (a) Yes [ ] (b) No [ ]  
6. Do your guardians give you money to solve your problems?  
**(**a)Yes every day [ ] (b) Seldom [ ] (c) Never [ ]  
7. Are there any challenges you face hampered your well-being? (a) Yes [ ] (b) No [ ]  
b) If yes please mention them…………………………………

Please indicate the level of agreement where appropriate**.**

1. **Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5 Strongly agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SN | **Responses** | | | | | |
|  | **Activities** | **1** | **2** | **3** | **4** | **5** |
| 1 | Do you enjoy meals given to you at this home care centre? |  |  |  |  |  |
| 2 | Do you have access to clothing and food as at when you need? |  |  |  |  |  |
| 3 | Is there any medical care when you are sick? |  |  |  |  |  |
| 4 | Are your rooms spacious for you and your roommates? |  |  |  |  |  |
| 5 | Are you overcrowded in your rooms? |  |  |  |  |  |
| 6 | Do caregivers give you audience and attempt to solve your problem? |  |  |  |  |  |
| 7 | Does anyone encourage or motivate you about the future? |  |  |  |  |  |
| 8 | Do you get access to play and interact with other colleagues? |  |  |  |  |  |
| 9 | Are you given satisfactory care and love by your care givers? |  |  |  |  |  |
| 10 | Does anyone care to help you when you have a problem? |  |  |  |  |  |
| 11 | Are you taught how to do house chores? |  |  |  |  |  |
| 12 | Do you face any challenges because you are a male or female in the Children’s centre? |  |  |  |  |  |

What are some of the things that make you sad at this Home care Centre?  
i………………………………………………………………………………………

ii………………………………………………………………………………………

iii……………………………………………………………………………………….

iv……………………………………………………………………………………….

v………………………………………………………………………………………...

**PART 2: C TO ASSESS AVAILABLE STRATEGIES TO MITIGATE CHALLENGES FACED BY VULNERABLE CHILDREN GROWN IN THE HOME CARE CENTRES.**

The following are suggested strategies to overcome challenges faced by MVC. Indicate your level of agreement by circling where appropriate

**1. Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5 strongly agree**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SN | **Responses** | | | | | |
|  | **Activities** | **1** | **2** | **3** | **4** | **5** |
| 1 | The government should support by giving funds to MVC centres |  |  |  |  |  |
| 2 | Adequate conceptualization of MVC needs |  |  |  |  |  |
| 3 | Train Home care centre staffs at different levels. |  |  |  |  |  |
| 4 | Ensuring education access to all MVC |  |  |  |  |  |
| 5 | Ensuring regular guidance and counseling to MVC |  |  |  |  |  |
| 6 | Giving care and love to the MVC by the caregivers so as to make them not feel loneliness |  |  |  |  |  |
| 7 | Avoiding over crowdedness at the home care centres |  |  |  |  |  |
| 8 | Ensuring good health services, food, shelter and clothes are available to facilitate well being of MVC |  |  |  |  |  |

1. Please suggest some other possible solutions for challenges you face that affect your well-being.

i………………………………………………………………………………  
ii………………………………………………………………………………  
iii………………………………………………………………………………  
iv………………………………………………………………………………

v………………………………………………………………………………….

**THANK YOU FOR YOUR TIME AND COOPERATION**

**Researcher**

# APPENDIX II: INTERVIEW GUIDE QUESTIONS FOR CENTRE ADMINISTRATORS AND GUARDIANS.

1. What are the psychological needs of the MVC?
2. What do you think are the social needs of MVC?
3. As a caregiver at this centre how do you handle MVC?
4. Have you ever witnessed any negative treatment of MVC children?
5. Can you describe some of these incidences and narrate how MVC children  
   experienced them?
6. What are the greatest social and physical challenges do MVC face in your home care centre?
7. What do you think are the causes of these problems/challenges?
8. Do you assist MVC to overcome their physical and psychological problems they face?
9. How do you go about solving these problems?
10. What facilities do you think may be needed to improve the children’s social life?
11. What do you think is the most important thing that needs to be changed in the Children’s home care centres?
12. Does the Centre have resources or programs that address issues of vulnerable  
    children and related issues?
13. What are the available strategies that may be used to overcome the challenges faced by MVC?
14. Are there resources and programs that empower guardians in order to care and  
    support MVC in their needs?
15. Can you suggest in which ways you would like the community and government to support you?

**THANK YOU FOR YOUR TIME AND COOPERATION**

**Researcher**