

**ASSESSING THE EFFECTIVENESS OF ONE STOP CENTRE IN
RESPONDING TO CHILD SEXUAL ABUSE IN ZANZIBAR: A CASE OF
CHAKE CHAKE DISTRICT-PEMBA**

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CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by The Open University of Tanzania a dissertation entitled: ***“Assessing the Effectiveness of the One Stop Center in Responding to Child Sexual Abuse in Zanzibar: A Case of Chake Chake District Pemba”*** in partial fulfillment of the requirements for the Degree of Master of Social Work (MSW).

.....

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.....

Date

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DECLARATION

I, **Riziki Hamad Ali**, declare that the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirements for the Degree of Master of Social Work (MSW).

.....

Signature

.....

Date

DEDICATION

This dissertation is dedicated to all activists who continue to suffer against Child Sexual Abuse (CSA) and still overcome it and continue to inspire other actors to stand up and fight against it. The work also dedicated to all One Stop Center Staff (OSC), Community Leaders, Gender Desk, NGO staff who continue to lead the fight to end the CSA in communities of Zanzibar and Tanzania in general. May Almighty God give you good health and long life.

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ABSTRACT

The aim of this study was to assess the effectiveness of the One Stop Centre (OSC) in responding to child sexual abuse in Chake Chake District. Specifically, the study evaluated the efficacy of services provided, examined the level of client satisfaction with those services, and identified the key challenges hindering the effectiveness of OSCs in addressing CSA. The study was guided by the Theory of Change and involved a sample of 98 research participants selected through both random and purposive sampling techniques. A pragmatic research philosophy underpinned the descriptive research design. Furthermore, a mixed-methods approach was adopted, utilizing questionnaires and interview guides as data collection tools. Qualitative data were analyzed using thematic analysis, while quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS). In the first objective, the study findings revealed some resemblance, differences and discrepancies on services delivery, about 74% indicated that the situation of customer care is not friendly and only 26% said that they appreciated with the customer care services. In the second objective, the study findings revealed that there is gap between services delivered and the level of satisfaction among clients utilizing services at OSC. Factors such as perceived quality, value for money, and emotional responses play a significant role in determining satisfaction levels, about 57% strongly agreed, 33% agreed, 3% disagree and 7% were undecided. The third objective revealed that, different challenges facing OSC in responding to CSA such as lack of training since has not been provided, for a long time, there are new staff, it is good for them to receive training so that they can deal with CSA cases efficiently.

Key words: *Child, Child Sexual Abuse, Services, One Stop Centre.*

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LIST OF ABBREVIATION

CSA	Child Sexual Abuse
RGoZ	Revolutionary Government of Zanzibar
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation
OSC	One Stop Centre
CRC	Convention on the Right of Child
MHSW	Ministry of Health and Social Welfare
UNFPA	United Nation Population Fund
UN	Women United Nation Wemen
NGO's	Non Governmental Organization
FRA	Fundamental Rights Agency
QECH	Queen Elizabeth Central Hospital
SADC	Southern African Development Community
URT	United Republic of Tanzania
CSO	Civil Society Organization
ZMLS	Zanzibar Ministry of Labour Statistics

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Chapter Overview

The study aims to assess the effectiveness of the One Stop Center in responding to Child sexual Abuse in Chake Chake District-Pemba. The study also evaluates the efficacy of services provided by One Stop Centers, evaluates the level of satisfaction among clients utilizing services in One Stop Centers and examines the challenges hindering the effectiveness of One Stop Centres in responding to Child Sexual Abuse in Chake Chake District-Pemba. Additionally, this chapter presents a key components including chapter overview, background of the study, statement of the problem, research objectives, research questions, significance of the study.

1.2 Background of the Study

Child sexual abuse (CSA) is a widespread and deeply rooted global issue that transcends geographical, cultural, and socioeconomic boundaries. It involves engaging a child in sexual activities that they cannot fully comprehend, are not developmentally prepared for, or are unable to give informed consent to. As defined by Ferragut (2021), CSA is a complex and harmful phenomenon wherein a minor is involved in sexual acts that benefit another person who holds a position of power or authority, leading to an abusive and undesired experience.

Historically, CSA has been concealed under silence, denial, and cultural taboos. Evidence of child sexual exploitation has been uncovered in elite households in fifteenth- and sixteenth-century Europe, where children were commodified for adult gratification (Wiesner-Hanks et al., 2024). Ioannou (2024) affirms that CSA is not a

recent phenomenon, and its presence across different societies throughout history reflects persistent patterns of abuse, power asymmetry, and institutional neglect.

The magnitude of CSA has escalated in recent decades due to increased reporting mechanisms, population growth, and heightened awareness, although many cases still remain unreported due to stigma and fear. Globally, the World Health Organization (2023) estimates that between 3% and 31% of girls and 2% to 16% of boys have experienced CSA. These statistics highlight a grave public health and social problem with severe consequences on physical, psychological, emotional, and economic wellbeing. CSA contributes to long-term trauma, including depression, post-traumatic stress disorder (PTSD), suicidal ideation, risky sexual behavior, and substance abuse. It also undermines the developmental potential and human rights of affected children, posing serious challenges to national development and social cohesion.

Governments and child protection stakeholders have adopted the One Stop Centre (OSC) model as a strategic response to CSA. OSCs provide integrated services including medical care, psychosocial support, legal aid, and law enforcement under one roof to minimize secondary trauma and improve access to justice. In Europe, the European Commission (2023) and Europol (2020) support OSCs as critical infrastructure for interagency collaboration in responding to child abuse. For example, the National Society for the Prevention of Cruelty to Children (NSPCC) in the UK established an OSC in London in 2013, leading to increased CSA referrals and improved coordination among services (NSPCC, 2021).

In Latin America, the problem of CSA remains severe. Prevalence is especially high among marginalized groups, and cultural stigma contributes to widespread underreporting (Rahim et al., 2021). Countries like Brazil have implemented OSCs such as the "Casa de la Amiga" model, which has since been replicated in Colombia and Peru (Russell et al., 2020). These centers serve as holistic intervention points, but challenges such as inadequate funding, limited trained personnel, and community resistance continue to hinder effectiveness (UNICEF, 2022).

In Asia, CSA is similarly widespread but often obscured by strong cultural taboos. Victims are frequently silenced by fear of shame, dishonor, and retaliation. OSCs in countries like India, Malaysia, and the Philippines serve as safe spaces where survivors can access comprehensive care (Talwar et al., 2024; WHO, 2022). Olson et al. (2020) highlight that OSCs in Asia not only reduce trauma for victims but also encourage reporting and improve legal outcomes by centralizing support services.

Sub-Saharan Africa also faces significant challenges in combating CSA. High rates of poverty, gender inequality, weak child protection systems, and entrenched social norms contribute to the persistence of abuse. In Ghana, a country-wide network of 28 OSCs known as Chikwanekwanes was created to provide medical, psychosocial, and legal support to survivors (Kpalam et al., 2023). Similar efforts have emerged in Kenya, where Save the Children International reported an increase in reported CSA cases and improved law enforcement coordination following the establishment of OSCs (Nyoni, et al., 2023). Botswana and Namibia have invested in ongoing capacity-building programs for OSC staff, enhancing the quality of care and reinforcing survivor-centered approaches (Tagwireyi et al., 2023).

In Southern Africa, Zimbabwe's Adult Rape Clinic at Parirenyatwa Hospital has become a model of excellence in providing holistic care to CSA survivors. It delivers medical care, counseling, and legal assistance in a single location, which has significantly reduced the retraumatization of victims (Mulambia, 2021). Across the Southern African Development Community (SADC), the OSC model is increasingly being adopted as a promising response strategy, although gaps remain in coverage, staffing, and sustainable financing (Olson, 2020).

In Tanzania, CSA remains a serious challenge despite various policy and institutional interventions. The government has ratified key international instruments, including the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. National measures such as the Child Development Policy (1996), the Law of the Child Act No. 21 of 2009, and the creation of child protection desks within police stations signify progress in aligning national laws with international standards (URT, 2023). Recently, the Ministry of Health, Community Development, Gender, Elderly and Children announced plans to scale up OSCs across the country (UNICEF, 2023).

One prominent example is the Child Helpline and OSC in Dar es Salaam, which demonstrates the potential of integrated services to support survivors (Mbunda et al., 2024). Nonetheless, the increasing number of CSA cases suggests that implementation gaps, inadequate public awareness, and limited interagency coordination continue to hinder the impact of these initiatives (UNFPA, 2023). In Zanzibar, the government has established seven OSCs located in Kivunge, Mnazi Mmoja, Makunduchi, Micheweni, Wete, Mkoani, and Chake Chake (UNICEF,

2023). These centers operate 24 hours a day, seven days a week, and are equipped with spaces for police, medical, and psychosocial support. They work collaboratively with healthcare providers, social workers, NGOs, and the police to address CSA in a holistic manner (UNFPA, 2023). However, despite these efforts, CSA remains alarmingly prevalent, with children in Zanzibar facing multiple forms of abuse sexual, emotional, psychological, physical, and economic. Cultural silence, gender-based discrimination, and weak enforcement mechanisms contribute to underreporting and inadequate follow-up of cases.

In recent years, child sexual abuse (CSA) has emerged as a critical and escalating concern in Pemba Island, particularly in Chake Chake District in two wards Vitongoji and Ndagoni. Although comprehensive national data remain limited, available reports suggest that the true magnitude of CSA is significantly underrepresented due to deep-rooted cultural taboos and underreporting. According to UN Women (2024), nearly half of Pemba's female population has experienced some form of violence, including sexual abuse.

However, in 2023, only 252 cases of violence against women and children were officially reported to the police across Pemba, highlighting a large discrepancy between the estimated prevalence and documented incidents. The phenomenon of "Muhali" a culture of silence and shame continues to discourage survivors and their families from reporting abuse, particularly in conservative communities like Chake Chake. A previous report revealed that between 2016 and 2019, Pemba South, where Chake Chake is located, accounted for 529 reported CSA cases, making it the region with the second-highest number of reported cases in Zanzibar (Zanzibar Ministry of

Health, 2020).

While awareness campaigns and the presence of One Stop Centres (OSCs) have led to a gradual rise in reported cases, this increase likely reflects improved detection rather than a real reduction in incidence. The persistence of high rates, coupled with significant underreporting and limited support systems, underscores the urgent need to evaluate the effectiveness of institutional responses such as OSCs in Chake Chake. Without strengthened intervention, the escalation of CSA not only threatens the well-being of children but also undermines broader social development goals in the region. Therefore the study specifically focuses on the effectiveness of the One Stop Centre in Chake Chake District, Pemba.

A conceptual framework underpins this study, providing clarity on the relationships between variables. According to Hiba et al. (2024), conceptual frameworks help structure research inquiries and guide the analysis of complex social problems. This study employs independent variables such as the quality and timeliness of OSC services, satisfaction levels of service users, and encountered implementation challenges. These are influenced by moderating variables such as community engagement and government commitment. The outcome variable is the level of CSA incidence, with the conceptual framework serving as the foundation for analyzing causal pathways (Kurdy, et al., 2023; Mariani et al., 2023).

Although Tanzania has made significant efforts to combat CSA, gaps in service delivery, resource allocation, coordination, and community participation remain. These gaps limit the effectiveness of OSCs and leave many children vulnerable.

Therefore, this study aims to assess the effectiveness of the One Stop Centre in Chake Chake District, Pemba in responding to CSA, with the broader goal of informing policy, enhancing child protection systems, and contributing to a safer and more just society for all children.

1.3 Statement of the Problem

Children are entitled to fundamental rights that guarantee their safety, dignity, and the opportunity to achieve their full potential. These rights include protection from all forms of violence, abuse, and exploitation, as enshrined in international instruments such as the United Nations Convention on the Rights of the Child (UNCRC, 1989) and the African Charter on the Rights and Welfare of the Child (ACRWC, 1990). In recognition of these rights, the Government of Tanzania has ratified both instruments and taken steps to domesticate them through legal and institutional frameworks, including the Law of the Child Act No. 21 of 2009 (URT, 2009), the establishment of child protection desks at police stations, and the formation of child protection committees and councils.

Despite these efforts, Child Sexual Abuse (CSA) continues to pose a serious threat to the safety and well-being of children in Tanzania, including Zanzibar. According to the Office of the Chief Government Statistician (OCGS, 2024), 125 cases of CSA were reported in March 2024 alone, with 84 girls (82.4%) and 18 boys (17.6%) affected. These figures highlight not only the prevalence of CSA but also the gendered nature of victimization, with girls being disproportionately affected. The true scale of the problem may be even higher due to underreporting, cultural stigma,

fear of retaliation, and limited child-friendly reporting mechanisms (UNICEF, 2023; Rahim et al., 2021).

Moreover, numerous studies and reports have highlighted key barriers that hinder effective response to CSA. These include delays in reporting, difficulties in collecting admissible evidence, limited coordination among service providers, and weak judicial outcomes, particularly in cases where children are too young to testify or the perpetrators are closely related to the victims (Ferragut, 2021; Loannou, 2024; Klinger et al., 2023). As a result, many CSA cases are either dismissed in court or resolved informally, leading to impunity for perpetrators and continued victimization of children.

While the introduction of One Stop Centres (OSCs) has been a promising approach to provide coordinated medical, legal, and psychosocial services for CSA survivors, there is limited empirical evidence on how effective these centers are in the context of Zanzibar. Most existing research tends to focus on national-level responses or specific service components (e.g., medical or legal), but few studies have comprehensively assessed the overall performance and impact of OSCs in Zanzibar, particularly from a multi-stakeholder and victim centered perspective (UNFPA, 2023; Talwar, et al., 2024; Mbunda, et al., 2024).

If these systemic and service delivery gaps are not addressed, Zanzibar risks long-term harm to its children, including psychological trauma, school dropout, poor health outcomes, and ultimately, the loss of a productive future workforce. These consequences undermine not only individual lives but also the national agenda for

sustainable development and social cohesion (Save the Children, 2022; WHO, 2022).

Therefore, this study seeks to assess the effectiveness of One Stop Centres in responding to Child Sexual Abuse in Chake Chake District especially in two wards Vitongoji and Ndagoni, identifying key strengths, weaknesses, and areas for improvement. The findings are expected to contribute to evidence-based policymaking and strengthen interventions that ensure justice, healing, and protection for survivors of CSA.

1.4 Research Objectives

1.4.1 General Objective

The general objective of the study was to assess effectiveness of One Stop Centre in responding to Child Sexual Abuse in Chake Chake District, Pemba.

1.4.2 Specific Objectives

- i. To evaluate the efficacy of services provided by One Stop Centers in responding to child sexual abuse in Chake Chake District, Pemba.
- ii. To assess the level of satisfaction among clients utilizing services offered by One Stop Centers in responding to child sexual abuse in Chake Chake District, Pemba.
- iii. To examine the challenges hindering the effectiveness of One Stop Centres in responding to Child Sexual Abuse in Chake Chake District Pemba.

1.4.3 Research Questions

- i. How effective are the services provided by One Stop Centers in responding

to cases of child sexual abuse in Chake Chake District, Pemba?

- ii. What is the level of client satisfaction with the services provided by One Stop Centers in responding to child sexual abuse in Chake Chake District, Pemba?
- iii. What challenges do One Stop Centres face in delivering effective services for child sexual abuse cases in Chake Chake District, Pemba?

1.5 Significance of the Study

This study contributes significantly to the theoretical understanding of child sexual abuse (CSA) within the context of service delivery through One Stop Centres (OSCs) in Chake Chake District. By examining the efficacy, client satisfaction, and challenges of OSCs, the study enriches existing literature in the fields of social work, public health, child psychology, and criminology. It advances theoretical discourse on trauma-informed care, multi-sectoral service integration, and victim-centered approaches to child protection. Furthermore, the findings will help scholars and practitioners refine conceptual frameworks that explain the interaction between institutional support systems and CSA outcomes, especially in decentralized, resource-limited settings (WHO, 2022; UNICEF, 2020).

The study also empowers survivors by amplifying their voices, validating their lived experiences, and situating their realities within academic discourse. This supports theoretical reflections on power, vulnerability, and resilience, and helps challenge persistent myths and misconceptions about CSA, contributing to a broader shift in societal attitudes and theoretical perspectives (UNICEF, 2020). Methodologically, this study employs a context-specific approach to assess the effectiveness of OSCs in a localized setting, contributing to the growing body of empirical research focused

on evidence-based child protection interventions. Through qualitative or mixed-methods inquiry (depending on design), the study offers a replicable model for assessing service delivery outcomes, community perceptions, and system-level barriers in child protection institutions.

Moreover, the study addresses the existing gap in localized research from Chake Chake District, where few empirical studies have examined the role and effectiveness of OSCs in responding to CSA. By generating original field data, this research fills a critical void in district-level child welfare literature and provides a foundation for future studies and interventions in similar settings (National Research Council and Institute of Medicine, 2023).

Practically, the study is expected to generate actionable insights for policymakers, child protection practitioners, and community stakeholders in Chake Chake District. The findings will inform the design and implementation of more effective, coordinated, and survivor-centered services at One Stop Centres. Specifically, the study provides evidence-based information on the nature, prevalence, and service delivery challenges of CSA, enabling local authorities and NGOs to strengthen protection mechanisms (UNFPA, 2023; WHO, 2022).

For the local community, this research serves as an awareness-raising tool to promote early detection and reporting of CSA cases and advocate for increased resources and support for survivors. Community members will be empowered to recognize signs of abuse, understand child protection protocols, and support calls for legislative reforms that prioritize children's safety. Dissemination of evidence-based

prevention strategies will help communities in Chake Chake implement proactive, culturally sensitive measures to create safer environments for children.

In academic and professional terms, the study benefits researchers, educators, and social service providers by advancing practical knowledge on child protection in small district settings. It will also serve as a reference point for advocacy groups, policy planners, and practitioners working in child welfare. Furthermore, the study contributes to the researcher's academic and professional development as a partial fulfillment of the requirements for the award of a Master's Degree in Social Work at the Open University of Tanzania.

In summary, this study provides significant contributions in the theoretical, methodological, and practical domains. It enhances understanding of child sexual abuse responses within a district-level context, produces localized empirical evidence, and strengthens community and institutional capacities to protect vulnerable children in Chake Chake District. The outcomes of this research aim to promote evidence-informed policies and services that uphold the rights and well-being of children affected by sexual abuse.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter presents the reviews and revision of various literatures related to the problem of this study. The literature review aims to delineate key terminologies, provide a theoretical foundation, analyze existing empirical literature, identify gaps, and propose a conceptual framework to guide the investigation into obstacles affecting the successful effectiveness of OSC in reducing child sexual abuse within Zanzibar.

2.2 Conceptual Definitions

For the purpose of achieving a common understanding the researcher found it important to specify the meaning of basic terms that used throughout this research related to specific objective.

2.2.1 Service Efficacy

Service efficacy refers to the ability of a service system to achieve its intended outcomes effectively and efficiently. Jitaru (2024) defines it as the successful delivery of services that not only fulfill stated objectives but also meet or exceed client expectations, leading to positive outcomes for both the service provider and recipient. Rooted in Bandura's theory of self-efficacy, Siddique et al. (2023) emphasize the psychological dimension of efficacy, noting that self-efficacy represents an individual's belief in their capacity to perform specific tasks. Applied to services, Hadad et al. (2023) extend this concept to describe service efficacy as the confidence professionals have in their ability to deliver high-quality, effective

services.

Moreover, Imam (2023) highlights that self-efficacy influences behavior both directly and indirectly through its impact on goal setting, perceived obstacles, and expected outcomes. Yaakobi (2024) provides a broader framework by distinguishing among self-efficacy (internal belief), collective efficacy (team dynamics), and means efficacy (available resources), all of which are relevant for determining service performance. In the context of this study, service efficacy involves not only individual competence but also the collective capacity and institutional resources available at One Stop Centres (OSCs) in effectively responding to child sexual abuse (CSA).

2.2.2 Satisfaction Level

Satisfaction level refers to the degree to which clients perceive the services received as meeting their needs and expectations. Yam et al. (2021) explain that satisfaction is influenced by several factors including perceived service quality, emotional responses, and perceived value. Aripin et al. (2024) add that satisfaction is shaped by both subjective experiences and tangible service outcomes. Sociological perspectives also enrich this concept by addressing how cultural norms, group dynamics, and social structures shape individuals' perceptions of service satisfaction (Martin, 2024).

Ngwenya et al. (2024) argue that satisfaction is also deeply linked to social justice, equity, and access critical dimensions in the case of vulnerable populations such as survivors of CSA. Crimmings (2024), although originally discussing technical

verification systems, highlights the importance of systematic procedures in ensuring user trust and service validation. For this study, satisfaction level is defined as the client's overall evaluation of service delivery quality, responsiveness, professionalism, and support received at OSCs in Chake Chake District.

2.2.3 Government Commitment

Government commitment refers to the determination and sustained action by state actors to fulfill obligations, implement policies, and uphold promises made to the public. Sheldric (2024) explains that government commitment in service delivery is demonstrated through political will, budgetary allocation, accountability mechanisms, and stakeholder engagement. In governance contexts, committed governments ensure transparency and monitor progress while involving citizens in identifying and addressing policy implementation challenges. The United Nations Development Programme (UNDP, 2022) underscores the need for institutional commitment in safeguarding vulnerable groups such as children. In this study, government commitment entails the practical actions and political resolve of Tanzanian authorities to operationalize and strengthen OSCs in addressing CSA.

2.2.4 Community Engagement

Community engagement is a process of working collaboratively with community groups to identify and solve issues affecting their well-being. According to Taffere (2024), this process involves mobilizing local stakeholders through dialogue, participation, and shared decision-making. Rahman et al. (2024) emphasize that engagement empowers communities, fosters trust, and facilitates behavioral change, especially in health and social protection sectors.

Community engagement also involves building coalitions and partnerships that influence policies, systems, and resource distribution (Taffere, 2024). In this study, community engagement refers to the active participation of local stakeholders including parents, teachers, religious leaders, and civil society in preventing, reporting, and supporting responses to CSA in Chake Chake District, Pemba.

2.2.5 Child

The definition of a child is universally recognized under several international and national legal frameworks. According to the African Child Policy Forum (2016), both the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child define a child as every human being below the age of 18. This is echoed in Tanzanian legislation, including the Child Development Policy of 2008 and The Law of the Child Act No. 6 of 2009, which uphold this age definition. In the context of this study, a child is defined as any human being between the age of 15 to 17 who had victimized with CSA and utilized the services at one stop center.

2.2.6 One Stop Centre

A One Stop Centre (OSC) is a facility designed to offer comprehensive and coordinated services under one roof to survivors of gender-based violence, particularly CSA. These services typically include medical examinations, psychological counseling, legal aid, and referral mechanisms. Mulamba et al. (2023) describe OSCs as structured spaces where multi-sectoral teams work collaboratively to address the complex needs of survivors. The Ministry of Health, Social Welfare, Gender, Elderly and Children (MHSW & MHA, 2022) classifies OSCs as either

hospital-based or standalone facilities. According to Keesbury et al. (2024) and CARE (2024), OSCs are often located within hospitals for cost-efficiency and ease of access to clinical care. This model is widespread across Africa due to its practicality. WHO (2022) emphasizes the multidisciplinary nature of these centers, which typically host medical professionals, police officers, legal advisors, counselors, and social workers. In this study, the term refers specifically to OSCs operating in Zanzibar, particularly the one in Chake Chake District, Pemba which provides integrated services to CSA survivors.

2.2.7 Child Sexual Abuse (CSA)

Child sexual abuse refers to any sexual activity involving a child that is exploitative, coercive, or occurs without the child's informed consent. As defined by UNICEF (2020), this includes acts such as sexual assault, rape, molestation, exploitation, and exposure to pornographic materials. CSA can take both physical and non-physical forms and has severe and long-term effects on a child's psychological, emotional, and physical well-being. UNFPA's implementation of the United Nations Protocol on Assistance to Victims of Sexual Exploitation and Abuse (2020) stresses coordinated, rights-based assistance for survivors. For this study, CSA is defined as any form of sexual violence or exploitation against children aging between thirteen (13) to seventeen (17), with or without physical contact, occurring within the context of power imbalance and lack of consent.

2.2.8 Multisectoral Collaboration

Multisectoral collaboration refers to the coordinated efforts of various sectors such as health, legal, social welfare, law enforcement, and education to address complex

social issues effectively (Atkinson & Hiles, 2023). In the context of OSCs, this collaboration ensures comprehensive, holistic support to CSA survivors by integrating services and sharing information across agencies. OSCs rely heavily on multisectoral collaboration to deliver timely and effective responses. Without seamless coordination, service delivery becomes fragmented, which can increase the trauma for survivors and reduce the efficacy of interventions. Defining and measuring multisectoral collaboration helps understand the strengths and weaknesses of OSC functioning beyond individual service efficacy.

2.2.9 Trauma-Informed Care

Trauma-informed care is an approach that recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life, including service engagement (Fallot & Harris, 2022). It emphasizes safety, trustworthiness, choice, collaboration, and empowerment in service provision. Since CSA survivors often experience complex trauma, OSCs need to employ trauma-informed care principles to reduce retraumatization and promote healing. Including this concept helps explain how quality and style of service delivery impact client satisfaction and outcomes, linking psychological theories to practical service delivery.

2.2.10 Access to Justice

Access to justice refers to the ability of survivors to seek and obtain a remedy through formal or informal legal systems, including protection, redress, and enforcement of rights (Miranda & Gupta, 2023). One of the core services of OSCs is to facilitate legal support and protection for CSA survivors. Defining access to

justice contextualizes the study's examination of the legal components of OSC services, highlighting barriers and facilitators to effective prosecution and survivor empowerment.

2.2.11 Confidentiality and Privacy

Confidentiality and privacy refer to the ethical and legal obligation of service providers to protect the personal information and identity of clients, ensuring that sensitive information is shared only with authorized individuals (Reed & Lawson, 2023). For CSA survivors, assurance of confidentiality is critical to accessing services and reporting abuse. Integrating this concept helps address how trust and safety perceptions affect client satisfaction and service efficacy.

2.3 Theoretical Framework

A theory was a group of related hypotheses, concepts, variables and constructs, based on predication and observations that attempts to explain particular phenomena. According to Buhori (2021) in social sciences, in order to explain any phenomena, a theory was central to provide the guideline of such event. This study therefore, was informed by Theory of Change.

2.3.1 Theory of Change

The theory of change concept was proposed by Carol Weiss in 1995. Weiss, a member of the Roundtable on Community Change at the Aspen Institute. It introduces the term as a way to address the challenges in evaluating complex social or community change programs (Suleiman, 2021). Theory of change for the OSC model serve as an analytical framework for the study findings(Moosa, 2012). The

OSC model requires specific inputs such as multidisciplinary staff and private consultation rooms, which contribute to OSC outputs such as more services provided at one location and at all hours, and reduced survivor interviews (Olson, 2020) These contribute to OSC outcomes such as improved multisectoral coordination and improved quality of survivor-centered care. These outcomes contribute to the ultimate goal of the OSC to reduce survivor revictimization when seeking care.

A theory of change was “a dialogue-based process intended to generate a description of a sequence of events that was expected to lead to a particular desired outcome. It can be used to aid description, to get agreement about the process of change and to aid planning and the evaluation of outcomes (SADC, 2023). It can also be linked to sources of evidence, which can be useful in trying to improve evidence-informed approaches. It takes a structured and outcome-focused approach to defining the problem and what needs to change, identifying the barriers to change, the processes for overcoming these and the anticipated outputs and outcomes (Adams et al, 2024). The theory of change proposed was founded on a children’s rights approach, a public health approach and by UNICEF’s Child Protection Strategy (UNICEF, 2020). It emphasizes the importance of articulating the assumptions underlying these initiatives to clarify how change processes unfold and what steps are necessary to achieve long-term goals in responding to CSA.

2.3.2 Relevance of the Theory of Change

Theory of Change helps in strategic planning by mapping out the steps needed to achieve specific goals related to preventing child sexual abuse within a One Stop Centre. It allows stakeholders to identify potential barriers, resources required, and

expected outcomes. By delineating the causal relationships between inputs, activities, outputs, and outcomes, a Theory of Change enables the measurement of progress and impact (Rudolph et al, 2024). In the case of a One Stop Centre, this could involve tracking changes in awareness levels, access to services efficacy, evaluate the level of satisfaction to the victims and overall responding to the incidents of child sexual abuse (Lowassa, 2023).

Having a Theory of Change assists in optimizing resource allocation by focusing on interventions that are most likely to lead to positive outcomes. This ensures that efforts are directed towards evidence-based practices with the highest potential for success (Rudolph et al, 2024). Therefore, integrating a Theory of Change into the operations and planning of a One Stop Centre for responding to child sexual abuse was essential for creating a structured approach that maximizes impact, ensures accountability, and promotes sustainable change in addressing this critical issue.

The theory of change outlines the pathway through which interventions are expected to lead to desired outcomes. In the context of One Stop Centers, the theory of change would typically include several key components such as inputs, outputs, activities and impacts. In order client satisfaction to be achieved, a well-designed theory of change can help identify critical points where client satisfaction was influenced within the service delivery process. Also, by mapping out how inputs lead to activities, outputs, outcomes, and impact on clients' experiences and perceptions, it becomes easier to assess factors contributing to satisfaction. Another thing is, conducting monitoring and evaluating to each step can provide insights into areas needing improvement to enhance client satisfaction. Therefore, understanding how

different components interact within the theory of change can guide interventions aimed at optimizing services for clients and ensuring their needs are met effectively. One Stop Centers in Zanzibar face several challenges in their efforts towards reducing child sexual abuse. These challenges can be analyzed through the lens of the theory of change, which was a framework that outlines how interventions lead to desired outcomes (UNICEF, 2023).

In the context of One Stop Centers in Zanzibar, the theory of change would involve identifying the inputs, activities, outputs, outcomes, and impacts of their responding efforts. The One Stop Centers in Zanzibar, such as the newly opened facility at the Mkoani, Chake Chake, Micheweni, and Wete Hospital play a crucial role in providing specialized services to survivors of physical and sexual violence, including children who have been subjected to abuse (UNICEF, 2023). Research indicates that barriers continue to outweigh facilitators when it comes to survivors disclosing instances of abuse. By applying the theory of change framework to analyze the challenges encountered by One Stop Centers in Zanzibar, stakeholders can better understand where interventions may be falling short and develop targeted strategies to address these obstacles effectively (UNFPA, 2022).

2.3.3 Strength of the Theory of Change

The Theory of Change helps visualize and articulate the causal linkages between interventions (e.g., awareness campaigns, child protection services) and desired outcomes (e.g., reduction in CSA cases). This is particularly valuable in complex social issues like child sexual abuse. It allows researchers to define indicators for each stage of change from inputs to outcomes. This enables rigorous monitoring and

evaluation, making it easier to measure what works and what doesn't in child protection interventions.

By mapping assumptions and results collaboratively, it provides a platform to involve community leaders, policymakers, service providers, and survivors. This strengthens both community ownership and policy relevance. Also, forces researchers to make underlying assumptions explicit (e.g., assuming that reporting mechanisms are accessible or trusted). This helps in identifying and addressing potential barriers to impact. By linking short-term outputs to long-term goals, it supports evidence-based decisions about where to focus interventions, helping to prioritize actions that are most likely to reduce CSA in specific contexts like Chake Chake.

Theory of Change is flexible and can be tailored to the cultural, social, and institutional realities of Chake Chake or similar communities, ensuring context-sensitive strategies. Because it emphasizes long-term change, its framework supports the development of sustainable child protection systems, rather than one-time interventions.

2.3.4 Weakness of the Theory of Change

Despite its usefulness in mapping expected pathways of change, the Theory of Change (ToC) presents several limitations that may affect the robustness of this study. First, ToC often simplifies complex social realities by assuming linear progressions between inputs, outcomes, and impacts. However, issues such as child sexual abuse are deeply embedded in socio-cultural, legal, and institutional systems

that interact in non-linear and unpredictable ways. This oversimplification risks ignoring critical contextual dynamics and unintended consequences.

Secondly, ToC heavily relies on assumptions regarding how and why change occurs. If these assumptions are not empirically validated, they may undermine the validity of the study's conclusions. For example, the assumption that increased service availability automatically leads to increased reporting or reduced incidence of abuse may not hold in contexts like Chake Chake, where stigma or distrust in institutions might persist. Additionally, ToC can become rigid once developed, limiting its adaptability to emerging insights or changing community conditions during implementation or data collection. The framework is also resource-intensive, requiring considerable time and stakeholder input to be meaningful—resources which may be constrained in low-capacity settings.

Moreover, measuring intermediate or intangible outcomes such as awareness or empowerment, which are often central to child protection initiatives, presents significant methodological challenges. Lastly, if the ToC is developed primarily by project implementers or donors without sufficient community participation, it may reflect external priorities rather than lived realities, potentially skewing the study's relevance or inclusiveness. These limitations necessitate a cautious and critical application of ToC to ensure its effective contribution to the study's objectives.

2.4 Empirical Literature Studies

Empirical literature was any interdisciplinary field of research which includes the psychology, sociology, and philosophy of texts, the contextual study of literature,

and the history of reading literacy texts(Edwards et al., 2024). Several empirical literatures related and relevant to the study was revised to assess the effectiveness of OSC in responding to CSA, service efficacy delivery during the process, satisfaction level among the client utilizing services, and challenge faced among among clients as well as actors in OSC who provide services to the victims.

2.4.1 The Efficacy of Services Provided by One Stop Centers in responding to Child Sexual Abuse

The One Stop Centre (OSC) model has gained global recognition for its integrated and multidisciplinary approach to responding to child sexual abuse (CSA). These centers aim to provide comprehensive services such as medical examinations, psychosocial counseling, legal aid, and police reporting within a single, accessible location. This model is particularly praised for its role in reducing the secondary trauma often experienced by child survivors when navigating fragmented service systems (WHO, 2020).

Globally, the World Health Organization (2020) emphasized that OSCs significantly improve access to essential services for survivors of CSA, thereby enhancing outcomes in areas such as emotional recovery, justice, and social reintegration. The study found that, in countries like Sweden and the United States, OSCs have played a pivotal role in increasing the reporting of abuse cases and ensuring timely interventions. These centers improve child protection outcomes by streamlining support services, reducing delays, and fostering trust in care systems. In Europe, OSCs such as Ellen Fetvad Centre in Denmark, Mägihuollisuskeskus in Finland, and Tiños in Portugal have demonstrated the efficacy of the model. These centers offer a

range of integrated services, including counseling, legal support, and medical examinations for child victims and their families. Furthermore, they also provide training for professionals, which strengthens the broader child protection ecosystem. These centers have been successful in ensuring early detection of abuse cases and enhancing victim support through timely and coordinated responses (WHO, 2020).

In Asia, various OSC models have been implemented with promising results. The Philippines' "Project Protect" has established centers across the country that provide forensic examination, legal assistance, and psychological support. In India, the government launched the Sakhi One Stop Centre initiative, establishing over 1,000 OSCs nationwide. These centers offer services such as medical care, police assistance, psychosocial counseling, and legal aid. Evaluations show that the availability of multiple services under one roof significantly improves survivors' access to justice and recovery support (Balogun, 2024).

In North America, the National Children's Advocacy Center (NCAC) in Huntsville, Alabama, has been at the forefront of multidisciplinary responses to CSA. The NCAC model emphasizes child-friendly environments, professional collaboration, and trauma-informed care, which has contributed to measurable improvements in case resolution and child well-being. Studies show that such centers are associated with higher conviction rates, reduced trauma symptoms in survivors, and greater caregiver satisfaction (NCAC, 2021).

In Africa, the OSC model has been increasingly adopted as a key strategy in responding to CSA. According to Ward et al. (2022), OSCs in South Africa such as

the Teddy Bear Clinic have proven effective in delivering medical, psychological, and legal support to survivors. These centers also play a role in educating communities and reducing stigma, which are vital for increasing reporting and access to services. Similarly, in Kenya, the Koiswas Centre has made significant contributions in supporting victims through coordinated services. In Nigeria, the Mirabel Centre established in 2003 has provided specialized care for survivors of sexual violence, including children. The facility has been noted for improving access to justice and support systems, particularly through forensic evidence collection and multidisciplinary interventions (Tomologu, 2024).

In Tanzania, OSCs have been integrated into hospitals and police stations to improve service delivery to CSA survivors. A study conducted by UNICEF (2023) in Dar es Salaam involving 400 school-aged children found that OSCs played a vital role in facilitating medical and psychological support. One case involved a 14-year-old girl who received comprehensive care after being referred to an OSC following a sexual assault an example that illustrates the role these centers play in mitigating trauma and supporting recovery.

In Zanzibar, evidence also suggests that OSCs are effective in providing coordinated and child-sensitive services. According to the Revolutionary Government of Zanzibar (RGoZ, 2022), the local OSC model has demonstrated efficiency, accessibility, and responsiveness. The study found that child survivors benefitted from integrated care that reduced the need to navigate multiple systems a process that often leads to revictimization. The OSC in Chake Chake, for instance, provides medical services, psychosocial counseling, legal aid, and police reporting within a

single facility, thereby minimizing the emotional toll on survivors (UNICEF, 2023). Qualitative data further indicate high levels of user satisfaction, particularly related to timely intervention, professionalism, and the child-friendly environment.

Overall, the literature affirms that the efficacy of OSCs lies in their ability to deliver holistic, timely, and survivor-centered services. The integration of health, justice, and psychosocial interventions under one roof not only streamlines service access but also reduces the risk of retraumatization and delays in justice. As such, the current study aims to assess how effectively these principles are being implemented in the context of Chake Chake District – Pemba, where logistical, cultural, and institutional dynamics may present unique implementation challenges and opportunities.

2.4.2 Level of Satisfaction among Clients Utilizing Services offered by One Stop Centers in responding to Child Sexual Abuse in Chake Chake District

Client satisfaction is a critical indicator of the effectiveness and responsiveness of services offered by One Stop Centres (OSCs) in addressing child sexual abuse (CSA). Globally, satisfaction levels vary significantly depending on factors such as resource availability, institutional capacity, cultural attitudes, service quality, and the degree of government and community support. According to the Southern African Development Community (SADC, 2023), countries with well-established support systems and comprehensive response frameworks tend to report higher levels of client satisfaction. In contrast, regions with under-resourced OSCs, inadequate infrastructure, or limited public awareness often struggle to meet survivor expectations and needs.

As UNICEF (2020) notes, understanding client satisfaction is essential for evaluating not only the perceived quality of services but also the effectiveness of OSCs in supporting survivors' recovery and justice-seeking processes. Client satisfaction can reveal gaps in service delivery, identify strengths in program design, and guide evidence-based improvements. Furthermore, satisfaction levels are often influenced by specific factors including the accessibility of services, timeliness of intervention, professionalism of service providers, confidentiality, and the degree of emotional and psychological support provided.

In Europe, client satisfaction with OSC services varies based on the centre's ability to provide coordinated, high-quality, and culturally sensitive care. The World Health Organization (WHO, 2020) found that satisfaction levels were higher in OSCs that provided timely services, maintained confidentiality, and ensured personalized support for child victims and their families. For example, a study conducted in Sweden found that clients reported higher satisfaction when care was delivered through a multidisciplinary team that emphasized both legal assistance and psychological healing. Feedback mechanisms such as satisfaction surveys were critical in adapting services to meet individual client needs.

In Asia, the situation reflects a growing emphasis on culturally appropriate and victim-centered service provision. In Japan, the Tokyo Child Guidance Center exemplifies best practices in CSA response through its integrated and tailored services for children. Clients appreciated the center's comprehensive support system, which included medical, legal, and psychosocial care. Satisfaction levels were closely linked to the center's interdisciplinary approach, culturally sensitive

communication, and respect for confidentiality all elements essential for empowering survivors and promoting healing.

Across North America, particularly in the United States, OSCs often known as Child Advocacy Centers play a vital role in coordinating CSA response. Organizations such as Safe Horizon in New York City have consistently demonstrated high levels of client satisfaction, attributed to their holistic approach to care, survivor empowerment, and continuous service evaluation. Through regular feedback surveys, clients expressed strong approval for services that were accessible, child-friendly, and inclusive of family support. These findings underscore the importance of client voice in shaping and sustaining effective CSA responses.

In Africa, client satisfaction has been highlighted as a crucial metric in assessing the relevance and impact of OSC services. According to regional studies, centres that adopt a community-based and trauma-informed approach are more likely to earn the trust and approval of clients (SADC, 2023). For instance, in Kenya, the Tumaini Center has received positive reviews from clients for its outreach programs and survivor empowerment strategies. Similarly, in South Africa, the Teddy Bear Clinic has been praised for its child-sensitive infrastructure, skilled multidisciplinary staff, and effective feedback mechanisms, including suggestion boxes and client interviews. These practices not only improved satisfaction but also enhanced the quality and accessibility of services.

In Tanzania, including Zanzibar, client satisfaction is a valuable measure of OSC effectiveness. Research highlights that satisfaction is influenced by several key

factors: the availability of skilled and compassionate staff, coordination among sectors, cultural competence, and public awareness about CSA services (Buhori, 2021; Mohammed, 2015). For example, OSCs that offer welcoming environments, respect survivors' privacy, and provide timely services tend to receive higher satisfaction ratings. In Zanzibar, satisfaction is commonly measured through client feedback surveys, follow-up interviews, and monitoring of repeat visits and referrals. These tools help assess not only immediate service outcomes but also long-term behavioral and attitudinal shifts among clients and communities.

High client satisfaction is often associated with positive word-of-mouth referrals, increased reporting of CSA, and improved survivor outcomes. Conversely, low satisfaction may indicate barriers to access, ineffective interventions, or unmet psychosocial needs. Therefore, understanding satisfaction levels among clients who utilize OSC services in Chake Chake District is vital. Given the unique cultural, logistical, and institutional challenges in this region, assessing client feedback can provide insights into the effectiveness of the OSC in meeting survivor needs and inform strategic improvements in service delivery. As SADC (2023) emphasizes, “Client satisfaction is not merely an output it is a reflection of dignity, empowerment, and healing.” This perspective underscores the importance of continuously evaluating and improving OSC operations from the perspective of those they are designed to serve.

2.4.3 Challenges Hindering the effectiveness of One Stop Centres in Responding to Child Sexual Abuse in Chake Chake District

One Stop Centres (OSCs) are globally recognized as a critical model for delivering

integrated services to survivors of child sexual abuse (CSA), offering medical care, psychosocial support, legal aid, and referral to law enforcement under one roof. However, despite their widespread adoption, the effectiveness of OSCs has been compromised by various systemic and contextual challenges. A review of existing literature reveals that these challenges are not only prevalent across regions but are also deeply rooted in financial, institutional, legal, and cultural dimensions.

Globally, OSCs face a range of operational barriers, with inadequate funding and limited resources emerging as one of the most consistent challenges. According to UNICEF (2021), many centers struggle to secure sustainable financial support, which impedes their ability to provide timely and quality services. This financial instability often leads to staff shortages, outdated facilities, and interruptions in service delivery. Weak legal frameworks and poor enforcement mechanisms also undermine the work of OSCs, especially in countries where laws related to child protection are either insufficient or inconsistently applied. Additionally, fragmented coordination among key stakeholders such as law enforcement agencies, medical practitioners, and social welfare officers creates delays and inefficiencies in handling CSA cases (Rodrigues et al., 2024).

In Europe, these issues manifest in different forms. For example, Romania has witnessed severe funding constraints, with many OSCs depending on external donors, raising concerns about the long-term sustainability of services (Suleiman, 2021). In France, research highlights the lack of systematic coordination between OSCs and complementary institutions like law enforcement and child protection services, which hampers integrated care. Furthermore, cultural barriers and social

stigma continue to inhibit victims from seeking help, especially in rural and conservative communities.

In the United States, a study conducted by the National Children's Advocacy Center (NCAC) identified several operational challenges, including limited financial resources, staffing shortages, and ineffective inter-agency communication. These issues collectively reduce the capacity of OSCs to offer comprehensive and victim-centered services. Similar concerns are echoed in many Asian countries, where a culture of silence and stigma surrounding child sexual abuse inhibits disclosure. In the Philippines, for instance, OSCs are significantly underfunded, which limits their ability to deliver consistent and wide-reaching support. Moreover, insufficient training of professionals within OSCs leads to poor case handling and re-traumatization of victims (Mohammed, 2015).

In the African context, OSCs encounter deeply embedded structural and cultural challenges. Studies show that lack of funding, stigmatization, and inadequate legal protections significantly weaken their ability to provide meaningful responses to CSA. In South Africa, the well-established Teddy Bear Clinic contends with high caseloads and limited professional personnel, affecting the timeliness and quality of services. In Nigeria, the International Centre for Research on Women (ICRW, 2023) reported that only 24% of OSCs are adequately funded, and a mere 39% have enough staff to function effectively. This results in long waiting times and discourages victims from reporting abuse, especially in communities where social stigma and fear of ostracization are prevalent.

In Tanzania, OSCs are essential in delivering multidisciplinary support to CSA survivors; however, several limitations persist. These include inadequate financial and human resources, low levels of community awareness, poor coordination between stakeholders, limited training for OSC personnel, and cultural practices that perpetuate victim-blaming. Legal frameworks, though present, are often weakly enforced, making it difficult to ensure justice and protection for victims. Studies by Buhori (2021) and Mohammed (2015) show that while progress has been made in prevention and public awareness, the effectiveness of response mechanisms remains under-researched, particularly in rural areas.

In Zanzibar, and more specifically in Chake Chake District, OSCs continue to face significant obstacles that mirror national and global patterns. These include resource constraints, insufficiently trained personnel, and limited coordination among service providers. Furthermore, cultural and religious norms contribute to the silence surrounding CSA, making victims reluctant to seek assistance. A lack of public awareness about the existence and role of OSCs further exacerbates the situation. As highlighted in previous regional assessments, there is a need for systematic community outreach programs to sensitize the public and reduce the stigma associated with CSA reporting and service utilization (Suleiman, 2021).

Overall, the literature underscores that while OSCs hold promise in addressing child sexual abuse, their success is heavily contingent on overcoming institutional, financial, legal, and social barriers. Understanding these challenges within the local context of Chake Chake is crucial in evaluating the performance and impact of OSCs and informing targeted policy and programmatic interventions.

2.5 Research Gap

Research gap refers to an area which has not been sufficiently explored or addressed by previous scholars (Kothari, 2008). Rodrigues et al. (2024) emphasize that identifying a research gap is a fundamental aspect of academic inquiry, as it highlights areas where knowledge is limited, outdated, inconsistent, or missing. Sharma (2021) further explains that such gaps provide the basis for generating new insights, developing theories, and contributing to practical or methodological advancements. In reviewing related literature, several previous studies have addressed aspects of child sexual abuse (CSA) and gender-based violence (GBV) prevention in Tanzania. For example, Buhori (2021) examined primary prevention measures for combating CSA in Temeke Municipality, with a focus on community-level initiatives.

Mohammed (2015) assessed knowledge, attitudes, and practices regarding child abuse in Zanzibar West District, concentrating primarily on public awareness rather than service response systems. Suleiman (2021) explored the contribution of One Stop Centres in reducing GBV in Shinyanga, but without a specific focus on child sexual abuse or an in-depth evaluation of service effectiveness. While these studies offer valuable insights, they differ in geographical scope, target population, and thematic focus.

However, none of them have systematically assessed the effectiveness of One Stop Centres specifically in responding to child sexual abuse cases in Chake Chake District. Therefore, the gap identified is not merely a difference in the wording of study titles, but rather a substantive lack of empirical research evaluating OSCs'

performance in addressing CSA within the unique socio-cultural and institutional context of this district. This study seeks to fill that gap by examining how well the OSC model functions in practice, including its strengths, limitations, and outcomes for CSA survivors in Chake Chake.

2.6 Conceptual Framework

According to Creswell (2022), a conceptual framework serves as a foundational structure that outlines the expected relationships between variables in a research study. It acts as a roadmap for understanding how various factors interact to influence a particular phenomenon or outcome. Similarly, Johnson et al. (2020) emphasize the importance of conceptual frameworks in clarifying the theoretical foundations of a study, arguing that a well-developed framework helps researchers comprehend the complex interrelationships among variables and guides decisions regarding data collection and analysis.

In the present study, the conceptual framework illustrated in Figure 2.1 is grounded in the Theory of Change and is designed to explain the dynamics surrounding child sexual abuse (CSA). The framework proposes that independent variables such as the efficacy of services, level of satisfaction with services, and challenges in service delivery directly influence the prevalence and response to CSA. These relationships are further shaped by moderating variables including community engagement and government commitment, which can either strengthen or weaken the impact of the independent variables. The outcome variable in this framework is the incidence of CSA, which is expected to increase or decrease depending on how effectively these independent and moderating variables interact. Thus, the framework not only

identifies the key variables but also clarifies the direction and nature of their interrelationships, ensuring a coherent foundation for empirical investigation.

The integration of the Theory of Change (ToC) into the conceptual framework of this study provides a systematic structure to assess the effectiveness of the One Stop Centre (OSC) in responding to child sexual abuse in Chake Chake District. The ToC offers a logical model that links intervention components with anticipated changes by outlining how and why a particular change process is expected to occur. From this theory, several key concepts have been deduced and used to construct the conceptual framework.

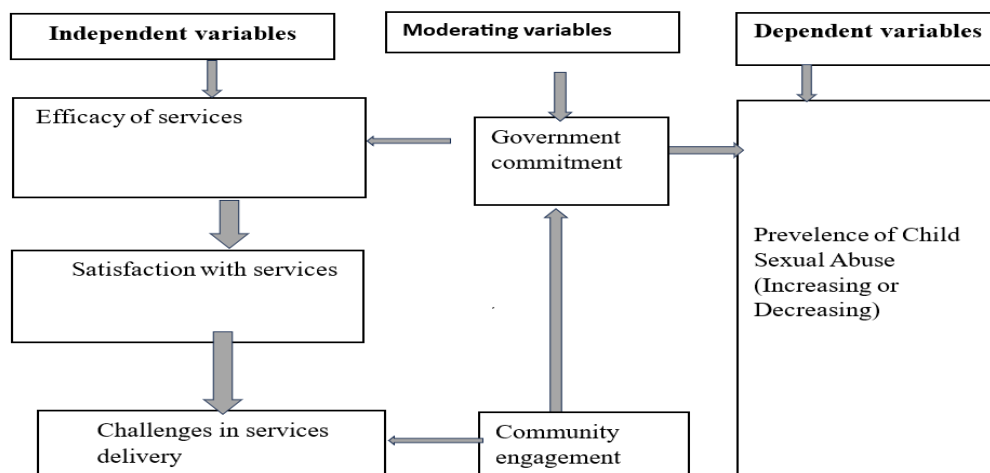


Figure 2.1: Conceptual Framework

Source: Researcher 2024

These include inputs (such as trained personnel, financial and technical resources, and institutional support), activities (including medical care, legal assistance, psychosocial counseling, and awareness campaigns), outputs (such as the number of reported cases, timely service delivery, and improved coordination among stakeholders), outcomes (including increased victim satisfaction, enhanced service

accessibility, and stronger community trust in OSCs), and the final impact (reduction in the prevalence of child sexual abuse and strengthened child protection mechanisms).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

Research methodology are the techniques and procedures used to identify and analyze information concerning a specific research topic (Richa et al., 2024). It was a procedure by which researchers design their study so that they can achieve their objectives using the selected research instruments. Kothari et al., (2022) describe that research methodology includes research design, data collection methods, data analysis method and the overall framework within which the research was conducted. This part covers the research paradigm, research design, research approach, study area, study population, sample and sample size, data collection tools, data analysis, validity and reliability as well as research ethics.

3.2 Research Paradigm/Philosophy

Research paradigms refers to the foundational philosophical framework that guides the entire research process by shaping the beliefs about knowledge, reality, and how research should be conducted (Klakegg et al., 2024). According to Beitner (2024), common research paradigms include positivism, constructivism, and pragmatism. Positivism emphasizes objective measurement and quantification, constructivism focuses on subjective understanding and social realities, while pragmatism supports practical approaches that combine both quantitative and qualitative elements to best answer research questions. For this study, a pragmatism paradigm was adopted because the research aimed to explore both the measurable aspects of service effectiveness and client satisfaction (quantitative), as well as the lived experiences

and perceptions of service users and providers (qualitative).

3.2.1 Research Design

Research design acts as the blueprint for conducting the study, detailing the procedures for data collection, analysis, and interpretation (Shona McCombes, 2023). Three common designs are descriptive, exploratory, and explanatory (Drugova et al., 2024). Given the aim of this study to describe the services provided at OSCs, measure satisfaction levels among users, and identify challenges encountered a descriptive research design was most appropriate (Derek, 2023). It provides a solid basis for understanding current OSC operations in Chake Chake District before further hypothesis testing or intervention.

3.2.2 Research Approach

The research approach outlines the general strategy for data collection and analysis (Sharma, 2024). Creswell (2022) classifies approaches as quantitative, qualitative, or mixed-methods. Given the study objectives quantitatively assessing satisfaction and service availability, and qualitatively exploring challenges and experiences the mixed-method approach was selected. Mixed methods allow triangulation and complementary use of quantitative data (surveys, statistics) and qualitative data (interviews), yielding a richer understanding of the multifaceted issue of CSA service efficacy. This aligns with the pragmatism paradigm, combining numeric measurement with contextual insight (Bernard, 1994; Creswell & Clark, 2011).

3.3 Study Area

The choice of study area must be scientifically justified based on relevance,

accessibility, and data availability (Yang, 2024; Chen et al., 2024). This study was conducted in Chake Chake District at Chake Chake Hospital, and two wards (Vitongoji and Ndagoni). This wards was chosen for the two main reasons. Firstly more victims of CSA reported on OSC come from this areas and secondly the project of child protection was conducted on that areas. So, the researcher intrest is to know the effectiveness of OSC in respondinging to CSA in this two wards (UNICEF, 2022).

Chake Chake was selected because it hosts one of the four operational OSCs in Pemba, with reported CSA cases totaling 284 between 2021 and 2023 making it the second highest reporting district in the region. Additionally, UNICEF's child protection projects have targeted Pemba, but no prior studies have evaluated OSC effectiveness specifically in Chake Chake. This unique combination of high case numbers, available OSC services, and lack of prior research justifies the study site scientifically.

3.4 Study Population

The study population refers to entire unit of individuals or phenomenon being involved in the study to represent targeted population (Ahmed et al. 2023). A total of 130 research subjects were selected includes children who have experienced CSA and utilized OSC services, parents, OSC staff and local leaders (APA, 2023; WHO, 2023). This population selection is essential to comprehensively capture both service users' perspectives and providers' operational insights, which relate directly to the study objectives.

3.5 Sampling Procedures

Sampling is crucial to ensure the data represent the target population accurately while minimizing bias (Khaled, 2024). This study used simple random sampling to select children utilizing OSC services, local leaders, and parents because it provides equal opportunity and reduces selection bias. Purposive sampling was used for OSC specialists (medical, legal, social work) to deliberately select key informants with expert knowledge relevant to service delivery matching the need to explore detailed operational challenges (Bwikizo, 2021). This combination ensures both breadth and depth of data aligned with the study's objectives. According to the National Bureau of Statistics in Tanzania (2022), Chake Chake District are the second district report high number of CSA cases as indicated in table 3.1

Table 3.1: Number of CSA Cases Reported From 2021-2023 in all Districts in Pemba

Years	Chake OSC	Wete OSC	Mkoani OSC	Micheweni OSC
2021	15	17	14	12
2022	11	15	11	07
2023	10	06	06	06
TOTAL	36	38	31	25

Source: OCGS (2024).

Table 3.2: Categories of Research Subjects

Categories	Population	Simple size	Sampling Procedures
Victim utilizing OSC services	212	64	Purposive
OSC staff	6	4	Purposive
Local leaders	20	10	Random
Parents	40	20	Random
Total		98	

Source: Researcher (2024).

3.6 Sample Size

Sample size refers to the number of observation or data points collected in a study, which plays a role in the accuracy and reliability of research findings (Rahman et al., 2023). Pirani et al., (2024) emphasizes the importance of sample size, an appropriately calculated sample size ensures that the results are representative of the entire population, minimizing bias while maximizing. Hence, the total of 98 children was selected as follows; According to the population stated above and with reference from the sample size formula by Yamane (1967:886) who provide a simplified formula to calculate sample size, the sample size was determined as follows:

$$n = N / 1 + N(e^2)$$

Where; N = Population Size = 130

n = Sample Size

e = Error term = 5% (0.05)

Substituting in the Formula

$$\begin{aligned} n &= 130 / 1 + 130 (0.05)^2 \\ &= 130 / 1.325 \\ &= 98 \end{aligned}$$

The formulae above shown that the sample size was 98 research subjects. The sample size generated a confidence interval of 95% with a margin of error of $\pm 5\%$. On the other hand, due to the fact that this study was descriptive in nature, it demands a large sample size to collect and accommodate in depth (Tobar, 2020).

3.7 Criteria for Inclusion and Exclusion of the Research Subject

The study targeted specific categories of individuals who were directly or indirectly involved with One Stop Centre (OSC) services in Chake Chake District, Pemba. The inclusion criteria were as follows: Clients (Victims) Utilizing One Stop Centre Services: These are individuals primarily children who have utilized or are currently utilizing services offered by One Stop Centres, including medical care, psychosocial counseling, legal assistance, or educational support. Parents: These include parents, guardians, or other close relatives who are involved in the care and support of children who have experienced sexual abuse and are receiving services from OSCs.

Staff and Professionals Working at One Stop Centres: These comprise healthcare providers, counselors, legal advisors, social workers, and other professionals engaged in the provision of services at OSCs. Local leaders: This group includes individuals residing in areas where One Stop Centres are located, such as community leaders, educators, law enforcement officers, and other local stakeholders who are knowledgeable about CSA cases and community-level interventions.

3.8 Secondary Data Sources

Secondary data refers to information that has been collected by individuals or institutions other than the current researcher and for purposes other than the present study (Drew, 2023). Secondary data can be either qualitative or quantitative in nature, depending on the research objectives. It is generally considered time-efficient and cost-effective, as it involves analyzing data that has already been gathered and processed. In this study, secondary data were utilized to complement primary findings and to provide a broader understanding of the effectiveness of One Stop

Centres in responding to child sexual abuse in the study area.

3.9 Primary Data Sources

According to Prentice et al. (2004), primary data refer to original information collected directly by the researcher from the source for a specific research objective. In this study, primary data were employed because they are considered more accurate, current, and reliable. Primary data allow the researcher to obtain detailed, context-specific insights that are often unavailable through secondary sources (Suleiman, 2021). Through interviews and questionnaires administered to various stakeholders, the study gathered first-hand information regarding service delivery, satisfaction, and challenges at OSCs in Chake Chake District.

3.9.1 Data Collection Tools

Refers to the systematic approaches used to gather information or data to answer research questions in a particular topic (Taherdoost, 2021). In this study, two primary data collection tools were employed: questionnaires and interview guides. These tools were selected based on the nature of the research objectives and the mixed-methods design that incorporated both quantitative and qualitative data (Creswell & Plano Clark, 2024). The purpose of using a combination of tools was to ensure triangulation and to enhance the reliability and validity of the collected data (Dawadi, Shrestha, & Giri, 2021).

3.9.1.1 Questionnaire

A questionnaire is a research instrument that contains a series of structured or semi-structured questions designed to gather data from respondents (Bwikizo, 2021). In

this study questionnaires were administered to 64 out of 212 client utilizing services within OSC, 20 out of 40 parents and 10 out 20 local leaders to explore the demographic information, examine the efficacy of service to the victims. The demographic information included the age, of research subjects, gender, education levels nad marital status which help contextualize research subject's experiences. The rationale for using questionnaires lies in their efficiency in collecting large amounts of data in a standardized form, which facilitates comparison and statistical analysis (Bryman, 2022).

3.9.1.2 Interview Guide

Refers to in-depth interview conducted to individuals who possess specialized relevant knowledge and expertise about a specific issues (Akhter, 2022). An interview guide was used to conduct unstructured interviews with key informants, including 1 medical doctor, 2 social workers, and 1 police officer stationed at OSCs. This tool aligns with Objective 3, which explores challenges facing OSC service delivery. Unstructured interviews allow for in-depth understanding of personal experiences and institutional challenges, offering flexibility in phrasing and sequencing of questions based on the research subjects context (Tahir et al., 2024).

3.10 Validity and Reliability

One of the areas of difference between quantitative and qualitative research was in the use of and importance given to the concepts of validity and reliability.

3.10.1 Validity

According to Khaldi (2020) validity refers to the degree that the empirical

measures are confirmed by the concepts and generated meaning under discussion. In the other words, validity was the ability of the prepared instruments for measurement, to carry out the expected task. In this study, validity was enhanced through triangulation (the use of multiple data collection methods). Open-ended questions was asked to the research subject for the objective one and two while close-ended questions was applied for the objective number to and three to obtain challenges facing OSC in responding to CSA.

3.10.2 Reliability

Deitz (2020) noted that reliability was a measure to the extent to which research tools or instruments still obtain consistent results after several trials. It was from this understanding where results to have minor or little errors, the instruments should have higher variance which was used to indicate errors (Liang, 2021). In this study, the researcher prepare and formulate an adequate number of questions, and data collected from various research subjects using questionnaires and interview. In the context of this study, data was collected concurrently and thereafter, analyzed. The analysis was used for presentation of the finding, draw conclusion and makes various recommendations.

3.11 Qualitative Data Rigor

3.11.1 Trustworthiness of the Study

Kombo et al (2006) explain that trustworthiness can also be established through reporting the findings honestly and straightforward by using direct quotes from the research participants. Trustworthiness was much more concern with qualitative research and it categories into three categories which are dependability,

conformability and transferability. In this study dependability and conformability was employed.

3.11.2 Dependability

Dependability focuses on the fact that if the study was repeated using the same method, participants, and context; it would produce similar results (Kombo et al, 2006). However, due to change of circumstance, two studies conducted in similar situations may bear different results, and still be dependable and reliable considering that they present similar social phenomena (Aro, 2006). To ensure dependability this study try to explain real life situation where by most victims of CSA facing in service delivery where by their barriers are not differ from one client to another.

3.11.3 Conformability

Conformability refers to the extent to which results of the study could be confirmed or support by others (Arias et al, 1996). Data or findings response or views of participants that were gathered from the study area are real. In conformability the researcher use the check trial, peer review, triangulation and reflexivity. Therefore, in this study different tools was used in data collection such as questionnaire and interview to ensure conformability of the finding.

3.12 Data Analysis and Presentation

Wang (2024) explain that, data presentation and analysis are critical components of conducting high-quality research. These processes involve processing, interpreting, and presenting data in a clear and concise manner to derive meaningful insights, make sense of the findings and effectively communicate the research outcomes

(Kumar, 2024). Various methods are employed in each stage to confirm that the information was accurately analyzed, interpreted, and presented.

3.12.1 Data Analysis

Refers to the systematic process of interpretation of data gathering through the use of analytical and logical reasoning to determine patterns or meaningful insights and draw conclusions based on empirical evidence (Kothari, 2024). Quantitative data from questionnaires were analyzed using Statistical Package for Social Sciences (SPSS) to generate descriptive statistics reflecting service availability and satisfaction trends (Kumar, 2024). The analysis includes percentages which were presented and summarized in pie charts and tables. Qualitative data from interviews were transcribed and thematically analyzed to identify recurrent patterns and challenges, providing contextualized understanding and presented in quotations (Wang, 2024). This dual approach complements the mixed-methods design, enabling cross-validation of findings and richer interpretation aligned with research objectives

3.12.2 Data Presentation

Data presentation refers to the process of organizing and displaying research findings in a structured, coherent, and interpretable manner (Chan et al., 2024). In the context of this study, qualitative data were presented by using thematic order, paraphrasing and best quotation from the research subjects and the best statement that summarized from the data collected. Quantitative data were presented through pie-charts and tables which show the percentage of research findings which enable easy interpretation to the audience.

3.13 Ethical Considerations

Ethical considerations refers to the balance of power and potential for change in research subjects' professional actions and decisions post-interview are discussed whilst problematizing the concept of truly informed consent (Husband,2020). The nature of ethical issues in qualitative research was so delicate as compared to quantitative research (Drolet et al., 2022). Shum (2023) noted that there was no research which was free value or free of sanctions. Any scientific research was guided by ethics. It was from these views where Sobocan et al., (2020) defined ethics as a set of moral principles which guides an individual or a group. For the purpose of this study the ethical principles that was employed are confidentiality, anonymity, consent, assent, do no harm principle, and voluntary participation.

3.13.1 Confidentiality

Confidentiality in research refers to the practice of defending the identity and personal information of research subjects (Feixa-Pampols et al., 2024). It involves ensuring that only approved individuals, such as the researchers involved in the study, have access to recognizable data collected from research subjects. Confidentiality was vital in maintaining trust between researchers and research subjects, as it assures individuals that their information will not be disclosed without their permission (Kang et al., 2023).

In this study, confidentiality was upheld by various measures such as securely storing data, using encoding for sensitive information, limiting access to identifiable data only to necessary personnel on a need-to-know basis, and properly positioning

of data once it was no longer required. Researchers must take steps to prevent unauthorized disclosure of research subjects' identities or responses to safeguard their privacy during the data collection process.

3.13.2 Anonymity

King et al., (2023) highlights anonymity as a condition where the identity of individual subjects was unknown to the researchers. An anonymous study ensures that even the researchers cannot identify individual participants, maintaining a high level of privacy and confidentiality (Wang et al., 2024). In the context of this study, anonymity was typically achieved by not collecting any identifying information such as names, addresses, email addresses, phone numbers, social security numbers, or any other data that could be used to trace responses back to a specific person. Also, during the data collection principle of anonymity was employed to ensure that research subject do not put their names in order to have deep information's especially for those who employ questionnaires.

3.13.3 Consent

Consent refers to the voluntary agreement by a research subject to participate in a research study after being satisfactorily informed about the study's purpose, procedures, risks, and benefits (Iseselo et al., 2024). Informed consent was a fundamental ethical requirement in research involving research subjects. It ensures that research subject understand what their involvement entails and that they agree to participate willingly. Moreover, the consent from research subjects will be obtained prior to data collection especiall for adult to ensure their privacy during data collection (Kang, et al., 2023). This information was typically presented in a

written consent document, which serves as a record of the conversation between the researcher and the research subjects. For consent to be valid, it must be given voluntarily without coercion or unjustifiable influence.

3.13.4 Assent

Casati (2024) highlight that assent refers as affirmative agreement given by individuals who are not legally able to provide informed consent but are capable of understanding the basic elements of the research being conducted. This typically includes children, adolescents, or adults lacking the capacity to give full consent due to cognitive impairments. The assent process involves ensuring that these individuals comprehend the nature of the research, its potential risks and benefits, and what their participation would entail (Kang et al., 2023). While assent was important in involving these individuals in the decision-making process, it was not a substitute for informed consent. For the purpose of this study, assent was used during the data collection for children under 18 years.

3.13.4 Do not Harm Principle

This principle was rooted in the ethical obligation to prioritize the well-being and rights of individuals involved in research studies (Chen et al., 2024). Researchers are expected to take proactive measures to minimize any potential risks or negative impacts that may arise from their research events. In the context of this study, the principle of “do no harm” emphasizes the importance of ensuring that research activities do not cause harm to research subjects, communities, or society at large (Beckett et al., 2024).

3.13.5 Voluntary Participation

Atef (2024) highlights voluntary participation as an ethical principle that all individuals involved in a research study have the right to choose whether or not to participate without any form of coercion, pressure, or negative consequences. It emphasizes that participants should willingly and freely decide to take part in a study based on their own judgment and without feeling obligated to continue if they wish to withdraw at any point (Iseselo, et al., 2023). For the purpose of this study, ensuring that research subjects are fully informed about the nature of the study, including its purpose, procedures, risks, benefits, and any compensation involved was a crucial concern. Research subjects made aware that they can opt out of the study at any time without needing to provide a reason and without facing consequences for their decision.

CHAPTER FOUR

RESEARCH FINDINGS, PRESENTATION AND DISCUSSION

4.1 Chapter Overview

This chapter looks at the acquired data and makes an analysis according to each instrument of data collection. The major focus of this chapter was to present, analyze and discuss the responses gathered based on objectives. The chapter starts with the social demographic characteristics of research subjects and then follows up with the main objective of the research; the objective of this study was to assess the Effectiveness of One Stop Centre in responding to Child Sexual Abuse in Zanzibar.

4.2 Social Demographic Characteristics of Research Subjects

Table 4.1: Social Demographic Information of the Respondents

Socio-Demographic	Socio-Variables	Per cent
Sex	Male	24%
	Female	76%
Education Level	No formal Education	6%
	Primary Education	66%
	Secondary Education	16%
	College & University Education	12%
Age	8 – 17	66%
Occupation	18 – 27	6%
	28 -37	4%
	38- 47	12%
	48-+	12%
	Parents	23%
	Children	73%
	OSC staff	4%

Source: Field Data, 2025.

Social-demographic information of research subjects refers to the features or characteristics that define an individuals involved in a study (Mbunda & Nyaki,

2023). This study used demographic information including sex, education level, occupation and age of research subjects.

4.2.1 Sex of Research Subjects

The findings of this study indicated that 76% of the total research subjects were female whereas 24% of the research subjects were male as shown in Figure 1. This implies that the majority of research subjects who participated in this study were female. Involving more women in this study is very important as they are the biggest victims of CSA service issues than men.

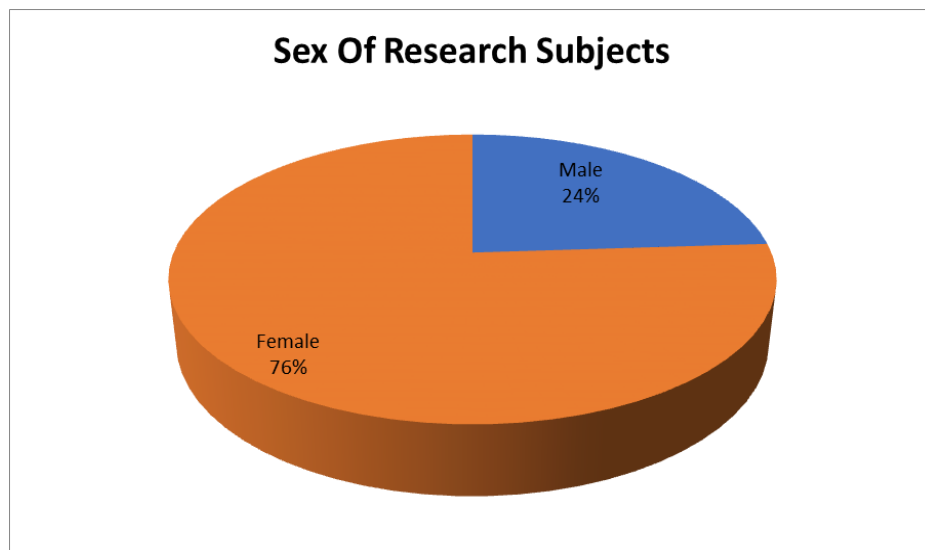


Figure 4.1: Sex of the Research Subjects

Sources Research Data, (2024).

4.2.1.1 Discussion of the Sex of Research Subjects

According to the results presented in Figure 1, about 76% of the total research subjects were female whereas 24% of the research subjects were male. This findings concurs with statistical figures presented by URT (2022) which revealed that females are more numerous (106,098) compared to males (96,392) in Chake Chake Distict. Additionally, it should be noted that the ratio of male-female was not symmetrically

proportional due to the subject matter of the study as CSA affect more females group rather than males. This implies that the majority of research subjects who participated in this study were female. So, involving more women in this study is very important as they are the biggest victims of CSA in Chake Chake District especially in these two wards Vitongoji and Ndagoni.

4.2.2 Education of the Research Subjects

The results indicate that 6% of the research subjects had no formal education, as illustrated in Figure 4.2, while 65% of research subjects were at primary education level. The study further noted that research subjects who attained secondary education were 17% of all research subjects, while research subjects who managed to attain college and University education were found to contribute 12% of all research subjects.

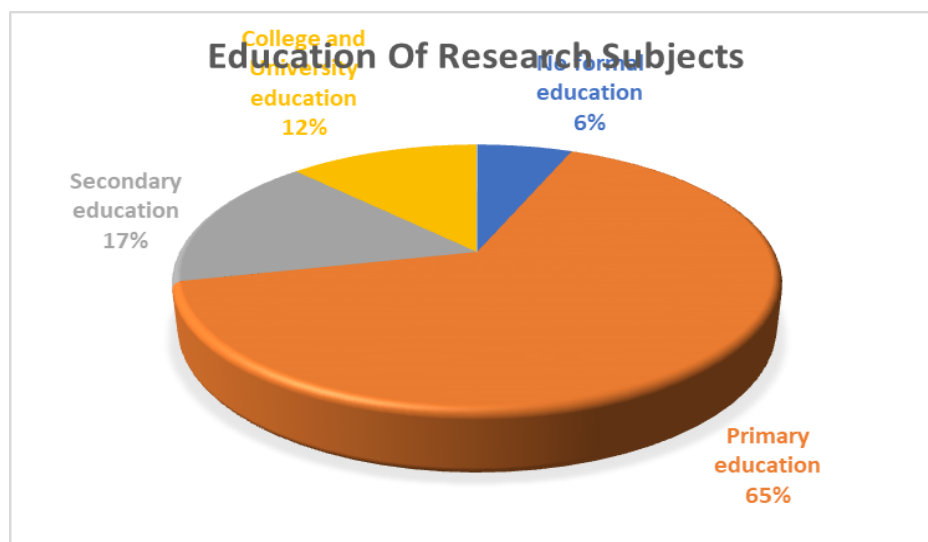


Figure 4.2: Education of the Research Subjects

Souces: Research Data, (2024)

4.2.2.1 Discussion of the Education of Research Subjects

According to the results presented in Figure 4.2, about 6% of the research subjects had no formal education, while 66% of research subjects were at primary education

level. The study further noted that research subjects who attained secondary education were 16% of all research subjects, while research subjects who managed to attain college and University education were found to contribute 12% of all research subjects. The finding concurs with the work by Kyungu (2023) who found that education level is a key factor which leads to a level of understanding about the various issues including CSA cases. Additionally, the findings showed that research subjects with a low level of education are more affected with CSA.

4.2.3 Age of Research Subjects

The study findings indicated that 66% of all research subjects were in the age group of 8-17 years, while 6% of the research subjects were between the ages of 18-27 years. Another group of 4% of the research subjects were between the ages of 28-37 years; 12% were between the ages of 38-47 years; and the last group of 12% of the research subjects were above the age of 48 years.

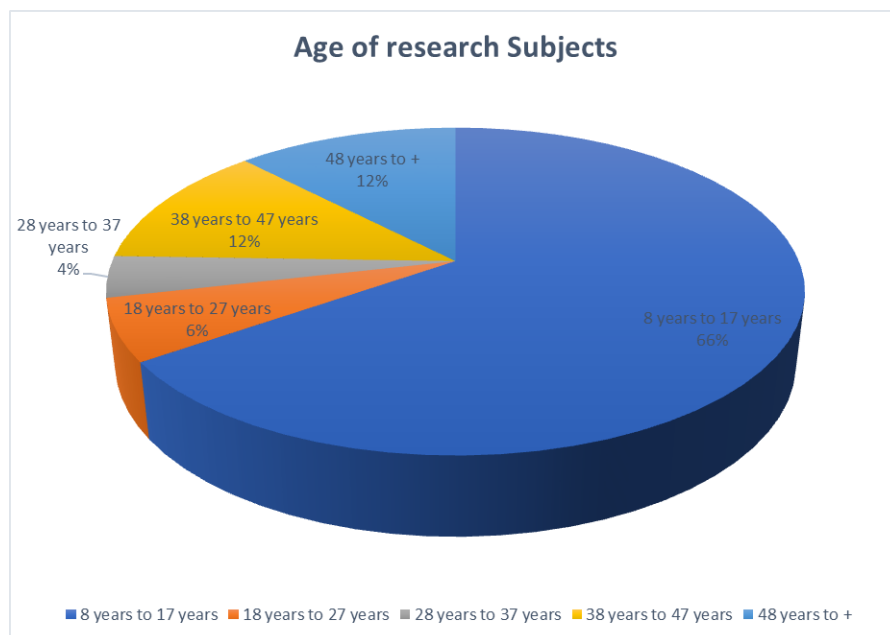


Figure 4.3: Age of Research Subjects

Sources: Research Data, (2024).

4.2.3.1 Discussion of the Age of Research Subjects

According to the results presented in Figure 4.3, it revealed that majority of research subjects were in the age range of 8-17 (66%). The data showed that the research subjects under 18 years of age were victims of sexual abuse. This finding concurs with the study conducted by UNICEF (2023) which revealed that most of the victims of these challenges were children of a young age, thus making the situation much worse and disgusting. Children of all ages under 18 appear to be at risk of sexual exploitation, where the average age of most victims was 13 years. Also this result aligns with the findings from OCGS (2022) when a report on sexual exploitation in Chake Chake District showed that, the average age of victims of CSA was the age of 13 years.

4.2.4 Occupation of Research Subjects

The study findings indicated that 64(73%) of all research subjects were children, while 4(4%) of the research subjects were One Stop Centre Staff; and the last group of 20(23%) of the research subjects were parents.

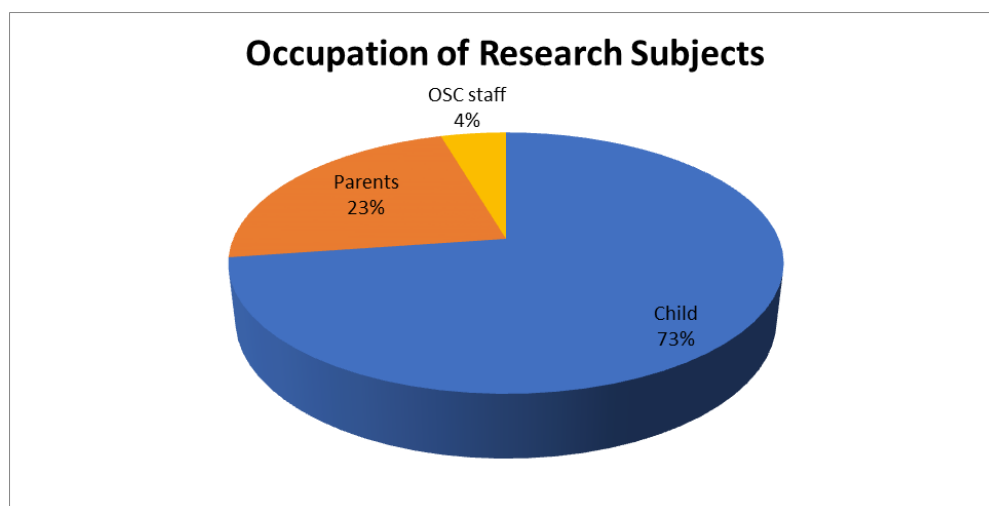


Figure 4.4: Age of Research Subjects
Sources: Research Data, (2024).

4.2.4.1 Discussion of the Occupation of Research Subjects

According to the results presented in Figure 4.4, it revealed that majority of research subjects were children and parents with 73% and 23% respectively. This means that these research subjects have a great deal of understanding and experience about the particular topic especially on the issues related to CSA services. The data indicated that the intended groups were equally met to get the data from the very source of people who were the closest to the victims and, in one way or another, frequently faced cases of sexual abuse.

This data tallies with results from UNICEF (2024) that Sexual violence is considered the most common form of violence against children, and communities, as well as parents, demonstrate a good understanding of where it happens and by whom. Available data from national household surveys report violence against children as being most often perpetrated by someone known to the child and most commonly occurring in someone's house at school or while traveling to and from school.

4.3 Evaluation of Services Efficacy provided by One Stop Centers

This section discusses the findings based on this objective of the study. The study aims to evaluate the service efficacy provided by one stop centre that contributes to the effectiveness of OSC in responding to CSA.

4.3.1 Research Subjects Awareness towards OSC

The findings of this study indicated that 75% of the total research subjects were said no they are not aware towards OSC services whereas 25% of the research subjects said yes they were already aware as shown in Figure 4.5. The study wanted to

understands if people especially the victims if were aware of The One Stop Centers. The results showed that only 25% said yes and 75% said no, that were not aware of the centers and their services.

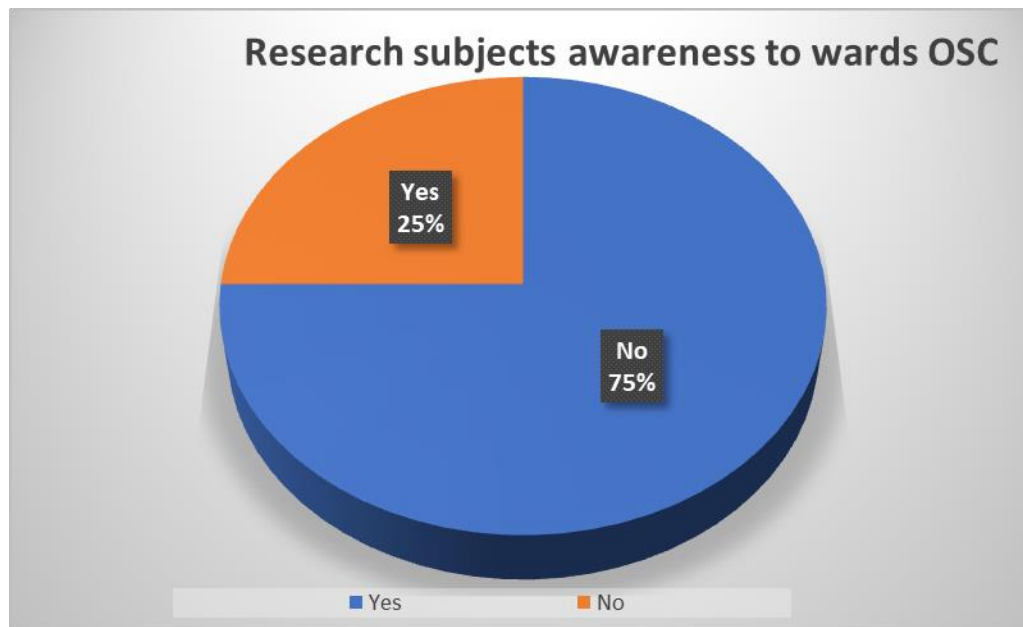


Figure 4.5: Research Subject Awareness to wads OSC

Source: Research Data, (2024)

4.3.1.1 Discussion of the Research Subjects Awareness towards OSC

The finding presented indicated that people to a great extent are not aware of the One Stop Centers so people do not fully utilize the centers to solve their problems. The results showed that only 25% said yes and 75% said no that were not aware of the centers and their services. This results aligned with the work conducted by Rudolph et al, 2024 which indicate that, by delineating the causal relationships between inputs, activities, outputs, and outcomes in the case of a One Stop Centre, this could involve tracking changes in awareness levels, reporting rates, access to support services, and overall reduction in incidents of child sexual abuse. In addition Lowassa(2023) explained that having a Theory of Change assists in optimizing

resource allocation by focusing on interventions that are most likely to lead to positive outcomes.

Therefore awareness to the community is essential to bring into a positive change. The statement where community run in their head that information about the center to a large extent remains to an information for only those who have been affected, but for people who have never experienced the situation do not even care to know about the OSCs is not truly as an evidence to be guided them. In other hand, it revealed that some cases lost evidence due to victims not being well informed as some bathed after violence, some cleaned clothes and other reported late. The study finding shows that, many victims have limited information regarding CSA which make it harder to OSC staff to fulfill their duties (Bwikizo, 2021).

4.3.2 The Time taken to Report and get Service

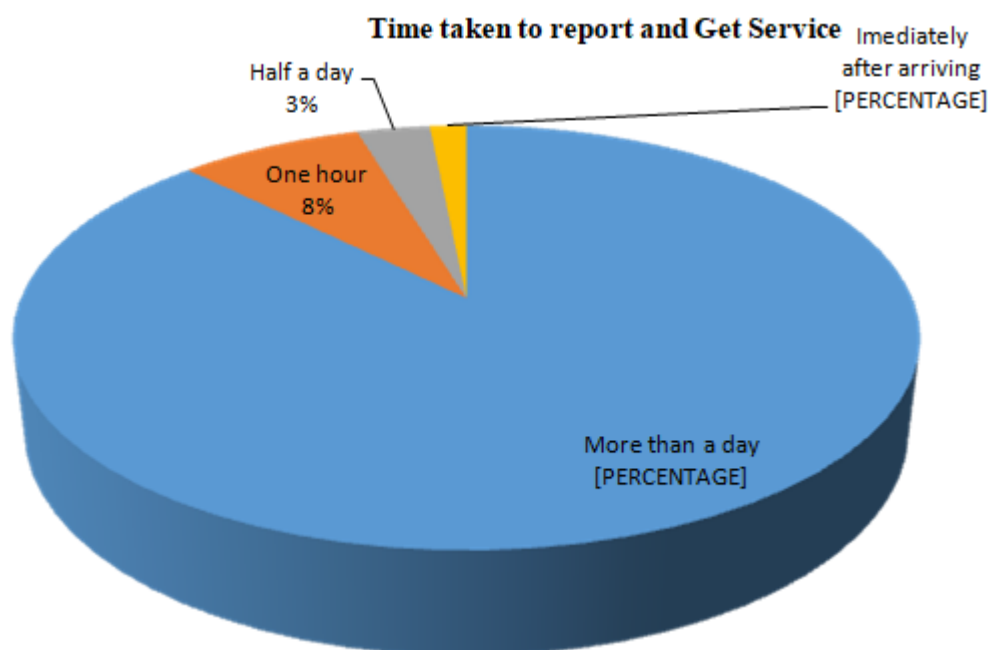


Figure 4.6: Times to get Service

Source: Research Data, (2024)

The study wanted to understand how long it takes to get service after the incident. The results are shown in the Figure 4.5 that 3% say it take half a day, 8% said one hour after an incident occurred, 2% said that it happens immediately after arriving at the center and 87% takes more than one day to get service. Time to report and get service was very important in maintaining justice on protecting rights of both victims and criminals.

4.3.3.1 Discussion of the Time taken to Report and get Service

The finding presented in Fig. 6 shows the real situation in the OSC where research subjects report and get services is too long. Large number of research subjects about 87% declared that most of the time it took more than a day to get service which cause the loss of important evidence to support victims getting their right at the exact times as result tiredness occurred to victims and their family . This result align with the study conducted by WHO, 2022 which explained that it was very common to go to the center and found no specialist doctors for female victims as well as male victims. Time to report and get services was among the criteria of measuring the degree of service provided within the centre.

4.3.4. The service offered by the One Stop Center

On understanding the service offered by the One Stop Center, the data in Figure 4.7 showed that 84% got Psychological, medical and PF3 support, 8% said social support and 8% provide legal support. This data showed that social and legal support are very low, which are very important on supporting the victims.

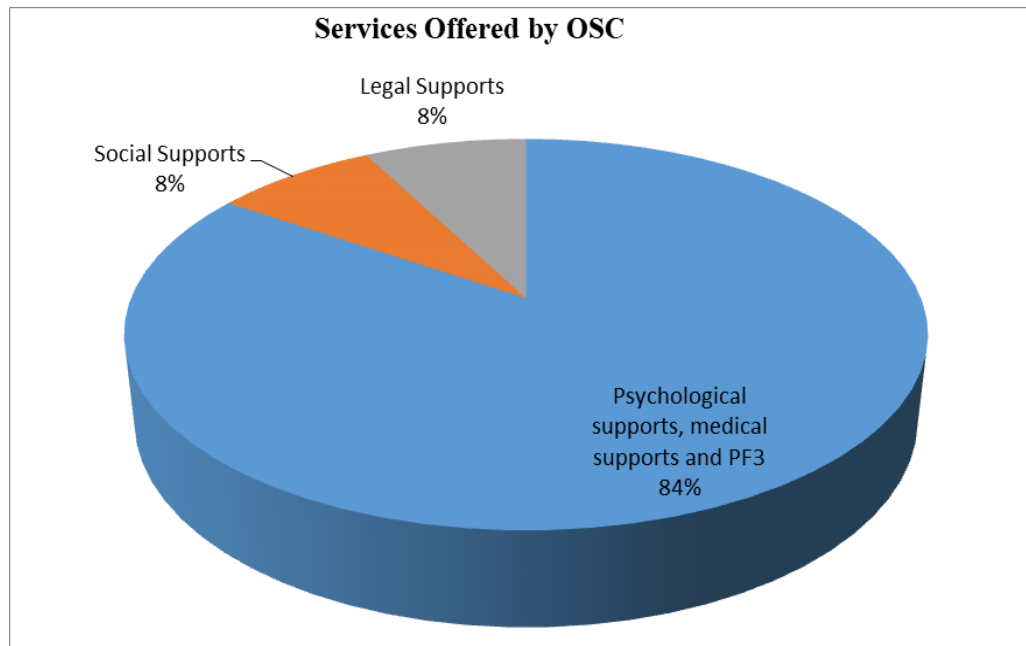


Figure 4.7: Services offered by OSC to the Research Subjects

Source: Research Data, (2024)

4.3.4.1 Discussion of the Service offered by OSC to Research Subjects

According to the finding of the study, 84% got Psychological, medical and PF3 support, 8% said social support and 8% provide legal support. Legal support was very important because it was the one that make the case to progress further to reach the final decision. This was a big problem because many research subjects are not provided legal support and are not willing to use use lawyers for defending their case. Lack of legal support resulted into many cases to end up with no right solution and criminals got no required punishment.

The finding revieled with report by UNICEF (2022) from Zambia that One-Stop-Centers are facilities created to provide integrated services to survivors of CSA. The essence of the one stop center is to provide services at one place to avoid survivors moving from one place to another. There was an increase in the number of CSA

cases reported to the Zambia Police Service from 2012 to 2020, and although cases decreased slightly from 2020 to 2021 from 26,370 to 20,540 respectively, there was a further increase again in 2022 up to 24,290.

4.3.5 The customer Care Services to Research Subjects

The findings presented in Figure 4.8 show that the majority of research subjects who participated in the study are not appreciated with the customer care within OSC, about 74% indicated that the situation of customer care is not friendly and only 26% said that they appreciated with the customer cure services

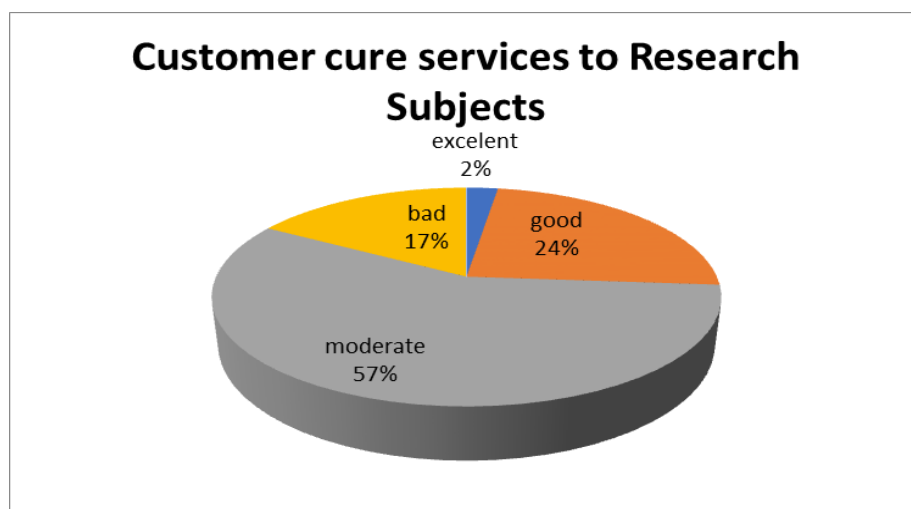


Figure 4.8: Customer Care Services to the Research Subjects

Source: Research Data, (2024)

4.3.5.1 Discussion Related to Customer Care Services to Research Subjects

According to the results presented in Figure 4.7, it revealed that majority of research subjects were not willingly with the customer care services within OSC and this situation hinder the effectiveness of OSC in responding to CSA as a result people not attained to the centre. The findings concurs with the study of UNICEF, 2023 which explained that the way of cure clients can lead to positive decision making during

intervention process.

4.3.6 Assessing the Satisfaction Level among Clients utilizing Services at OSC

This objective intended to identify the level of satisfaction among clients utilizing services at OSC in order to measure the effectiveness of the services provided at that centre to neutralize the traumatic pain. Parents and victims opinions are used to give insights of what they went through when accessing the effectiveness of OSC in responding to CSA. Quantitative data are used to evaluate and explains those factors influence on effectiveness in details.

4.3.6.1 Satisfaction Level reflects the Degree of Authentication and Verification Procedures that have been completed by the Client to access and utilize Services Securely

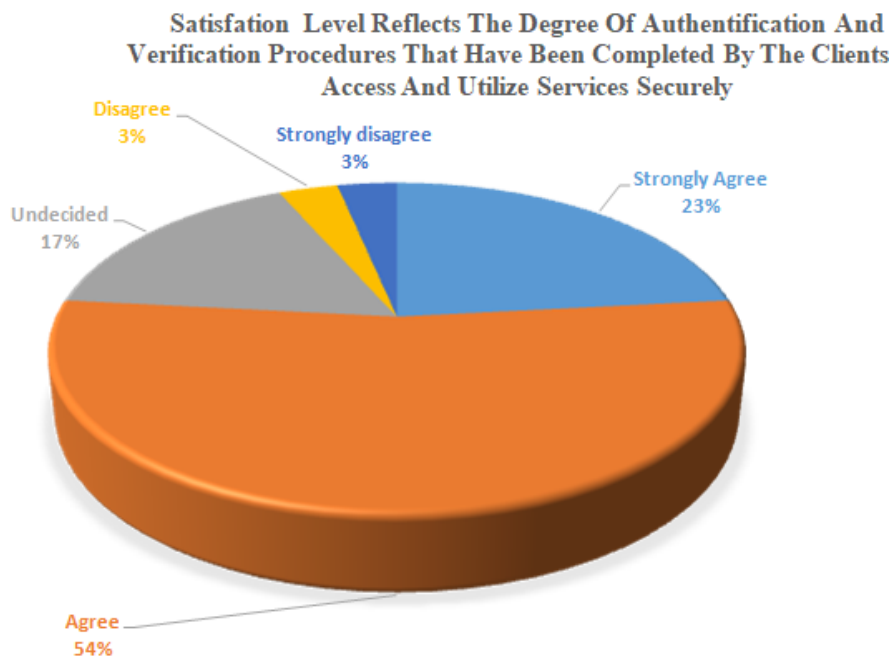


Figure 4.9: Satisfaction Level Reflects the Degree of Authentication and Verification Procedures that have been Completed by the Client to Access and Utilize Services Securely

In this part, the study wanted to understand the reality of this statement that; satisfaction level reflects the degree of authentication and verification procedures that have been completed by the client to access and utilize services securely. The results in Figure 4.8 showed that 54% agreed with the statement, 23% strongly agreed with the statement, 17% were undecided with the statement, 3% disagreed with the statement and other 3% strongly disagreed with the statement.

4.3.6.1.1 Discussion of the Satisfaction Level reflects the degree of Authentication and Verification Procedures that have been completed by the Client to access and utilize Services Securely

The finding presented indicated that there has been a progress in people attendance in the One Stop Centers to get service as the more sexual abusive crimes escalating in the communities. The culture that people tend to solve the problems of sexual abusive between the parties of the criminal and victims as family affairs that are an offense to be sent into legal procedures was decreasing that now people are seriously seeking support from OSC.

This finding concurs with the study of (UNICEF, 2021) in Malawi and Zambia which reported that survivors of gender-based violence rated higher satisfaction when secure, confidential, and multi-sectoral services (medical, legal, psychosocial) were provided in one safe space. Another work which reveled to the finding of this study is a systematic review by Kassa, et al., (2020) found that trust in service providers, guaranteed confidentiality, and secure handling of personal data were consistently associated with higher satisfaction levels in sexual and reproductive health services across low- and middle-income countries.

4.3.6.2 Factors such as Perceived Quality, Value for Money, and Emotional Responses Play a Significant Role in determining Satisfaction Levels

The study wanted to understand the factors that give satisfaction to the victims from their perception about the quality of services, the amount of money spent in order to get services and emotional responses. The results in Fig.4.10 were 57% strongly agreed with the statement, 33% agreed with the statement, 3% disagree with the statement and 7% were undecided with the statement.

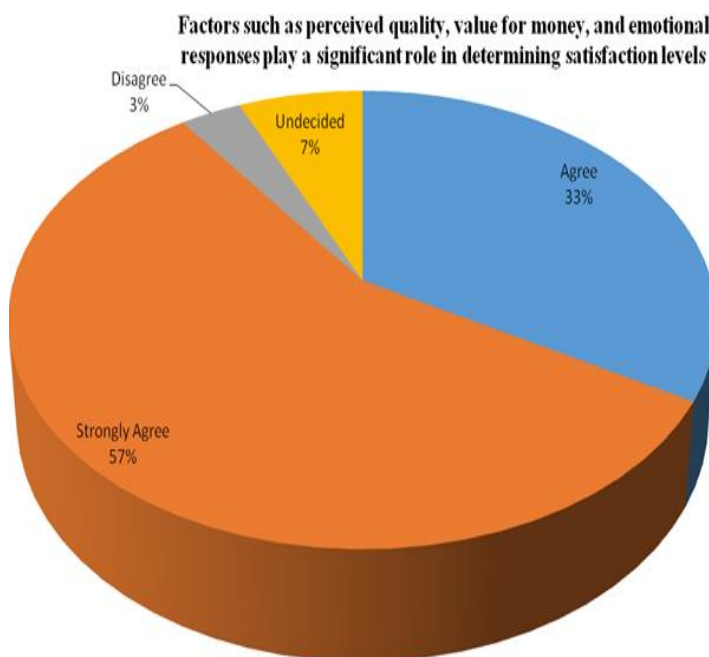


Figure 4.10: Factors such as Perceived Quality, Value for Money, and Emotional Responses play a Significant Role in determining Satisfaction Levels

Source: Research Data, (2024)

4.3.6.2.1 Discussion of the Factors such as Perceived Quality, Value for Money, and Emotional Responses play a Significant Role in determining Satisfaction Levels

The results in Figure 4.11 were 57% strongly agreed, 33% agreed, 3% disagree and 7% were undecided. This finding concurs with work of Polyakova & Mirza (2015) which indicates that perceived quality according to this study was the outcome of an

evaluation process where the customers compare their expectation with service they have received. It referred to a customer's judgment about the extent to which a One Stop Center facilitates efficient representation. The study of UNICEF (2020) revealed with the finding by expressed the concept of Value for money on social issues as the optimal use of resources to achieve intended outcomes by maximizing economy, efficiency, effectiveness and equity for each intervention and for the programme as a whole.

4.3.6.3 Issues of Equity, Access, and Social Justice can Impact how different Groups Experience and Perceive Service Satisfaction

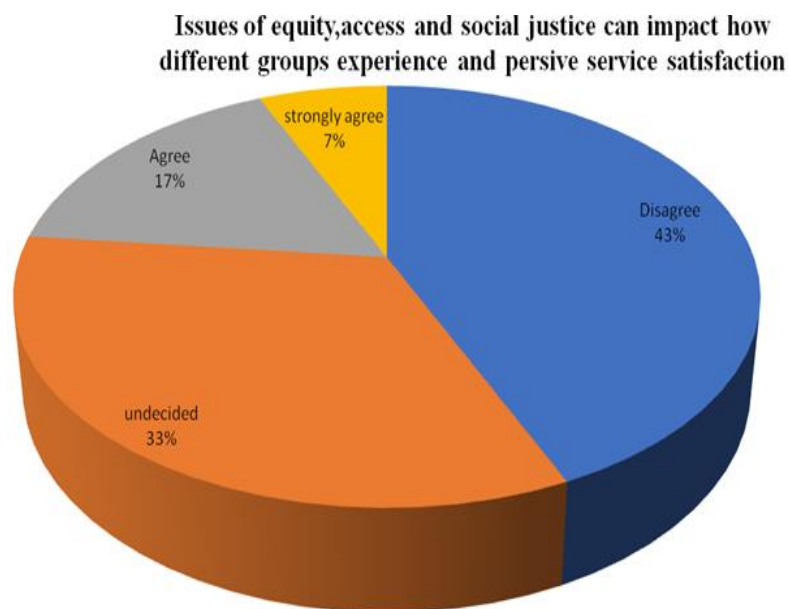


Figure 4.11: Issues of Equity, Access, and Social Justice can impact how Different Groups Experience and Perceive Service Satisfaction
Source: Research Data, (2024).

Issues of equity, access, and social justice can impact how victims experience and perceive service satisfaction. The finding presented in Figure 4.10 showed that 43% disagreed that issues such equity, access and social justice can influence satisfaction level of services from the OSC, 33% were not decided if these issues can impact or

not satisfaction level, while 17% and 7% agreed and strongly agreed respectively that equity, access and social justice have impact on satisfaction level of services toward the victims.

4.3.6.3.1 Discussion of the Issues of Equity, Access, and Social Justice can Impact how different Groups Experience and Perceive Service Satisfaction

Actually, the data showed people are not satisfied with services provide by the OSC in Chake Chake. Whereas 76% expressed their dissatisfaction level and disappointment toward the OSC, and only 24% showed satisfaction level was good. However, these mostly are those people whose parents were well off and have power and well known either have relative in the center or have high status in the government. This finding aligns with the work of UNICEF (2021) which highlighted that One Stop Centres in Africa achieved higher satisfaction among gender-based violence survivors when services were holistic, inclusive, and equitable, addressing not only legal needs but also health and social justice concerns.

4.3.6.4 Customer Satisfaction influence behavior and Decision making Process

Customer satisfaction influences the behavior and decision-making processes. The study wanted to understand how decision making process can influence the behavior of the victim and her/his satisfaction on the services delivered from the OSC. The result in Figure 4.11 showed that 68% disagreed that the centers service provision satisfied the customer for good changing of behavior and better decision making, 29% agreed and 3% strongly agreed.

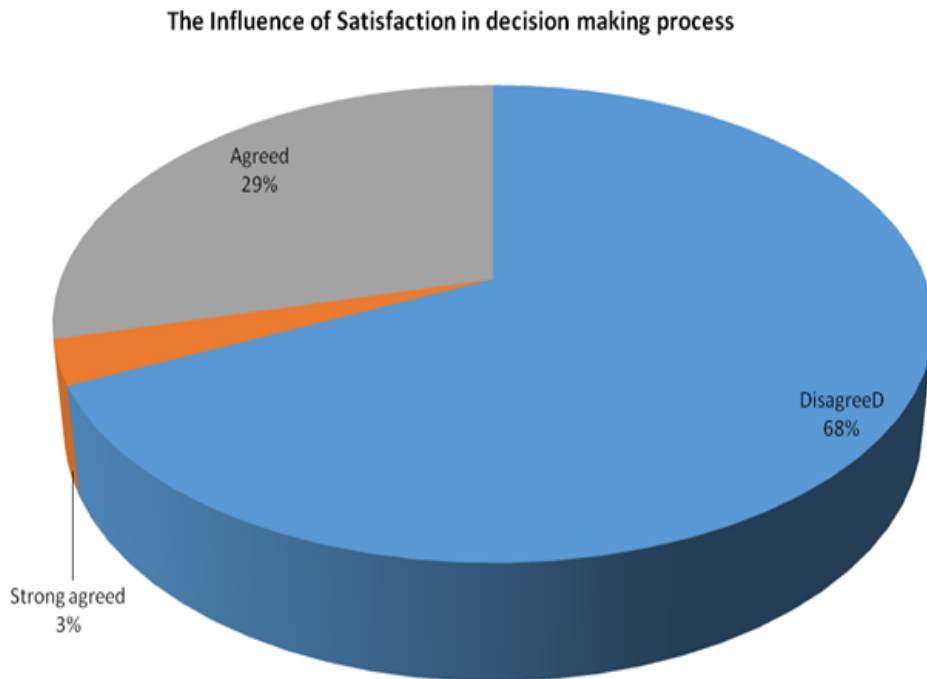


Figure 4.12: Influence of Satisfaction in Decision making Process

Source: Research Data, 2024).

4.3.6.4.1 Discussion of the Customer Satisfaction influences behavior and Decision making Process

The finding presented in Figure 4.12 showed that 68% disagreed that the centers service provision satisfied the customer for good changing of behavior and better decision making, 29% agreed and 3% strongly agreed. This concurs with Baykal, et al., (2024), who stressed that customer satisfaction and loyalty persist when fairness and trust are present, reflecting how equitable treatment builds victim confidence in OSC services. In addition, results is in line with Wang, et al., (2023), who found that consumer satisfaction with service experience increases future decision-making to repurchase, just as victims satisfied with holistic OSC services are more likely to seek further support. Also, the finding aligns with Bukari, et al., (2024), who noted that satisfaction increases when services are delivered securely and reduce

uncertainty similar to how victims in OSCs are more willing to engage when confidentiality and fairness are assured, so technical and legal support needed to facilitate the process for better effectiveness of OSC in responding to CSA in Zanzibar.

4.3.6.5 Satisfaction with Services can be linked to Individual Perceptions, Expectations, and Experiences

The study wants to understand how satisfaction influences individual perceptions, expectations, and experiences to the community by getting experience to the local leaders and parents. The result in Figure 4.13 showed that 43% disagreed while 57% agree that satisfaction with services can be linked to individual perceptions, expectations, and experiences.

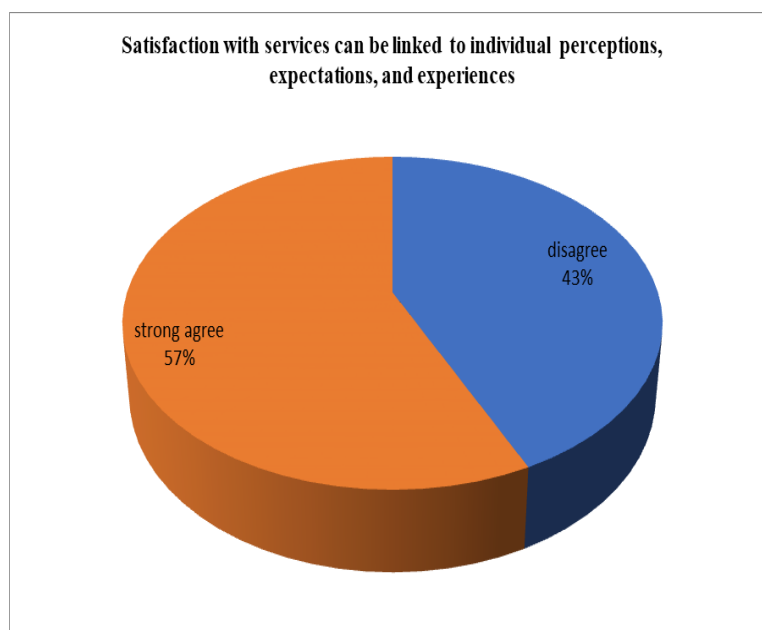


Figure 4.13: Satisfaction with Services can be linked to Individual Perceptions, Expectations, and Experiences

Source: Research Data, (2024).

4.3.6.6 Discussion of the influence of Satisfaction to Individual Perceptions, Expectations, and Experiences

The finding presented showed that 43% disagreed while 57% agreed that satisfaction with services can be linked to individual perceptions, expectations, and experiences. Across multiple contexts, systematic review evidence confirms that satisfaction shaped by perceived value and quality influences individuals' commitment to continue service relationships. This aligns with the work of Kobero & Swallehe (2022), who found that when clients' perceptions fall below their expectations, their satisfaction declines highlighting how unmet expectations directly shape perceptions. Similarly, Chen et al. (2023) found that perceived quality exerted a stronger influence on satisfaction than expectations, emphasizing that how services are experienced directly shapes individuals' evaluations and future expectations."

4.4 The Challenges Facing One Stop Centers in Zanzibar

The last objective of the study intended to discover the challenges surrounding OSC in service delivery. The Qualitative data obtained from interviews with OSC staff as key informants selected in this study. The cadre of staff interviewed included one police officer, one medical doctor and two social workers.

4.4.1 Alternative Ways to Improve a One-Stop Centre

Transitioning from a traditional suggestion box to a digital feedback system can significantly enhance the collection and management of employee suggestions and sometimes their victim when they come to get services at OSC. The findings of this study revealed that digital platforms allow for real-time submissions, tracking, and responses, ensuring that employees feel their input is valued as well as victims

persay. This method also enables better organization of suggestions by categorizing them based on themes or urgency, making it easier for management to prioritize and act upon them. As one of key informant was quoted:

“.....in general, in our center, there is no procedure to collect the opinions of victims of abuse as well as staffing or employee till now, because the office is still new and has not been officially filled, so we cannot install an opinion box or solution box, but there is a plan to put at least a mute on the table, we will start it soon. It is a good idea to be fulfilled”. (Source: Key informant Social Worker- Chake Chake Hospital)

Another one added:

“..... Ithink the best way of unproving OSC is to plan mechanism of joining our client with the legal aid support, in every district there is a Paralegal Organization; this organization provides legal education, legal advice as well as legal aid to the client free of charge,in case of any delaying in any position they can facilitate the process of getting the rights in appropriate time, I think we can start with,”.(Source: Key informant Police- Chake Chake Hospital)

4.4.1.1 Discussion of the Alternative Ways to Improve a One-Stop Centre (Solution Box)

The finding of this study proposed that instead of merely collecting suggestions, it is better to establish a “solution box” where employees must submit actionable solutions rather than just problems. This approach encourages ownership and accountability among employees as they are required to propose viable solutions along with their ideas. The above quotes show how we can improve the way of collecting opinion to the victims/employee as well as the involvement of paralegals at OSC. According to this study, most victims even staff having a lot of solution to the problem that faced them self, during the study the observation made. However, there in no literature aligned with, but the concept aligns with current trends in

integrating services and utilizing digital tools to improve service delivery in OSCs. This finding aligns with the work of Namati (2023), which demonstrates that community paralegals serve as a vital link between the law and underserved communities, providing services such as legal education, advice, and advocacy within One-Stop Centres.

4.4.2 Shortage of Funds

The study finding showed that, OSC entails financial stability in order to run itself and be effective and efficiency in all the time. The shortage of funding results in divergences and limited service delivery. Funds can ensure quality service delivery on daily basis through locating of testing tools, renovation of rooms or building, furniture, transportation, outreaches, field visits to promote the efficiency of OSC in responding to CSA. As one of key informant was quoted:

“Among the challenge facing this centre is on the budget, we do not have specific budget to implement our activities here at OSC and we depend on the Hospital budget to function which is limited and unexpected time. There are no places to budget specifically for OSC activities even though there is an action plan quarterly” (Source: Key informant Social Worker- Chake Chake Hospital)

Another one added:

“We work with various stakeholders and partners such UNICEF, Save the Children and others local stake holders including ZAFELA, TAMWA, PARALEGALS, Welfare Department, we sometime implement our OSC activities through partners budget, the problem is in order to use that money it requires a lot of procedures and does not often come in time” (Source: Key informant -Doctor, Chake Chake Hospital).

Police officer quoted:

“Some times victims come from far a way with small amount of money that help him/her to attend to OSC, so we donate our self to have a money that would support him/her to return back to home. We cannot account that kind of support, for as it is as usually.(Source:

Key informant-Police, Chake Chake Hospital)

4.4.3.1 Discussion of the Shortage of Funds

The three quotes upstairs show how the shortage of budget and finance situates OSC staff through problems in order to help CSA victims. The results shows that, most of staff working at OSC indicated to not have participated in budget development no having a work plan for implementation of OSC activities expect for coordinators who acknowledged to have either participated in hospital budget preparations. This finding concurs with the work of Law Society Journal (2023) which underscores that funding shortfalls threaten access to justice and budget constraints compromise OSC sustainability. Similarly, News Laundry (2024) notes that funding shortages directly hinder staff training, corroborating the challenge identified in this study regarding limited professional development opportunities.

4.4.4 Inadequate skilled Human Resource

The study revealed that, OSC in Chake Chake is the only centre where OSC services can be produced but facing similar challenge of shortage of skilled staff professionally. It was observed during the study that in this OSC most of time the doctor who provide services is Medical officer in-charge who also had to attend other hospital duties for the nature of its position. As he said:

“ It is so confused and disturbed in our centre, we do not have special doctors dealing with child protection issues due to the scarcity of number of doctors in our centre. According to the guide line there is special doctor for male as well as female but soon the problem will disappear.” (Source: Key informant, Social Worker)

Another one added:

“that time we have a number of Social Welfare officers but the problem is there, shortage of skilled SWO, profesional Doctors deals

with Child Protection issues is also a main challenge here, we have three social workers employed early in that year but this is a district hospital and there is no any other centre which provide this services in our district. We have a big duty in front of, if we had many skilled staff we can minimize the problem immediately (Source: Key informant, Doctor Chake Chake Hospital)

It was also observed that in this OSC there was no sign or direction that directs clients to come to the centre. So client are struggling a lot when they reach at this centre and no any person placed to handle that situation. One key informant said:

“..... We have a big and good equipped buildings in our hospital, But thing is different, there is no any sign that direct you to OSC compared to other centre like Mkoani and Micheweni, it give them a big job for searching the centre some of them they need directions support once the attend here with their victims because it is a serious issues that need immediate care and treatment”(Source: Key informant, Social Worker).

4.4.4.1 Discussion of the Inadequate Skilled Human Resource

The presentation of the finding shows that the two quotes from key informants show how inadequate skilled staffing hinders the service delivery to CSA victims at OSC in Chake Chake Hospital. Survivors missing important services may results into not trusting OSC as part of solution. This finding aligns with the work of WHO, (2022) which recommends a minimum threshold of 23 skilled health workers per 10,000 population for effective health service delivery.

However, Zanzibar has consistently reported figures below this benchmark. Recent estimates suggest that there are approximately 12-15 skilled health workers per 10,000 people in some areas of Zanzibar, the shortage of staff results in low productivity and substandard performance in some part of the health sector and departments (UNDP, 2022). Olson, et al., (2020) study in 15 countries of low and

middle income in Asia and Africa found scarcity of qualified multi-sectoral staff at OCS as the main barrier that face OSC into donating services to CSA victims.

4.4.5 Limited Knowledge in Handling The CSA for Victims

The discussed limited awareness for victims of CSA in Chake Chake OSC is still a problem that hinders the effectiveness of responding to CSA within OSC. The limited CSA knowledge does not only lead in reporting to incorrect places but cause late reporting and softening with evidences. Based on this study, most victims that attend with the centre late in reporting and already taking bath which lead in destructing the evidence to the cases of CSA. The following is OSC staff working as a Doctor account what happens with survivors:

“Since most of survivors have no knowledge on handling CSA cases, you might find someone raped and does not report within 72 hours, so we inform and inspire them to report on the spot”. (Source: Key informant-Doctor)

A Social Worker officer added:

“.....sometime the victims have already raped by someone but because she is taking bath after the action, she lost the evidence and the problem start there.....” (Source: Key informant-Social Worker)

Similarly to:

“Sometimes, your client tells you, am dropping the charges, we have prepared to accept at family level, it is very disheartening situation, when you think on, you have already use a lot of your own money and you see it is winnable case, we have to punish perpetrators for others to see and learn them salve” (Source: Key informant, Police Officer)

4.4.5.1 Discussion of the Limited knowledge in handling the CSA Victims

Based on the findings presented in 4.5.5 revealed that, the above three statement

shows how the lack of knowledge regarding CSA influence service delivery to victims. This finding concurs with the work of UNICEF (2022) which revealed that, some cases lost evidence due to survivors not being well informed as some bathed after violence, some washed clothes and other reported late. The study finding shows that, many survivors have limited information regarding CSA which make it harder the effectiveness of OSC staff to fulfill their duties. It is estimated that approximately 70% of parents/guardians living with children may have limited knowledge when it comes to handling CSA victims effectively. This percentage reflects the need for comprehensive training and education initiatives aimed at improving understanding to the community and response strategies (UNICEF, 2023).

4.4.6 Absence of consistent Transport

This is another challenge that faced OSC staff in day to day service delivery. It was observed during the study that, none of OSC staff had any kind of transport, no vehicle or motorcycle is designated for OSC activities. I present the case how absent of consistent transport hinders service provision at OSC:

“Many emergence cases are received that need to be attended within a short period of time, but it can take us up to two days to find one, that is the toughest part of the job. We are supposed to bargain emergence services but how could you do that without a consistent transport?” (Source: Key informant-Social Worker).

Another key informant added:

“You receive the call leading you to the needed location of offender who raped a girl or a boy, my client reported on time, so I have to go there and catch him, examine the crime scene and take evidences but unfortunately there are no vehicle, the case fail from the beginning” (Source: Key informant-Police Officer)

4.4.6.1 Discussion of the Absence of consistent Transport

The above two quotes from the key informants working at OSC revealed with the work of SRS (2020) which cited that, the shortage of transport and insufficient number of police officer in OSC as one of main reasons for failing cases of CSA as a result to minimize the efficiency of OSC in responding to CSA. The absent of consistant transport at OSC impact negatively the service delivery. OSC cannot promote their services effectively to the community by conducting outreaches, follow up services after clients have left the center or referral following up in community, This correspond with section 4.5.6 on the absence of consistence transport, it seems that reliable transport for OSC would help it recover its performance and reach more survivors and promote its services to community.

4.4.7 Lack of OSC Staff Motivation

Lack of staff motivation within Chake Chake OSC stems from multiple interrelated factors including economic conditions, workplace environment, career development opportunities, job security concerns, cultural influences, ineffective feedback mechanisms, and challenges related to work-life balance. The finding of this study observes that employee motivation is very important part of everyday business, unsatisfied employees produce unsatisfied results. So, In this centre, employers have every reason to motivate their employee for the better of the organization.

This study finding indicates that OSC staff is not being motivated enough by their supervisors and employers. They perform a very demanding and delicate works that requires certain amount of attention and professionalism. Poor working environment in terms of facility and space, shortage of working tools, unrealistic budget, lack of

trainings and extra duties allowances like other hospital staff tend to discourage their performance. Addressing these issues holistically is essential for improving employee morale and enhancing organizational performance moving forward .One staff had the following to say:

“...since I have been here at OSC, I have never been invited to any workshop or training regarding CSA, but when clients come to our office we are supposed to offer psychosocial support to victims as well as effected families, that’s all..”(Source: Key informant, Social Worker).

Another staff added:

“.....On this year I don't remember being trained on handling cases of child abuse. It's been a while since training has not been provided, there are new staff of the center, it is good that they receive training so that they can deal with and bring efficiency to the access to services in our center”(Source: Key informant, Social Worker).

4.4.7.1 Discussion of the Lack of OSC Staff Motivation

According to table 4.5.7 it shows that the above quoted sentences, for them to get incentives through extra duties they have to work at different department or perform other duties away from OSC. The study found that not only they are not getting stipends or financial incentives but even training and workshops are not available for them. Contrary to that, recent surveys conducted among OSC staff indicate a notable decline in overall job satisfaction levels compared to previous years (ZMLS, 2023). Many employees have expressed concerns regarding low morale due to stagnant wages despite rising living costs in Zanzibar (UNICEF, 2022). The technique was later adopted by many OSC in the Country even in Zanzibar. Same thing can be done at OSC in Chake District Hospital.

4.4.8 Lack of follow-up on Services to Clients

Despite the advantages of the One Stop Centre model, there are significant challenges related to follow-up services for clients. The information provided indicates that while initial care is accessible, ongoing support may not be adequately addressed. Survivors often require continuous medical attention, psychological counseling, and legal assistance after their initial visit. However, there is a lack of structured follow-up protocols that ensure these needs are met consistently. It was observed that, OSC in Chake Chake does not have follow up system in place for their clients; no register was observed that track the same. It was also revealed that many clients did not return for their appointment at center. This situation is experienced OSC in Chake Chake District as evidenced by one of the staff:

“.....most of our clients cannot understand where their cases have reached and this is due to the fact that we do not get feedback from the welfare officers whom we sent to them in stages. Similarly, this is due to the limited budget where we fail to follow up with our customers properly before reaching the limit”. (Sources: Key informant, Social Worker).

Another staff added:

“We talk to the family affected and insist them to respect the appointment visit date we have designated, but most of them do not return, we cannot afford to follow them every one of them, so we assume they are fine. But we have had very few cases returning with the same case we solved...” (Source: Key informant, Police)

4.4.8.1 Discussion of the Lack of follow-up on Services to Clients

The quote above indicates how OSC in Chake Chake District are limited to offer some of the services due to scarcity of resources and staff. Addressing these challenges will require coordinated efforts involving increased funding, community education initiatives, improved data management practices, and stronger

governmental support (UNICEF, 2022). This work concurs with the study conducted by WHO, (2023) which indicate that many beneficiaries do not receive ongoing assistance or monitoring after their first interaction with the centre. These significant gaps in terms of ineffective follow-up services are the area for further studies.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Chapter Overview

This study of the assessing the effectiveness of One Stop Centre in responding to Child Sexual Abuse in Zanzibar has reveal what OSC are going through in fulfilling its mission. This study has presented the existing intervention, activities as well as services available at OSC and how they contribute in responding to CSA in the region. While OSC addresses CSA victims with comprehensive services such as, psychological support, medical support, and referrals to help them recover from trauma.

It also evaluate the efficacy of services provided by One Stop Centers in Zanzibar in responding to child sexual abuse in day to day activities. OSC are spinning CSA victims to be agent of change in their family as well as in their communities. Furthermore, the study assess the level of satisfaction among clients utilizing services offered by One Stop Centers in responding to child sexual abuse. The study did not work on offender's viewpoint and their role at OSC and that is stand for further research. Challenges facing OSCs are also revealed and presented in this study.

In order to obtain a deep understanding of the contribution of OSC in responding to CSA, the study applied the theory of change developed by Moosa (2012) as discussed in chapter 2. The descriptive design with mixed approach of both qualitative and quantitative was applied in this study as discussed in chapter 3. One OSC are selected among four OSC in Pemba at Chake Chake district and two wards Vitongoji and Ndagoni. While 64 CSA victims were used as research subjects, other

key informants included 4 staff working at OSC, and 20 parents. The three research questions are summarized below with the findings within the study. Chapter 4 provides findings and discussions on the study's objectives. This chapter is divided as follows: Section 5.2 provides the summary of discussed findings, 5.3 based on conclusion of discussed findings related to research objectives, while section 5.4 presents the recommendations of the findings.

5.2 Chapter Summary

The chapter four (4) started by presenting the demographic characteristics of research subjects and explained how they shape CSA occurrence. In this chapter, the researcher also presented and discussed the study findings based on each objective of the study. In the first objective, efficacy of services offered at OSC, the study findings revealed some resemblance, differences and discrepancies on services delivery, about 74% indicated that the situation of customer care is not friendly and only 26% said that they appreciated with the customer care services, while on issue of time to receive services 3% say it take half a day, 8% said one hour after an incident occurred, 2% said that it happens immediately after arriving at the center and 87% takes more than one day to get service. The results also showed that only 25% said yes and 75% said no, that were not aware of the centers and their services and about 84% got Psychological, medical and PF3 support, 8% said social support and 8% provide legal support.

In the second objective of assess the level of satisfaction among clients utilizing services offered by One Stop Centers in responding to child sexual abuse, the study findings revealed that there is gap between services delivered and the level of

satisfaction among clients utilizing services at OSC. Factors such as perceived quality, value for money, and emotional responses play a significant role in determining satisfaction levels, about 57% strongly agreed, 33% agreed, 3% disagree and 7% were undecided.

Similarly, on the issues of equity, access, and social justice, this can impact how different groups experience and perceive service satisfaction about 43% disagreed that issues such equity, access and social justice can influence satisfaction level of services from the OSC, 33% were not decided if these issues can impact or not satisfaction level, while 17% and 7% agreed and strongly agreed. So, the higher satisfaction level it influence behavior and decision making process among clients utilizing services at OSC.

The third objective revealed that, most of CSA survivors agreed that most of the victims of abuse before arriving at the center are not familiar with the center and its services, and when they come to OSC they don't understand what they will be served until they provided them with education and counseling so they get an understanding of the services, lack of training since has not been provided, for a long time, there are new staff, it is good for them to receive training so that they can deal with CSA cases efficiently.

Another reason include weakness in services provision at OSCs such as lack of confidentiality, location of OSCs (long distance). Shortage of funds and inadequate material resources that results to survivors' missing of important services like HIV testing, case opening and other follow up services were found as main challenge

facing OSCs. Other challenges include absence of reliable transport and limited knowledge of initial CSA cases handling by survivors as well as labeling sign that would identify the existence and position of OSC with mechanism of collecting victims opinions during service delivery.

5.3 Conclusion

This study of assessing the effectiveness of OSC in responding to CSA in Zanzibar has shown how social-demographic influences the occurrence of CSA. The social-demographic information of 98 research subjects based on sex, age, educational level and occupation. It revealed that majority of research subjects are female and they were aged below 18 year old, most of them had primary school education level. The findings of the study indicate that children especially girls experienced more CSA and they are affected by perpetrators most of the time. However, children aged 11 to 13 are more affected with CSA due to their nature and at that time they are going to be matured, that is why most of perpetrators attack them. However, some of the victims fail to access services at OSC due to lack of transport, lack of awareness on OSC, long distance as well as inappropriate services delivered.

The study has provided some evidence regarding the efficacy of services, services offered to survivor at OSC. The study indicated that cases reported and services offered varied from one victim to another within one OSC and this is depend on the nature of staff individuality and reediness in accomplishing the task as well as experience. Another, due to different reasons such as number of trained and equipped staff available, kits and tools for diagnosis and treatment it influence to hinder the effectiveness of OSC in responding to CSA in Zanzibar.

The provision of preventive education to survivors not only helps them to avoid the further CSA incidents but also helps them to coach other victims in their communities. Services such as free testing of pregnancy, HIV, STI and provision of PEP and emergency contraceptive prevented survivors from HIV infections and unwanted pregnancy that would have caused more traumatic problems and lead to difficult lives of survivors. External referrals to other stakeholders to support victims with income generating awareness to prevent further CSA incidents. Like in the study findings and the literature, most affected with CSA are children who are girls living with their grand father and mother and this problem in now a day that most of the are not willing to stay with their children and as a result they are abused.

In addition, community awareness and education on CSA being part of OSC is another contribution to the cause, whether it is through radio, public events or face to face with survivors and their company it play a significant role to change the mindset of community members toward CSA. As the study revealed the majority of survivors acknowledged to have referred other survivors or community member to OSC, it means OSC have developed agents of change within the community ,although it is being done to the limited scale but at least it contribute something rather than nothing.

However, the study also revealed OSC not offering important services such legal aid and that is why most cases of CSA are not well ending and research subjects are not satisfied with the services. So, it is very important to have legal supporter within OSC to provide legal education and legal aid for the victims. This study has shown that, obstacles for CSA survivors not reporting at OSC are highly associated with

poor life, long distance and lack of awareness on OSC.

The study also revealed that sometime OSC itself act as inhibitor for survivors to access services. Most of research subjects cited unawareness to the existence of OSC and services that are being offered, or having unqualified staff who tend to leak clients information and does not observe client confidentiality. However, in order to approve the effectiveness of OSC, OSC must conducting community awareness programs in small margin through radio, and field visit to address those barriers as well as to have the action plan that would direct them to attain their goals in a time by planning the session of educating people within the hospital compound for those who come for searching treatment in the hospital at the morning even though there is no budget allocated for rising awareness to the community.

The hospital authorities as well as the ministry of health which are primarily responsible do enough to promote and market OSC, it would attract more CSA survivors to access services and hence contribute more in the government efforts to address CSA in the Country. Community awareness of OSC services was deemed low by research subjects of this study. Although OSC continue to improve and receive more CSA survivors but research subjects of this study cited that many community members are not aware of their existence. OSC has to do better and reach the intended goal for its establishment then, they need to promote their services to community and advocate to policy makers. Making community members aware of existing services, procedure for accessing services will raise the demand of OSC.

The study discussed the challenges that OSC in Zanzibar Region are facing that range from structural to personal level of staff working at OSC. Main challenges being shortage of funding that has impact to almost everything being done at OSC. Less funding results in less services and weaken quality service delivery at OSC. For instance, the findings indicated discrepancies in services delivery and some female survivors missed importance services such HIV, pregnancy test and contraceptive due to shortage of kits.

That kind of situation tends to discourage survivors into accessing services and seek it elsewhere. The government, community as well stakeholders have to work together to solve and overcome the identified challenges in order for OSC modal to continue contributing toward against the CSA fought. There some indication for the government to start investing heavily in OSC, for instance the scaling up of OSC services to other place especially at remote areas to reduce the distance and time consumed at least three OSC in district for the budget of 2025.

5.4 Recommendations

The following recommendations are therefore thought out by researcher based on the study findings and are directed to the government, family members, stakeholders, community members and staff working at OSC.

5.4.1 Recommendation to the Government

This includes the local and central government. It has the primary responsibility of making sure OSC are well functioning in term of staffing, tools, motivation and other running costs. The government should disburse funds to lower level as

promised in MKUZA III the training of CSA protection committee from village to regional level should be given first priority for them to fulfill their duties. Since the CSA fight requires holistic approach, the government should continue to offer awareness sensitivity training to all service providers such as police, criminal justice, health providers and social workers. Also continue to support and invest more in ongoing public education and awareness rising regarding CSA by promoting OSC and their services to enhance social behavior change.

5.4.2 Recommendation to the One Stop Centre

OSC staff in Zanzibar has to be proactive and promote their services to overcome the problem of under-utilization. They should also link their services to other stakeholders in the area, starting by developing service directorate that will help them to identify the type of stakeholder and the service they provide for easy linkage of survivors and activate its effectiveness for better change. Furthermore, OSC staff should also improve their commitment, change of attitude, reserving ethics and treating with empath while observing confidentiality of survivors. All those things will enhance acceptability from survivors hence the effectiveness of OSC in responding to CSA will be appreciated.

5.4.3 Community/Parents

Community/parents should feel the responsibility of protecting victims in their community by reporting, supporting CSA survivors and not to participate in harmful traditions. Attention should be given to survivors of CSA and protect them more harm. Their local CSA protection committee depends on their support in order to fulfill its duties. Community /parents should overcome harmful culture by planning

the village meeting and provide legal aid and education to the community. By addressing these kind of practice they will help to protect girls and boys in the society from CSA.

5.4.4 Recommendation for Further Study

Although this study has focused on the assessing the effectiveness of OSC in responding to CSA in Zanzibar, it is recommended that further studies should focus on how effective follow-up can impact the fight against CSA within OSC in Zanzibar.

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APPENDICES**Appendix I:**

Questionnaire for the Victims between the age of 8 to 17 years old.

SECTION A: Demographic Characteristics

Answer all questions by ticking correct choice

1. Your sex

i) Male ☐

ii) Female ☐

2. Indicate your age by ticking the correct categories

i)8-10 years old ☐

ii)11-13 years old ☐

iii)14-15 years old ☐

iv)16-17 years old ☐

3. Select your education level from the following category

i)Form two ☐

ii) Form one ☐

iii)Std 7 ☐

iv)Std 6 ☐

v)Std 5 ☐

vi) Std 4 ☐

vii) Std 3 ☐

SECTION B: To evaluate the efficacy of services provided by One Stop Centers in Zanzibar in responding to child sexual abuse.

Answer all questions by ticking correct choice

1	Are you aware with one stop center and its services?	No	
		Yes.	
2	On the first day you attend to OSC how well is their welcoming?	1. Good	
		2. Moderate	
		3. Not good	
		4. None of the above	
3	After arriving at OSC, how long did it take to get service?	1. Immediately after arriving	
		2. One hour	
		3. Half a day	
		4. More than a day	
		5. None of the above	
4	What services did they offered you?	1. Psychological support	
		2. Medical support	
		3. Social support	
		4. Legal support	
		5. None of the above	
		6. PF3	

Thank You for Your Participation

Appendix II: Questionnaire for the Parents.

SECTION A: Demographic Characteristics

Instructions: (Put Tick (✓) in the Appropriate Answer)

1. Your sex

i) Male ☐

ii) Female ☐

2. Your Age

i) Below 18 ☐

ii) 18 – 35 ☐

iii) 36-45 ☐

iv) 46 and above 66 ☐

3. Level of education:

i) No education/informal ☐

ii) Basic adult education ☐

iii) Primary education ☐

iv) Secondary education ☐

v) Above secondary ☐

SECTION B: To evaluate the efficacy of services provided by One Stop Centers in Zanzibar in responding to child sexual abuse.

Each of the following statements is about the efficacy of services provided by One Stop Centers in Zanzibar in responding to child sexual abuse. Kindly, tick (✓) the extent you agree with the statement using the following scale: SA-Strongly Agree, A-Agree, U-Undecided, D-Disagree, SD-Strongly disagree

	Items	SA	A	U	D	SD
1	Service efficacy refers to the ability of a services to achieve its intender goals or outcomes effectively and efficiency.					
2	Services efficacy leading to positive outcome for both the service provider and the customer					
3	Services efficacy can be seen as an individual's 'confidence in their ability to provide effective and high-quality services to others.					
4	Self-efficacy influences behavior directly by human and through its impact on goals, perceptions of facilitators and barriers, and outcome expectations.					
5	Service efficacy is not only about individual beliefs but also about the collective capacity and external resources available for delivering services effectively.					

SECTION C: To assess the level of satisfaction among clients utilizing services offered by One Stop Centers in Zanzibar in responding to child sexual abuse.

Each of the following statements is about the level of satisfaction among clients utilizing services offered by One Stop Centers in Zanzibar in responding to child sexual abuse. Kindly, tick (✓) the extent you agree with the statement using the following scale: SA-Strongly Agree, A-Agree, U-Undecided, D-Disagree, SD-Strongly disagree.

S/No	Items	SA	A	U	D	SD
1	Satisfaction level reflects the degree of authentication and verification procedures that have been completed by the client to access and utilize services securely.					
2	Factors such as perceived quality, value for money, and emotional responses play a significant role in determining satisfaction levels					
3	Issues of equity, access, and social justice can impact how different groups experience and perceive service satisfaction.					
4	Customer satisfaction influences behavior and decision-making processes.					
5	Satisfaction with services can be linked to individual perceptions, expectations, and experiences					

Thank You for Your Participation

Appendix III: Interview Guiding questions for One Stop Centre Staff (Doctor, Police, social workers)

- (1) Are the victims aware of One Stop Centre and its services before attending to center?
- (2) What kind of services most provided to the victims at One Stop Centre?
- (3) Is there any formal training on handling CSA survivors provided to the staff?
- (4) What time does the center operate per day? Are there any Annual budget and Staff welfare?
- (5) To what extent do the services provided at one stop center contribute in responding to child sexual abuse?
- (6) Are there any mechanism /suggestion box for collecting opinions to the victims of CSA related to the services received?
- (7) How well are you getting feedback from welfare officer during referral process before termination process to your victims?
- (8) In your opinion what makes CSA survivors not to access services at one stop center?
- (9) What are the challenges facing One Stop Centers? Identify them with short explanation.

Thank You for Your Participation

Kiambatanishi I: Dodoso kwa Wahanga kati ya miaka 8 mpaka 17

SEHEMU A: Jibu maswali yote kwa kuchagua chaguo lililo sahihi

1. Jinsia yako

i) Mwanamme ☐

ii) Mwanamke. ☐

2. Onyesha umri wako kwa kuchagua kutoka katika machaguo yafuatayo

i) Miaka 8-10 ☐

ii) Miaka 11-13 ☐

iii) Miaka 14-15 ☐

iv) Miaka 16-17 ☐

3. Chagua ngazi yako ya kielimu kati ya hizi zifuatazo

i. Kidato cha Pili ☐

ii. Kidato cha kwanza ☐

iii. Darasa la saba ☐

iv. Darasa la sita ☐

v. Darasa la tano ☐

vi. Darasa la nne ☐

vii. Darasa la tatu ☐

SEHEMU B: Jibu maswali yote kwa kuchagua chaguo sahihi

1	Je, unafhamu kuhusu kituo cha Mkono kwa Mkono na huduma zake?	1. Hapana	
		2. Ndio	
2	Katika siku ya kwanza ulipohudhuria Kituo cha Mkono kwa Mkono ulikaribishwa vizuri kiasi gani?	1. Vizuri	
		2. Afadhali	
		3. Sio vizuri	
		4. Hakuna kati ya hapo juu	

3	Baada ya kufika OSC, ilichukua muda gani kupata huduma?	1. Mara baada ya kufika	
		2. Saa moja	
		3. Nusu Siku	
		4. Siku zaidi ya moja	
		5. Hakuna kati ya hapo juu	
4	Je, walikupa huduma gani?	1. Usaidizi wa kisaikolojia	
		2. Usaidizi wa Kimatibabu	
		3. Usaidizi wa Kijamii	
		4. Usaidizi wa kisheria	
		5. Hakuna kati ya hapo juu	
		6. PF3	

Ahsante kwa ushiriki wako

Kiambatanishi II: Hojaji kwa Wazazi

SEHEMU A: Taarifa za Kibinafsi (Weka Jibu (✓) kwenye Jibu Lililofaa)

Tafadhali weka alama mbele ya jibu ulilochagua.

1. Jinsia yako

i) Mwanamme ☐

ii) Mwanamke ☐

2. Umri

i) Chini ya miaka 18 ☐

ii) 18 – 35 ☐

iii) 36-45 ☐

iv) 46 na kuendelea 66 ☐

3. Kiwango cha Elimu:

i) Sijasoma ☐

ii) Elimu ya Msingi ya watu Wazima ☐

iii) Elimu ya Msingi ☐

iv) Elimu ya Sekondari ☐

v) Elimu ya Juu ☐

SEHEMU B:

Kila moja ya kauli zifuatazo ni kuhusu ufanisi wa huduma zinazotolewa na One Stop Centres Zanzibar katika kukabiliana na unyanyasaji wa kijinsia kwa watoto.

Tafadhali, weka alama ya alama (✓) kiwango unachokubaliana na taarifa kwa kutumia mizani ifuatayo: SA-Kubali Sana, A-Kubali, U-Sijaamua, D-Sikubali, SD-

Sikubaliani Vikali.

	Kipengele	SA	A	U	D	SD
1	Ufanisi wa huduma unarejelea uwezo wa huduma kufikia malengo au matokeo yanayolengwa kwa ufanisi na ufanisi.					
2	Ufanisi wa huduma unapelekea matokeo chanya kwa mtoa huduma na mteja					
3	Ufanisi wa huduma unaweza kuonekana kama 'ujasiri wa mtu binafsi katika uwezo wake wa kutoa huduma bora na za ubora wa juu kwa wengine.					
4	Ufanisi binafsi huathiri tabia moja kwa moja na binadamu na kupitia athari zake kwa malengo, mitazamo ya wawezeshaji na vizuizi, na matarajio ya matokeo.					
5	Ufanisi wa huduma si tu kuhusu imani ya mtu binafsi bali pia kuhusu uwezo wa pamoja na rasilimali za nje zinazopatikana kwa ajili ya kutoa huduma kwa ufanisi.					

SEHEMU C: Kufanya tathmini ya kiwango cha kuridhika kwa wateja wanaotumia huduma zinazotolewa na Kituo cha Mkono kwa Mkono Zanzibar katika kukabiliana na unyanyasaji wa kijinsia kwa watoto.

Kila moja ya kauli zifuatazo ni kuhusu kiwango cha kuridhika miongoni mwa wateja wanaotumia huduma zinazotolewa na One Stop Centres Zanzibar katika kukabiliana na unyanyasaji wa kijinsia kwa watoto. Tafadhali, weka alama (✓) kiwango unachokubaliana na taarifa ukitumia mizani ifuatayo: SA-Kubali Vikali, A-Kubali, U-Sijaamua, D-Sikubaliani, SD-Sikubaliani kabisa.

	Kipengele	SA	A	U	D	SD
1	Kiwango cha kuridhika kinaonyesha kiwango cha taratibu za uthibitishaji na uthibitishaji ambazo zimekamilishwa na mteja ili kupata na kutumia huduma kwa usalama.					
2	Mambo kama vile ubora unaotambuliwa, thamani ya pesa, na majibu ya kihisia huchukua jukumu muhimu katika kuamua viwango vya kuridhika.					
3	. Masuala ya usawa, ufikiaji na haki ya kijamii yanaweza kuathiri jinsi vikundi tofauti hupitia na kuhisi kuridhika kwa huduma.					
4	Kutosheka kwa mteja huathiri tabia na michakato ya kufanya maamuzi.					
5	. Kuridhika na huduma kunaweza kuhusishwa na mitazamo ya mtu binafsi, matarajio na uzoefu					

Ahsante kwa ushiriki wako

Kiambatisho III: Maswali ya Mwongozo wa Mahojiano kwa Wafanyakazi wa Kituo cha Mkono kwa Mkono (Daktari, Polisi, wafanyakazi wa kijamii).

- (1) Je, waathiriwa wanafahamu kuhusu Kituo cha Mkono kwa Mkono na huduma zake kabla ya kufika kituoni?
- (2) Ni aina gani ya huduma zinazotolewa zaidi kwa waathiriwa katika Kituo cha Mkono kwa Mkono?
- (3) Je, kuna mafunzo rasmi ya kushughulikia waathirika wa Unyanyasaji wa Kijinsia kwa Watoto yanayotolewa kwa wafanyakazi?
- (4) Kituo kinafanya kazi masaa mangapi kwa siku? Je, kuna bajeti yoyote ya Mwaka na ustawi wa Wafanyakazi?
- (5) Je, ni kwa kiasi gani huduma zinazotolewa katika kituo cha Mkono kwa Mkono huchangia katika kukabiliana na unyanyasaji wa kingono kwa watoto?
- (6) Je kuna utaratibu /kisanduku cha maoni kwa ajili ya kukusanyia maoni ya wahanga wa udhalilishaji juu ya huduma wanazozipata?
- (7) Ni kwa namna gani kituo cha Mkono kwa Mkono kinapata mrejesho kutoka kwa maafisa Ustawi baada ya rufaa kabla ya kufikia ukomo wa huduma?
- (8) Kwa maoni yako ni nini kinawafanya waathirika wa Unyanyasaji wa Kijinsia kwa Watoto kutofata huduma katika kituo cha Mkono kwa Mkono?
- (9) Je, ni changamoto zipi zinazokabili Kituo cha Mkono kwa Mkono? Toa maelezo mafupi.

Asante Kwa Ushiriki Wako

Appendix IV: Consent Form for Study Research subject

A consent form for a study on assessing the effectiveness of One Stop Centre in responding to Child Sexual Abuse in Zanzibar.

Introduction

Thank you for taking your time to discuss and make a conversation concerning this study.

Purpose of the study

The purpose of this study is to assess effectiveness of One Stop Centre in responding to Child Sexual Abuse in Zanzibar: A case study of Chake Chake District-Pemba.

The study participation

We are please asking you to participate in this study in order to assist to get the information on the effectiveness of One Stop Centre in responding to Child Sexual Abuse in Zanzibar, as the study will help the beneficiaries in Zanzibar to be prevented from the abuse so as to assist their growth and development.

Confidentiality

I promise that the information collected from you, will be confidentially between you and me and no one will get know this information.

Consent by words

Do you' agree to participate in this study?

Yes ☐

No ☐

Appendix V: Interviewer

If the research subject will accept to participate by words ask him or her to sign.

Sign of research subject _____ Date _____

Sign of researcher _____ Date _____

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF POSTGRADUATE STUDIES

Kawawa Road, Kinondoni Municipality,
P.O. Box 23409
Dar es Salaam, Tanzania
http://www.out.ac.tz



Tel: 255-22-2666752/2668445 ext. 100
Fax: 255-22-2668759,
E-mail: dpgs@out.ac.tz

REQUISITION FORM FOR RESEARCH CLEARANCE LETTER

- Date: 15/08/2024
- Name of Student: RUKI HAMAD ALI
 - Gender: FEMALE
 - Reg. Number: PG 20190029 Year of Entry: 2019/2020
 - Faculty: ARTS AND SOCIAL SCIENCES
 - Programme: MASTER OF SOCIAL WORK
 - Title of Research: Assessing the Effectiveness of One Stop Centre in responding to Child Sexual abuse in Zanzibar
 - Tentative dates for data collection: From 19/08/2024 to 20/09/2024
 - Student Email: rukihamad@gmail.com
 - Student Phone Number: 0777 862142
 - Research Location/site:

S/N	Region	District Council/ Municipality	Name of Organization	Postal Address	Place
1	SOUTH	CHAKE-CHAKE	THE SECOND	P.O BOX 239	ONE STOP
2	PEMBA	PEMBA	VICE PRESIDENT	ZANZIBAR	CENTRE
3			OFFICE, VUGA		CHAKE-
4			STREET		CHAKE-
5					PEMBA
6					

11. Date of submission: 15/08/2024 Signature: [Signature]

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA



Ref. No OUT//PG20190029

15th August, 2024

The Permanent Secretary,
The Second Vice President's Office,
P.O Box 239,
ZANZIBAR.

Dear Director,

RE: RESEARCH CLEARANCE FOR MS. RIZIKI HAMAD ALI REG NO: PG20190029

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007. In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms. Riziki Hamad Ali, Reg.No: PG20190029**, pursuing **Masters of Social Work (MSW)**. We hereby grant this clearance to conduct a research titled **"Assessing the Effectiveness of One Stop**

Centre in responding to Child Sexual Abuse in Zanzibar”. She will collect her data at your Office from 16th August 2024 to 30th October 2024.

4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820. We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

THE OPEN UNIVERSITY OF TANZANIA



Prof. Gwahula Raphael Kimamala

For: **VICE CHANCELLOR**



**SERIKALI YA MAPINDUZI YA ZANZIBAR
AFISI YA MAKAMU WA PILI WA RAIS,**

22279 Barabara ya Vuga,
Vuga, S.L.P. 239,
70460 Mjini Magharibi, Zanzibar

Tovuti : www.ompr.go.tz
Barua pepe : info@ompr.go.tz
Faksi : 0242231826

CA 33/411/01-P/92

10/09/2024

**MHESHIMIWA,
MKUU WA WILAYA,
WILAYA YA CHAKECHAKE,
PEMBA.**

**DAKTARI DHAMANA WILAYA,
WILAYA YA CHAKECHAKE,
PEMBA.**

KUH: RUHUSA YA KUFANYA UTAFTITI

Kwa heshima, naomba uhusike na mada ya hapo juu.

Serikali ya Mapinduzi ya Zanzibar imemruhusu **Ndg. Riziki Hamad Ali** mtafiti mwanafunzi kutoka Chuo Kikuu Huria cha Tanzania anasomea Shahada ya Uzamili katika fani ya Ustawi wa Jamii kufanya utafiti katika mada mayohusiana na "Assessing the Effectiveness of one Stop Centre in Responding to child Sexual Abuse in Zanzibar". Utafiti huo utafanyika kwenye Kituo cha Mkono kwa Mkono na baadhi ya Shehia zilizomo ndani ya Wilaya ya Chakechake kuanzia tarehe 10/09/2024 hadi 09/12/2024. Tunaomba asaidiwe ili aweze kukamilisha utafiti huo.

Kwa nakala ya barua hii mara baada ya kumaliza utafiti, mtafiti anatakiwa kuwasilisha nakala (copy) 3 za ripoti ya utafiti huo, Afisi ya Makamu wa Pili wa Rais - Zanzibar.

Naambiwaanisha na kilauli cha kibali cho kufanyia utafiti

Gharib H. Kombo

**GHARIB H. KOMBO,
/KATIBU MKUU,
AFISI YA MAKAMU WA PILI WA RAIS,
ZANZIBAR.**

NAKALA: 1. Ndg. Riziki Hamad Ali (0777 862142). ✓