

# **Mapping and assessment of formal and informal child protection structures, systems and services in Tanzania**

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## ACRONYMS

ABH	Actual Bodily Harm
ACRWC	African Charter on the Rights and Welfare of the Child
AIHA	American International Health Alliance
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
AU	African Union
BEST	Basic Education Statistics in Tanzania
CB-CCT	Community-Based Conditional Cash Transfer Programme
CBO	Community-Based Organisation
CD	Community Development
CDC	Centre for Disease Control
CDO	Community Development Officer
CEDAW	UN Convention on the Elimination of All Forms of Discrimination Against Women
CHF	Community Health Fund
CHH	Child-Headed Household
CICL	Children in Conflict with the Law
CMAC	Community Multi-Sectoral AIDS Committee (district)
CJF	Community Justice Facilitators
CRS	Catholic Refugee Service
CSOs	Civil Society Organisations
CRC	Convention on the Rights of the Child
CYPA	Children and Young Persons Act
DCDO	District Community Development Officer
DHS	Demographic Health Survey
DMS	Data Management System
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
DVMCC	District Most Vulnerable Children Committee
FBOs	Faith-Based Organisations
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FHI	Family Health International
GBH	Grievous Bodily Harm
GoT	Government of Tanzania
HBS	Household Budget Survey
HH	Household
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Deficiency Syndrome
ILO	International Labour Organisation
IMR	Infant Mortality Rate
INGO	International Non-Government Organisation
IPG	Implementing Partners Group
JICA	Japan International Cooperation Agency
JLICA	The Joint Learning Initiative on Children and HIV/AIDS
KIWOHEDE	Kiota Women and Health Development
LD	UNICEF's Learning Districts (7)
LGAs	Local Government Authorities
LHRC	Legal Human Rights Centre
MACSONET	Magu District Civil Society Organisations Network
MDG	Millennium Development Goals
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MM	Mama Mkubwa
MMR	Maternal Mortality Rate

MoCDGC	Ministry of Community Development, Gender and Children
MoEVT	Ministry of Education and Vocational Training
MoFP	Ministry of Finance and Planning
MoHSW	Ministry of Health and Social Welfare
MoLEYD	Ministry of Labour, Employment and Youth Development
MoPEE	Ministry of Planning, Economy and Empowerment
MOU	Memorandum of Understanding
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA	National Costed Plan of Action for MVC
NGO	Non-Government Organisation
NNOC	National Network of Organisations Working with Children in Tanzania
NSGRP	National Strategy for growth and Reduction of Poverty
NSPF	National Social Protection Framework (draft)
OC/OIC	Officer Commanding/Officer in Charge
OVC/Y	Orphans and Vulnerable Children and Youth
PEDP	Primary Education Development Programme
PEPFAR	President's Emergency Preparedness Fund for AIDS Relief
PHC	Primary Health Care
PHDR	Poverty and Human Development Report
PMORALG	Prime Minister's Office - Regional Administration Local Government
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Paper
PSW	Para-Social Workers
R.E.	Revised Edition
RH	Remand Home
RIATT	Regional Inter-Agency Task Team on Children Affected by HIV & AIDS
RSWO	Regional Social Welfare Officer
SADC	Southern Africa Development Community
SEDP	Secondary Education Development Programme
SOSPA	Sexual Offences Special Provisions Act
SWO	Social Welfare Officer
TACAIDS	Tanzania Commission for Aids
TAHEA	Tanzania Home Economics Association
TAS	Tanzania Adoption Society
TASAF	Tanzania Social Action Fund
TDHS	Tanzania Demographic and Health Surveys
TOT	Training of Trainers
Tsh	Tanzania shillings
UNAIDS	Joint United Nations Programme on AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
URT	United Republic of Tanzania
US	United States
USAID	United States Agency for International Development
U5MR	Under 5 years Mortality Rate
WEO	Ward Executive Officer
WHO	World Health Organisation
VMAC	Village Multi-Sectoral AIDS Committee
VMVCC	Village Most Vulnerable Children Committee
VEO	Village Executive Officer

## EXECUTIVE SUMMARY

The purpose of the consultancy is to conduct a comprehensive mapping and analysis of existing formal and informal child protection structures, systems, services, networks and resources in UNICEF's learning districts<sup>1</sup>. The information obtained will be used by the Department of Social Welfare and UNICEF in the design, costing and operationalising of a child protection system model in their 7 learning Districts'. In addition to district scope of work, information was requested 'on the general policy environment and the current child protection landscape in the country.' This comprehensive mapping and analysis is part of UNICEF's regional programme to update information and assess regional child protection and welfare systems so as to enable them to be strengthened as called for in the new UNICEF Child Protection Strategy.

The 7 Learning Districts and NGOs that wish to address issues of child abuse, exploitation, neglect, and those in conflict with the law will be able to use the study. The study will inform, through the provision of the context and status of existing child protection systems, structures and services, the further development and implementation of the draft National Social Protection Framework (NSPF), the on going National Costed Plan of Action (NCPA) for the most vulnerable children (MVC) and contribute to the drafting of the Children's Bill.

During early 2009, national and international consultants visited the 7 learning districts. The district mapping is reported on according to an adapted child sensitive social protection framework,<sup>2</sup> which includes systems to mitigate the effects of poverty on families, strengthen families in their child care role, and enhance access to basic services for the poorest and most marginalized. Since the most at-risk children live outside family care; child sensitive social protection systems must also be responsive to this vulnerable group, as well as to children facing abuse or discrimination at home. A comprehensive mapping of child care and protection systems includes examining the impact and availability of the following:

- Social transfers and prevention:
- Social services and protection:
- Impact of and capacity to implement policies, legislation and regulations within the district.

The main part of this study reviews the situation and findings in relation to the above three areas. Prior to focusing on these areas the report briefly details the constraints encountered. A review is made of the international and regional frameworks that have been evolving globally, in the African Union and regionally in particular the recent call for accelerated action on the AU Declaration and Plan of Action of Africa Fit for Children (2001) that commits States to protect children from all forms of abuse, neglect, exploitation and violence.

The socio-economic context reviews briefly the situation of children in relation to poverty, HIV/AIDS, education, gender, birth registration, violence, abuse and exploitation, child labour and disability as these need to be understood alongside the most vulnerable child (MVC)

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<sup>1</sup> The districts are Bagamoyo, Temeke, Mtwara, Makete, Magu ,Hai and Siha

<sup>2</sup> Child Sensitive Social Protection Interagency Draft Statement, UNICEF, East and Southern Africa Regional Office, 28 July 2008;

definition and the focus of attention of the MVC Committees in assisting children with primary and secondary education costs.

### ***Prevention and social transfers and findings***

This section assesses the functioning of MVCCs, the roles of the MVCC, the delivery of support to the MVC; follow-up, supervision and monitoring and evaluation. The findings with regard to social transfers and prevention in the 7 districts visited from this mapping and assessment were that the structures in place are able to identify MVC, to offer social support and have some potential to make referral in cases of child protection.

The use of the concept of MVC is an improvement on OVC but as yet it has not helped distinguish between income support needs and social support needs. There is no comprehensive view of what child vulnerability means<sup>3</sup>. It seems that some children are considered vulnerable if carers cannot meet the primary education costs, have poor nutrition or are in need of clothing and shelter. The support to meet these needs is usually predetermined by donor objectives and supplies in the warehouse. The targeting particularly of education support is at an individual level and not at household level. Evidence in surveys suggests that there is no significant difference in primary school attendance between orphaned and other children.<sup>4</sup> Very few young children are identified as being vulnerable which from the perspective of child survival is surprising when there are high rates of IMR. In fact the ratio of MVC increases with age similar to rates of being orphaned.

There is a data management system that is being developed which is potentially very important for planning monitoring and following up support to MVC but data is not available for all the 7 learning districts. Further these learning districts are all at different stages with regard to identification and the supply of support to MVC through District Councils.

In general the available resources to MVCCs are not being used specifically to prevent child protection problems by either helping to keep parents alive or helping families stay together. MVC structures are potentially very useful for making child protection referrals to ward or district staff. As yet there is no evidence of MVC structures reducing levels of violence, early marriage, teenage pregnancy, street children or children living in residential care because of the lack of base-line data. However vulnerability is not necessarily equated with child protection risks.

In relation to management the MVCCs are not regularly supervised. It is difficult for the SWO/CDO to support and manage the hundred or so MVCC across the district. Only in Magu was there an attempt to visit and supervise the MVCC on a twice-yearly basis. The MVCC structures cannot fill the social services or child protection service gap. There is a need to first recruit and maintain a complement of professional social workers at District level.

The training and capacity building for MVCC members by District facilitators who also needed training has been costly and appears to have used a considerable proportion of UNICEF money

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<sup>3</sup> Social protection and Children in Tanzania. Policy analysis : Emily Wylde, Oxford Policy Management, Kokuteta Mutembei, Independent consultant 2008

<sup>4</sup> "Social Protection of Vulnerable Children in Tanzania Mainland: Evidence, Limits and Challenges" Prepared for the JLICA by REPOA 2008



available for MVC. It may be worth reviewing whether the capacity building should have focused more on ward staff or more UNICEF advocacy for districts to employ more social welfare staff.

### ***Social services and child protection and delivery and findings***

This section assesses the situation concerning both informal and formal care, children in contact with the law and the social services and child protection delivery in the 7 learning and control districts. In relation to informal care reference is made to children's living arrangements, street children, child headed households, Mama Mkubwas and children in need of alternative care or adoption. With regard to children in contact with the law the situation concerning offences against children, juvenile offending (including the situation of the remand homes and approved school) and police attitudes to children are reviewed. With regard to the social services and child protection delivery this is assessed from the standpoint of the formal statutory services of community development and social welfare officers and informal services through community justice facilitators, para-social workers, para-legals and NGOs, CBOs and FBOs with a special mention of the Tanzania Social Action Fund.

The findings in relation to social services and child protection delivery were that learning districts are not all staffed with social welfare officer and it is unclear from present Ministry mandates and law whether current local government community development staff have the authority to act in cases of child protection and alternative care. Currently it appears that where there is no SWO in a district that the statutory social work is undertaken by the RSWO.

The use of formal alternative care such as residential care and adoption are practiced differentially in the districts. Currently SWO's deal mainly with cases of maintenance, divorce, family and land disputes. The authority and skill of the SWO is recognised by the client group in these matters and referrals are sometimes made from the courts.

There is no system of case management of children in residential care. This is important because there is no practice of judicial oversight over admissions. The registration and monitoring system is managed by DSW at central level with inputs by SWO at district level. There are no comprehensive figures on the number of homes, of admissions or the reasons and how long a child resides in a home. There are no legal minimum or quality care standards for children's Homes.

CJFs and Para-Social Workers can with proper guidelines, management and supervision play an important role at community level in protecting and realising the rights of children. They can also refer child protection issues to district social welfare officers – but only where these exist. These volunteer workers cannot be expected to plug the gap of non-delivery of child protection. These volunteers need more supervision and support.

Training is a major component for many of those involved in these activities, especially for MVCC, CJF, para-social workers, para-legals, etc much of it is targeted at the district and wards where there must be considerable duplication of roles and also a great deal of money spent which might be more effectively used if given straight to the MVC through cash transfers.

Unlike other neighbouring countries there is no joint police, health and social welfare response to violence against women and children, physical abuse and sexual abuse. It appears that the current degree of protection that can be offered to women and children will not help them achieve justice or offer them a place of safety. It appears that district SWOs have little statutory involvement in child protection matters that involve violence and abuse apart from mediation in domestic disputes and matrimonial problems. The constraints appear to be legal in terms of powers to remove abused children from families but more because cases are not referred due to insufficient knowledge of the effects of abuse and the rights of the child in communities and because of insufficient profile for the SWO child protection role.

There was very little data on offending or evidence of work being done with children in conflict with the law in the districts assessed with the exception of Temeke. In Temeke, juvenile offenders are seen by social welfare officers working from the Kisutu court in Dar-es-Salaam. The high number of children remanded in custody to the remand home that are not ultimately being convicted suggests the need for diversion schemes and more proactive bail decision-making and placements.

### ***Policies, strategies, plans of action and guidelines concerning the protection of children and findings***

Child Protection, that received little attention in the Children and Young Persons Act (CYPA) and other laws prior to Tanzania's ratification of the CRC has since then been increasingly highlighted in policies, strategies, plans of action and guidelines both in the context of national poverty reduction, HIV/AIDS, health and education as well as on specifically focused child protection issues. This section briefly comments on current government policies concerning children including Tanzania Development Vision 2025, national strategies referring to child protection especially the draft National Social Protection Framework, national plans of action and guidelines for child protection especially the NCPA, regional variations, the laws concerning child protection and proposals for reform and finally the formal and informal structures that are intended to deliver child protection.

With regard to findings there are gaps in delivering child sensitive social protection emanating from policy issues that are not addressed. Policy mandates at the institutional level between ministries, departments and agencies dealing with child care and protection including social transfers overlap. This is coupled with inconsistencies (or absence) in guidelines and legislation regarding roles and responsibilities and targeting of different interventions. Nationally MoHSW and MoCDGC and also TACAIDS have areas where their mandate overlaps in that all three have prepared or been asked to prepare a MVC policy and they are all involved in promoting the protection of MVC.

This assessment is uncertain that setting up bank accounts at village level with village funds or district funds is useful while NGOs and donors use their own delivery systems. The expectation from UNICEF that villages and districts should find matching funds to deliver to MVC may be particularly difficult for poor districts and villages who are most in need and have the most MVC. The overall resource envelope and implementation in the context of decentralised service delivery is inadequate and what is available is being used to capacity build community volunteers. Regional inequalities can be exacerbated when donors focus on certain districts

leaving others with minimal services. This is particularly problematic when donor funding is used for building up of voluntary systems with insufficient long term support used to building capacity of government social services to children at all levels.

In time a national social protection transfer system is needed to deliver support to poor households looking after children on a regular and equitable basis. It is also worth considering whether district councils can be responsible for equitable delivery of financial support when they are reliant upon their own funds, village fundraising or donor support?

It is important that Government lead efforts to coordinate and strengthen community initiatives and ensure that actions by external agencies are appropriate and do not damage or undermine community responses. In particular, community initiatives should not be forced to implement activities they do not want or are not equipped to fulfil or are in parallel to existing decision making and local democratic systems; this would seem particularly pertinent to some of the MVC structures.

The laws on children in Tanzania are in need of modernisation to bring them in line with the CRC and ACRWC. The practice of sentencing a child to corporal punishment in the courts for criminal acts is dehumanising and a child rights violation. Similarly there is no law dealing with children in need of care and protection. The rights of children passing through the residential care system are not protected. Without laws being in place, there is no substantive legislation on which to base standards or regulate child protection practice.

### ***Summary of Findings***

The present system of supporting and learning from the current 7 learning districts may not be the most advantageous in the process of developing a model for child protection at District Level. In terms of a model it may not be possible to develop a one size fits all model as the social issues, poverty and burden of HIV/AIDS poverty will not be similar.

There is no baseline data collected to begin the analysis of whether through social transfers and social support the MVC system has kept girls in school and reduced incidence of child labour, early marriage and teenage pregnancy and improved child survival. The assessment did not find evidence of money being used to prevent family breakdown or to keep parents alive. The education sector appears to be the major beneficiary of the support to MVC, although that is not the case in the 19 district DMS data.

The difference in ratios of identified MVC to number of children in the districts even if allowances are made for socio economic factors cast uncertainty on the concept and methodology of seeking to target the vulnerable child (which can be stigmatising and is an imprecise term for identification) as against having a universal system of entitlements and social transfers for children in poor households.

The transaction costs in developing and sustaining a volunteer MVC committee, plus para-social worker in every village and CJF in every ward are enormous and dependent on donor funds. The ability of social welfare and community development to supervise, manage and set the agenda and tasks for these individuals and committees is variable and the number of functioning

committees across the districts is variable or unknown. There does not seem to be effective social welfare, police, health or education structures to follow up or address many of the protection issues and these require urgent strengthening.

Without legal or structural changes it will only be possible to improve practice within the remit of district council authority.

## **Recommendations**

### ***Recommendations on Social Transfers and Prevention***

There has been no building of national or local government capacity in managing a system of social transfers. This assessment envisages a need to develop state funded and managed universal social protection programmes in the near future which is likely to impact on the ability of a social welfare department to deliver social services.

Recommendations for prevention are that while the voluntary MVCCs, CJFs and para-social workers continue to operate it is necessary to continue to support them to:

- Assist and support families to access ARVs, palliative and home based care and support;
- To visit and support children who are bereaved and to help them settle into the home of an extended family member;
- To regularly visit and support children living with elderly relatives who are struggling to manage;
- To supply information and improve understanding of risks faced by children with regard to FGM, early marriage, early pregnancy, sexual exploitation, etc, and children's rights with regard to access to education and health;
- Birth Registration – the CJFs and Para Social Workers could play an important role in improving the rates of registration;
- Counselling and social support; Support for CHH and promote care, advice and safeguarding roles of Mama Mkubwa;
- To act as immediate referral agents in cases of child abuse.

For this system to be durable there will need to be more management and leadership from ward and district staff, incentives, continuous training, a referral system to NGO or state agencies that works and communities will need to see material support being delivered on an equitable and regular basis.

It is recommended that there is a review of the costing of the MVC programme against what could be achieved with the same money if it was used directly to assist to raise the household expenditures for the one million children who are now living at levels that are 30% below the poverty line to the poverty line. It is also important that account is taken of the high transaction costs in establishing, maintaining and building the capacity of the volunteers engaged in the programme. These costs need to be considered against the costs of strengthening the capacity of district social welfare services and putting in place a national complement of staff.

### ***Recommendations on Social Services and Child Protection***

The knowledge and information system needs to be improved especially as regards: information collection on DSW caseloads, children's homes, foster care, adoptions, etc – can this be added on to DMS?

Review the role of regional DSW teams. This should include examining what services should be delivered in districts which are currently undertaken nationally or at regional level.

Consideration should be given to forming a personal social services department at district level comprising of community development, social welfare under a district social services committee. It is recommended that existing CDOs, SWOs working on children's issues be brought together at district level to form child protection teams as a functional body within the personal social services department. Guidelines for district personal social service teams and specific child protection teams should be developed. There is a need to strengthen district and ward professional child protection capacity and ability to monitor and supervise before further work on CJF and Para-SW. It is recommended that donors providing assistance to voluntary systems turn their attention to assisting the government to build professional well managed personal social service structures at national, district and ward levels.

Case management should be introduced into all areas of child protection. There is an urgent need to review all cases of children who are overstaying in residential care and deliver family support.

### ***Recommendations on Policy, Law and Structures***

Several sector Ministries have an interest in improving child survival and development outcomes for all children but the issue of misunderstandings over mandates with regard to child protection requires urgent resolution.

Improvements in social transfers with regard to health and education are needed to improve the access of all children to these services. Structures and mechanisms will also be needed over the coming years to deliver on social protection and child protection policies. Structures that are universal in approach are needed to improve birth registration and deliver social transfers that are universal in application to improve child development and well being and to reduce risks of early marriage, teenage pregnancy, commercial sexual exploitation, child labour and family breakdown. The MVC system would be strengthened by being consolidated and incorporated into one national social protection system.

Violence and abuse need to be put on the agenda through advocacy initiatives to improve understanding of the effects on women and children. Alongside this are needed structures that can target and reduce the incidence of violence, abuse and exploitation that occurs at a family and individual level. Personal social service structures are necessary to protect women and children and also to improve the support to people with disabilities, the elderly and those who have been in conflict with the law. The mandated deliverer of these services is the DSW but by being present in only half the districts this responsibility is unfulfilled and needs to be addressed. A child protection section within district personal social services needs to have linkages with trained staff and volunteers down to the ward and village so that referrals can be made and

follow-ups undertaken. This requires that a recognised coherent supervised team of workers is in place under a district council committee with budget, work-plan, targets and status.

In addition, specific recommendations are made in the report with regard to residential care, children in conflict with the law and accelerated law reform.

### ***Recommendations for UNICEF***

The report emphasises a leadership role for UNICEF in improving social protection and child protection coherence. Addressing poverty and families' ability to access basic services may reduce early marriage and pregnancy, child labour and commercial sexual exploitation. Through social protection strategies and the work of the MVCC system the extremes of poverty can be ameliorated and this would allow social workers to concentrate their time on those children who are urgently in need of protection because of abandonment, neglect, death of parent(s), physical and sexual abuse particularly within the family.

Actions to address families in extreme poverty, to improve their access to basic services and provide appropriate preventive and personal child protection services to children at risk of significant harm or neglect requires:

- advocacy from UNICEF to develop an agreed plan of action at the highest political level;
- advocacy for streamlined policy making within one ministry responsible for child protection;
- UNICEF to take a social policy approach to improve child protection within a general social protection framework;
- transformative child policies with a coherent framework of actions that include law reform and establishing coordinated structures at central and district levels.
- supporting policy and law reform which develops the responsibility and duty of districts to protect and provide care for children at risk – through developing child protection teams within a personal social service/social development agency at district level;<sup>5</sup>
- clear policy mandates and guidelines for the planning and commissioning of services and to service providers (NGOs, districts and private sector),
- financing with the support of donors and INGOs so as to provide a preventive and protective framework for those most at risk.

A social policy approach would help in developing a broader understanding of the various elements that are needed and how they can interact so as to bring positive results for poor families and MVC. UNICEF together with other UN agencies (as also INGOs) have an important leadership role in providing evidence, learning and advocacy for a national approach to extreme poverty and the protection of children.

The recommendation of the assessment for UNICEF is that ideally developing models for the 7 learning districts be undertaken in tandem with developing an overall strategy and framework for transforming child protection policy, laws and structures in Tanzania including a range of social protection strategies. The start of these processes is likely to involve improving the information on which government can make its decisions.

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<sup>5</sup> See Guyana Child Care and Protection Agency Act 2008

The report notes constraints for model development at the district level but thinks in the medium term the 7 learning districts can show how improvements in child protection can be made which may in turn persuade local government to recruit social workers at district level and provide other resources to establish district personal social services teams.

### **Recommendations on Model Components for the 7 Learning Districts**

Having examined the child protection issues the report suggests that 4 areas of child protection are targeted:

1. Improving standards, case management and the quality of care for children in residential care and family reintegration. This will improve the practice of social work staff at district level in approving, licensing, setting standards and regulating the homes. The work can be carried out in conjunction with DSW at National and Regional levels who currently carry some statutory authority for these processes. Targeting residential care will also cover limiting the effects of abandonment, marketing of national adoption and temporary foster care/places of safety. The rationale for targeting this area is to improve the role of government as duty bearer for children without parental care. Over time it can be expected that district councils will take control of children in residential care and the facilities.
2. Improving justice for women and children in the districts. This would have two strands:
  - a. developing a district service unit comprising of police (both women and men), social welfare/community development and health personnel:
    - i. to act as a community prevention and response team that improves understanding and talks to villagers (children and adults) about the behaviour expected of adults and the police's role within the social services team. Prevention programmes will focus on sensitization campaigns on what constitutes abuse and effective parenting. Specific prevention programmes will be limited to high risk communities.
    - ii. To assist victims of violence and abuse attain justice through the courts. To provide a support stage in the judicial process, from pre- to post-trial, by ensuring access by such children and their parents or guardians to healthcare, safety, counselling and educational facilities at all levels.
    - iii. To offer protection places of safety and counselling to child victims of abuse as well as those "in need of care and protection."
  - b. Improving the situation of children in the criminal justice system by
    - i. establishing defined roles for community members, including parents/guardians and other essential stakeholders (police, ward tribunal members, SWO/CDOs, etc) in preventing and responding to offences by and against children.
    - ii. Developing local guidelines for diversion, which would apply to the less serious cases and would differentiate between these and more serious offences, indicate the pathway for diversion and procedures for investigation and mediation by those with diversion responsibility.
    - iii. Instituting community based diversionary programmes, which emphasize reparation to the victim, through restitution and compensation, and work

- with those that seek to avoid future conflict with the law through temporary supervision and guidance.
  - iv. Designated officers (particularly women police officers) are assigned responsibility for supporting bail for non-serious offences by CICL
  - v. In recommendations to the court where a child is found guilty of offending, except for the most serious offences, SWOs to propose an appropriate community sentencing option.
- 3. Promotion of parental and family care by the use of targeted voluntary support to families by a trained volunteer: one volunteer per 5 households is suggested where the expectation is that each HH should be visited weekly. A system for regular note-taking, reporting and supervision will be required. How this is managed is crucial. The MVCC may be a source for volunteers as also the religious and secular bodies. The role of VEO and WEO and CDOs at ward level needs developing with regard to referral mechanisms, monitoring and reporting. The following groups will be targeted:
  - i. parents affected by HIV and AIDS and at risk of death, and where there is a risk of family breakup,
  - ii. children at risk because of neglect, violence, or where carers are not coping
- 4. Support to CHH, elderly child carers and extended family members taking on children who are without direct parental care. Designated volunteer support to specified households where children are at risk is recommended. A system for regular note-taking, reporting and supervision will be required. The MVCC may be a source for volunteers as also the religious and secular bodies. The role of VEO and WEO and other grass root players to be investigated regarding monthly monitoring.

Each of the above areas of intervention will require:

- An agreement from district councils to form a district personal social services team.
- A district coordinator for personal social services with responsibilities to liaise with other departments. This is critical and needs agreement from the district councils.
- Management structures put in place downwards from a district personal social services team and the child protection team to the Ward Executive officer, CDO, etc to the village Executive Officer, MVCC, CJF and Para-SW and NGO/FBO & CBO.
- The development of codes of conduct along the lines of those outlined in child protection policies or in the IASC guidelines for emergencies for people working with children, whether volunteers, NGOs or government civil servants.
- Guidelines for each area of action including how referrals are to take place, the networking required and each area of responsibility for the major players be drawn up.
- Training of specified district staff: for the 7 learning districts someone is appointed to be in charge of human resource development with roles of chief trainer and monitor of progress so that there is a coherent approach and appropriate experiential learning.
- Some specialisation of function agreed to by the district police, social welfare, community development and health and allocation of personnel in relation to the operation of the district service unit.
- A work plan and matrix for all the interventions setting out the objectives, indicators for achievement against a base-line, processes, assumptions, risks and costs for the first 3 years so that impact can be assessed and used in national advocacy.



### **Recommendations on Process for Developing District Models**

1. The District Child Protection Models will be developed as a three year programme.
2. A copy of relevant sections of this report is circulated to District Councils.
3. International/national consultants be appointed to provide technical support to the process of developing the models. International consultant(s) to visit to meet with stakeholders at least 3 or 4 times in the first year and 1 or 2 times in year 2 and 3 for technical support, monitoring and evaluation.
4. Advocacy and communication strategy developed.
5. Consultants to draw on examples of international experience in other developing countries in relation to:
  - standards, case management and reintegration concerning Children's Homes;
  - police, health and social worker child abuse units;
  - police/prosecution and judicial guidelines and systems for promoting diversion and bail;
  - systems of voluntary community care;
  - referral mechanisms.
6. UNICEF forms a national project team, and asks for the loan/secondment of DSW/CD staff member to assist in developing the project and to manage some agreed processes. Technical support sought from regional government.
7. Discussions held with MH&SW and PMORALG regarding the development of the district models. Action plans developed with regard to human resources, capacity building, developing a personal social services/child protection team at district level in the 7 learning districts.
8. Districts collect and collate required extra information on child protection, MVC and human resources in their districts.
9. An initial workshop will be organised by UNICEF and relevant ministries for 3+ days together with all the 7 learning districts (to include District Planning Officers, D/SWOs, D/CDOs) to discuss feasibility and negotiate agreement and way forward on the various areas of the district model.
10. Districts agree on which areas to take forward in year 1. At least two areas must be developed in year 1.
11. Support, training and finance negotiated with UNICEF and other donors.
12. As a result of initial workshop and district agreements and any further necessary discussions with UNICEF and relevant ministries a detailed road map be drawn up for the first year and an outline road map for the successive 2 years.
13. National and local (within district) training held as required throughout the 3 years and indicated on road map.
14. Year 2 development of guidelines for referral of child protection matters and for admission and discharge from children's homes

## INTRODUCTION

The new UNICEF child protection strategy calls for a focus on strengthening child protection systems, supported by advocacy and leveraging of national budgetary allocations. The Tanzania emphasis on strengthening child welfare and protection systems is also in line with current initiatives of AU member states,<sup>6</sup> key development partners and the UNICEF East and Southern Africa Region (ESAR) Social Protection Strategy, especially in relation to care and support for children affected by AIDS.

There has been no recent comprehensive mapping, assessment or analysis on existing child protection welfare systems, which could adequately inform the design and development of child protection models. As part of a regional programme to improve this situation,<sup>7</sup> UNICEF Tanzania is supporting a programme of research, modelling and advocacy to demonstrate viable costed models and approaches for child protection and welfare system appropriate to the Tanzanian context. This will include formal and non-formal protective, preventive and responsive components.

This current mapping and assessment work focuses on UNICEF's areas of operation in its 7 Learning Districts and supports the "care and protection for most vulnerable children" component which focuses on capacity strengthening at national, district and local levels to implement responses for care, support and protection of the most vulnerable children (MVC) and mitigate the impact of HIV/AIDS on children. The study is being undertaken to inform the design, costing and operationalising of a child protection system model and will include an analysis of the existing structures, systems, services, networks and resources; with strategic involvement of key partners.

It is anticipated that the study will inform, through the provision of the context and status of existing child protection systems, structures and services, the further development and implementation of the draft National Social Protection Framework (NSPF) and the on going National Costed Plan of Action (NCPA) for the most vulnerable children (MVC). The 7 Learning Districts and NGOs that wish to address the needs of children experiencing abuse, exploitation, neglect, and those in conflict with the law can also use the study.

During early 2009, national and international consultants visited the 7 learning districts. The district mapping is reported on according to an adapted ESAR and child sensitive social protection framework,<sup>8</sup> which includes systems to mitigate the effects of poverty on families, strengthen families in their child care role, and enhance access to basic services for the poorest and most marginalized. Since the most at-risk children live outside family care; child sensitive social protection systems must also be responsive to this vulnerable group, as well as to children facing abuse or discrimination at home. A comprehensive mapping of child care and protection systems includes examining the impact and availability of the following:

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<sup>6</sup> African Charter on the Rights and Welfare of the Child, The Call for Accelerated Action on the Implementation of the Plan of Action Towards Africa Fit for Children and the Algiers Common Position and Plan of Action on Strategies to Support Orphans, Vulnerable Children and Children Infected with HIV/AIDS;

<sup>7</sup> Regional Programme Title: Expanding the Response to Children and HIV & AIDS in Eastern and Southern Africa

<sup>8</sup> Child Sensitive Social Protection Interagency Draft Statement 28 July 2008;

- **Social transfers and prevention:** these are actions that are put in place to support children to live in their families, to prevent separations and to keep families together. These are either designed to avert deprivation, neglect or abuse or to prevent the need for alternative care. They include mechanisms such as health and unemployment insurance, non-contributory pension schemes, grants, income support and cash transfers from government and other community entities to individuals or households that can reduce child poverty and vulnerability, help ensure children's access to basic social services, and reduce the risk of child exploitation and abuse;
- **Social services and protection:** this includes family and community services to support families or alternative care for children outside family environments; social welfare services including family support, child protection services and assistance in accessing other services and entitlements; these include a range of formal social work interventions and processes, and include programmes that offer alternative care and protection for children (eg informal and formal care systems such as kinship care, foster care, residential placements, guardianship and adoption.) The assessment will also look in brief at issues of justice for children and children in conflict with the law.
- **Impact of and capacity to implement policies, legislation and regulations within the district:** including information systems, capacity to monitor and report, capacity to target fee exemptions for basic social services for the poor and any anti-discrimination legislation.

## **Constraints**

For the purposes of modelling social work systems for children the 7 learning districts are not necessarily all sites of best practice, nor do they necessarily reflect districts with up and running systems. It would have been useful to visit more districts where best practice had been identified, as this would have helped assess potential and the development of district models through learning from other districts. For future replication of models an assessment of this kind would ideally be based on comparison of MVC<sup>9</sup> and child protection services in the 7 learning districts with services in control/comparison districts. Moshi Municipal which was chosen as a control district, does not have a municipal MVC Committees programme but has school identification of MVC, NGO services to help street children, substance abusers and children who are sexually exploited plus regional and district social welfare and juvenile justice services. Also district services do not operate in isolation and it was apparent that Moshi is providing services for homeless children and abused children who migrate from neighbouring districts (possibly Hai and Siha) to receive services and also children's homes receive children from outside the district in which they are situated. DSW regional offices may also deal with juvenile offenders from the learning districts.

## **International and regional frameworks**

Governments are becoming increasingly conscious of the need to bring their policies and laws in line with the UNCRC and ACRWC. The draft UN Guidelines for the appropriate use and conditions of alternative care for children being prepared by the Government of Brazil on behalf of member states will also provide member states with guidance on how to manage and regulate

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<sup>9</sup> See generally REPOA Social Protection in the Context of the MVC Programme in Tanzania An Assessment of the Impact of Implementing the MVC Programme and the Operation of the MVC Funds and the Potential for Scaling Up to Provide National Coverage of Social Protection for Children Final report for UNICEF, Dar es Salaam Authors: Robert Mhamba, Wietze Lindeboom, Francis Omondi and Valerie Leach

good quality alternative care. Both SADC and the AU have recently supported frameworks and plans that are designed to put vulnerable children and child protection more firmly on national agenda's.

The recent “Comprehensive care and support for orphans, vulnerable, children and youth in the Southern African Development Community” is a framework and plan of action that identifies key priorities to be facilitated by the SADC Secretariat and Member States, international and regional organisations, civil society and donors. The main objective of the framework is to improve the effectiveness of national and community efforts to achieve comprehensive developmental outcomes for children and youth. SADC recognises the potential for a social protection approach to comprehensively address challenges facing OVCY in a sustainable manner.

The AU Declaration and Plan of Action of Africa Fit for Children commit States to protect children from all forms of abuse, neglect, exploitation and violence. In the recent “Call for accelerated action on the implementation of the plan of action towards Africa fit for children (2008-2012),”<sup>10</sup> Ministers of AU Member States responsible for promoting and safeguarding the rights and welfare of children reaffirmed their commitment to achieving the targets of the 2001 Plan of Action. The plan recognises the paucity of data on most issues of child protection: “sexual exploitation of boys and girls, female genital mutilation, forced marriage and child marriage.” As priority actions Member States committed:

- to improve the policy and legislative framework with accelerated legal reform;
- to ensure all children are protected by comprehensive legislation in line with the African Charter and international human rights standards;
- to improve the institutional framework through establishing structures to provide leadership, oversight and accountability for implementation of laws, policies and programmes for children.

The Ministers also recognised the importance of mobilising and leveraging sufficient resources in the national plans, Poverty Reduction Strategies and the supporting Medium Term Expenditure Frameworks and budgets for implementing various elements of the Plan of Action of Africa Fit for Children with a focus on poor, marginalized children, including orphans and children with disabilities. The Plan of Action of Africa Fit for Children also wishes to see States implement universal access to HIV and AIDS prevention, treatment, care and support.

Tanzania's National Costed Plan of Action for Most Vulnerable Children (NCPA) is indicative of the country's determination to meet UNGASS goals on HIV/AIDS for OVC, specifically targeting articles 65, 66, and 67 with the desire to realize MDGs by 2015 and the AU agreement to ensure OVC universal access to essential services by 2010.

Social protection is increasingly becoming part of the political agenda in Africa. The Livingstone Accord (March 2006) was a major political landmark for social protection in the region. 13 countries including Tanzania committed themselves to developing national social protection strategies and integrating them into national development plans and budgets. This commitment

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<sup>10</sup> SECOND PAN-AFRICAN FORUM ON CHILDREN: MID-TERM REVIEW, 29 OCTOBER – 2 NOVEMBER 2007 CAIRO, EGYPT.

opens up new opportunities for agencies working with governments on the fulfilment of children's rights to survival, development and protection.

The UN, (I)NGOs and other organizations have recently been developing strategies for the improved protection and support of children many of which include social protection mechanisms and social transfers:

- Recommendations from RIATT Children's Conference *"Getting it Right for Children"* Dar es Salaam, October 2008.
- Communiqué - The fourth Global Partners' Forum on Children Affected by HIV and AIDS, Dublin 2008.
- Emerging social protection strategies including "Child Sensitive Social Protection" Draft.
- "Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS," 2004 and its companion paper "Child Protection and Children Affected by AIDS."

## **SOCIO ECONOMIC CONTEXT**

The information contained in the context, particularly on poverty, health and HIV/AIDS is relevant and important to this assessment as it needs to be understood alongside the most vulnerable child (MVC) definition and the focus of attention of the MVC Committees in assisting children with primary and secondary education costs.

### **Poverty and access to basic services**

Tanzania is characterized by high population growth. 44.2% are children under 15 years.<sup>11</sup> According to the Household Budget Survey (HBS) 2007, the proportion of the population below the national food poverty line (the extremely poor) is 16.5%, while the proportion below the national basic needs poverty line is 33.3%. Approximately 87% of the poor live in rural areas with the highest poverty in households dependent on subsistence agriculture.<sup>12</sup> Food shortages were reported in 50 out of the 106 districts in the country in 2006/7.<sup>13</sup> In the last demographic health survey the proportion of rural households taking no more than one meal a day was 2.2%.<sup>14</sup> As the population is growing, the absolute number of the poor raises concern. There is also a big disparity between urban and rural poverty for both food and basic needs poverty.<sup>15</sup>

Non-income poverty is classed as severe.<sup>16</sup> Illiteracy remains high at 28.6% of the population, with women (38.6%) more illiterate than men (20.4%). The under-five mortality rate (U5MR) is high but declined substantially from 147 per 1,000 live births in 1999 to 112 per 1,000 live births in 2003. The infant mortality rate (IMR) was at 68 per 1,000 live births.<sup>17</sup> that means about 250,000 children die each year probably from preventable illnesses, most of them at home. The leading causes of under-five mortality are: malaria, anaemia, pneumonia, prenatal conditions,

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<sup>11</sup> nbs.go.tz website – 2002 census figures

<sup>12</sup> HBS 2000/01

<sup>13</sup> Poverty and Human Development Report (PHDR) 2007

<sup>14</sup> Tanzania Demographic and Health Survey (TDHS) 2004/05

<sup>15</sup> NATIONAL STRATEGY FOR GROWTH AND REDUCTION OF POVERTY (NSGRP) 2005

<sup>16</sup> PRS Assessment on Chronic Poverty in Tanzania: Focusing on the Health and HIV/AIDS Sector. Tamahi Yamauchi, Poverty Monitoring Adviser, Japan International Cooperation Agency (JICA) Chronic Poverty Research Centre

<sup>17</sup> Tanzania DHS 2004

diarrhoea and HIV/AIDS. Malnutrition is an underlying cause in many of the deaths.<sup>18</sup> There are considerable regional variations; under 5 child mortality varies from a low of 58 per 1000 in Arusha to more than four times that in Mbeya.<sup>19</sup> Access to clean and safe water is also a challenge, and 55% of rural households relied on unprotected sources of drinking water<sup>20</sup> and many rural households lack proper hygienic use and maintenance of latrines.<sup>21</sup>

The estimate for maternal mortality ratios (MMR) is 580 per 100,000 live births. The high MMR is related to early childbearing; 52% women are pregnant or have given birth by 19 years,<sup>22</sup> and also low levels of delivery in health facilities (47%) and low attendance at birth by skilled attendants (46 %). Adolescent girls are more affected by pregnancy and delivery complications and have a higher risk of death<sup>23</sup>. Fair's fair<sup>24</sup> (2006) reports in its preliminary analysis, that regional mortality is associated with malnutrition, anaemia and adult educational attainment. It also reports that the disadvantaged groups (the poor, the less well-educated and rural residents) tend to consume less health care. Health services are largely publicly financed, but the fees policy is a cost-sharing model with a system of exemptions for priority services, specific age groups, and those unable to pay.<sup>25</sup>

## **HIV and AIDS**

To date, the estimated number of people living with HIV/AIDS is 2 million, and the Government has so far registered 2 million AIDS orphans. The HIV indicator survey carried out in 2003-04 showed HIV prevalence of about 7.0% (6.3% for males and 7.7% for females) among adults aged 15-49 years, urban residents have double the infection levels (10.9%) than rural residents (5.3%).<sup>26</sup> 60% of the infections occur among young people especially among females. More recent data shows there has been a decline in HIV prevalence for 15-49 year olds on mainland Tanzania from 7% in 2003/04 to 6% today. Although women (7%) are still more affected than men (5%) - among 15-24 year olds, the prevalence for women declined from four per cent in 2003/04 to three per cent in 2007/08, while for men, it fell from three per cent to 1.1%<sup>27</sup>

The HIV/AIDS epidemic shows strong regional variation ranging from the highest HIV prevalence in Mbeya (14%), Iringa (13%) and Dar es Salaam (11%) to the lowest prevalence in Kigoma (2%) and Manyara (2%). For men and women, HIV prevalence increases with education, people with secondary or higher education are 50% more likely to be infected with HIV than those with no education. HIV prevalence among separated/divorced/widowed is significantly higher (men 15% and women 19.8%) than those currently in union/married (men 7.8% and women 6.9%) and never in union (men 3% and women 3.8%). HIV prevalence also

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<sup>18</sup> UNICEF Revised country programme document United Republic of Tanzania, 2007

<sup>19</sup> National Strategy for Growth and Reduction of Poverty (NSGRP—MKUKUTA) Joint Staff Advisory Note. Prepared by the Staffs of the IMF and IDA

<sup>20</sup> Tanzania Demographic and Health Survey (TDHS) 2004/05

<sup>21</sup> PRS Assessment on Chronic Poverty in Tanzania: Focusing on the Health and HIV/AIDS Sector. Tamahi Yamauchi, Poverty Monitoring Adviser, Japan International Cooperation Agency (JICA) Chronic Poverty Research Centre

<sup>22</sup> Tanzania DHS 2004

<sup>23</sup> UNICEF Revised country programme document United Republic of Tanzania, 2007

<sup>24</sup> Smithson, P. (2006) Fair's fair: Health inequalities and equity in Tanzania, Women's Dignity Project, Tanzania

<sup>25</sup> National Social Protection Framework, Final 2008

<sup>26</sup> United Republic of Tanzania, UNGASS indicators country Report. TACAIDS FOLLOW-UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS (UNGASS) - Reporting period: January 2003 – December 2005

<sup>27</sup> 2007-08 Tanzania HIV and Malaria Indicator Survey (THMIS)

seems to increase with wealth: poorest men 4.1% and women 2.8%, while the richest men 9.4% and women 11.4%.<sup>28</sup>

## Education

Government guarantees access to pre-primary, primary education and adult literacy for all citizens as a basic right<sup>29</sup>. It also has responsibility for equitable geographic distribution to schools and to facilitate equal access for girls, the disadvantaged and children with disabilities. The abolition of formal school fees in 2001 led to a dramatic increase in primary-school enrolment and by 2005, 95% of 7-13 year-olds were enrolled, with near gender parity. However, net attendance is lower (71% for boys, 75% for girls), indicating a need to improve quality and

EDUCATION (BEST 2006, MoEVT) Magu District <sup>31</sup>		
Net primary school enrolment ratio (% , 2006)		
Female		100
Male		100
Gross primary school enrolment ratio (% , 2006)		
Female		122.5
Male		126.4
Percentage of literate persons ≥ 15 years		64
Primary school, teacher to pupil ratio (2004)		1:73 <sup>32</sup>
Primary school, classroom pupil ratio (2004)		1:74 <sup>33</sup>
<p>Similar to primary schools, secondary schools in Magu District face challenges, especially material and human resource constraints. Despite this there has been a significant increase in secondary school enrolment from 4,626 in 2000 to 11,270 in 2006.<sup>34</sup> The number of secondary schools has increased from 5 in 2000 to 35 in 2007. According to district data approximately 5388, or 83.5 per cent, of primary students transitioned to secondary school in 2007. This is a marked increase from 2000 when only 412 students went on to secondary school.<sup>35</sup></p>		

ensure retention<sup>30</sup>. *“Basically all children in the village enrol in school but attendance is lower due to the fact that some children have no food, cannot afford the school costs or the uniforms and are sent home.”* from Ihayabuyaya Village MVCC, Magu District:

Nationally the proportion of Standard 7 pupils passing the primary school education examination increased from 22% in 2000 to 62% in 2005. With reduced secondary school fees (20,000Tsh pa.) the rate of transition to secondary education increased to 36% in 2005, but net enrolment remains extremely low (10%) with reducing gender parity. 3% of children on the mainland and 11% on Zanzibar attend

pre-school. Currently, the figure of orphans enrolled in primary schools stands at 915,234 out of 8,410,094 children enrolled in all primary schools in the country.<sup>36</sup>

## Gender

The rights of Tanzanian women within the family are poorly protected: major issues impacting women include differential access to education, nutrition, employment opportunities and essential health services; harmful cultural practices, such as female genital mutilation; domestic and sexual violence; the unequal division of labour in the household and the constraints this

<sup>28</sup> United Republic of Tanzania, UNGASS indicators country Report. TACAIDS FOLLOW-UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS (UNGASS) - Reporting period: January 2003 – December 2005

<sup>29</sup> National Education and Training Policy (1995),

<sup>30</sup> UNICEF Revised country programme document United Republic of Tanzania, 2007

<sup>31</sup> Magu District Profile 2008

<sup>32</sup> MPEE/PED, PHDR, 2005; MoEVT, BEST, 2004

<sup>33</sup> As above

<sup>34</sup> CSPD Report, Magu District Council 2007

<sup>35</sup> Magu District Council, Report on Magu District to Prime Minister Visit, September 2007

<sup>36</sup> United Republic of Tanzania-Basic Education Statistics in Tanzania, 2008 from BASELINE STUDY ON CARE AND SUPPORT FOR EDUCATION OF ORPHANS AND VULNERABLE CHILDREN IN PRIMARY SCHOOLS IN TANZANIA (FINAL REPORT Draft Jan 2009) Faculty of Education, University of Dar es Salaam, Tanzania

places on women, and the lack of effective legal mechanisms for ownership and inheritance of property. Although outlawed<sup>37</sup> FGM still affects 15% of all women in Tanzania. There is a high incidence of early marriage in Tanzania: a 2004 United Nations report estimated that 25% of girls between 15 and 19 years of age were married, divorced or widowed.

### **Birth Registration**

It is reported that only 7% of children have birth registration. There is a government body the Registration, Insolvency and Trusteeship Agency (RITA) that is active in encouraging parents to register their children. The National Vital Registration Transformation Project has been implemented at the national level and piloted in UNICEF's 7 learning districts and in 4 districts of North Western Tanzania (NWT) through RITA. A total of 82,740 children and adults were registered.

### **Disability**

The figure of 3 million has been posited as the number of people with disabilities in Tanzania but this is based on WHO's universal estimate of disability as 1 in 10 of the population. There is no disaggregated data on how many children have disabilities. However, according to Basic Education Statistics in Tanzania for 2007 only 1% of disabled children were in school.<sup>38</sup> There are 41 long-term caring facilities for people with disabilities including children of which 17 are government owned some by DSW and others by the Ministry of Education. However those that are government owned lack resources and there is minimal monitoring. Initially all centres caring for people with disabilities were specialised but since 2005 they have become generalised in approach. Most of the institutions catering for the under 5 year olds are managed by NGOs and FBOs. There used to be 7 vocational and skills training centres but only 3 of them are operational in Dar es Salaam, Singida and Mwanza.

According to DSW children are often concealed in their homes and denied the opportunity of basic services and development. DSW currently has no particular programme or activity targeting specifically children with disability. 'Tanzania does not have a national programme for early identification which would have assisted the identification of children with disabilities in their respective communities'.<sup>39</sup>

The Disabled Persons (Care and Maintenance) Act established a National Fund for Disabled Persons which included among its objects the providing of education for those with disability. According to the Disabled Persons (Employment) Act, 1984, special arrangements are to be made for those with a disability over 15 years for vocational training or employment but the Committees at regional and district level appear inactive. Donors meet most of the funding for disability issues.<sup>40</sup>

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<sup>37</sup> Sexual Offences Special Provisions Act, 1998.

<sup>38</sup> 'Do children with disabilities have equal access to education?', K. Mkumbo, 2008, Hakielimu.

<sup>39</sup> The situation of people with disability in Tanzania', N. Madai, Paper presented to the Region and District Medical Officers Annual Conference, Mbeya, March, 2009.

<sup>40</sup> From interview with the DSW Assistant. Commissioner on Disability



## **Violence, abuse and exploitation**

The levels of violence, abuse and exploitation suffered by children in Tanzania are not well documented. There is no comprehensive national data available. However from the studies available, abuse is a major cause of children leaving both the family and school.

There is evidence of women and girls being subjected to significant amounts of physical and sexual abuse. In a global WHO study, about one-quarter of the women interviewed in Tanzania had been subjected to (non-partner) physical violence from the age of 15 years, teachers were the main perpetrators, mentioned by more than half of all women who reported physical abuse. The study also found that one in 10 women had experienced sexual violence by a non-partner since the age of 15, with boyfriends and strangers being the most frequently mentioned perpetrators. About one out of 10 respondents reported sexual abuse before age 15.<sup>41</sup>

Research in Kilimanjaro Region reveals child abuse as a leading cause of primary school truancy and school drop out. They found that physical, verbal and sexual abuse occurring inside and outside the school environment is more prevalent in urban areas.<sup>42</sup> Mkombozi, an NGO, also studied how children are forced out of poor families when family pressures lead to domestic violence and alcoholism. The boys leave home for a life on the streets while girls are less visible and become engaged in domestic labour or are pressured into prostitution or other forms of sexual exploitation.<sup>43</sup> In Moshi, Mkombozi presently operates 4 centres providing 1,000 children with day care or residential shelter. It appears that children move towards Moshi and other towns because of the services that are available. Perversely, there is a belief in Moshi that boys are more vulnerable than girls because they cannot find a way out of their predicament, but girls have alternatives: becoming house girls, through sex work, and or early marriage.

- “The better-off mitaa had unofficial brothels, which included underage girls as young as 14-15.
- In the poorest mitaa, unfinished or abandoned houses act as unofficial guest houses where girls have sex for as little as TShs 500, (or a small plate of chips and a leg of chicken).
- Relatives don’t care for the orphans so they are forced out to live a life on the streets where they take drugs (boys) and become sex workers (girls) 75% of the underage girls engaged in sex work in Temeke were orphans. (The other girls were from broken homes)
- Orphans are taken out of school and made to work for their relatives. They can even be forced into sex work (by aunt)
- Orphans do not get their basic necessities and are forced into transactional sex to get them.
- Where there was an orphanage, it does not benefit the orphans themselves but rather the people who own and run it
- Orphans need counselling but do not get it”

**From Multiple vulnerabilities of adolescent girls: Richard Mabala (TAMASHA) Presented to the RIATT Conference ‘Getting it Right for Children’ Dar es Salaam: October 2008**

Research<sup>44</sup> in Dar es Salaam finds that at least a fifth of girls report that their first sexual encounter is forced. Sexual abuse is so prevalent that it is hardly even noticed, or is treated as

<sup>41</sup> TANZANIA: Domestic violence a serious concern – WHO IRIN 2006. WHO Multi Country Study on Women’s’ Health and Domestic Violence Against Women.

<sup>42</sup> Mkombozi Action Alert: Sexual Abuse in Tanzania’s Schools. June 2006

<sup>43</sup> Mkombozi Census, a comparative analysis of Tanzania’s most vulnerable children. Situation and trends in street child populations in Arusha and Moshi from 2003 to 2005

<sup>44</sup> Mabala, Richard, (2008) “Adolescent Girls’ Vulnerability to HIV Infection in Dar es Salaam: The Need to Link Protection with Prevention Beyond Behaviour Change,” in Edström et al. (eds).

normal. Girls were aware of the possibility of sexual violence against them, which determined even their reactions to the continual propositions being made to them. There are few sanctions against male perpetrators of rape; it is considered something marginally shameful and hardly a crime. Gang rape is practiced as a means of punishing and removing young sex workers. The research that took place in Temeke was also concerned at the increased risk of orphans to sexual abuse, and the lack of protection from relatives. There were also concerns about the non reporting of incest and forcing of girls into sex work by relatives. The Ministry of Labour, Employment and Youth Development (MOLEYD) in collaboration with Kiota Women and Health Development (KIWOHEDE) withdrew a total number of 6,083 children from child prostitution for the year 2005, 2006 and 2007 respectively.<sup>45</sup>

Very little is being achieved to reduce levels of abuse. When 30% of girls in Mwanza state that their first sexual experience was a forced one and 60% of women there said gendered violence was acceptable the size of the problem is clear.<sup>46</sup> However, there seems little protest or action publicly about this high and harmful level of abuse.

### **Child Labour.**

The GoT with the support of ILO set targets to reduce the number of children involved in hazardous work, namely commercial sexual exploitation, domestic child labour, mining and commercial agriculture. In 11 districts where the project was targeted between Jan.2002- March 2005 the ILO Regional Office in Dar es Salaam estimates that 11,178 children (6,255 girls; 4,923 boys) were prevented from becoming involved in these areas and that 9,620 (6,255 girls; 3,365 boys) were withdrawn from these forms of hazardous work. After withdrawal and rehabilitation, the program has provided complementary, transitional, basic education to 16,000 children withdrawn from or at-risk of getting involved in the worst forms of child labour in all 11 districts. Furthermore, 7,500 children and 3,000 families have been provided with vocational education and skills training, respectively, in all 11 districts. However, in spite of remarkable success registered under this program, the districts covered and the number targeted is very small compared to the number of MVC.<sup>47</sup>

In summary there are a number of important issues arising from this section. There is data on teenage pregnancy and FGM but levels of violence and abuse are unquantified particularly against girls and compounded by the risks of pregnancy and HIV/AIDS. From the limited evidence it appears that orphans and children affected by family breakdown are at greater risk from all forms of abuse, e.g. in relation to hazardous work 75% of those children involved in underage sex work in Temeke were orphans (see box above) and of the children in full time mining over half were orphans.<sup>48</sup> The issue of violence and abuse does not seem well understood in communities as will be discussed later in relation to “risk” to children and community protection.

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<sup>45</sup> THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA CONSIDERATION OF TANZANIA’S INITIAL REPORTS TO THE OPTIONAL PROTOCOLS TO THE CRC - GENEVA SWITZERLAND, 29 SEPTEMBER 2007 Optional Protocol on the sale of children, child prostitution and pornography

<sup>46</sup> Children and Vulnerability in Tanzania, V. Leach, REPOA, 2007

<sup>47</sup> NCPA for MVC, 2007-10, MoHSW

<sup>48</sup> [globalactionforchildren.org/issues/orphans](http://globalactionforchildren.org/issues/orphans)

## **PREVENTION AND SOCIAL TRANSFERS**

This section examines the extent that there are actions put in place at District level and below to support children to live in their families, to prevent separations and to keep families together. These are actions either designed to avert deprivation, neglect or abuse or to prevent the need for alternative care. They include national mechanisms such as health and unemployment insurance, exemptions of health service cost sharing fees, non-contributory pension schemes, grants, income support. In theory, if resources are used for cash transfers, grants, social protection and improving housing, health and education, it is arguable that the need for social services for providing alternative care and protection or child justice services for children would be much reduced. The MVC NCPA is included under prevention and social transfers as it is the contention of this assessment that this document has through usage and practice come to focus on the educational, nutrition and shelter needs of children and indirectly rather than directly protecting them from violence and other risks.

The MVC structures in the districts are supposed to be managed either by social welfare or community development. Social welfare officers are only present in 61 of the 133 districts; in comparison Community Development has about 3,000 staff covering all district authorities and many wards. In Temeke even where there were SWOs working in the District the MVC programme was led by the Community Development Department. In Makete the MVC work was started by District CDO in late 1990s and in 2005 was transferred to the DSWO.

### **Functioning of MVCCs**

At village and mtaa level the MVCCs are voluntary with 10 to 15 MVCC members appointed through a public meeting in each village after nominations. MVCC members were not clear about the length of their appointment or when fresh elections would be held. Replacement and training of members has been carried out in Magu District. In Shigala village the MVCC was formed in 2003 and 3 of the original 12 members have left due to marriage and migration. The process of working with MVC usually begins with advocacy meetings, then training for district facilitators (TOTs) organised by DSW. The facilitators then take the training to the village levels. The MVCC are trained in their roles and responsibilities regarding care, support and protection of MVC/OVC. They have also been trained in financial management. The training schedule to identify MVC and to put the MVC structures in place is considerable and expensive; as with child protection networks in other countries<sup>49</sup> there are very high transaction costs involved in training and maintaining volunteers. To give an idea of the logistics involved in the MVC system: Magu district established a mechanism through which the community can monitor growth and development of the MVC under 5 years old. Training was provided to 124 village health workers, 1240 MVCC members, 124 village executive officers, 178 community justice facilitators, 1240 MVC caretakers and 155 extension staff (teachers, agricultural field officers, clinical officers. Below are examples from the Districts of the numbers and functioning of the MVCCs:

- Magu District has an MVCC at district level, 27 at ward level, 124 at village level and 675 at hamlet/sub village levels. An assessment by DSW is that: 75% of MVCC work

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<sup>49</sup> Child Protection Networks (Uganda, Angola, Sri Lanka) or Child Welfare Committees (Sierra Leone) have been set up in countries where the authorities are not able to provide sufficient protection under the CRC to children in their communities. These committees or networks usually comprise of volunteers from the community, and are usually more effective when supported by NGOs in terms of training and a service provider.

well, 15% work moderately well while 10% are not functioning well due to drop out of members. There is a particular challenge in replacing members.

- Mtwara Rural District has a DVMC but it has not drawn up an action plan. There is an MVCC in each of the 118 villages but they have only been set up in the last 2 years. In a ward survey of 85 village MVCC, 60% were functioning and giving a little support to children. No money has yet been distributed from the District Council.
- In Temeke there are 24 wards and 158 MVCCs each with 12 to 15 members who have been trained to identify and support MVC.
- In Bagamoyo there is a MVCC in each of the 82 villages of which the SWO said 75% were active.
- In Makete there are 98 MVCC, one in each village. According to the DSWO, only 50% of these are active. The rest according to DSWO are either inactive or disbanded. (The term inactive included the not using of the UNICEF funds dispersed by the district.) However in an assessment visit to a supposedly inactive MVCC in Ivallalila village the MVCC was found to be active and running projects and keeping accounts and records in close collaboration with the village council but out of touch with district council administration. The reason for their non-use of the funds was because the MVCC disagreed with the council's directions as to the funds' use.

## **Roles of MVCC**

### **Identification of MVC.**

The National Costed Plan of Action for MVC using data from the National Population Census and Household Survey of 2002, developed a standard classification for the identification of most vulnerable children. It includes the following:

- children living in child headed households;
- children living in elderly households with only adults above 59 years;
- children with one or both parents deceased.
- In rural areas: children with one surviving parent living in a house with very poor quality roofing (grass and/or mud) and children with a disability living in similar poor conditions.
- In urban areas: children with one surviving parent living in a house with very poor quality roofing (grass and/or mud) or with very poor wall materials or without a toilet and children with a disability living in similar poor conditions.

The NCPA comments that the most reliable criteria for the identifying MVC is derived from the community based participatory definition process. It also emphasized that its classification recognizes that not all orphaned children are most vulnerable. It equally recognizes that children living with a parent can be most vulnerable.

Although the criteria for identification of MVC are set by the NCPA, they are modified at District and village levels. This is to be expected where children are assessed on personal and social circumstances plus living conditions, but can lead to high or low numbers of identified MVC. It is also apparent that more boys are identified as MVC than girls in most of the 7LD, eg in Mtwara the DMS study of the 18 wards recorded 51,388 boys and 53,378 girls but 1,482 boys were identified as MVC and only 1,089 girls. The only exceptions to this in the 7 districts were

Makete, where by 2006, there were 6054 MVC, among them 3,201 were girls and 2,853 boys and Bagamoyo where by 2009 there were 2,914 girls and 2,600 boys identified as MVC.

#### MVC Numbers

District	Child Population 2002 Census	Estimated MVC NCPA	Actual identified MVC Boys	Actual Identified MVC Girls	Total Actual Identified MVC
Bagamoyo	105,059	5,199	2,600	2,914	5,514
Magu	221,706	9,017	3,167	3,065	6,232
Mtwara Rural	89,680	3,860	1,482	1,089	2,579
Temeke	315,822	11,618	5,142	4,507	9,649 <sup>50</sup>
Makete	51,991	5,043	2,853	3,201	6,054
Hai Siha	124,193	5,278	3,973 204	3,510 202	7,483 408 Identified in 5 villages

There is an increase in the ratio of MVC with age. There are very few MVC below school going age. In Ihayabuyaga village, (Magu District) the identification process began at a village assembly meeting. The villagers set the following criteria:

- Households with no land to cultivate
- Households that have no reliable means of income
- A child who is at risk or has been at risk because of no clothes, food, poor housing – which are considered to be basic rights
- Households with older caretakers unable to be productive

There are now 44 MVC identified out of 476 children living in the village.

In Mtwara the MVCC was not directly involved in the identification that was done by the facilitation team made up of government trained district and ward facilitators plus 2 village facilitators. They would explain the MVC programme to the villagers and then ask them to identify MVC. The team then visited the homes of those children identified to see if they meet the criteria laid down in the NCPA. The team took its findings back for village approval. Only then is the MVCC elected by the village and trained by facilitators (2 days so far and 5 to come). The facilitation team fills in the register. The task of the MVCC is to address the needs of the MVC, to raise money in the community and open a bank account.

In Hai District it is the government role to identify MVC with support delivered by CBOs working under Kinshai, (a network of 160 CBOs.) MVCC members interviewed saw the main issues for children as nutrition, shelter, health treatment and school materials. Communities set the criteria for MVC registration and it was recognised by the SWO that an MVC identified in one village may not meet the criteria in other villages. It seems the National Guidelines are not always followed and are being adapted and interpreted to suit local circumstances.<sup>51</sup> The identification of MVC started in October 2007 with a pilot in one ward. Between January and

<sup>50</sup> 2004 Figures

<sup>51</sup> See section on MVCC and National Costed Plan of Action for MVC below

October 2008, 7,483 OVC were identified across the entire District. More boys than girls were identified as MVC. Many MVC are living with grandparents<sup>52</sup>.

In K/rana village in Hai District 75 children were identified as MVC; 38 girls and 27 boys. A 3 year old is the youngest identified but most were above 5 years old. ***“The children can be identified as soon as they can be seen walking.”*** The village must discuss the merits of including each child and the caretakers must tell of their own economic circumstances, though some families were concerned about stigmatisation. In the identification process ***“school and shelter are the biggest factors, then clothes.”*** This particular village had drawn up a plan of action for MVC, but it is yet to be implemented. The plan’s budget was Tsh106million. In the neighbouring village the budget was Tsh200million (US\$153,800) for 207 children.

For Siha District the process of identifying MVC began in Sanyu Juu ward in December 2008. It was in the village assembly where MVC were identified. Villagers were divided into groups: the elderly, youth and children and asked to give names of children as identified as possible MVC. The lists of names were then compared. After this household visits were undertaken to these MVC households and a 2<sup>nd</sup> village assembly was called to give feedback on whether the MVC identified in the first meeting met the criteria. There were then discussions where the names on the lists were prioritised. The 4 villages in Sanyu Juu then each formed an MVC committee, which was then duly trained and fundraising events organised. The next activity is for the villages to open a bank account.

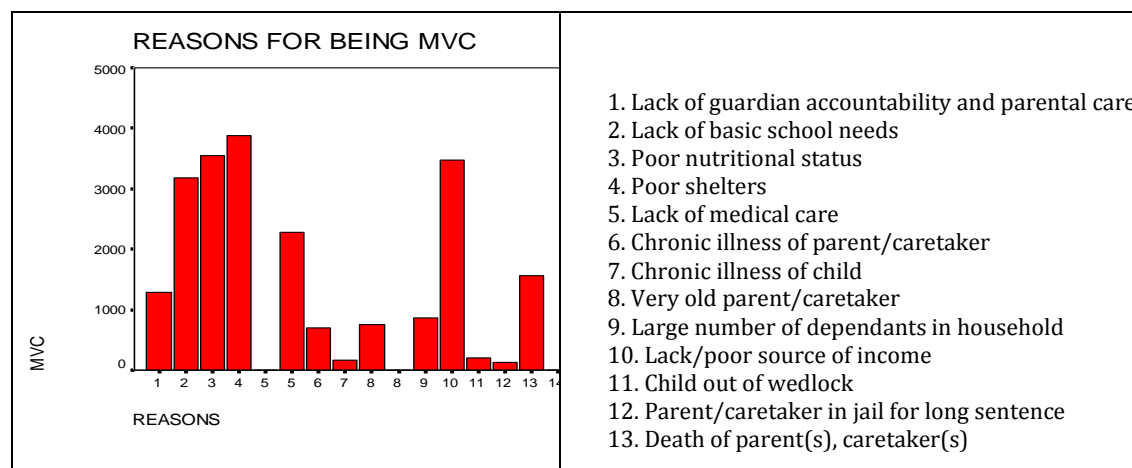
For the MVCC members of Shigala Village, Magu District girls are seen as more vulnerable than boys as they could go into sex work and contract HIV/AIDS, other issues are early marriages and teenage mothers. Some girls are working as domestics in the towns. Girls who move out of the village are not followed up due to lack of transport funds. Children are entered on national DMS and almost all registered children have received some assistance. There were 72 MVC but 22 have exited (migration, age limit, improvement) the programme. Water, dams/irrigation and classroom construction are the main needs of the community. ***“Helping children was the family responsibility... to sensitize the community that it is now also their responsibility takes time.”***

In Mtwara the budget for undertaking the identification and accompanying training in 5 wards during July-September 2008 was Tsh36,827,000 (US\$28,328) and for the whole district of 18 wards would at least be US\$84,000. The amount allocated for district trainers’ expenses in the 5 wards was 46% of the total.

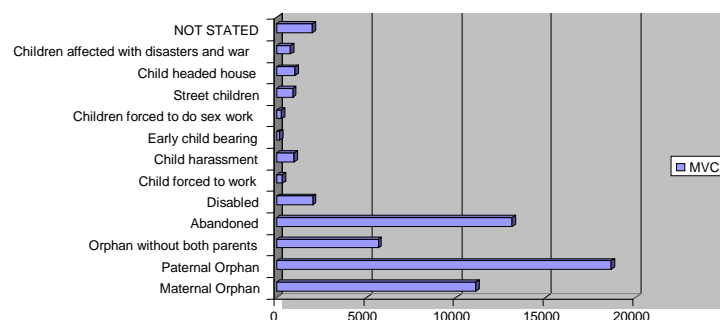
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<sup>52</sup> However it seems that in Hai District the actual identification exercise was carried out by the district council before the MVCC were formed mainly because the NGO 30 month project implementation and delivery cycle was in advance of the government schedule.

## Reasons for being identified as an MVC in 19 Districts<sup>53</sup>



## MVC by category from DMS in 19 Districts<sup>54</sup>



The most comprehensive collection of data on MVC by the DMS is currently on 19 districts, although this should soon be updated to 36 districts (DMS only operates in 53 districts although identification has happened in 74). The most common reasons for being identified as MVC are in order: poor shelter, poor nutrition,

lack of income, lack of basic school needs, lack of medical care, death of parents and lack of guardian and parental care. Survival, nutrition, education and health raise more concerns than the less visible care and protection issues. However, although those are the reasons given the great majority of MVC have lost one or both parents or been abandoned. Two issues arise from this; firstly it seems that poverty issues rather than child protection issues determine vulnerability and secondly orphanhood (often due to HIV/AIDS) care and support issues are not fully resolved by the new care arrangements.

## Delivery of support

*The DCDO in Makete is of the view that the support rendered to MVC and surrounding community has destroyed traditional values and culture of the community.*

In each of the 7 districts visited, support to MVC was at different stages of implementation. In Siha, a newly created district, MVC had only been identified in 5 villages and no money or

<sup>53</sup> MVC DMS Report 2008

<sup>54</sup> MVC DMS

material assistance has been distributed to them. While in Magu there had been at least one comprehensive delivery of support. There is no budget for MVCs at present in Mtwara but a proposal is being put together for the next financial year. Money was however allocated from government funds (Tsh11million) for uniforms and stationary – 276 MVCs out of 2,550 received these and in addition 76 MVCs had their secondary school fees paid direct to the school.

In Bagamoyo the SWO went to the village MVCCs and assisted them drawing up a plan of action and identifying possible resources from the district council, the village and NGOs to assist them deliver the plan. The plan was taken to the village council for its agreement. The money received from the district budget and UNICEF went straight from the district to the village MVCC bank account and the district was notified when it had arrived. When items were distributed to MVCs this was done at a village meeting and the children or their parents signed they had received them. Each village has a costed action plan and villages have opened bank accounts into which the villagers appear to be the main contributors. ***“Mobilising the community to support MVC through contributing money is very difficult as they have very low incomes. However, villagers assist in renovating homes, contributing clothes, kitchen utensils and food”***, CDO, Bagamoyo District.

In many other districts the delivery of support to MVC is by NGOs with funding from PEPFAR or Global Fund. According to MVC<sup>55</sup> data PEPFAR funds have reached 290,341 MVC and Global Fund, 102,822 MVC. In Magu District the activities of NGOs were coordinated through Magu District Civil Society Organisations Network (MACSONET) which was formed by the Community Development Department and met quarterly. It was thought by NGOs in Hai that the whole MVCC system would need much more training in finance and administration to manage similar funds to those currently being administered and delivered by NGOs. At present the NGO role would seem to be very important to the MVCC system.

An interesting issue in Hai District was the apparent disconnect between social welfare/ community development and the Kinshai CBOs delivering support to MVC. The Kinshai Network was never mentioned by district staff ,from any department. The 7,483 MVC identified through the local processes at village level were inconsistent with the 3,039 children to be targeted by the NGO. Kinshai, supported by PACT from the Global Fund to assist MVC, made available 365 million Tsh. Kinshai said they were provided with a list of items to be provided to 3,039 children determined from the MVC National Plan of Action calculations for the number of MVC in Hai District. The PACT targets were:

- primary school support – 1,072,
- secondary school support – 30,
- vocational training support – 30,
- nutritional support – 58,
- food support – 236,
- mattresses and shelter – 238,
- houses to be constructed – 30.

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<sup>55</sup> United Republic Of Tanzania, Ministry of Health and Social Welfare, Department of Social Welfare, National MVC Data Management System, 2008



In Makete the 98 MVCC established bank accounts but of these 42 are inactive. In Ivalalila village there have been no transactions on the MVCC account for more than two years. The reason given was the district council ordered the money sent by UNICEF in late 2006 to be used just for school fees, on the other hand the village did not have any child in need of school fees. The fund amounting Tsh 600,000 was left in the account unutilised since then. The MVCC feared legal action and decided to find their own funds. (This matter needs to be addressed.) Among reasons for dormancy of the accounts is the time it takes from opening the account to making deposits or payments. Also an issue is often the distance of the village from the district capital town where the bank is located. For instance the Kigulo village is more than 50 miles from a bank, the costs of transporting the village signatory team is almost half value they collect for distributing to the MVC.

Most of the delivered support is directed towards education, followed by clothing and food. For 2006,<sup>56</sup> 53% of MVC over the age of 6 reported to have received educational support, 47 percent of all MVC reported having received support on clothing and 41 percent received support on food.

### **Follow up and supervision**

Magu District has 30 trained team members equipped with facilitation, identification, monitoring and evaluations skills. This team has tracked the utilization of funds by MVC by visiting villages at least twice a year. Working closely with 27 NGOs/CBOs/FBOs the team has been instrumental in ensuring that needed support goes to the intended group.

Magu apart, from the observations of this assessment, follow up, supervision and management of MVCCs appears weak. There are too many for one or two SWOs to manage. According to REPOA,<sup>57</sup> in the absence of regular meetings, coordination of the MVC activities was left in the hands of district 'Community Development Department'. This assessment found MVC to be coordinated by social welfare in Magu, Hai, Mtwara, Makete and Bagamoyo. In Siha and Temeke Community Development was coordinating. The accountability structure for district Social Welfare Officers is different from the local government employees. This makes it more difficult to provide them with required resources for programme implementation (e.g. per diems and travel costs) from the local government budget.

Similar to this assessment, evidence from the REPOA focus group discussions and key informant interviews shows that the Ward executive officers and the programme facilitators at the Ward level, such as CDOs are not effectively playing their role of overseeing the programme implementation process as little or no follow-up is done from this level. One of the reasons could be that there is no specific role assigned to this cadre in the MVC implementation guidelines. Though it is not clear how the transfers were meant to be allocated, just over 70% of the funds in Songea Rural were spent on training, identification and advocacy meetings. From this district and in Magu District it seems that the transaction costs in developing and maintaining the MVC system are relatively high.

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<sup>56</sup> REPOA Social Protection in the Context of the MVC Programme in Tanzania An Assessment of the Impact of Implementing the MVC Programme and the Operation of the MVC Funds and the Potential for Scaling Up to Provide National Coverage of Social Protection for Children Final report for UNICEF, Dar es Salaam Authors: Robert Mhamba, Wietze Lindeboom, Francis Omondi and Valerie Leach

<sup>57</sup> Ibid

## **Monitoring and evaluation**

Kinshai think that psycho social and legal support to children have been left off the agenda. They would prefer to support children with what they need rather than what has been pre-scheduled in the project document. Two other interesting points to arise from discussions with Kinshai were:

- Volunteer CBOs are not able to follow up nor do they have sufficient expertise to deal with abuse, particularly sex abuse.
- The collaboration between MVCC and local government structures was thought to be weak with MVCC more active than the welfare committees at District level.

REPOA observations from their sampled districts show the performance of district MVC<sup>58</sup> Committees to be generally weak. Meetings were held only at the beginning of the programme in most of the districts (except Makete). There is no clear documentary guidance of the roles and responsibilities of an MVCC; the final draft quality standards framework is a useful but generalised document relevant for all service areas<sup>59</sup>. REPOA gives the reasons for the weak functioning of the MVC committees at the district level were:

- a) lack of priority among the district officials and other stakeholders,
- b) lack of incentives,
- c) lack of agenda.

## **Findings: social transfers and prevention**

In the 7 districts visited as part of this mapping and assessment there are structures in place, which are able to identify MVC, to offer social support and have some potential to make referral in cases of child protection.

Using the concept of MVC is an improvement on the OVC concept but as yet it has not helped distinguish between income support needs and social support needs. There is not a comprehensive view of what child vulnerability means<sup>60</sup>. Though the term MVC is designed to target children who are most vulnerable, implicit within the definition is that death of parents has increased vulnerability. Critics question the sense and ethics of identifying and targeting a proportion of children in this way;<sup>61</sup> it is also not a system of universal entitlement. It seems that children are considered vulnerable if carers cannot meet the primary education costs, have poor nutrition or are in need of clothing and shelter. The support to meet these needs is usually predetermined by donor objectives and supplies in the warehouse. The targeting particularly of education support is at an individual level and not at household level. Evidence in surveys suggests that there is no significant difference in primary school attendance between orphaned and other children.<sup>62</sup> Where studies do find differences between orphans and other children, these are generally small.<sup>63</sup>

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<sup>58</sup> REPOA Social Protection in the Context of the MVC Programme in Tanzania An Assessment of the Impact of Implementing the MVC Programme and the Operation of the MVC Funds and the Potential for Scaling Up to Provide National Coverage of Social Protection for Children Final report for UNICEF, Dar es Salaam Authors: Robert Mhamba, Wietze Lindeboom, Francis Omondi and Valerie Leach

<sup>59</sup> Final draft National Framework on Quality Standards of Care for Service Provision to MVC, DSW, MoHSW, 2007

<sup>60</sup> Social protection and Children in Tanzania. Policy analysis : Emily Wylde, Oxford Policy Management, Kokuteta Mutembei, Independent consultant 2008

<sup>61</sup> Ibid

<sup>62</sup> "Social Protection of Vulnerable Children in Tanzania Mainland: Evidence, Limits and Challenges" Prepared for the JLICA by REPOA 2008

<sup>63</sup> Social Policy Regime, Care Policies and Programmes in the Context of HIV/AIDS Tanzania, Ruth Meena, United Nations Research Institute for Social Development (UNRISD) 2008

Very few young children are identified as being vulnerable which from the perspective of child survival, is surprising when there are high rates of IMR. In fact the ratio of MVC increases with age similar to rates of being orphaned. In the assessment visits to MVCCs the greatest determinant of vulnerability appears to be the ability of carers to pay school costs or secondary school fees. Payments to meet these needs were usually seen as a priority. However from the DMS pilot in 19 districts shelter, nutrition and low income were as important.

There is a data management system that is being developed which is potentially very important for planning monitoring and following up support to MVC. Data is not available for all the 7 learning districts that would have enabled better comparison between these and other districts. These districts are supported as UNICEF learning Districts and are all at different stages with regard to identification and the supply of support to MVC through District Councils. Where Districts are also assisted by donors through INGO or NGO with regard to delivery of material support it seems that the numbers of children to be supported is pre-determined from NCPA data, or in accordance with what these organisations are able to supply.

## **Prevention**

In Ihayabuyaga village a group of teachers and MVCC members thought that paying for school fees to be more important than paying health transport costs to help a mother adhere to ARV treatment. According to a member **“better to pay for school fees and the person use herbs for relief”** Neglect is more prominent in the village than abuse. DSW thought that it was a pre condition that the UNICEF money be spent only on children. In Shigala Village MVCC, girls are seen as more vulnerable than boys as they could go into sex work and contract HIV/AIDS, other issues are early marriages and teenage mothers. Some girls are working as domestics in the towns. Girls who move out of the village are not followed up due to lack of transport funds. (The role of para social workers and CJFs is discussed in the next section.)

The available resources to MVCCs are not being used specifically to prevent child protection problems by either helping to keep parents alive or helping families stay together. (A TACAIDS progress report<sup>64</sup> indicated that by end 2007, about 20% of adults and children with advanced HIV infection were receiving ART. This leaves 80% of seriously ill people who are likely to be a burden to household carers.)

MVC structures potentially could be very useful in making child protection referrals to ward or district staff. As yet there is little evidence of MVC structures in the 7 LDs reducing levels of violence, early marriage, teenage pregnancy, street children or children living in residential care. They may be reducing the number of children facing these issues but there is no baseline data from which change can be discerned. It is also difficult to quantify the scale of the issue in the learning districts because there is no available data. However vulnerability is not necessarily equated with child protection risks.

## **Management and capacity building**

The MVCCs are not regularly supervised. It is difficult for the SWO/CDO to support and manage all the MVCC across the district. Only in Magu was there an attempt to visit and

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<sup>64</sup> TACAIDS, 2008

supervise the MVCC on a twice-yearly basis. There are many committees and too few staff who have other responsibilities that are equally as pressing.

The MVCC structures cannot fill the social services or child protection service gap. There is a need to first recruit and maintain a complement of professional social workers at District level to manage the processes.

The training and capacity building for MVCC members by District facilitators who also needed training has been costly and appears to have used a considerable proportion of UNICEF money available for MVC. It may be worth reviewing whether the capacity building should have focused more on ward staff or more UNICEF advocacy for districts to employ more social welfare staff.

## **SOCIAL SERVICES AND CHILD PROTECTION**

### **Informal Care**

#### **Children's living arrangements**

In Tanzania 61% of children live with both parents, however there are regional variations and the figure fluctuates from 50% in Lindi and Mtwara to 74% in Rukwa.<sup>65</sup> 18.7% of children reside with their mother only and 5% with their father only. 10.3% of children do not live with either parent but both their parents are still alive. There has been an increase in the proportion of female-headed households in all areas between 2000/01 and 2007, and they now constitute almost 25% of all households. While the majority of male household heads are married, women who head households tend to be widowed, divorced, or separated.<sup>66</sup>

9.9% of children are orphans (11.4% of these are from the highest wealth quintile and 10.4% from the lowest wealth quintile - where the MVC could be expected to be found.) The total orphans figure comprises: 1.2% double orphans, 5.9% paternal orphans and 2.6% maternal orphans. According to the figures available in the DMS there are more MVC separated from their siblings where support is provided (12.9%) as against where little support is provided (11.2%,) however where support is being provided it seems that sibling groups are being joined together during the course of the support.

The role of grandparents in caring for children affected by AIDS is documented by UNICEF<sup>67</sup> and Helpage:<sup>68</sup> "The scale of older women caring for MVC ranged from 40% in Tanzania to 60% in Namibia and Zimbabwe." From pilot MVC DMS data, out of 18,449 MVC, 11,236 were living with parents and 4,455 with grandparents, only 627 were residing with uncle or aunt.

#### **Street Children.**

Certain NGOs like Mkombozi in Moshi are assisting 1,000 children but this is only a fraction of the problem. In a 2000 survey by Mkombozi, the cause of 22% of children migrating to the streets was school exclusion linked to inability to pay school fees. The problem of street

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<sup>65</sup> DHS 2004

<sup>66</sup> Household Budget Survey 2007 Analytical Report

<sup>67</sup> State of Worlds Children UNICEF 2007

<sup>68</sup> Stronger together HelpAge Briefing 2007

children is not an issue for the learning districts except perhaps Temeke as a receiving district. However LDs because of poverty, family breakdown and lack of services may be contributing to the number of street children in urban areas. There may therefore be an issue of prevention for the learning districts.

### **Child Headed Households (CHH)**

In the 2002 Census 1.2% of households were headed by children. Child headed households did not appear common in the Districts visited except in Makete where by 2006, there were 506. Their numbers also seem infrequent in the DMS figures from 19 districts. There were no other precise figures from the learning districts.

### **Mama Mkubwas. (MM)**

Of the 7 learning Districts only 2 reported having Mama Mkubwas though it is practised in other districts in Tanzania. These “aunts” are used in Makete<sup>69</sup> and Temeke to care for children who have either no parents, or a carer who is facing difficulties of poverty, old age, ill health, etc. Their care is home based and in the cases investigated none of the children actually resided with MM. Children are not referred by the DSW but through local agreement usually including the MVCC. In most cases the children only benefit from daytime support and assistance and do not reside with the MMs. Temeke had MM in 6 of its 24 wards. In 3 wards 50 children were looked after by 7 MM ranging from about 5 to 10 children each. There is no maximum number of children that a MM can look after. There are no national guidelines as to their role or method of appointment; they constitute voluntary community carers.

An example from Nvalalila village, Makete District shows how MM can benefit MVC. In this village 7 MMs take care of 247 MVC, each MM has between 23-44 MVC. The MM were nominated by the village and then chosen by the children. The MM tasks include visits to respective homes, listening, providing advice and counselling, offering emotional and material support (if available). The MM have organised themselves into a group with chairperson, a secretary and a treasurer. They are well respected in the community and they have been exempted from many joint tasks within the village so that they have enough time with children. Some of the MM particularly the chairperson is a member of the MVCC, and all the support mobilised by the MVCC is channelled through MM to ensure that they reach the right target children. For 3 years they have managed a potato farm and the proceeds used to assist MVC. They also have a Savings and Credit Scheme.

The challenges MM face is limited income compared to the needs of children and getting support for physical, sexual, and other abuses perpetrated by the child’s caretakers.

## **Formal care: situation concerning alternative care and adoption in the 7 learning districts.**

### **Formal Fostering.**

The only formal fostering that takes place is prior to adoption and these appear to be few. The formal fostering placement is primarily the task of the DSWO; there is no independent fostering

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<sup>69</sup> For more information see: Evaluation of TAHEA supported “mama mkubwa” initiative in Makete District, Iringa Region

organisation. The DSWO reports to the Commissioner the suitability of a foster parent as a prospective adopter but before the placement takes place the Commissioner has to approve. Formal fostering is mainly used as a precursor to adoption. There were 4 cases in Temeke and 3 in Mtwara but no information was available from the other LDs

### Children's Homes (C.H.)

All Children's Homes should be licensed by the DSW according to the Children's Homes (Regulation) Act 1968 and the National Guidelines, 2006<sup>70</sup> after various forms and reports have been satisfactorily completed and approved by the Commissioner of DSW. The licence only lasts for 2 years when it has to be renewed. Only the Commissioner can authorise the closure of a children's home. Many Children's Homes are not licensed to operate and are therefore operating illegally. The District Council in Hai was uncertain if it had the power to close or ask unlicensed homes to cease to operate.

The National Guidelines state: "The social welfare officer shall approve admission of a child in the children's home."<sup>71</sup> In practice the procedure before a child is accepted in a Children's Home is that a request is usually made by the current carer to village officials who may pass it on to the SWO who in turn makes a decision and sends a copy of that to the Commissioner. However, many children are accepted into children's homes without the SWO's approval but instead after a request from the child's carer or from a village or district official direct to the home, especially is this the case in respect to unregistered/unlicensed homes. Some Homes receive a subvention from DSW, e.g. Bulongwa Children's Home, Makete.

### Information concerning Children's Homes<sup>72</sup> in the 7 Learning Districts

District	Number of C.H. licensed/registered	Total number of C.H.	No. of children in C.H. in each district.	Nos. range of children in C.H.	Homes closed in 2008
Bagamoyo	2	5	?	?	1
Hai	6	22	260 in 6 CH	?	0
Magu	2	3	267 in 3 CH	35 - 140	0
Makete	1	2			
Mtwara	0	0			
Siha	0	0			
Temeke	NK	13 (1 the sole Govt. C.H.)	600 in 12 CH	?	2

Country-wide 84 children's homes have been registered by DSW. At least a further 25 homes have sent in applications for registration. Each home should send in a list of their resident children monthly, stating admissions, discharges, ages of children, those attending and not attending school and recently added was those children who need foster-care. Only 40 of the 84 have done this and the total number of children for those 40 homes is 1,903, which is an average of 48 children per home. Children should legally only be placed in a Home for 2 years; whether this happens in reality or the children are overstaying might benefit from investigation.

<sup>70</sup> National Guidelines for the Establishment and Management of Children's Homes, MoHSW, June, 2006.

<sup>71</sup> Ibid, section 3

<sup>72</sup> NB A number of the above CH were Babies Homes, eg Baobab in Bagamoyo, Fountain of Zoe in Hai.

## **Guardianship.**

A guardian is defined in the CYP A and more recently in the Adoption of Children Act as a person appointed by deed or will or by a court of competent jurisdiction to be the guardian of the child. Guardianship as a legal order does not appear to be common in Tanzania and there is no data concerning it.

Guardianship is a legal way of assigning a carer to a child to protect that child's interests. In Kenya the prime players in deciding guardianship are the parents and the Children's Court. A parent(s) may through a will or deed assign a guardian for their child on their death, if both parents appoint separate people they will act jointly when they both die. They may be appointed as the guardian for the child's care/custody or over the child's estate or both. The court may become involved where there is a dispute between the surviving parent and guardian or between joint guardians or on the death of guardians, or when the parents die or cannot be found and no provision has been made for a guardian and someone applies to become the child's guardian.

The court may ask a Children's Officer to interview a prospective guardian and report where they have concerns. An example of good practice is that some Children's Court Magistrates require that the child concerned is brought to court so that they can ask the child whether they wish to have the applicant as their guardian and if they do not they will dismiss the case. A child can also bring an application to the court for the guardianship to end. Guardians themselves may bring matters to court.

## **Adoption.**

In order to adopt a child an applicant must be a resident of Tanzania with the necessary documents. Although not specifically mentioned in the Adoption of Children Act Tanzania allows international adoptions where adopting parents are resident. It has as yet not ratified the Hague Convention, although this is being considered.<sup>73</sup> In these cases DSW asks for a report from International Social Services to do a Home Study Report. The emphasis is primarily on domestic adoption. Data provided by the DSW for 2006-8 gives the breakdown for Tanzanians and non-Tanzanians who have adopted a child. As can be seen the 2006 figures differ from those sent by the government to the CRC Committee in Geneva in 2008. The Registrar-General holds the Adopted Children Register and has provided data for the years 2006-8. It will be noticed that totals are different from those of DSW for the same years. They have not been analysed in relation to the adopting parents being Tanzanian citizens or non-Tanzanians, age of children, etc.

### **Adoption data from the Social Welfare Department.**

Year	Number of Requests	Granted		Total Granted
		Tanzanian	Non-Tanzanian <sup>74</sup>	
2006	65	21	6	27
2007	50	19	7	26
2008	52	22	1	23

<sup>73</sup> Communication from the Assistant Commissioner of DSW.

<sup>74</sup> Non-Tanzanian citizens must have a resident permit, which normally is of minimum two years.

## Adoption data from the Registrar General on children adopted.

Year	Male	Female	Total
2006	12	18	30
2007	9	18	27
2008	13	20	33

### The Number of Adoption Orders made between 2002-2006 according to GoT<sup>75</sup>

Year	Number
2002	3
2003	2
2004	4
2005	2
2006	11

### Numbers of Domestic Adoption Orders made in 2008 in the 7 Learning Districts.

Bagamoyo	1
Hai	4
Magu	-
Makete	-
Moshi	-
Mtwara	1
Siha	-
Temeke	-

The Tanzania Adoption Society appears to be the only adoption society operating in Tanzania but although registered as an NGO it is not as yet registered as an adoption society. Since being set up in 2004 it has assisted in the adoption of 86 children as set out in the table below. Because of the foster period and then the court process a foreign couple probably has to be resident for about 2 years before completing an adoption.

### Adoptions assisted by the Tanzania Adoption Society 2004-9

Adoption Process	Abandoned Babies	With Parental Consent	Adoption to Relative
Adopters awaiting approval from DSW	12 (3 Tanzanian)	-	-
Families currently fostering prior to adoption	8	12 (4 Tanzanian)	-
Families waiting for Court Adoption Order	7	11 (3 Tanzanian)	5 (+ 5 custody orders) (All 10 are Tanzanian)
Families granted adoption order in last 5 years	47 (5 Tanzanian)	25 (10 Tanzanian)	14 (All Tanzanian)

There are also websites on the internet displaying pictures of babies and young children in Homes<sup>76</sup> in Tanzania. These websites show pictures of children who have been reunited with families, adopted or have died. There is however no timeframe for these occurrences. The Cradle of Love website has pictures of 24 children who have been adopted from their home,<sup>77</sup>

<sup>75</sup> Written replies by the GoT to the list of issues to be taken up in connection with the consideration of the initial report of the United Republic of Tanzania to the Committee on the Rights of the Child. Reply sent on 22.8.2008

<sup>76</sup> It was not possible to verify the information from the website in this assessment

<sup>77</sup> <http://www.cradleoflove.com/meet-the-children/> Cradle of Love Baby Home c/o Davona Church. P. O. Box 360 Usa River, Tanzania - accessed 12 March 2009



It was reported that there are 80 abandoned children currently waiting to be adopted in two children's homes 30 in Forever Angels (Mwanza) and 50 in Mburahati (Dar) and there are no doubt more in other children's homes. If these children are not adopted by the age of three they will be moved to another institution. The adoption of these children is a priority as research indicates that babies regress emotionally, cognitively and in motor development in an institutional setting.<sup>78</sup>

Although not in the Adoption Act if a child has been abandoned then an Abandonment Certificate from the police is required. An adoptive parent on a website<sup>79</sup> described the process<sup>80</sup>,

*“Abandonment Certificate: Once you have selected a child, you must tell Social Welfare of your choice. They then need to get a police abandonment certificate for them (They will not do this until a child is 6 months old - so the chance of adopting a baby younger than this is very small). It can take a few months so this may be your biggest wait. At Forever Angels Baby Home we hope to already have these certificates in place for children with no family so any adoption process can be sped up.”*

## **CHILDREN IN CONTACT WITH THE LAW IN THE 7 LEARNING DISTRICTS.**

### **Child Protection – children as victims**

Although it is stated that there are many sexual offences against children, most are resolved by the family with the perpetrator through compensation and it is often only when this arrangement breaks down that the matter comes to the police and the District Court. Data on offences against children is not easily obtainable. There is no special children and women's desk at Police stations.

### **Juvenile Offending.**

There is only one Juvenile Court in Tanzania based at Kisutu in Dar and it only deals with juvenile offenders who are 10 years old and under 16 years. The minimum age of 10 years for criminal responsibility is set out in the Penal Code sect. 15 (1). However, under s. 15(2) a person under 12 years is not criminally responsible unless proved that at the time of the doing that act or omission he or she had capacity to know that he ought not to do the act or make the omission. Also a male person under the age 12 years is presumed to be incapable of having sexual intercourse. The only offences for which bail cannot be granted are murder, armed robbery and treason. During the current magistrate's short tenure at the Juvenile Court no child has been represented by a lawyer; this usually only happens in cases of murder and committal to the High Court. Diversion from the court by the police is not mandated by law, however the magistrate thinks that the police may on occasions do some mediation.

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<sup>78</sup> Mapping the number and characteristics of children under three in institutions across Europe at risk of harm (First Revision 13<sup>th</sup> July 2005) - EUROPEAN COMMISSION DAPHNE PROGRAMME DIRECTORATE-GENERAL JUSTICE AND HOME AFFAIRS In collaboration with WHO REGIONAL OFFICE FOR EUROPE & THE UNIVERSITY OF BIRMINGHAM, UK

<sup>79</sup> <http://www.foreverangels.org/index.php?source=adoptionInfo/adoptionInfo.html&transform=stylesheet.xsl&pageName=adoptionInfo>

<sup>80</sup> It was not possible to verify the information from the website in this assessment

### New Cases in the Juvenile Court Register for 1999-2002 and 2007-8

Year	New Cases	Boys	Girls
1999	174	157	17
2000	192	161	31
2001	188	164	24
2002	193	171	22
2007	154	141	13
2008	136	-	-

Whether the drop in the number of new cases in 2007 and 2008 compared to 2002 and before is a trend or just an aberration remains to be seen but if it is a trend then it would be worth investigating why this is the case.

### Outcomes of Children's Cases in the Juvenile Court 2006 & 2007

Year & Total	Number of Children whose Cases resolved without conviction	Convicted cases - Offences	Sentences of Children Convicted
2006	Dismissed - 158		Conditional discharges - 5
	Withdrawn - 5		Probation - 3
	Acquitted - 3		Strokes - 2
			Fine & Compensation - 3
			Repatriation - 1
<b>Total</b>	<b>166 (92%)</b>		<b>14 (8%)</b>
2007	Dismissed - 121	Stealing - 13 Assault - 2 Unnatural offences - 3 Escaping - 1 Abduction - 1	Conditional discharges - 20
	Withdrawn - 13	Rape - 2	Probation - 2
	Acquitted - 4	Stealing - 1	Approved School - 1
	No Prosecution - 1		
<b>Total</b>	<b>139 (86%)</b>	<b>(23)</b>	<b>23 (14%)</b>

The fact that so many cases result in no conviction (92% and 86% in 2006 and 2007 respectively) raises questions about why they were brought to court and whether with a specialized children's desk in the police force or the prosecution department this could be avoided. The situation of non-conviction is similar for children in the Moshi courts. A pilot is underway in 6 districts whereby state attorneys conduct the prosecution and they can dismiss petty cases<sup>81</sup>. Of the 2 Probation Orders made in 2007 one was completed successfully and the other re-offended by stealing. The fact that there was only one custodial sentence by the court in 2007 and none in 2006 seems to show a commitment to use this option sparingly.

In 2006 of 198 children charged with offences the main charges were: theft - 103; assaults (ABH & GBH) - 26; rape - 23; unnatural offences - 20; housebreaking/burglary - 14; possession of drugs - 9; murder - 3. According to the report of the Juvenile Court Probation Officers in 2008 they prepared 175 Social Inquiry Reports and 165 were read out in court; 150 children were counselled; 94 parents were advised on child care and how to help their children; 37 family reunifications were done. The report highlights the challenges of working with parents who do not cooperate and wish to avoid their responsibilities by refusing to have their child on bail but preferring that they be sent to the approved school; also the lack of funds for home visiting.

<sup>81</sup> Information from LHRC

In Hai it was reported that juvenile offenders are either ‘beaten at village level’ or taken to the tribunal at ward level where they are given counselling. In Mtwara region the regional probation officer reported that the 2 Probation Orders (one from Mtwara Rural) were given to boys who were responsible for teenage pregnancies . There is little data as to how juvenile offenders are dealt with outside the Juvenile Court, although according to DSW headquarters staff corporal punishment is still common in the regions and some magistrates are very severe in their sentencing of children.

Although no child under 12 years may be committed to prison a young person between 12 and 16 years may be if there is no other option (CYPA sect. 22). However the regional prison officer in Mtwara said that he would appeal to the district court if a young person was sent to prison on remand or for sentence and the same was said at Makete prison. The regional social welfare office reported 5 children held in Lilunga prison in 2008 but the confusing age terminology used by different bodies makes it difficult to determine what the exact ages were and underscores the need for an across the board definition of a child. Children held by the police and probably also by the prisons are not separated from adults.

A prison officer in Makete said ‘...*children are victims of violence, abuse, neglect and lack of care that they turn into conflict with the law...*’ Government departments, UN bodies and NGOs should work closely together and frequently visit prisons to share skills and experiences in relation to child protection and keeping children out of prison.

### **Remand Homes**

There are 5 remand homes for 10-15 year olds. The remand home in Dar es Salaam has a maximum capacity of 50 children (40 boys and 10 girls) but averages between 20-70 children. When visited it had 30 children. There are beds for only 35 as 15 are broken. Of the 30 the longest any child had stayed was 9 months; the majority had been there 2 months. 3 girls had spent 6 years there between 1999-2005 according to the officer-in-charge. The admissions register for 2003-2009 indicated that the monthly admission rate had fallen, eg in 2006 a rough average of 20 children were received per month while in 2008 it was about 13. It appeared that 6 of the 30 children were in for survival offences.<sup>82</sup> All the remandees wanted to go back to school.

### **Total Number of Children Held in all 5 Remand Homes 2004 -7 (DSW)**

<b>Year</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
2004	828	85	913
2005	766	81	847
2006	662	66	728
2007	651	92	743

The figures above indicate a notable decline in the numbers being held on remand during the period 2004-7. The remand home in Moshi during 2008 had 144 children, 137 were boys and 7 were girls. There is only one Social Worker/ Probation Officer and four support staff trained as para-social workers by NGOs. The home receives children from all district courts including those who are in remand and sentenced. The RH has had no guard for over six month, and there have been no reported cases of escape since 2004 when child friendly environments were

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<sup>82</sup> A term used to describe offences committed by children when they have no alternative other than to offend in order to put food in their mouths

introduced. The RH places those not on remand in community schools or vocational training and provides life skills, classroom activities, games and gardening at the home. The in-charge of the RH reports directly to DSW, however the daily activities of the RH are managed by a board formed by representatives from the NGOs, Education, Health, the district council, Municipal Council, religious institutions, influential and religious institutions. The board assist with monitoring, advising and fundraising.

Children staying at the RH are there not only for being in conflict with the law, but also for protection reasons such as lost children, children who run away from crises at home and children seeking refuge. When visiting the RH, there were 17 children; 12 were in conflict with the law, 2 have finished their sentence but the situation at home was too risky so they are attending vocational school and the 3 girls met had been given refuge. One girl 17 years of age had run away from a brothel that recruits young girls to work as sexual commercial workers. Two other girls one 15 years old and another one 16 years old, from the Maasai community, had run away from forced marriages arranged by their parents and are under threat from relatives.

The Social Welfare Officer in Moshi mentioned that children in conflict with the law when their stories are collected are found to have a direct link with vulnerability at the family level, such as extreme poverty, abuses of all forms from care takers or members of the family or from peer children, lack of care (orphaned), living on the street or from families with conflicts. Girls who are convicted with theft from employer are often younger than the 15 year age of employment. The social worker at RH states that, *‘I do not understand why police take these children to court, because they were supposed to hold that employer responsible first for employing a child’*. The social worker is further of the view that *‘children are victims of e circumstance and there are no circumstances to justify children as offenders, children are faced with challenges at family level and are striving to survive, punishing them is not a solution, it could be exploitation of its own kind’*.

Both remand homes visited seemed humane places but raised questions of appropriate placement, of mixing offenders and protection cases and whether a foster parent or place of safety might not have suited the girls seeking refuge better.

## **Approved School**

### **Numbers of Children Held at Irambo Approved School, Mbeya, 2004-7**

Year	Number	The number of children held at the Approved School has doubled in the 4 years 2004-7. This seems to show a worrying increase in the use of custodial sentences for children but needs to be investigated as to its causes
2004	92	
2005	115	
2006	203	
2007	183	

## **Police Attitudes.**

The police have started to introduce community policing in order to relate better to communities. The Inspector-General is reported as being in favour of establishing a women and children’s desk in the major police stations starting in Dar (Temeke/Ilala); there is an embryonic unit at police headquarters but currently there are no funds available nor the technical know-how to set up district units. USAIDS has expressed an interest in supporting this development. There are no

police cells for children even at the central police station though they try to keep them separate from adults. The Sexual Offences Act has increased the number of boy sex offenders, though it is likely they are usually taking part in consensual sex with girls about their own age. According to OCD of Makete, keeping children in custody is rare as bail is the preferred option. Some police recognise that they do not have the skills to deal with children. In Makete the police have made efforts to raise awareness of police officers through regular meetings on how to properly handle children according to their age, the laws and procedures for child victims or offenders. Only senior officers in their two police stations are responsible for handling child victims and offenders.

To deal with the challenges they face with children, some police feel there is a need of increasing education to the community and caretakers to minimise practices that harm children. The OCD in Makete feels that the capacity of junior police officers to interact sensitively and skilfully with the community and children is still minimal. Police express the need to have police officers specialised on children's issues who can work with Social Welfare Officers and others in protection and offending concerns. The enlightened attitudes being voiced by the police provide the opportunity for closer ties with the child protection bodies especially MoHSW and MoCDGC and consideration of a pilot project where police and social workers can work more closely together to give a better service to children.

## **SOCIAL SERVICES AND CHILD PROTECTION DELIVERY**

### **Formal Statutory Services**

#### **Community Development Officers.**

At the district level the DCDO is responsible for managing the ward CDOs, gender issues, building activities, loans and research and may also include the SWO and the coordination of MVCCs in his remit of responsibility. At the ward level CDOs responsibility includes sensitization and mobilization of the community on children's rights, gender issues, encouraging cooperatives, and conflict resolution. They are responsible for supervising village MVCCs, facilitating and training them in the identification of MVC and developing their own skills in assisting MVC. Some CDOs have been involved in the sensitizing of district and ward officials on the 7 modules in the DSW's manual on MVC Caretaking Skills. However, because of lack of finance this has not often reached the village MVCCs for which it is especially relevant.<sup>83</sup>

The CDO is expected to work with officials from health, education, police, agriculture and NGOs to ensure the protection of children. The WCDO will be a member of the Village Development Committee. However, lack of transport often limits their involvement in village interaction on these matters.

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<sup>83</sup> MVC Caretaking Skills covers 7 modules: Community facilitation on the rights and welfare of MVC; rights and welfare of the child; community sensitisation and participation; health and nutrition; psychological needs of MVC; abuse and violence; youth, life-skills and self-reliance

## **Social Welfare Officers.**

They exist at the regional offices and in about half of the districts in the country. The Mtwara regional office seemed to deal directly with the courts in respect of social enquiry reports, probation orders, fostering and adoption, affiliation cases and in coordinating community service, as well as having oversight of day care centres in the region, matrimonial and maintenance cases and children with a serious disability. As to whether this is the case in other regions was not investigated. This arrangement allowed the SWO in the Mtwara Rural district to concentrate on supporting the MVCCs (50%), responding to people who wanted government assistance (20%) and matrimonial and maintenance matters. No matter how responsibilities are divided up SWOs<sup>84</sup> are tasked to deal with what is classified as being probation duties eg, juvenile offending and the courts, the remand homes and approved school, community service, street children and alcohol and drug abusers; under their SWO role: services to families (including matrimonial conciliation and maintenance), children and day care centres, children's homes licensing, inspection and child placements, fostering and adoption, OVC/MVC, child abuse (sexual, physical and emotional), neglect, children affected by HIV, child labour, early marriage, custody of a child, to mention the main areas. With the lack of staff many of these tasks receive no attention. Balancing these multiple roles is a source of tension in the learning districts because it is not possible for one or two SWOs to perform all these tasks. However these problems are mitigated by CICL work being sometimes handled at a regional level, or Children's Homes regulated at national level and by staff only dealing with the cases actually referred to them.

## **Informal Sector.**

### **Community Justice Facilitators.**

Since 2002, UNICEF had been supporting the Department of Social Welfare and a number of the LGAs to implement a Child Protection and Participation Programme. One component of the CPP Programme (2002 – 2006) focused on increasing children's access to their rights at community level, and was entitled the Community Justice Facilitation (CJF) Programme. Its principal strategy aimed to enhance protection for OVC through knowledge, information and support related to inheritance rights, the right to protection from abuse and exploitation and to create space for children to participate in the protection of their own rights. The approach aimed at guaranteeing children a fallback system to protect their rights.

The trained community justice facilitators are composed of young volunteers, who act as foci for issues related to most vulnerable children, and provide a link between the village/mtaa, ward and the district social welfare offices, judicial and quasi-judicial bodies, and other service providers. In this way, a broad safety net of social welfare interventions would prevent further marginalization of the already vulnerable children.

Through UNICEF, CJF strategies have been developed and applied in 17 districts of Tanzania. This work also informed the drafting of the National Plan of Action for Most Vulnerable Children, and funds from other donor agencies facilitated replication of the CJF package in other non-UNICEF supported districts. The Community Justice Facilitation component is now being

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<sup>84</sup> See District notes in the annexes below for more information on DSWO work loads

continued as part of the Child Justice Project of the UNICEF Country Programme (2007-2010). The new CJF project has been extended to the 7 Learning Districts in which UNICEF's work is now focused. In each of the districts there is supposed to be a male and female CJF in each rural ward and 2 CJF in each urban mtaa. They are supervised by the Ward Executive Officer. UNICEF with stakeholders have drawn up National Guidelines for CJF, monitoring tools and a training package covering 12 topics over 11 days. For example in Mtwara 275 were trained on CJF at the district and ward level and 36 CJFs appointed across the 18 wards. All other Districts with the possible exception of Siha have received training.

### **Para-Social Workers (PSW).**

The Para-Social Work training program was established in 2007 primarily to care and support OVC. The pilot stage completed trainings in 8 districts (3 in Dar es Salaam) by the Institute of Social Work and the Jane Addams College of Social Work in Chicago of 45 district social welfare officers, 520 Para-Social Workers (PSW) and 50 master trainers. Of the PSWs 70% came from NGO/FBO/CBOs and 30% from government agencies; 45% were on MVCCs. The training stresses family based care, community support, and includes a case management model for orphans and vulnerable children, especially those infected and/or affected by HIV/AIDS. The program is supported by the American International Health Alliance (AIHA) Twinning Center, with funding from PEPFAR in collaboration with Centre for Disease Control (CDC) and USAID. All programs are conducted in collaboration with the Department of Social Welfare and local government authorities. The programme's definition of a PSW: *A Para-Social Worker is a staff or volunteer of non-governmental, governmental and/or community organizations who have received training to assist in the delivery of social welfare services. Para-Social Workers may perform a variety of functions, such as: outreach and identification, assessment of needs, provision of on going support and referral of clients to needed services.*

As a result of review the new training will be for 8-10 days then 6 months supervised field work and then a further week's training. In the pilots there was no supervision but this is now seen as essential and it will consist of a ward supervisor for 10 PSW who in turn may be supervised by the DSWO. It is recognized that it is important to mainstream the PSWs and ward supervisors into existing structures in the district local government with a nationally recognized job description as well as into NGOs/CBOs. It is planned that capable PSWs should receive certification and that a career path be established with appropriate incentives. Much has yet to be resolved but it is planned that government will choose 5 regions for its implementation. Without government ownership such a system does not seem sustainable in the long term.

### **Para-Legals.**

As there are few or no lawyers in many districts the Legal Human Rights Centre (LHRC) has trained para-legals in 11 districts down to village level. Other organizations such as WILAC have also done this. LHRC works with them for 3 years and encourages them to establish their own CBOs and sends them literature. Legislation is with the Law Reform Commission to have them registered.

## **NGOs, CBOs and FBOs**

Many of these organizations provide a whole range of services to children to give them better protection, from preventive actions to reduce poverty and therefore vulnerability and keeping families together by ensuring ARVs, IGA, food, better shelter and home-based care, to advocating for specific rights of the child, eg the ending of FGM, early marriage, discriminatory practices, corporal punishment and for a humane and diversionary justice system, and by intervening to keep girls and boys in school, assisting those with disability, assisting street children, providing short term alternative care and counseling and assistance to children affected by HIV/AIDS and abuse. Information on some of the main NGOs in the learning districts is listed in the district annexes; however, little information was collected on FBOs/CBOs. Some (I)NGOs like PACT, FHI, Tunajali, CRS, Africare, Axios are influential with MVC service delivery mechanisms. PACT operates through 62 other NGOs in supporting about 3,000 MVCCs in 46 districts through training and volunteers, in identification of MVC and in delivering assistance to them.

## **The Tanzania Social Action Fund:**

The Tanzania Social Action Fund (TASAF) established in 2000 provides financing for small-scale, local-level public investments targeted at meeting the needs of poor and vulnerable households and is financed through a World Bank credit. TASAF promotes economic opportunities to poor and vulnerable households through asset creation, safety nets provision, skills development and income generating activities. TASAF II is piloting a community-based conditional cash transfer programme in Bagamoyo District (CB-CCT) to test if cash transfers can be implemented through a social fund employing a community-driven development approach. The CB-CCT is intended to provide cash transfers to poor and vulnerable families conditional upon increased family access to education and health services.

## **Findings child protection and social services delivery in the districts**

The learning districts are not all staffed with social welfare officers. It is unclear from present Ministry mandates and law whether current local government community development staff have the authority to act in cases of child protection and alternative care. Currently it appears that where there is no SWO in a district that the statutory social work is undertaken by the RSWO.

The use of formal alternative care such as residential care and permanent care adoptions are practiced differentially in the districts. Some districts like Hai have witnessed a growth in residential care, while other districts have few homes. There are probably a consistent number of adoptions being processed from the 7 learning districts but the trail is difficult to follow with regional and national systems being involved. However figures are not always kept at district level.

Currently SWO's deal mainly with cases of maintenance, divorce, family and land disputes. The authority and skill of the SWO is recognised by the client group in these matters and referrals are sometimes made from the courts.

There is no system of case management of children in residential care. This is important because there is no practice of judicial oversight over admissions. The registration and monitoring system is managed by DSW at central level with inputs by SWO at district level. There are no



comprehensive figures on the number of homes, of admissions or the reasons and how long a child resides in a home. Further more it appears that there is no system of assessment, care planning, periodic review of the placement as per the UNCRC or planning for the child returning home. District Councils appear not to have authority to regulate or close homes that are not keeping to the legislation. There are no legal minimum or quality care standards for children's Homes.

CJFs and Para Social Workers can with proper guidelines, management and supervision play an important role at community level in protecting and realising the rights of children. They can also refer child protection issues to district social welfare officers – but only where these exist. These volunteer workers cannot be expected to plug the gap of non delivery of child protection. The volunteers need more supervision and support.

Training is a major component for many of those involved in these activities, especially for MVCC, CJF, para-social workers, para-legals, etc much of it is targeted at the district and wards where there must be considerable duplication of roles and also a great deal of money spent which might be more effectively used if given straight to the MVC through cash transfers.

Unlike other neighbouring countries there is no joint police, health and social welfare response to violence against women and children, physical abuse and sexual abuse. It appears that the current degree of protection that can be offered to women and children will not help them achieve justice or offer them a place of safety. It appears that district SWOs have little statutory involvement in child protection matters that involve violence and abuse apart from mediation in domestic disputes and matrimonial problems. The constraints appear to be legal in terms of powers to remove abused children from families but more because cases are not referred due to insufficient knowledge of the effects of abuse and the rights of the child in communities and because of insufficient profile for the SWO child protection role.

There was very little data on offending or evidence of work being done with children in conflict with the law in the districts assessed. In Temeke any juvenile offenders are dealt with by social welfare officers working from the Kisutu court in Dare es Salaam. In Moshi, Mkombozi would like to see the introduction of formal diversion schemes. The high number of children remanded in custody to the remand home that are not ultimately being convicted suggests the need to improve bail decision making and placements.

## **POLICIES, STRATEGIES, PLANS OF ACTION AND GUIDELINES CONCERNING THE PROTECTION OF CHILDREN**

Child Protection, which received little attention in the CYPAs and other laws prior to Tanzania's ratification of the CRC has since then been increasingly highlighted in policies, strategies, plans of action and guidelines both in the context of national poverty reduction, HIV/AIDS, health and education as well as on specifically focused child protection issues. The Tanzania Development Vision, 2025 includes under its target of High Quality of Livelihoods – universal primary education, gender equality, access to PHC for all and the absence of abject poverty. Most of the areas requiring better protection of children have received attention and a call for action, unfortunately many have not been implemented or translated into law or if so are insufficiently

enforced. However, along the broad front relevant ministries are aware of the need for improvements in child protection and cumulatively if acted on this should raise awareness and a change in attitude as to how children should be treated.

A complicating factor in addressing child protection is that the enabling environment which can reduce and prevent protection violations is the concern of a number of ministries and of various district departments. In respect to children's departments they exist both in the Ministry of Community Development, Gender and Children and the Ministry of Health and Social Welfare, as the Child Development Department and the Social Welfare Department respectively. Although the Child Development Dept. has a more policy responsibility and the Social Welfare is more geared up to provide services the latter is also done by the former which has many more staff in the field. A rights-based coordinated approach centrally and at the local government level is key to improving children's protection.

### **Child Development Policy 1994 and its revision in 2008.**

The former produced by the MoCDGC emphasizes the educating of the community on the rights of the child and measures by which they can be promoted. It then gives direction and guidance on 3 pillars on the rights of the child, namely Child Survival, Development and Protection. It describes the measures to ensure child protection and the role of parents, guardians, community, government and institutions to deliver it. The revision in 2008 increases the pillars to 5 by also including participation and non-discrimination. Under issues in relation to protection are:

- marriage at an early age,
- teenage pregnancies,
- care and upbringing of orphaned children,
- moral deterioration in the community,
- violence against children,
- child abuse and humiliation, and
- worst forms of child labour.

With each of these issues is a policy statement as to what should be done.

**Youth Development Policy, 1992**, looks at the protection of children 15 years and over.

**Food and Nutrition Policy, 1992**, recommends the raising of the age of marriage from 15 to 18 years and advocates for the setting up of Day Care Centres as a way of reducing malnutrition.

**Education & Training Policy 1995 and the Primary Education Development Plan (PEDP) (2002-6)**. Government pledges to guarantee access to pre-primary and primary education as a basic human right. Primary education is to be universal and compulsory. This did not happen until the PEDP in 2002 when school fees and other mandatory contributions were abolished so that every child can access primary education. As a result an additional 2 million children were in primary school by 2006 with net enrollment at 96%, the numbers of teachers increased by 50% and 41,000 classrooms were built.

**National Policy on HIV/AIDS 2001**, aims to accelerate AIDS information in primary and secondary schools and for out of school youth

**National Health Policy, 2003**, has a special focus on those most at risk. The reduction of infant mortality and provision of adequate and equitable child health services is one of its objectives, also providing youth friendly services so as to improve access to reproductive health information. The policy provides that the responsible ministry will use a greater proportion of the health budget to target cost effective interventions such as immunization of children under 2 years of age. User fees or Community Health Fund (CHF) could undermine these proposals for the poor if not exempted.

**National Social Security Policy, 2003.** It guarantees the enhancement of capacity for social assistance programmes such as primary health, primary education, water, food security and social welfare services to vulnerable groups including children in difficult circumstances.

**National Policy for People with Disabilities, 2004.** The policy provides that there should be mechanisms for early identification of children with disabilities. The policy further provides that the government in collaboration with other stakeholders should create an environment which will enable children with disabilities to acquire education.

The policies set out above are some of the major ones that relate to child protection but despite some notable successes as with primary education many have yet to live up to their high aspirations. There also no specific policies in respect to Child Protection, Children with Disability, Children in Conflict with the Law or for child victims and witnesses in court.

### **National Strategies referring to Child Protection.**

At the macro level the National Strategy for Growth and Reduction of Poverty, (2005/6-9/10), or MKUKUTA under Cluster II ‘Improvement of Quality of Life and Social Well-Being’ child protection and social protection of children has been incorporated into a major national economic strategy. Under the heading ‘*Adequate social protection and rights of the vulnerable and needy groups with basic needs and services*’ it highlights that ‘Growing numbers of children are vulnerable to the shocks and stresses occasioned by poor living conditions, malnutrition and ill health. The effects of HIV and AIDS and gender discrimination are particularly challenging to the prospects of girls’. It also singles out HIV and AIDS orphans and those living with disabilities. It then gives operational targets for reducing these vulnerabilities.

### **Draft National Social Protection Framework (NSPF)**

According to the National Social Protection Framework (NSPF,) social protection relates to risk management and coping strategies. Risks are those which can push individuals, households and populations into poverty:

- i. Lifecycle and health related risks, such as childhood malnutrition and illness, child bearing and rearing, or incapacity due to old age.
- ii. Economic risks, such as low income, unemployment or loss of livelihood.
- iii. Environmental risks, such as drought or flood.
- iv. Social or political risks, such as gender bias, cultural discrimination, social exclusion, corruption, crime and violence, or political instability.

Social protection is currently provided through the following responses:

- Disaster management and food security

- Social security and life/health insurance
- Health services
- Social welfare <sup>85</sup> and civil society (NGOs, FBOs and CSOs) provide social welfare to poor and vulnerable groups through MVC committees and other interventions
- Education and training.
- Labour market policies and regulations
- Social funds and capability development initiatives.
- Community development initiatives. The Ministry of Community Development, Gender and Children is responsible for promoting and safeguarding the rights of women and children as set out in key international conventions and national policies.<sup>86</sup>

In the NSPF, “Orphans and Vulnerable Children (OVC)” are a broad focus area where there are challenges to improve policy, service delivery and access:

- To ensure an effective legal, policy, and service delivery environment that comprehensively address the complex needs of the MVC:
  - Development of guidelines and mechanisms for mainstreaming MVC issues in MDAs
  - Building the capacity to mainstream and monitor MVC issues.
  - Advocacy programmes to increase awareness of the rights of orphans and poor children as well as scaling up of successful community-based care and support for MVC.
  - A reliable information system for MVC and
  - Strengthening existing MVC response systems and establishing systems where they do not exist.
- Increase access:
  - to mainstream social services such as early childhood intervention programs,
  - to education and training,
  - to grants, financial support, cash transfer, child grants, social schemes, school grants and start up kits for income generating activities (IGAs) to enable households with MVC to meet basic needs. These could also involve school feeding, school health and psychosocial support

The latest Social Protection Framework draft should provide a focus to understand and resolve areas of policy overlap, duplication of mandates and issues of coverage and targeting.<sup>87</sup>

### **Strategies that refer to aspects of child protection:**

**Strategies for the Elimination of Child Labour**, which stresses the use of village, ward and district committees and has had success in the enacting of the law on Employment and Labour Relations, 2004.

<sup>85</sup> National Ageing Policy (2003), the National Disability Policy (2004) and the National Costed Plan for Most Vulnerable Children (2006).

<sup>86</sup> The United Nations Convention on the Rights of the Child, the Organization of African Unity (OAU) (now African Union) Charter on the Rights and Welfare of the Child, the Child Development Policy (1996), the Women in Development Policy (1992) and the Women and Gender Development Policy 2000, CEDAW, Beijing Platform for Action, SADC Gender and Development Protocol, etc.

<sup>87</sup> See in particular Social protection and Children in Tanzania. Policy analysis : Emily Wylde, Oxford Policy Management, Kokuteta Mutembei, Independent consultant 2008.

**The Reproductive and Child Health Strategy 2005-10** refers to reducing sexual violence and teenage pregnancies and relates to the National Plan of Action for the prevention of FGM.

**The Second Multi-Sectoral Strategic Framework on HIV/AIDS (2008-12)** within its four thematic areas, of an enabling environment, prevention, care and protection and impact mitigation, it proposes the use of a gender approach and improving the quality of life of OVC.

### **National Plans of Action and Guidelines for Child Protection.**

**The National Guidelines and Strategies for OVC Services, 1994.** It stresses the care of orphans in families as the first and best option. Where that is not possible it recommends foster-care and adoption. A children's home is a last resort and reintegration back into a family a priority. It sets out responsibilities for parents and for village/ward administrations in record keeping of OVC, raising resources, protecting orphans property and issuing bye-laws to protect OVC. Committees were to be established from village to national level. However, it appears these guidelines are not widely known.

### **National Guidelines for Community-Based Care, Support and Protection of OVC, 2004.**

This updated the 1994 guidelines in light of the ratification of the CRC and ACRWC. Its objectives were providing common standards of practice and a coordination mechanism, facilitating a safe environment and a mechanism for resource mobilization and monitoring. It highlighted 7 operational areas and assigned measures and responsibilities to individuals, government and civil society.

### **National Guidelines for the Establishment and Management of Children's Homes, 2006.**

This sets out how a prospective children's home applies for a license to operate, the admission process through the DSWO and the expectations of how a home should be managed and the services and standards it should meet. However, these are guidelines and not legal minimum standards. Many homes are unlicensed and it seems likely that many have not seen these guidelines.

**National Guidelines for the Provision and Management of Foster care and Adoption Services, 2006.** Although foster care requirements are set out it seems currently it is only used in Tanzania as a precursor to adoption. The requirements and processes for adoption are described.

**National framework on Quality Standards for Service Provision to MVC (Final draft 2007).** It sets quality standards for:

- Family-based care
- Shelter
- Psycho-social support
- Primary health care
- Educational and vocational training
- Food security and nutrition
- Legal aspects and protection of children's rights and security
- Household economic strengthening

### **The National Costed Plan of Action for Most Vulnerable Children (NCPA), 2007-10.**

The NCPA draws on existing policies, strategies, and programs that address MVC issues, including Vision 2025, the National Strategy for Growth and Reduction of Poverty (NSGPR), and the National Policy on HIV/AIDS. The extent that the NCPA will be superseded by the National Social Protection Framework is still to be determined.

Practically the NCPA is a reference tool for government and stakeholders in their efforts to improve the lives of MVC and promote the rights of children. It is a 4 year action plan emanating from a situation analysis of orphans and MVC; the NCPA presents a framework of goals, strategies, the responsibilities of stakeholders and actions designed to promote the survival, growth, well-being, development, and protection of MVC in Tanzania. Using data from the population census, a standard classification of most vulnerable children was developed using demographic social characteristics and to a lesser extent indicators of poverty. These have already been set out in the section on the Roles of MVCC in relation to the identification of MVC.

The number of children in mainland Tanzania with such characteristics was estimated to be close to 930,000 in 2006 which is 5% of children. The level of support for MVC was estimated under different scenarios with costs calculated for children at different ages: pre-primary, primary school age, and 15 to 17 years-olds, and separately for rural and urban children. Care was taken to ensure that the MVC would not be supported to levels above the national poverty level as this is the condition where almost 40% of children live.

‘It identifies vulnerability of children to be a consequence of lack of basic rights including access to education, healthcare, clean and safe water, security and protection as well as inability to access basic needs/services such as care, and inadequate food intake, community support, absence of a common social security system covering OVC and uncoordinated efforts to address the causes of vulnerability’<sup>88</sup>.

This Plan of Action has 6 key thematic areas, the policy and service delivery environment, the measuring of the process and resource mobilization are the necessary framework to enable the core basic needs of MVC (food, shelter, health, education, protection and care) under Household and Child-level Care to be met as well as social protection and security, and psychosocial support. The NCPA sets out the institutional arrangements by which the basic needs will be delivered from national planning down to village committees (MVCC). In part because the Plan has a HIV/AIDS slant and because it has a coherent framework which is costed and monitored through core national indicators, a MVC identification system and its analysis through a Data Management System as well as quantified objectives it has attracted funds from major donors such as PEPFAR, the Global Fund and UNICEF. As a result there has been a major expenditure of money and a significant part of the country has trained district and village MVCC members, identified MVC (74 districts out of a total 133) and assisted MVC children with some of their basic requirements. However, in operational districts some but not all MVC have benefited and in some, very few. Distributions have also often been pre-determined rather than tailored to needs.

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<sup>88</sup> An Updated Reference Document on Policy and Legal Frameworks Affecting the Realisation of Children’s Rights in Tanzania, M. Rwebangira and R. Mramba, REPOA, 2007

## **Regional variations**

There are rural-urban and inter-and intra regional disparities in income poverty and service delivery.<sup>89</sup> Under the National Strategy for Growth and Reduction of Poverty (NSGRP—MKUKUTA) urban growth will benefit those living in rural areas via migration, transfers, wage effects and the demand for rural products, however, rural-urban inequalities will need to be addressed consciously. Poverty incidence in Dar es Salaam, is a third of that in Dodoma and Singida. The Poverty and Human Development Report 2005 and the 2002 Population and Housing Census have highlighted the existence of even greater inequalities in poverty and service delivery at district level.

Regional divergence is found in many areas including in HIV prevalence, mortality rates, vaccination coverage, malnutrition, access to clean water, primary school enrollment and student/teacher ratios. To address these inequalities the decentralization process needs to be fully supported and budget allocation formulae and staffing policies may have to be reviewed. Improvements in routine data collection are needed to track progress in addressing these inequalities.

## **The laws concerning child protection.**

The United Republic of Tanzania has ratified most major international human rights instruments on children as dated. These include the UN Convention on the Rights of the Child (CRC) (July, 1991), the African Charter on the Rights and Welfare of Children (ACRWC) (May, 2003), the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (August, 1985) and ILO Convention No. 138 and No. 182. It acceded to the CRC Optional Protocols on the Sale of Children, Child Prostitution and Child Pornography and on the Involvement of Children in Armed Conflicts in 2003.

However, international treaties do not become law in Tanzania unless they have been domesticated into Tanzanian law by parliament. As this has not yet occurred, these instruments despite being ratified do not have the force of law. Children's child protection is affected by a number of Acts; the main ones are mentioned below, but a fuller description of these Acts and suggestions for their improvement to better realize children's rights can be found in the REPOA paper on Policy and Legal Frameworks Affecting the Realisation of Children's Rights.<sup>90</sup>

## **The Children and Young Persons Act, 1927**

This has been amended on various occasions, the last time in 1998. It is primarily about juvenile offending. Part III under the heading of Punishment of Juvenile Offenders has within it one section, namely section 25 that concerns protection. This is solely about the removal of a child from his or her parent or guardian where there may be concerns about his or her welfare. There is no mandate to try and improve the home situation of the child. The court may if it so wishes send the child to an approved school which is a place for offenders and by so doing are further labelling them as offenders. The protection of children is not addressed in any depth by the CYPA.

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<sup>89</sup> National Strategy for Growth and Reduction of Poverty (NSGRP—MKUKUTA) Joint Staff Advisory Note. Prepared by the Staffs of the IMF and IDA

<sup>90</sup> An Updated Reference Document on Policy and Legal Frameworks Affecting the Realisation of Children's Rights in Tanzania, M. Rwebangira and R. Mramba, REPOA, 2007

**Corporal Punishment Act, Cap 17**

This allows for caning of juveniles meaning a person under 16, up to a maximum of 12 strokes. This may be administered for an offence under the penal code, unless punishable with death, or under any other law where the offence is punishable with imprisonment.

**Customary Law (Declaration) Order, 1963**

Children born out of wedlock have no right of inheritance from their father except under a will. There are three degrees related to the size of inheritance which favours the first son and gives least to the daughters, which is therefore discriminatory. The Law Reform Commission drafted a Succession Act in 1983 to supercede this Act and make it less discriminatory but it has failed to obtain sufficient government support.

**The Disabled Persons (Care and Maintenance) Act, 1982.** It does not provide for special programmes for children with disability. The Act does provide for a special fund at central level. It also provides that local authorities will be responsible for establishing and managing facilities for the care and maintenance of disabled people who have no relatives, and have the duty to people with disabilities of providing assessment, protection, basic needs and working with disability NGOs. The National Policy on Disability points out that the legislation has serious shortcomings because it does not provide mechanisms that link national level programmes and resources to district level authorities and therefore possibilities for weak social provisioning for people with a disability.<sup>91</sup>

**The Penal Code, Cap 26 (Revised Edition (R.E.) 2002)**

Since the 1997 amendment to the Penal Code the death penalty for children under 18 has been prohibited. Some of the age issues have been referred to under Juvenile Justice above. There is an issue over discrimination when there is consensual sex between children of roughly the same age. The law seems overly protective of the female child at the expense of the male child as the boy only is prosecuted and not the girl.

**Criminal Procedure Act, cap 20 (R.E. 2002)**

According to section 56 a child after arrest should receive special treatment. Among other matters it requires the informing of both the parents or guardians and the probation officer, keeping the child from adults and his/her appearing in court at latest 48 hours after arrest.

**Affiliation Act Cap. 278, (R.E. 2002)**

A mother of a child born out of wedlock has to apply to court for affiliation within one year of the child's birth seeking maintenance from a specified biological father. If a mother of a child born out of wedlock marries the maintenance order for the child ceases. Even where maintenance is agreed a child does not become legitimized unless it is done formally under a Customary Law Declaration Order.

**Law of Marriage Act, Cap 29 (R.E.2002)**

This sets the minimum age of marriage for a boy as 18 years and a girl as 15 years or 14 years in both cases with special permission of the court. The former age difference is discriminatory. It

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<sup>91</sup> United Republic of Tanzania, National Policy on Disability, 2004



states that marriage should be entered into with the free will of the parties and that corporal punishment should not be used. It sets out rules for custody and maintenance. The Law of Marriage Act and Affiliation Act supercede Islamic Law and Customary Law.

#### **The Adoption of Children Act, Cap. 335 (R.E. 2002)**

The law in Tanzania does not mention international adoptions.

#### **Sexual Offences Special Provisions Act, Cap. 101, 1998 (R.E. 2002)**

Section 5 expands the definition of rape to mean any intercourse with a girl below eighteen years unless the man is legally married to the child. The punishment for rape is enhanced, that for raping a girl below ten years of age is life imprisonment. However, the Act does not mitigate these punishments for children of roughly the same age indulging in consensual sex.

Procurement of girls under fifteen years for marriage is punishable with imprisonment for ten years, from the sanction of two years previously. Section 12 creates an offence of sexual exploitation of children which is punishable with imprisonment of between five and twenty years. The offence of procurement for prostitution is also added to the Penal Code in s. 139 as is trafficking of person (including a child) for money for which the offender is liable on conviction to an imprisonment sentence of not less than twenty years and not more than thirty years.

The Act prohibits FGM.

#### **The Births and Deaths Registration Act, Cap 108 (R.E.2002)**

The district registrar of a district is required to keep a register, and enter therein every birth, of a child born alive within his/her district. The law does not compel a father to register the birth of a child born out of wedlock and no person can be entered in the register as the father of such child except at his own request, which can cause embarrassment to the child.

Under section 16 a district registrar shall not register any birth after three months from the date of such birth unless he is satisfied of the correctness of the particulars tendered for registration and the prescribed fee is paid. The fee and the fare to town for poor rural people often deters them from registering their child.

#### **Education Act, Cap.353 (R.E.2002)**

This act provides for compulsory enrollment and attendance of children between the ages of 7 and 13 years in school (s.35). It also makes it the responsibility of parents to make sure that their children regularly attend school at which they are enrolled until they complete such school (s.35 (2)). It gives the Minister responsible power to make regulations concerning expulsion or exclusion from school on grounds of age, discipline or health and for the administration of corporal punishment in schools (s.60). In practice however, expulsion and exclusion of pupils from school has been implemented as a disciplinary measure for various incidents such as theft, violence and pregnancy.

The Education Act also sanctions corporal punishment up to 6 strokes and this is for girls as well as boys; only female teachers may punish female pupils.

### **Employment and Labour Relations Act, 2004**

A child is defined as a person under the age of 14 years except for purposes of hazardous work where child means a person less than 18 years (s.4). Child labour is prohibited (s.5) (1) except for light work not harmful to child's development or prejudicial to his/her attendance at school or participation in vocational orientation or training programmes. Children under 18 years are not to be employed in a mine, factory or as crew on a ship or where work conditions may be considered hazardous. The Act creates an offence for child employment and procurement for employment (s. 5). S. 5 puts the burden of proof upon the employer if the age of child is an issue in any proceedings.

**Age of Majority Act.** States that a child is a person under 18 years but no law, which sets the age differently is changed.

### **Proposals for change in the laws affecting children.**

Examples of how the laws related to children should be reformed go back to at least 1994 when the Law Reform Commission with assistance from UNICEF and the Ford Foundation compiled its wide ranging report.<sup>92</sup> The Committee on the Rights of the Child in its observations of 2001 in response to Tanzania's revised initial report of 1999 'encouraged the State party to consider adopting a comprehensive children's code which would include the principles of the Convention; with a view to enhancing a rights-based approach'.<sup>93</sup> In 2003 the National Network of Organisations Working with Children in Tanzania (NNOC) produced a comprehensive report on the 'Basic Elements and Principles to be Incorporated in a New Children Statute in Tanzania' for the government draftsman. A draft law was presented to Cabinet in 2005 but was never presented to parliament. The CRC Committee in its Concluding Observations in 2006 reiterated the priority for Tanzania 'as a matter of priority to engage all efforts and resources necessary for the enactment of the Children's Act in Tanzania mainland and a similar Act in Zanzibar. It further urges the State party to ensure that all of its domestic and customary legislation conforms fully to the principles and provisions of the Convention, thus making possible its effective implementation.'

In 2007, the African Child Policy Forum published a major study called 'Realizing Rights for Children: Harmonization of Laws on Children, Eastern and Southern Africa', which undertook this exercise for 18 countries. A third of all African countries were studied. The study's conclusions are straightforward. "Children are not a priority" for the governments of the countries reviewed. There is a "lack of urgency about children's rights" that is demonstrated by the many child-centred bills that have not yet been passed in many countries.

However, JLICA 4 study<sup>94</sup> sees the delay in Tanzania as 'not attributable to technical reasons involved in drafting a statute. Rather, the social sensitivity of legislating on children, marriage and inheritance along with the absence of an effective coordinated voice for children's rights are more likely causes. The children's statute involves many thorny questions (e.g. marriage and inheritance rights) that cannot be resolved without controversy, and children lack strong champions who can draw other constituencies into supporting them. In addition, people may be

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<sup>92</sup> Report of the Law Reform Commission on the Law relating to Children in Tanzania (April 1994)

<sup>93</sup> Concluding Observations of the Committee on the Rights of the Child, Tanzania, U.N. Doc. CRC/C/15/Add.156 (2001).

<sup>94</sup> The Joint Learning Initiative on Children and HIV/AIDS. Learning Group 4. Social & Economic Policies, A. de Waal & M Mamdani, 2008

sceptical that the legislation will make a real difference and hesitate to get deeply involved in campaigning for it. One implication of this is that even if a statute is enacted, implementation is likely to be haphazard and uncertain unless there is strong and consistent public pressure’.

### **Structures concerned with child protection**

#### **Department Child Development (MoCDGC) and Department of Social Welfare (MoHSW)**

The two ministries are organized differently. The remit of the MoCDGC includes child development, women and gender, community development and NGOs on which they develop national policies. Their staff in the field may have to deal with any of these issues. The MoHSW constitutes two very separate departments of Health and Social Welfare whose field responsibilities are completely different. Both ministries have children’s departments the Child Development Department (MoCDGC) and the Social Welfare Department (MoHSW). The Child Development Dept. according to its roles and responsibilities has a responsibility for implementing the child development policy and for assessing the implementation of programmes for vulnerable children and the development and monitoring of national plans of action concerning children. The Department of Social Welfare is focused primarily on providing services, however this is also done by community development which has many more staff in the field. The DSW has 3 central units: Family and Child Welfare (responsible for MVC & MVCC, DMS, children’s homes, fostering and adoption, Day Care Centres, etc), Probation Services and Juvenile Justice (also includes street children, drug and alcohol abuse and remand homes and the approved school), the Elderly and Disability. In the district a SWO may be involved in any of these tasks or more, eg marital disputes and maintenance often forms the SWO’s major workload, one officer said it took up to 90% of her time.

DCDOs exist in every district and CDOs are attached to about 40% of wards. They have been fully devolved to the district councils under whose authority they work and are paid by PMORALG. SWOs on the other hand have not been fully decentralized and are paid from the Ministry of Finance; they still have regional offices, and have DSWOs in possibly half of the districts. Their not being devolved fully to the districts authorities leaves then in an ambiguous situation and has meant that district funding for child protection is inadequately addressed. There are no SWOs at ward level. Whereas there may be as many as 3,000 CDOs covering the wards and districts there are probably no more than 200 SWOs covering all the 21 regions and between 54-61 of the 133 districts. In districts where there is no SWO the statutory social work may be carried out by the regional social welfare office.

In practice SWOs and CDOs work together at the district level; sometimes a CDO will be authorized by the LGA to take on the SWOs responsibility to have oversight of the running of MVCCs in the district, eg in Temeke. Depending on council organisation and the personality and experience of the DCDO and DSWO will depend to whom they report.

**Implementing Partners Group** The DSW convenes and chairs the monthly Implementing Partners Group for those key bodies involved in child protection matters; attendance includes MoE, MoCDGC, MoF&P, TACAIDS, UNICEF, INGOs and NGOs. There are a total of 80 members and 120 on the mailing list. It acts as a significant coordinator of the MVC national program and related activities, promotes good practice and the sharing of experience and is a

motivator for action. As a proactive body it could promote greater child protection and the recommendations of this report.

**PMORALG (Prime Minister's Office Regional Administration and Local Government)** is in charge of local government authorities and the decentralization process.

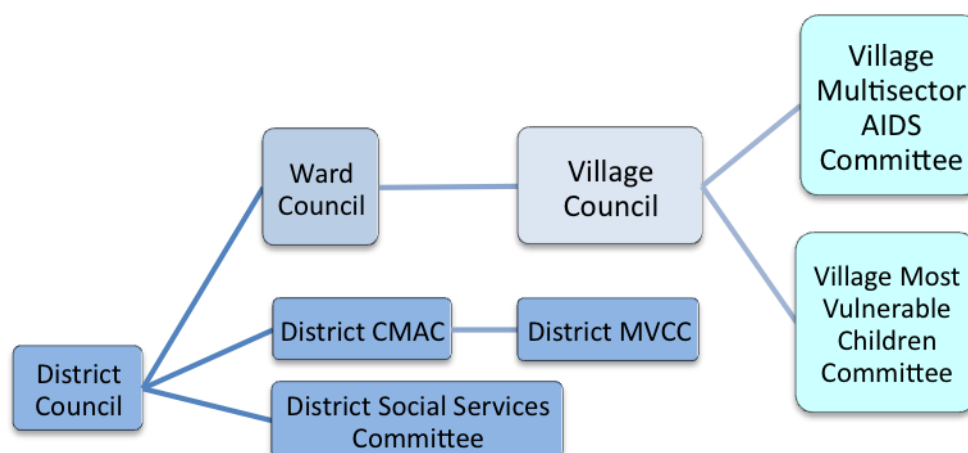
**TACAIDS** (Tanzania Commission on AIDS) comes under the Prime Minister's Office but works through PMORALG. It has 21 Regional Secretariats, which give technical supervision to the 132 Council Multisectoral Aids Committees (CMAC), the committees at ward level appear largely inactive, however, Village Multisectoral Aids Committees (VMAC) are more active. These bodies give assistance to orphans but are not coordinated with the national MVC programme.

### **The MVC Structure.**

The Ministry of Health and Social Welfare is responsible for coordinating issues related to the welfare of MVC, with activities undertaken by different stakeholders from national to community level. However the oversight of the MVC programme is the responsibility of the National Steering Committee chaired by the PS of the Prime Minister's Office and is composed of representatives from key ministries and agencies. Its functions include mainstreaming support for MVC in relevant government policies, strategies and the programmes of all players, the coordination of support for MVC with other relevant ministries and stakeholders, approval of plans from the National Technical Committee and ensuring there is adequate resource allocation. It is unclear as to how often the National Steering Committee has met. The National Technical Committee provides technical advice and has met on at least two occasions. The NCPA did not envisage the establishment of any new structures at district level and below. The MVC committees were to develop out of existing multisectoral AIDS committees at district, ward and village level. The enormity of the structure is that it needed to be put in place in 133 Districts, 2,555 wards and 10,339 (registered) villages.

At district level the DMVCC is meant to be a sub-committee of CMAC but this appears seldom to be the case. It appears according to local government law that the district councils cannot legally establish a separate accountable MVCC structure (CMACs were ordered to be established by the Minister and are legal but doubts have been cast on the status of MVCCs.) It appears in Hai that MVCC will be under the CMAC. The DMVCC should develop its own action plan. At village level the VMVCC is independent of the VMAC. Many village MVCCs make regular action plans so as to access money from the district. What could have been useful cooperation between the AIDS committees and the VMCCs seems not to be taking place. The MVC committees at district and village level are not formally mandated by government so are not automatically prioritized by the authorities.

## The MVC Structure



### **Findings: policy, law and structure**

There are gaps in delivering child sensitive social protection emanating from policy issues that are not addressed. Over the years there have been changes to policy making mandates at the institutional level between ministries, departments and agencies dealing with child care and protection including social transfers. This is coupled with inconsistencies (or absence) in guidelines and legislation regarding roles and responsibilities and targeting of different interventions. Nationally MoHSW and MoCDGC and also TACAIDS have areas where their mandate overlaps in that all three have prepared or been asked to prepare a MVC policy and they are all involved in promoting the protection of MVC. It appears that the MoCDGC has produced a Child Protection plan of action, although according to the roles and responsibilities the DSW staff provide child protection services while CD assess their implementation in practice, however, the difference in numbers of staff on the ground means that this distinction is blurred. Both MoHSW and MoCDGC are involved in PMTCT and reproductive child health.<sup>95</sup>

This assessment is uncertain that setting up bank accounts at village level with village funds or district funds is useful while NGOs and donors use their own delivery systems. The expectation from UNICEF that villages and districts should find matching funds to deliver to MVC may be particularly difficult for poor districts and villages who are most in need and have the most MVC. The overall resource envelope and implementation in the context of decentralised service delivery is inadequate and what is available is being used to capacity build community volunteers. Regional inequalities can be exacerbated when donors focus on certain districts leaving others with minimal services. This is particularly problematic when donor funding is used for building up of voluntary systems with insufficient long term support used to building capacity of government social services to children at all levels. In time a national social protection transfer system is needed to deliver support to poor households looking after children on a regular and equitable basis. It is also worth considering whether district councils can be responsible for equitable delivery of financial support when they are reliant upon their own funds, village fundraising or donor support? Can the experience with universal child benefits in South

<sup>95</sup> Social Protection and Children in Tanzania, E. Wylde

Africa, be learned from and used in the Tanzania context and is it possible to collect information on the potential costs of such a system being operated in Tanzania?

*Inside Out?*<sup>96</sup> recommends that governments lead efforts to coordinate and strengthen community initiatives and ensure that actions by external agencies are appropriate and do not damage or undermine community responses. In particular, community initiatives should not be forced to implement activities they do not want or are not equipped to fulfil or are in parallel to existing decision making and local democratic systems; this would seem particularly pertinent to some of the MVC structures.

The laws on children in Tanzania are in need of modernisation to bring them in line with the CRC and ACRWC. The practice of sentencing a child to corporal punishment in the courts for criminal acts is dehumanising and a child rights violation. Similarly there is no law dealing with children in need of care and protection. The rights of children passing through the residential care system are not protected. Without laws being in place, there is no substantive legislation on which to base standards or regulate child protection practice. An alternative avenue would be to develop with Homes and Districts voluntary codes of conduct and voluntary standards enforced through self regulation.

## **SUMMARY FINDINGS AND RECOMMENDATIONS**

### **Overall Findings – Summary**

The present system of supporting and learning from the current 7 learning districts may not be the most advantageous in the process of developing a model for child protection at District Level. These districts may well be typical of the social and economic issues faced by people in Tanzania but they may not apart from Temeke be representative of issues of children in conflict with the law, street children, drug abuse and perhaps to a lesser extent sexual exploitation.

In terms of a model it may not be possible to develop a one size fits all model as the social issues, poverty and burden of HIV/AIDS poverty will not be similar. Although there are exceptions there are not the staff numbers or capacity from which to develop best practice. Neither is there a strong INGO or NGO presence working on child protection because of the way districts are organised for donor/international support. The learning districts appear to be viewed as UNICEF supported and so perhaps are not included as a priority for district support by INGOs and other organisations<sup>97</sup>. The ability in these Districts to develop public/private partnerships is presently limited.

A considerable number of very good papers have been written on the MVC system and social protection. These papers are more detailed than this current assessment. Social transfers and social support through the MVC system are important to assess because if the children are accurately identified social support and financial support should keep girls in school and reduce incidence of child labour, early marriage and teenage pregnancy and should also improve child survival. However there is no baseline data collected to begin the analysis of these issues in

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<sup>96</sup> Inside Out – JLICA 2009

<sup>97</sup> Social Protection in the Context of MVC in Tanzania, V. Leach, REPOA, 2007

relation to MVC. The assessment did not find evidence of money being used to prevent family breakdown or to keep parents alive. The education sector appears to be the major beneficiary of the support to MVC, although that is not the case in the 19 district DMS data.

The difference in ratios of identified MVC to number of children in the districts<sup>98</sup> even if allowances are made for socio economic factors cast uncertainty on the concept and methodology of seeking to target the vulnerable child (which can be stigmatising and is an imprecise term for identification) as against having a universal system of entitlements and social transfers for children in poor households.

The transaction costs in developing and sustaining a volunteer MVC committee, plus para-social worker in every village and CJF in every ward are enormous and dependent on donor funds. The ability of social welfare and community development to supervise, manage and set the agenda and tasks for these individuals and committees is variable and the number of functioning committees across the districts is variable or unknown. In many villages with a regular supply of resources they will be able to continue to identify MVC and address some child rights issues. However, there do not seem to be effective social welfare, police, health or education structures to follow up or address many of the protection issues and these require urgent strengthening.

Similarly piloting a model for child protection at district level will not make substantial overall improvements to the lives and welfare of children at risk in the learning districts or if replicated into other districts without:

1. Reform of the law on child care and protection
2. Reform and consolidation of the structures at national level that make policy, laws and standards on child protection
3. Clear guidelines to district councils for the operation and delivery of social services for children
4. A national social protection structure that is able to coordinate the delivery of social and cash transfers with regularity and equity across all districts. Identification of recipients needs to be made on the basis of household poverty not on an individual classification of vulnerability.

Without legal or structural changes it will only be possible to improve practice within the remit of district council authority.

There is a good deal of documentation about expected good practice and some specific plans of action. However, much of this does not have the backing of law nor is there sufficient government staff capacity to manage and implement these instructions.

### **Recommendations: social transfers and prevention**

The policy review process is already underway, with a number of studies assessing the interventions on vulnerability and to improve social protection policy and programmes. The social protection in Tanzania through support to MVC is really an attempt to improve well being by reducing vulnerability. The current MVC system appears to have the support of donors but it is not a universal system where there are entitlements and it currently relies on donors, a

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<sup>98</sup> See table above on number of MVC

voluntary system of identification and distribution of support and delivery of services via NGOs. There has been no building of national or local government capacity in managing a system of social transfers. This assessment envisages a need to develop state funded and managed universal social protection programmes in the future years which as in countries like Zambia and Malawi is likely to impact on the ability of a social welfare department to deliver social services.

Recommendations for prevention are that while the voluntary MVCCs, CJFs and para-social workers continue to operate it is necessary to continue to support them to:

- Assist and support families to access ARVs, palliative and home based care and support
- To visit and support children who are bereaved and to help them settle into the home of an extended family member
- To regularly visit and support children living with elderly relatives who are struggling to manage
- To supply information and improve understanding of risks faced by children with regard to FGM, early marriage, early pregnancy, sexual exploitation, etc, and children's rights with regard to access to education and health
- Birth Registration – the CJFs and Para Social Workers could play an important role in improving the rates of registration
- Counselling and social support; Support for CHH and promote care, advice and safeguarding roles of Mama Mkubwa
- To act as immediate referral agents in cases of child abuse.

Consideration should be given to studying the practice of attaching individual MVCC members to families, in terms of visiting and advising. See RAPIDS Programme Zambia.

However for this system to be durable there will need to be more management and leadership from ward and district staff, incentives, continuous training, a referral system to NGO or state agencies that works and communities will need to see material support being delivered on an equitable and regular basis. Volunteers involved should sign a code of conduct similar to the one signed by agency staff in emergencies.

### **Review the Costing of MVC programme.**

The total number of children estimated to be most vulnerable — orphaned or disabled and living in extremely poor conditions — is estimated at almost one million, 5 percent of the child population. More of these MVC are in the older age categories than the younger. Current programmes for MVC are reaching a small proportion of these children and at high unit cost, providing support to individual children at levels far in excess of the normal expenditures of children in their communities. For similar levels of funding, household expenditures for one million children who are now living at levels which are 30% below the poverty line could be raised to the poverty line. The financial cost was estimated to be US \$36 million in 2006, 1% of the national budget then, and 11% of HIV/AIDS financing. For relatively meagre expenditures, extremes of destitution can be avoided.

It is also important that account is taken of the high transaction costs in establishing, maintaining and building the capacity of the volunteers engaged in the programme. These costs need to be



considered against the costs of strengthening the capacity of district social welfare services and putting in place a national complement of staff.

### **Recommendations - social services and child protection**

The knowledge and information system needs to be improved especially as regards: information collection on DSW caseloads, children's homes, foster care, adoptions, etc – can information collection on these areas be added on to DMS?

Review of role of regional DSW teams. This should include examining what services should be delivered in districts are currently undertaken nationally or at regional level.

Consideration should be given to forming a personal social services departments at district level comprising of community development, social welfare under a district social services committee. It is recommended that existing CDOs, SWOs working on children's issues be brought together at district level to form child protection teams. Guidelines for district personal social service teams and specific child protection teams should be developed. There is a need to strengthen district and ward professional child protection capacity and ability to monitor and supervise before further work on CJF and Para-SW. It is recommended that donors providing assistance to voluntary systems turn their attention to assisting the government to build professional well-managed personal social service structures at national, district and ward levels.

Case management should be introduced into all areas of child protection. There is an urgent need to review all cases of children who are overstaying in residential care and deliver family support.

### **Recommendations on policy, law and structures**

Several sector Ministries have an interest in improving child survival and development outcomes for all children but the issue of policy mandates, roles and responsibilities with regard to child protection requires urgent resolution.

Improvements in social transfers with regard to health and education are needed to improve the access of all children to these services. This includes strategies for keeping parents alive and families together. Structures and mechanisms will also be needed over the coming years to deliver on social protection policies and child protection policies. Structures that are universal in approach are needed to improve birth registration and deliver social transfers that are universal in application to improve child development and well being and to reduce risks of early marriage, teenage pregnancy, commercial sexual exploitation, child labour and family breakdown. The MVC system would be strengthened by being consolidated and incorporated into one national social protection system.

Violence and abuse need to be put on the agenda through advocacy initiatives to improve understanding of the effects on women and children. Alongside this are needed structures that can target and reduce the incidence of violence, abuse and exploitation that occurs at a family and individual level. Personal social service structures are necessary to protect women and children and also to improve the support to people with disabilities, the elderly and those who have been in conflict with the law. The mandated deliverer of these services is the DSW but by being present in only half the districts this responsibility is unfulfilled. A child protection section

within district personal social services needs to have linkages with trained staff and volunteers down to the ward and village so that referrals can be made and follow-ups undertaken. This requires that a recognised coherent supervised team of workers is in place under a district council committee with budget, workplan, targets and status.

### **Residential care.**

Although 84 homes are registered with DSW the number of unregistered homes operating is not known. Any person who manages an unregistered Home is committing an offence (the Children's Homes Act). A survey of all unregistered Homes should be obtained by DSW and action taken to either go forward with a licensing application or to close them. Decentralisation has not effected DSW control of children's Homes but this may require revision if the district is to take greater control of social services. Although personal records on each child should be kept using the admission and health forms it is unclear how comprehensive a record these are and this needs to be investigated and records used elsewhere in Africa studied. There is no requirement for Homes to draw up and regularly maintain a care plan for each child involving the child, his carers, the SWO and the Home staff in order to plan among other things for his/her reintegration into his family or a substitute family. This should be mandated as standard practice and its oversight made part of the SWO job description. The guideline standards for Homes (with improvements) should become legal minimum rules but then must be enforced, wherever possible through supportive interaction.

It is questionable whether Homes have a register recording why children have come into the Home (abandonment, poverty, violence, etc.), their ages, their length of stay, whether they have family links and are visited, to assist staff and SWO plan for reintegration. A national data-base of information concerning the children in each home would assist planning. As the licences have to be renewed every 2 years the SWO should inspect at that time. The adoption of voluntary Quality Standards by the managers and staff of Homes under the guidance of DSW would assist in raising the standards of care for children within the Homes.

### **Children in conflict with the law**

The current age of criminal responsibility is low at 10 years and consideration should be given to raising it to 12 years thus avoiding lawyers having to prove a child's knowledge of doing wrong<sup>99</sup>. Corporal punishment is a degrading punishment and as such is banned by international instruments including the CRC and should be prohibited as a sentence. Many children who come to court have their case dismissed, withdrawn or are acquitted; some will have been held in remand homes; the police should be given the authority to divert children from being sent to court in petty offences, by giving a warning or calling in parents or practicing mediation. The prosecution also should be allowed to divert where the police have allowed a petty matter to go forward. In order to increase the police's skill in dealing with women's and children's issues consideration be given to piloting a women's and children's desk in certain urban areas after appropriate training.

There should always be a presumption of bail and the magistrate should have to record why it is being refused. The use of fit persons could also assist in finding bail placements. If community sentences are to be the norm there will need to be the SWOs available to assist the court. There

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<sup>99</sup> See also legislation in Ghana where children cannot be prosecuted for minor offences

has been an increase in boys sentenced to custody under SOSPA for having sex with girls of about the same age as themselves. The law should be revised to take account of these “consensual” activities, as is the case in Zambia. Lastly no child should be sent to an adult prison.

### **Accelerated law reform**

Current legislation allows actions, which are contrary to the principles in the CRC, particularly failing to promote the best interests of the child. Legislation needs to be changed to be in line with the relevant international instruments that Tanzania has ratified and the draft UN guidance on alternative care, to provide a clear set of principles and detailed provisions on how the prevention and protection of children is to take place.

There is a need for non-discriminatory child laws, an agreed definition of the child across all legislation, an emphasis on prevention, especially in relation to family support so as to prevent family breakdown and for local structures to provide community care and protection, the better provision for alternative family care where there is significant harm and neglect with children’s homes as a last and short term resource, clear child abuse procedures, more support to domestic adoption and to inter-country adoption where there are no available adopters, changes to the penal law to reflect international instruments and the promotion of diversion practices. For child protection to become more robust these and other connected legislative changes are required to set a firm direction for policy makers and service providers to follow.

The process of law reform needs to be accelerated: a considerable amount of advocacy work is being done in East and Southern Africa on harmonising legislation to be in the best interests of the child.<sup>100</sup>

### **Recommendations for UNICEF**

There is a leadership role for UNICEF in improving social protection and child protection coherence. It is necessary to address the problem of 5% (one million) of all children being MVC and nearly 20% of households below the food poverty line.<sup>101</sup> Extreme poverty and child protection are linked particularly with regard to early marriage, teenage pregnancy, street children and child offending. Addressing poverty and thereby families’ ability to access basic services may reduce these forms of abuse, particularly where children become commodities such as in early marriage and pregnancy, child labour and commercial sexual exploitation. Through social protection strategies and the work of the MVCC system the extremes of poverty can be ameliorated and this would allow social workers to concentrate their time on those children who are urgently in need of protection because of abandonment, neglect, death of parent(s), physical and sexual abuse particularly within the family.

Actions to address families in extreme poverty, to improve their access to basic services and provide appropriate preventive and personal child protection services to children at risk of significant harm or neglect requires:

- advocacy from UNICEF to try and mobilise strong public and political will; an agreed plan of action at the highest political level and clear objectives how this is to be achieved;

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<sup>100</sup> Harmonising laws in Eastern and Southern Africa: Africa Child Policy Forum 2008

<sup>101</sup> Children and Vulnerability in Tanzania, V. Leach, 2007

- advocacy for streamlined policy making within one ministry responsible for child protection;
- UNICEF to take a social policy approach to improve child protection within a general social protection framework;
- transformative child policies with a coherent framework (the draft national social protection framework is a beginning) of actions that include the revising of law and establishing coordinated structures at central and district levels. this also to include supporting the development of policies that look at positive outcomes for all children and support in their attaining them,<sup>102</sup> (whatever their background or their circumstances, including the vulnerable);
- supporting policy and law reform which develops the responsibility and duty of districts to protect and provide care for children at risk – through developing child protection teams within a personal social service/social development agency at district level;<sup>103</sup>
- clear policy mandates and guidelines for the planning and commissioning of services and to service providers (NGOs, districts and private sector),
- financing with the support of donors and INGOs so as to provide a preventive and protective framework for those most at risk.

A social policy approach would help in developing a broader understanding of the various elements that are needed and how they can interact so as to bring positive results for poor families and MVC. UNICEF together with other UN agencies (as also INGOs) have an important leadership role in providing evidence, learning and advocacy for a national approach to extreme poverty and the protection of children.

One of the tasks of this assessment was to develop models for the 7 learning districts that would improve child care and protection. The recommendation of the assessment for UNICEF is that this should ideally be undertaken in tandem with developing an overall strategy and framework for transforming child protection policy, laws and structures in Tanzania including a range of social protection strategies. The start of these processes is likely to involve improving the information on which government can make its decisions.

### **Constraints for model development at district level**

It will be recognised that without general improvements to the policy, laws and structures there will be limits as to achievements that can be made by district models of child protection.

Furthermore it will be difficult to replicate model developments in other districts where there is no DSW presence or expertise and no UNICEF or INGO guidance and finance. Improving child protection through building on the current systems will because of the present structures probably entail more transactional costs through training and sustaining volunteers over time due to drop-out and lack of incentives.

In considering models that can be recommended for development at district level it is recognised that there is currently little appetite for changing the current MVC structures in the medium term

<sup>102</sup> For a paper on outcomes see Change for Children, Every child matters, 2005 <http://www.everychildmatters.gov.uk/aims/>

<sup>103</sup> See Guyana Child Care and Protection Agency Act 2008

and without increasing DSW staffing or formally merging departments there will be a reliance on staff goodwill at district level and the continued use of the multiple structures that are in place. However having taking into account the constraints, the 7LD can show how improvements in child protection can be made which may in turn persuade local government to recruit social workers at district level and provide other resources to establish district personal social services teams.

### **Model components for the 7 learning districts**

The child protection issues have been examined and it is suggested that 4 areas of child protection are targeted:

1. Improving standards, case management and the quality of care for children in residential care and family reintegration. This will improve the practice of social work staff at district level in approving, licensing, setting standards and regulating the homes. The work can be carried out in conjunction with DSW at National and Regional levels who currently carry some statutory authority for these processes. Working with children needing placements instead of residential care will also cover prevention of abandonment, marketing of national adoption and temporary foster care/places of safety. The rationale for targeting this area is to improve the role of government as duty bearer for children without parental care. Over time it can be expected that district councils will take control of children in residential care and the facilities.
2. Improving justice for women and children in the districts. This would have two strands:
  - a. developing a district service unit comprising of police (both women and men), social welfare/community development and health personnel:
    - i. to act as a community prevention and response team that improves understanding and talks to villagers (children and adults) about the behaviour expected of adults and the police's role within the social services team. Prevention programmes will focus on sensitization campaigns on what constitutes abuse and effective parenting. Specific prevention programmes will be limited to high risk communities.
    - ii. To assist victims of violence and abuse attain justice through the courts To provide a support stage in the judicial process, from pre- to post-trial, by ensuring access by such children and their parents or guardians to healthcare, safety, counselling and educational facilities at all levels.
    - iii. To offer protection places of safety and counselling to child victims of abuse as well as those “in need of care and protection.”
  - b. Improving the situation of children in the criminal justice system by:
    - i. Establishing defined roles for community members, including parents/guardians and other essential stakeholders (police, ward tribunal members, SWO/CDOs, etc) in preventing and responding to offences by and against children.
    - ii. Developing local guidelines for diversion, which would apply to the less serious cases and would differentiate between these and more serious offences, indicate the pathway for diversion and procedures for investigation and mediation by those with diversion responsibility.

- iii. Instituting community based diversionary programmes, which emphasize reparation to the victim, through restitution and compensation, and work with those that seek to avoid future conflict with the law through temporary supervision and guidance.
  - iv. Designated officers (particularly women police officers) are assigned responsibility for supporting bail for non-serious offences by CICL
  - v. In recommendations to the court where a child is found guilty of offending, except for the most serious offences, SWOs to propose an appropriate community sentencing option.
3. Promotion of parental and family care by the use of targeted voluntary support to families by a trained volunteer: one volunteer per 5 households is suggested where the expectation is that each HH should be visited weekly. A system for regular note-taking, reporting and supervision will be required. How this is managed is crucial. The MVCC may be a source for volunteers as also the religious and secular bodies. The role of VEO and WEO and CDOs at ward level needs developing with regard to referral mechanisms, monitoring and reporting. The following groups will be targeted:
  - a. parents affected by HIV and AIDS and at risk of death, and where there is a risk of family breakup,
  - b. children at risk because of neglect, violence, or where carers are not coping
4. Support to CHH, elderly child carers and extended family members taking on children who are without direct parental care. Designated volunteer support to specified households where children are at risk is recommended. A system for regular note-taking, reporting and supervision will be required. The MVCC may be a source for volunteers as also the religious and secular bodies. The role of VEO and WEO and other grass root players to be investigated regarding monthly monitoring.

Each of the above areas of intervention will require:

- An agreement from district councils to form a district personal social services team.
- A district coordinator for personal social services with responsibilities to liaise with other departments. This is critical and needs agreement from the district councils.
- Management structures put in place downwards from a district personal social services team and the child protection team to the Ward Executive officer, CDO, etc to the village Executive Officer, MVCC, CJF and Para-SW and NGO/FBO & CBO.
- The development of codes of conduct along the lines of those outlined in child protection policies or in the IASC guidelines for emergencies for people working with children, whether volunteers, NGOs or government civil servants.
- Guidelines for each area of action including how referrals are to take place, the networking required and each area of responsibility for the major players drawn up.
- Training of specified district staff: for the 7LD someone is appointed to be in charge of human resource development with roles of chief trainer and monitor of progress so that there is a coherent approach and appropriate experiential learning.
- Some specialisation of function agreed to by the district police, social welfare, community development and health and allocation of personnel in relation to the operation of the district service unit.

- A work plan and matrix for all the interventions setting out the objectives, indicators for achievement against a base-line, processes, assumptions, risks and costs for the first 3 years so that impact can be assessed and used in national advocacy.

### **Process for developing district models.**

1. The District Child Protection Models will be developed as a three year programme.
2. A copy of relevant sections of this report is circulated to District Councils.
3. International/national consultants appointed to provide technical support to the process of developing the models. International consultant(s) to visit to meet with stakeholders at least 3 or 4 times in the first year and 1 or 2 times in year 2 and 3 for technical support, monitoring and evaluation.
4. Advocacy and communication strategy developed.
5. Consultants to draw on examples of international experience in other developing countries in relation to:
  - standards, case management and reintegration concerning Children's Homes;
  - police, health and social worker child abuse units;
  - police/prosecution and judicial guidelines and systems for promoting diversion and bail;
  - systems of voluntary community care;
  - referral mechanisms.
6. UNICEF forms a national project team, and asks for the loan/secondment of DSW/CD staff member to assist in developing the project and to manage some agreed processes. Technical support sought from regional government.
7. Discussions held with MH&SW and PMORALG regarding the development of the district models. Action plans developed with regard to human resources, capacity building, developing a personal social services/child protection team at district level in the 7 LDs.
8. Districts collect and collate required extra information on child protection, MVC and human resources in their districts.
9. An initial workshop will be organised by UNICEF and relevant ministries for 3+ days together with all the 7 learning districts (to include District Planning Officers, D/SWOs, D/CDOs) to discuss feasibility and negotiate agreement and way forward on the various areas of the district model.
10. Districts agree on which areas to take forward in year 1. At least two areas must be developed in year 1.
11. Support, training and finance negotiated with UNICEF and other donors.
12. As a result of initial workshop and district agreements and any further necessary discussions with UNICEF and relevant ministries a detailed road map be drawn up for the first year and an outline road map for the successive 2 years.
13. National and local (within district) training held as required throughout the 3 years and indicated on road map.
14. Year 2 development of guidelines for referral of child protection matters and for admission and discharge from children's homes.

## ANNEX 1

### BAGAMOYO DISTRICT NOTES

**Visit by Phenny Kakama, Eric Guga, Andrew Dunn & John Parry-Williams,  
7<sup>th</sup> January 2009 and later by Eric Guga**

Bagamoyo District consists of 16 wards and 82 villages. According to the 2002 Census the total population of the district was 228,967 of which 105,059 were children (almost 46%). Within 21% of households the head of the household is 60 years or over and 29% of households are female headed. 82% of the population live rurally.<sup>104</sup> The NCPA estimated number of MVC was 5,199; made up of 1,472 double orphans, 756 single orphans seen to be most at risk, 90 children with disability, 1,312 in child headed households and 1,856 in elderly headed households.<sup>105</sup> The actual number of MVC physically identified as of March 2009 is 5,514 (2,600 boys and 2,914 girls,) which is a very slight increase from a total of 5484 in 2006.<sup>106</sup>

#### **Staffing Involved in Child Protection and the Issues Addressed**

The district has 2 Social Workers and 28 Community Development Officers. A SWO interviewed had been in post for 4 months coming straight from university. Her daily work includes: children including street children, matrimonial problems, women with HIV/AIDS and MVC Committees. Children's problems for her centred round secondary school fees, school uniform, food, psycho-social support, disabilities, orphanhood, abandonment and offending. She felt the VMCC can do little to assist orphaned and abandoned children and their situation is either resolved among the extended family or by her placing them in a Children's Home. Where a family arranges a placement for a child it will inform the village MVCC,

There are two registered Children's Homes in the district Baobab (with 3 babies and 6 older children) and Moyo Moja (the number of children was not known). The SWO is doing investigations on 3 other Homes concerning registration. These are unofficially keeping children so this was reported to the District Director who closed one Home where the health standards were bad. The procedure before a child can be accepted in a Children's Home is that a request is made to village officials who may pass it on to the SWO who in turn has to make an assessment before referring it to the DSW Headquarters and only on their approval does the SWO authorise the Home to receive a child, except presumably in an emergency.

Community Development: the ward CDO is involved in: the mobilising and support of women's, girl's and youth groups, MVC issues including their identification and arranging assistance for them, support of village MVCCs, working with people living with AIDS, monitoring Day Care Centres and Children's Homes. There seems to be a large measure of overlap with the work of the SWO and they liaise regularly.

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<sup>104</sup> Basic Profile: Bagamoyo District, Pwani Region, UNICEF, 2008

<sup>105</sup> National Costed Plan of Action for MVC, 2007-10, MoHSW

<sup>106</sup> Orientation Workshop on Planning and Implementation of Most Vulnerable Children Programme Held at Ocean Bay – Bagamoyo 15-19/5/2007 Presentation on Status, Situation Analysis and Implementation on Most Vulnerable Children Programme in Bagamoyo District Council



Community Justice Facilitator (CJF). A CJF informed us that of the 45 CJFs who received the 12 days training he attended they were either chosen from within village MVCCs and then taken to the Village Council for approval or they were selected at the ward level from the Ward Development Committee or from the Youth Committee. Each CJF was meant to meet a criteria which included their not having a criminal record and not being a leader of a political party.

The CJF saw his role as being to identify children who are at risk He described three major aspects of his work as:

- Advocating for children's rights and educating the public on how they can better deliver them to children, eg in respect to child labour, how family disputes can harm children, working with the parents of child offenders,
- Encouraging adult peer educators to proactively protect children at risk,
- Monitoring and supervising village MVCCs so they fulfil their plan of action.

The CJF gave only one example of child abuse, where the perpetrator was taken to the police but is concerned that no agency in the district gives counselling to such children.

The CJF described as impacts:

- the mobilising of a new village MVCC as the old one was inactive,
- obtaining 50,000Tz. Shs. funds from villagers to pay the secondary school fees for two MVC (20,000Tz. Shs per year),
- influenced village council to grant the village MVCC 100,000 Tz. Shs.
- this year expects to send 5 MVC to secondary school.
- obtaining food from the NGO Mkombozi for a child headed household.

### **MVC & MVC Committees**

The CDO thought that within the MVC group the three most at risk were:

- orphans who had no one to care for them,
- abandoned babies and the neglected
- the many children who had finished primary school but were unable to proceed to secondary school because of poverty or discrimination.

***“Mobilising the community to support MVC through contributing money is very difficult as they have very low incomes. However, villagers assist in renovating homes, contributing clothes, kitchen utensils and food”, CDO.***

There is a MVCC in each of the 82 villages of which the SWO said 75% were active. The SWO went to the village MVCCs and assisted them drawing up their plan of action and identifying possible resources from the district council, the village and NGOs to assist them deliver their plan. The plan was taken to the village council for its agreement. The money received from the district and UNICEF went straight from the district to the village MVCC bank account and the district was notified when it had arrived. When items were distributed to MVCs this was done at a village meeting and the children or their parents signed they had received them. A register of goods and materials received reportedly kept in a log book held by each village indicating type of support, source and to whom it has been delivered. These include money, clothes, blankets and event bicycles given by UNICEF

Commitment and support provided at district level in 2008 are from the Global Fund TZS1.5 Million to support uniforms and TZS 2.5 Million to support secondary school fees for 50 MVC in villages where there is less support; Individual contributions amounting TZS1.2 Million to support MVC with school materials; the district councils supported 110 children with school fees amounting TZS 5.5 Million; Moyo-Mmoja Trust built 4 houses for MVC at Kiromo village and support with food supply to 20 families with MVC in Kiromo village on monthly bases, also support MVC with vocational education and secondary school fees; UKUN spends TZS2,010,000 to provide health insurance to 201 MVC, contributes food, school material and clothes to MVC; and Baobab support secondary school fees and materials to 8 MVC; CVM Folk Development College support 60 girls who are MVC to undergo vocational training at their college in Kibaha. TAC-AIDS supported school fees to secondary school going MVC. Dunga village, the village council contributes TZS5000 every month to the MVC account.

The DSW Caretaking skills training course conducted in 2006 was based on the old module and covered 7 Wards, the second training based on new module took place in December 2008 and covered another 9 Wards different from the first one. The caretakers trained were 24 identified from the village MVC registers. The DSWO has already planned to introduce the new modules to the remaining Wards so that there is standardisation of caretaking skills. In discussion with the MVCC in Dunga village, the caretakers who have received training found it to be very useful and has changed a lot of traditional ways of dealing with children. It was noticed that the caretaking skills are transferred informally among village members and local leaders as they are found to be applicable in improving caretaking not only of MVC but of all children. The local leaders such as Dunga VEO and WEO who also have been in the training as TOTs have mentioned to be using some of the skills in their development campaigns to sensitise community of best practices in child development.

### **Baobab Babies' Home.**

The Baobab Babies Home changed its role to a babies home in 2007 since when it has only taken babies. Currently there are 9 children in the Home: 3 are babies between 5-18 months, of the remaining six children 2 are children between 7-14 years and 4 are between 14-17 years. The reason given for the babies being in the Home was that for two their mothers had died and the other baby was abandoned. Their policy is that babies will stay for 3 years and then be reunited with their extended family or fostered for adoption. If the families are poor they will give them some IGA. The babies have all come with a letter from the DSW. Families are encouraged to visit and the SWO is in contact regularly.

## ANNEX 2

### HAI DISTRICT NOTES

Visited by Eric Guga and Andrew Dunn, 19-20 January 2009

One of the most interesting aspects in this district was the apparent disconnect between social welfare and the NGO delivering support to MVC. This NGO was never mentioned by district staff in any department. The 7483 MVC identified through the local processes at village level were inconsistent with the 3039 children to be targeted by the NGO. This issue was raised by the NGO and not the District.

Hai is in Kilimanjaro region which is administratively divided into seven districts: Same, Mwanga, Rombo, Moshi Rural, Moshi Urban, and Hai, which was sub-divided in 2007 to form the seventh district, Siha.

Within the jurisdiction of the newly founded Hai District are the 3 divisions of Lyamungo, Machame and Masama, 10 wards, 55 villages, 248 hamlets and 11 urban streets.<sup>107</sup> When the census was administered in 2002, there was a total of 38, 324 households (HH), with a mean size of 4.41.<sup>108</sup> There is a child population of 183,000.

#### Organisation of Social Services for Children

*“The NGOs find it difficult to distinguish the roles and activities of community development and social welfare....eventually you get to understand but it is very difficult for the people in the village, these departments are always in competition.”* NGO working in Hai District.

There is one District Social Welfare Officer who works as part of a multi sector team with community health staff and the community development department. This team has been attached to the District Council since 1992. The Community Development Department manages the budget for Social Welfare.

The social welfare caseload comprised 20 matrimonial cases, (50 matrimonial cases had been referred back to ward level for mediation. 4 adoption cases. Hai has 22 Children's Homes, of which 6 are registered and accommodate around 260 children. SWO tries to visit quarterly. It is the role of the DSW to review and monitor homes for registration to the Commissioner of Social Welfare. However less well defined is how to deal with the unregistered Homes that do not meet the criteria laid out in the Children's Homes Regulations Act 1968. At the present time the District Executive Secretary has been sent files on the unregistered Homes to see if decisions regarding closure can be made at District level. The process by which a child is admitted to a Home is that the community, parent or relative visit the social welfare office and if the child is eligible for admission the child is sent for a medical check up, after which the child is referred to the best Home available. Children are legally eligible to stay in a Home for 3 years. The most frequent scenario for admission is when the child is very young, the mother dies and relatives are unable to provide care. Children are not recommended/referred to unregistered Homes by the

<sup>107</sup> Planning Officer, Hai District Council, interview conducted by UNICEF, 7 February 2008

<sup>108</sup> Central Census Office, Hai District Profile, NBS, 2002

DSW, but some relatives go directly to the Children's Homes. All the unregistered Homes have been instructed to return their children back to the relatives.

It was reported that juvenile offenders are either "beaten at village level" or taken to the tribunal at ward level where they are given counselling.

The Community Development Department has 5 district staff but currently 1 is seconded to work with NGO cooperatives and 2 are studying at college. It is the role of community development department in Hai to assist communities on how to make development plans and how to solve their problems. They are involved in income generation, fund raising and forming groups. There are 5 CDOs at ward level. The CDOs at ward level are managed by the Ward Executive Officer.

### **Most Vulnerable Children**

The process of working with MVC began with advocacy meetings, then training for 20 district facilitators by DSW. The identification of MVC started in October 2007 with a pilot in one ward. Between January and October 2008, 7,483 MVC were identified across the entire District. More boys than girls have been registered as MVC. It was acknowledged by the SWO that an MVC identified in one village may not be an MVC in another village. It was the communities that set the criteria. MVCC members are appointed through a public meeting. MVCC members were not clear about the length of their appointment. Each village has a costed action plan and villages have opened bank accounts.

MVCC members interviewed saw the main issues for children as nutrition, shelter, health treatment and school materials. Many MVC are living with grandparents. Key identification criteria were:

- Children who seem unhappy or not at peace
- Children whose clothes are worn out
- Children who lack confidence
- Those who are confused and on the streets
- Those who lack proper supervision
- Children staying with someone who is not responsible

In one village 75 children were identified as MVC; 38 girls, 27 boys. A 3 year old is the youngest identified but most were above 5 years old. ***"The children can be identified as soon as they can be seen walking."*** The village must discuss the merits of including each child and the caretakers must tell of their own economic circumstances. In the identification process ***"school and shelter are the biggest factors, then clothes."*** This particular village had draw up a plan of action for MVC, but it is yet to be implemented. The plan's budget was 106million Tsh. In the neighbouring village the budget was 200million Tsh for 207 children.

### **Community Justice Facilitators.**

The CJFs are appointed through belonging to a youth network group. Their role in Hai is to help the public with rights issues. The CJF role is more about creating awareness of rights issues and making referrals than actually protecting children. It was reported by a CJF, ***"abuse is usually***

*resolved by running away as the community has no courage to interfere in the family. It is an invasion of privacy.”* According to one ward CDO, trained as a CJF the role was to:

- Follow up on violated rights
- Referring family problems
- Make sure essential needs are met, such as education
- Make sure people take responsibilities for children more seriously

### **Fountain of Zoe Home**

This Home is registered and accommodates 19 children; the youngest is 5 months old and the oldest 3 years. The Home has been open for 4 years. The outlook of the Home is that once the children reach 3 years old parents or relatives can come and take care of the children. The person interviewed at the Home did not know what would happen to the children who could not be resettled with relatives. The Home is part of Life Foundation, which employs 3 social workers who find and bring children to the home, but there are 6 staff working in the Home.

### **NGO Kinshai**

This NGO network works in Hai District and is supported by PACT from the Global Fund to assist MVC. Funds made available are 316 million TSH. Kinshai is a network consisting of over 160 CBOs. Kinshai said they were provided with a list of items to be provided to 3039 children determined from the MVC National Plan of Action calculations for the number of MVC in Hai District. The PACT targets were:

- primary school support - 1072
- secondary school support - 30
- vocational training support - 30
- nutritional support - 58
- food support - 236
- mattresses & shelter - 238
- houses to be constructed - 30

The identification exercise was carried out by the district council before the MVCC were formed. Kinshai think that psycho social and legal support to children is very important to the community yet most of people at the grassroots including (CBOs, NGOs) lack skills in this area. So MVCCs need to be trained in order to build their capacity to teach parents and caretakers on how they can identify children who have been affected psychologically and need legal support and how and where to report and refer issues affecting children.

They would prefer to support children with what they need rather than what has been pre-scheduled in the project document. This arises because the available services are fewer than the prioritized needs that children pointed out during the identification process, and at the service delivery point they provide what they have according to the budget.

Other interesting points to arise from discussions were:

- Volunteer CBOs are not able to follow up nor do they have sufficient expertise to deal with abuse, particularly sex abuse.

- The collaboration between MVCC and local government structures was thought to be weak with MVCC more active than the welfare committees at District level because there is no MVCC at Ward level that can make a clear link between the MVCC at village and district levels.
- The whole MVCC system would need much more training in finance and administration to manage similar funds to those currently being administered and delivered by NGOs.
- Uncertainty – about whether according to local government law, the district council can establish a legally accountable MVCC. (CMAC was ordered to be established by the Minister and is legal but doubts were cast on the status of MVCCs.) It appears in Hai that CMAC will be oversee the District MVCC responsibilities at ward and district level.

## ANNEX 3

### MAGU DISTRICT NOTES

Visited by Andrew Dunn , 12-15 January 2009

Magu District consists of 6 divisions, 27 wards, 124 villages, 765 hamlets and 70,065 households with a total population of 441,703 (male 216,434 and female 225,269).

Magu has benefitted from long term support from UNICEF and the global fund. Identification of MVC has been conducted in all villages. Support to MVC is well documented in activity reports<sup>109</sup> as are the constraints in helping these children. (5 NGOs who assist in delivering assistance to MVC were interviewed)

Council vision: Sustainable better livelihood, safe and prosperous life to all people of Magu attained by 2025.

Council Mission statement: In order to achieve the 2025 vision, the Council has the following mission statement.

“Magu District Council has aimed to improve life status of its people by providing community demand driven services through community involvement, participation in planning, Implementation of their development plans with cost effective utilization of available resources, the guiding principles being equity and good governance’

Overall District objectives:

- (a) To improve services and reduce HIV/AIDS infection
- (b) Good governance and administrative services enhanced
- (c) Access and quality of social services improved.
- (d) Quantity and quality of economic services enhanced.
- (e) Management of natural resources and environment improved.
- (f) Social Welfare, gender and community empowerment improved
- (g) Emergence preparedness and disaster management improved.

### Organisation of social services for children

**Social Welfare Department** has 2 staff. Social welfare is seen as being the most directly responsible department for vulnerable children. Only Geita and Magu have Social welfare officers out of the 8 districts in Mwanza Region. In Magu it is social welfare who are responsible for organizing and rolling out the support to MVC. SWO reports direct to District Executive Director.

Formal caseload 2008 consists of: 22 maintenance cases, 10 matrimonial conflict cases and 8 inheritance cases. Some cases are referred from hamlet, village or ward other cases come direct to the DSW. Inheritance cases are usually heard by village land tribunal who refer to DSW if matter cannot be resolved. There are very few juvenile justice cases. There are 3 children's Homes in the District accommodating, 140, 92 and 35 children respectively. The latter home is not registered.

#### Bethany Children's Home<sup>110</sup>

Situated on the shore of Lake Victoria and accommodates 140 children between 2 years old and 20 years old. The Home only admits children under 10 years old which can seemingly split sibling groups. Children are admitted from Magu and Mwanza via village executive officers or church leaders, through

<sup>109</sup> **REPORT ON THE MONITORING AND SUPPORTIVE SUPERVISION ON MVC AND CJFs ACTIVITIES IN 124 VILLAGES IN MAGU DISTRICT- 14<sup>th</sup> TO 23<sup>rd</sup> MAY 2008.**

<sup>110</sup> <http://www.bethanyfamily.net/index.html>

social welfare. Home is registered and has been operating since 1997. At least 20 out of 140 have mother alive, 10% go on holiday visits.

Besides MVC the major issues are:

- Matrimonial cases
- Land conflict particularly over inheritance
- Elderly women killed in witchcraft allegations
- Albinos – there are 105 in Magu District. 2 have been killed one aged 16.

**Community Development Department** has 7 staff at District and 12 wards are staffed out of 27 with CDOs. Community Development have a mandate to deal with all children and Community Development promotes communities on how to handle MVC and to mobilize resources.

**NGOS/CBOs/FBOs:** these organizations belong to a network called MACSONET (Magu civil society organizations network.) Caritas supports the District. The MVCC identify children for the NGOs to assist.

### **The concept of MVC and categories of MVC in the District.**

In Magu District, MVC are those under 18 years old who are currently experiencing a lack of adequate care, support and protection, There are 3 causes for vulnerabilities to children:

- Reduced capacity to cope with calamities such as flood, death, war, accidents and poverty.
- Resilience weak points eg, education, health, welfare, safety, play and participation.
- Inadequate caring services.

There are 8 categories of MVC in Magu district;

- Abused and neglected children.
- Children living institutions such as children's home, remand home, approved school and crisis/drop in centers
- Child mothers - due to early marriages and teenage pregnancies
- Child domestic workers/child labourers.
- Children with disabilities
- Children living on the streets/in the streets
- Children in commercial sex work
- Children in conflict with law

**Achievements and lessons learnt at District level:** Community participation in all stages of identifying MVC is the best practice in sustaining the programme.

**MVC Committees:** One at district level, 27 at ward levels, 124 at village level and 675 at hamlet/sub village levels. These committees have been trained on their roles and responsibilities regarding care, support and protection of MVC/OVC. They have also been trained on financial management. An assessment by DSW is that: 75% of MVCC work well, 15% work moderately well while 10% are not functioning well due to drop out of members. There is a particular challenge in replacing members.

### Shigala Village MVCC

Girls seen as more vulnerable than boys as they could go into sex work and contract HIV/AIDS, other issues are early marriages and teenage mothers. Some girls are working as domestics in the towns. Girls who move out of the village are not followed up due to lack of transport funds. Children are entered on national DMS and almost all registered children have received some assistance. There were 72 MVC but 22 have exited (migration, age limit, improvement) the programme. Now have 25 boys and 25 girls.



MVCC formed in 2003 and 3 of the original 12 members have left due to marriage and migration. Water, dams/irrigation and classroom construction are the main needs of the community.

***“Helping children was the family responsibility... to sensitize the community that it is now also their responsibility takes time.”***

#### Ihayabuyaga Village MVCC

The identification process began at a village assembly meeting. The following criteria were set:

- Households with no land to cultivate
- Households that have no reliable means of income
- A child who is at risk or has been at risk because of no clothes, food, poor housing – which are considered to be basic rights
- Households with older caretakers unable to be productive

There are now 44 MVC out of 476 children living in the village.

A girl aged 17 was pregnant and was removed from MVC list because she became 18 and her baby was then added to the MVC list. Interestingly this village group of teachers and MVCC members thought that paying for school fees to be more important than paying health transport costs to help a mother adhere to ARV treatment. According to a member **“better to pay for school fees and the person use herbs for relief”** Neglect is more prominent in the village than abuse. DSW thought that it was a pre condition that the UNICEF money be spent on children.

**Establishment of MVC/OVC data bank.** Identification of these children has been done in 124 villages. A total of 6232 MVC/OVC have been identified. 3065 are girls and 3167 are boys. Most of these children are reportedly orphans as a result of HIV/AIDS.

#### Age Distribution for MVC from DMS statistics

Age Group	Total MVC
0Yrs - 5Yrs	218
5Yrs - 10Yrs	1107
10Yrs-14Yrs	1525
14Yrs - 18Yrs	1219

**Service Delivery:** Services Delivered to date; the district council received Tshs. 12,028,080/= from TASAF II to enable MVCCs establish the following income generating activities for MVCCs:

- Poultry project for Matale village Tshs. 3,439,120
- Milling machine for MVC in Sayaka village Tshs. 5,506,400
- Tailoring project for MVC in Nyalikungu village Tshs. 3,082,560.

Communities have so far opened 124 Village welfare funds at the NMB (National Microfinance Bank), Magu branch. These accounts are currently operational/functional. DSWO reports that all MVC have received support in one way or another in terms of school fees, school uniforms, school materials, food, medical care, clothes, and legal support. The main contributions have mainly come from various supporters/donors for the past two years:

- UNICEF 70,892,765
- District Council 38,700,000
- Community 33,555,000
- Global Fund 22,785,000
- NGOs/CBOs/FBOS 12,000,000

- **TOTAL TSHS. 177,932,765**

Service Provider working on provide direct support to MVC at Magu, from DMS

Name of Organization	Region	District
Bakwata AIDS Project (BAPRO)	Mwanza	Magu
Bustani Aden Magu (BADMA)	Mwanza	Magu
Upendo Community Based Organisation	Mwanza	Magu
Lamadi Orphans Day CAre Centre (LODIC)	Mwanza	Magu
Anglican Church	Mwanza	Magu
Maendeleo Ya Vijana Magu (MAVIMA)	Mwanza	Magu
Seventh Day Adventist Church (SDA MAGU)	Mwanza	Magu
Tanzania Childrens' Rescue Center (TCRC)	Mwanza	
Magu Community Based Technical (MACOBATE)	Mwanza	Magu
Nassa Development Trust (NADET)	Mwanza	Magu
United Nations Childrens Fund (UNICEF)		
ELCT - Tunajali Programme	Mwanza	Magu
Halmashauri ya Wilaya ya Magu	Mwanza	Magu

**Monitoring MVC and MVCC:** at district level, Magu has 30 trained team members equipped with facilitation, identification, monitoring and evaluations skills. This team has tracked the utilization of funds by MVC by visiting villages at least twice a year. Working closely with 27 NGOs/CBOs/FBOs the team has been instrumental in ensuring that the needed supports go to the intended group. The availability of MVC data at village, ward and district level, has facilitated the planning and decision making processes to enable MVC and their care takers access basic social services.

The district has established a mechanism through which the community can monitor growth and development of most vulnerable children who are under 5 years old. This was done through conducting training to 124 village Health workers, 1240 MVCC members, 124 village executive officers, 178 community justice facilitators, 1240 MVC caretakers and 155 extension staff (teachers, agricultural field officers, clinical officers.)

**Malaria:** the district has established a network to ensure that MVC under 5 years and the pregnant women receive insecticide treated mosquito nets (ITNs). This equity programme is jointly operated by the district (coordinated by the social welfare Development) and development partner MEDA (Mennonite Economic Development Associates – Tanzania). A total of 3820 Equity vouchers were distributed to 124 villages, MVCCs are responsible in making sure that they are eligible recipients. So far 1452 ITNs have been distributed to the target group.

**Care taking skills:** 353 team members have been trained on care taking skills from 17 selected wards and villages. The trained team members include MVCC members, WEOs, VEOs, primary school teachers and village Health workers. They are responsible in providing psycho social support to MVC and their caretakers.

**Community justice facilitators:** CJFs are looking to work with issues of beatings/physical punishment, land and inheritance disputes, school drop out, sexual abuse, child neglect and early marriage. The CJFs work mainly through referring cases. Child abuse cases are referred directly to Social Welfare or police

because of the stakeholders involved. A girl who was pregnant was reported to the CJF and village committee and the “culprit” was caught and sent to the primary court. However he culprit escaped.

**Education:** with the implementation of MVC/CJF programme in Magu, and with the establishment of public secondary school in every ward, the number of MVC who have been passing Std. VII Secondary School has increased from 64 (2001) to 757 (2007); take up of places by MVC is limited because of ability to pay fees of 20,000Tsh pa. There are 125 pre-primary (118 are Government owned and 7 are Private) schools, 179 primary schools, 23 Secondary schools.

**HIV/AIDS and life skills training programme for MVC.** The objective is to ensure that children are protected from HIV/AIDS, unwanted pregnancies, drug abuse as well as improving MVC self awareness and personality. This is done through peer educators in 13 villages 13 MVC/OVC clubs have been formed to address these issues. TUNAJALI Project-sponsored by PEPFAR programme has assisted this activity. This activity will in the near future be established in all 124 villages.

**Birth certificates:** sensitization of community members and religious leaders has been done to ensure birth certificate processing and issuance of the same to MVC. All 124 villages have put in place plans to register MVC from different sources.

Police and Prisons were unable to take part in the assessment without authority from regional level. The interviewed Primary Court Magistrate did not deal with cases of juvenile justice.

DSWO is part of National MVC Facilitation Team. In summary, there is a strong commitment by DSW and District Council to MVCC system, backed by UNICEF and other donor support.

## ANNEX 4

### MAKETE DISTRICT NOTES

#### Visit by Eric Guga and Eunice Nshunju on 1<sup>st</sup> - 7<sup>th</sup> February 2009

Iringa Region is divided into 6 districts. Makete district is made up of 6 divisions, 17 wards, 98 villages and 465 hamlets. According to the 2002 Census the population of the district was 105,775, of which about 520,000 (49%) are children.

#### District Structure and Child Protection Issues Involved

##### Community Development Department (CDD)

The district has a total of 12 Community Development Officers. The role of the Community department involves arrangement of various government anniversaries and events related to children such as Day of African Child (DAC) and facilitation of child participation. They also have a responsibility of mobilising and sensitising the community on various development issues such as building of primary and secondary schools. One CDO is attached to the TASAF programme, another one is specifically dealing with NGO coordination and HIV/AIDS programmes, one has been attached to Social Welfare Department to strengthen its capacity and four of them have been attached to divisions dealing with given specific groups of Wards. As there are few CDO they are not attached to individual Wards, rather each CDO has been appointed to each of Ikuo, Matamba, Magoma and Bulongwa division and work with two wards each in a given Division. This means there are four CDO who serve a total of eight wards. The wards within the Lupalilo division where the district headquarters is located have the advantage of being close and so are served in most cases by the CDOs at the district council office. The remaining Ukwama division does not have any CDO service. The remaining three CDOs are out of office for studies.

##### Social Welfare Department.

The Social Welfare Office is under the District Community Development Officer who is an overall in charge of the department. However, the DSWO still reports to the central government (District Administrative Council or straight to the DSW) and integrating the social welfare personnel into the district council management has been a challenge because of these lines of reporting. The district council has also appointed one CDO to strengthen the social welfare department. This solution was to minimise the shortage of Social Welfare Officers while waiting for permission to recruit new Social Workers from the PMORALG. Though the CDO is not trained in Social Work, the district council believes the two fields are similar. Practically it has always been difficult to draw lines between the roles and responsibilities of the Social Welfare and Community Development Departments. The district council planner mentioned that in many cases they depend on each other particularly when it comes to activities related to children.

The district Social Welfare Officer has not dealt with foster care, probation or adoption. Informal foster care is in practice among traditional communities and there are initiatives such as *Mama Mkubwa* with support from TAHEA working to promote the practice. Though examples were given of cases of child abuse, neglect, abandonment and family disputes reported at the Social

Welfare Department, none of them have been kept on record making it difficult to measure and analyse.

The DSWO has been trained as a ToT in para-social work. However, the expectation was that the Institute of Social Work visits the district council to assist with the process of recruiting and training a team of para-social workers. This is yet to take place.

There is no DMVC, there is a CMAC. According to the DSWO, the MVCC is supposed to form a subcommittee of the CMAC, though this is not the case. A similar situation exists in the village level where the MVCC and VMAC are working in parallel.

### **Makete Education Trust Fund (METF)**

The fund started back in 1990s and has been registered as an NGO. METF is the Makete Education Trust Fund which among other things, supports MVC with their secondary education including school materials and school uniforms. Main source of income for the fund is donors, and it has been receiving money from Global Fund. The fund supports education up to University level. In 2008 alone, the METF disbursed about 7 Million Tshs; out of it 1.8 million was from the district council. The number of children asking for support from METF has increased from 400 in year 2008 to 980 in 2009. Children supported to join secondary school in year 2008 were 172 and in year 2009 were 420, (275 were boys and 145 were girls).

Schools identify MVC during the last period of finishing primary school and recommendations are made on those most in need for short listing to access METF. Identification letter is issued to WEO enquiring the names of potential vulnerable children who are likely to pass primary school education just before the final examination. The letter also provides the guidelines on how to identify the vulnerable children where poverty at the household level is a key factor. The school committee identifies the children and names are sent to the village public meeting for approval before following the same channel up to the district council again.

### **Experience from the Community in relation to MVC**

*'... Children in an introduction section at Ivalalia Village were asked by the District and Village Officials to introduce themselves by giving their names followed by their status whether orphan or a vulnerable child, with low voice tone, only the first one of the ten managed to do so, the rest went on mentioning only their name even after being insisted to mention their status ...'. –Field diary Eric Guga.*

The DCDO in Makete is of the view that the support rendered to MVC and surrounding community has destroyed traditional values and culture of the community. The support has increased dependence syndrome as a result the community getting support does not share true information in order to attract more support. On the other hand, the community encourages vulnerability as a source of income. Although this still remains a challenge, through initiatives such as counterchecking through public meetings, it has been possible to verify the kind of support given to whom and who deserves support. Despite this, it is important to take note of the good practices as found in Ivalalila village where the community promotes its own initiatives to improve the life of MVC, ensuring they graduate from vulnerability and even encouraging a sense of equality among vulnerable and non-vulnerable children.

According to Iwawa Ward Officials, though it is perceived by members of the community in Makete that the number of MVC in Makete has decreased, yet with the existing number, their

needs are far from met due to limited available support both from the community and from the institutions. A reasons behind this is the limited sources of income among members of the community. Mostly people rely on timber where few people have access to timber land, since families are dominated with women headed households and children, they provide cheap labour in a local timber industries. Children as young as six years of age work for TZS 50 per 8-12 ft by 12 inches piece of timber they carry deep in the forest to the road side. There are Irish potatoes and fruits at a very small scale grown in the area, most of the food are imported from other districts despite the poor road networks.

The number of girls is higher compared to boys and is believed to be due to the fact that, boys when they grow up, run away from home to fend for themselves. The movement of men to other places fetching jobs has been traditionally practiced over decades in the district especially among the dominant Kinga tribe. Girls traditionally are brought up to be loyal and responsible at household level and can get married at the age of 15. This has caused about two thirds of the Child Headed Households to be lead by girls. Women left behind by their husbands end up relying on their children for additional income.

### **The MVC**

The MVC work started with DCDO in late 1990s and later in 2005 was shifted to DSWO. By 2006, there were 6,054 MVC, among them 3,201 were girls and 2,853 were boys. The entry of data is taking place with updates from villages. In 2006, there were 506 Child Headed Households in Makete district, the number had gone down to 206 by January 2008. To date, 270 MVC have benefitted from 54 houses built to improve their shelter. Among them 26 were with the support of UNICEF. Other houses have been built in collaboration with community members, providing manpower and contributions, support from the Social Welfare Department Headquarter, the Roman Catholic Church and ELCT.

The data at the districts indicates that there are 4 children with disability in Makete, among them, 1 is physical, 2 have skin disability (albino) and 1 has mental disability. This data remains in question as the observation in the Iwawa Ward alone on the Market day, gave us a different picture, at least there were 3 girls, one among them had intellectual disability, and two others with physical disability.

There are two Children's Home in the district, one is Kidope Children's Home owned by Evangelical Lutheran of Tanzania (ELCT) and another one is Bulongwa Children's Home, owned by the Roman Catholic Church. However, only the Bulongwa Children's Home has been in contact with the Social Welfare Office sending reports on annual bases. Bulongwa Children's Home has received 1.2 Million grants from the Social Welfare Department through District Council Social Welfare department to support its activities in 2007.

### **The MVCC**

There are 98 MVCC one in each village in the district. According to the DSWO, only 50% of these are active (he bases this on MVC account activeness). The remaining MVCC are either inactive or dismantled according to the DSWO. However this is in contrast to a discovery made on a visit to the Ivallalila village. The village was chosen by researcher on the basis that it was nearby and had an inactive MVCC. The discovery is that the judgment of MVCC activeness based on the use of MVC accounts which rely on the money sent by UNICEF is in question. The

MVCC was actively running its own projects and keeping its own records in close collaboration with the village council out of touch of the district council.

During MVC identification process, MVCC assist in analysing problems related to children. They also have a role of identifying locally available resources to assist MVC. MVCC have their own account established after identification in 98 villages, of these, 42 accounts are dormant. This was revealed when the district council was transferring money to support MVCs as per village respective plans. Among reasons for dormancy of the accounts is the time it takes since its establishment to the time they made transactions. In addition is the village's distance from the district capital town where the bank is located. For instance the Kigulo village which is more than 50 miles away from where the banks are, calculated the costs of transporting the village signatory team costs almost half of the amount of money they are to collect for distributing to the MVC activities.

Though the MVCC is not statutory structure, at village level they appear to have a great level of influence in such a way that the committee receives special attention in village meetings and follow ups, they appear in almost every minutes of the village meetings observed. Issues appearing in the minutes include progress made so far with regards to *Mama Mkubwa*, the local fund and resources accumulated, emergence of new MVCs and any other issues found important.

### **Children Baraza**

Children *Baraza* (Children's Council) are at two levels, the school based with 11 members which is more for children and different from the traditional school council and the Ward Children Barazas which involves also out of school children. The Ward Children Baraza is formed by the representatives from School Baraza and those out of school in the Ward. The District Children Baraza is formed by two representatives from each Ward. The Barazas are headed by children with a president, vice president, secretary, treasurer and health, education and sports ministers . Two members from each Ward Children' Baraza represents the ward every year on the DAC (Day of African Child).

### **Ivalalila Village**

The Ivalalila village has a total population of 2,144 people among them 1,171 are female and 973 are male. Among them, 925 (441 girls and 532 boys) are children below the age of 18. By January 2009, the Ivalalila village had 247 Vulnerable and Orphaned Children among them 111 are girls and 136 are boys and the youngest being almost 1 year old. The MVC identified out of Vulnerable and Orphaned Children were 51 where 22 of them were girls. There is only 1 Child Headed Household recorded in the village. (It is important to note that Ivalalila village identifies all vulnerable children and then goes further into identifying the most vulnerable. However the support programme targets all vulnerable children while prioritising the MVC. The support to all children is with the purpose of preventing those who are at risk from falling into the Most Vulnerable Children category) The latest general identification exercise was done in December 2008 with the initiative of village leadership involved hamlet leaders, as the village realised the process is more reliable as opposed to village level identification. The village data is managed by *Mama Mkubwa* in collaboration with the MVCC and village government in monitoring and updating the MVC register made locally at the village government office. The register is filled in

with pencil and the figures change on daily basis depending on whether the child has graduated and or a new child has been identified.

The MVCC in Ivalalila was formed in 2006 when the first identification exercise took place. Since the beginning, the village have been taking the initiative to replace the missing members due to drop outs, transfer or death. The committee has been active ever since and meets on quarterly basis or in case of emergencies. The agenda in the meetings involves needs assessment, checking the current number of MVC, those who graduated and newly registered, special cases and referrals, the number and type of support received and those who are still in need. Among the task of the MVCC are to work closely with children and *Mama Mkubwa* to identify Most Vulnerable Children, identify their needs, coordinate all incoming support targeting MVC, follow up to ensure the support reaches the desired target individuals, making referral to other service providers such as of health in close collaboration with *Mama Mkubwa*.

The MVCC account was dormant, for more than two years there has been no active transactions. The reason given was the disappointment with the instructions from the district councils which were not in favour of the MVC priorities in their village. The district council ordered the money sent by UNICEF in late 2006 to be used for none other than school fees, on the other hand the village did not have any child in need of school fees. The fund amounting TZS 600,000 was left in the account unutilised since then. The MVCC feared legal actions and decided to find their own means. The MVCC has been raising funds locally in collaboration with *Mama Makubwas* and the village government and has been able to support the identified MVC throughout the time. Moreover, the MVCC has received 4 bicycles from the district council and 30 iron sheets for building MVC houses. The MVCC have been working directly with other stakeholders particularly TAHEA, the Roman Catholic Church and ELCT.

### ***Mama Mkubwa initiative in Ivalalila Village***

*Mama Mkubwa* is a person elected by children themselves and acts as a matron who takes care of the welfare of children who have been left by both parent or single parent and are living under destitute conditions. The initial group was identified by the village members in a village assembly when the initiative started in 1999. Later on, the replacement of *Mama Mkubwa* has been done by a meeting of all Vulnerable and Orphaned Children. Children have been the ones recommending whom they would like to replace the missing *Mama Mkubwa* and then a vote of confidence is done against those who have been recommended. The initiative started in 1999 with facilitation from TAHEA (Tanzania Home Economics Association) through training and UNICEF's technical support. Initially when started there were 10 *Mama Mkubwas*, currently they are only 7, out of them only 2 participated in the initial trainings. However, the skills have been informally passed on to the new *Mama Mkubwas*. There is at least one *Mama Mkubwa* in each Hamlet responsible for MVC taking care in collaboration with the *Mama Mkubwa* group. Each *Mama Mkubwa* is allocated with 23 to 44 children depending on the number of MVC in a given Hamlet. The care taking is home based where none of the child lives with *Mama Mkubwa*. The *Mama Mkubwa* tasks include daily visits to respective homes, listening and following up on their status, providing advise and counselling, offering material support where available and emotional support .



The *Mama Mkubwa* have organised themselves into a group with chairperson, a secretary and a treasurer. The *Mama Mkubwa* are a well respected group of individual as their work is considered a moral and spiritual commitment by other members of the community and they have been exempted from many joint tasks and responsibilities within the village so that they have enough time with children. Some of the *Mama Mkubwa* particularly the chairperson is the member of the MVCC, and all the support mobilised by the MVCC are channelled through *Mama Mkubwa* to ensure that they reach the right target children.

<b>Hamlets in Ivalalila Number of Children Cared</b>	
1. Ikiligano	42
2. Kikuzi	38
3. Irovoko	32
4. Madanda	23
5. Matula	43
6. Udide	25
7. Majengo	44
Total number of MVC	247

Among the income generating activities are the 6 acre Irish potatoes farm the *Mama Mkubwa* have initiated in collaboration with the MVCC and village government, and managed by the whole village under supervision of *Mama Mkubwa*. The *Shamba* has the capacity of producing 70 tins (approximately 25 kg each tin) and has been in existence for the third year now. They also have a Savings and Credit Scheme in which all the profits gained are used to support the MVC with basic needs.

The challenges *Mama Mkubwa* faces is the limited income compared to the needs of children, dealing with emotional difficulties when failing to support an emergence need of the child, and dealing with physical, sexual, humiliation, discrimination and emotional abuses particularly done by immediate caretakers.

### **Community Justice Facilitators (CJF).**

There are 35 CJF in the whole district of Makete, 2 allocated in each ward with exception of Iwawa Ward where there are three of them. CJF are those who have been trained as facilitators - most of them are young people. The experience indicates that *Baraza* elders also practice similar work, though they do not deal directly with children. However, it is also the case that, CJF are very aware of the basic laws that affect families and children, also issues such as land disputes, family conflicts and child care disputes have been brought to them.

All unresolved cases are sent to Ward tribunals or in rare cases to the Police station. The cases related to abuse, especially sexual abuses are kept as a very high secret by victims and even when discovered the victims are hardly cooperative because of the fear of stigma. Exceptions are for those considered as 'minor' which are often arbitrated by CJF or *Baraza* elders. The minor cases include physical abuse which has not caused serious injury, verbal abuse, neglect and abandonment. Religious leaders have also been playing a key role in supporting CJF who often provide spiritual counselling, material support and offering mediation.

Another group that is believed to have a complementing role to CJF and providing preventive measures are cultural elders and traditional healers, using rituals and taboos and at very low cost, they often prohibit acts that affect families and children. These elders are respected and feared based on myths and norms that are believed to be working, going against them might badly affect the warned individuals or groups, in this way everyone involved act in favour. For instance, having extra marital affairs while a child is still an infant inhibits the mental and physical growth of the child, or if you abuse a child you irritate the ancestors or fear of being bewitched by the concerned parents and relative. Practices such as *Livungu*, where an infant nursing mother is given a separate house where the father is forbidden to sleep and having limited visitors for two years is a spiritual belief and serves as a form of family planning practice, but also minimises the risk of infections to the child (by being isolated).

The challenge to CJF work is record keeping and reporting, many cases are unrecorded and therefore the district misses the opportunity to project for future planning. CJF offer their service for free and at high quality, they have been approached and trusted much by the community members. This has raised conflict between the CJF and *Baraza* elders (from the ward tribunal) who often charges fees for the service as opposed to CJF.

## **Juvenile Justice**

### **Police Station:**

Makete district has only two police stations, one at the District Headquarters and the other one at Matamba with only one vehicle. According to the OCD, the police station is working observing carefully the laws and is aware of the fact that a child under the age of 10 can not be arrested (Penal Code section 15 (1)). The Police is also aware that children are protected under the age of majority act. They also mention the SOSPA of 1998 which affects children and police work. The introduction of SOSPA and awareness of it has led to an increase in number of child offenders and majority of them are observed to be above the age of 14. Another offence that children are mostly convicted of is theft and this is mostly by boys. The police have made efforts to raise awareness with police officers through regular meetings on how to properly handling children according to age, rules and procedures for handling child victim or offender. Now only senior officers in police stations are responsible for handling children's cases both victims and offenders. According to OCD of Makete, keeping children in custody is a rare event they are either self bailed or their parents/caretakers are contacted to bail out the child. Women in detention with a child they receive special care.

Children fall victims of many crimes including sexual abuse, physical abuse, their properties being grabbed by relatives after the death of their parents, and often children who are victims of a crime are unused or afraid to report such matters directly to the police post. Cases are often brought by a third party concerned person. Cases known to have been reported regularly are of physical and sexual abuses. Some of the reasons believed to have contributed to this non-reporting is the distance to a police station, limited awareness on their justice rights, threats from the offenders and cases are often handled by local leaders.

Though not directly related to crime, police in Makete are concerned on the increase of child commercial sex work which is practiced at a very low profile, increase in number of MVCs,

child labour, and increase of abandoned children and spread of HIV/AIDS due to cultural practices such as *Ndombosekele*. Ndombosekele is a practice that allows sexual interaction with multiple partners and especially when a husband is not in place, a relative can take his place. Underlying causes to the whole situation is believed to be low income at household level and the attitude of parents toward children. .

The Ward Executive officer is supposed to report cases to the district police station, yet the local leaders are known to have been practicing the reconciliation process of cases, and even judging. Again this is acknowledged by the OCD to be due to limited resources both at the Ward Offices and the Police station which limits not only the communication but also transport to follow up and monitor incidences. On the other hand, some communities have been taking children's cases as source of income, as compensation. Ordered from an offender will mean an income to an affected family.

To deal with the challenges they face with children, police feel that there is a need of increasing education to the community to minimise practices that harm children. Additionally, the OCD feels that the capacity of police officers of junior level who mostly interact with the community is still minimal with regard to dealing with children's issues, only humane experience is what is being applied. The Police feel that there is a need to have police officers specialised on children who can work with Social Welfare Officers and also deal with education to caretakers on child abuse and protection.

### **Makete Prison**

The prison has received 3 children in 2008 under the age of 18. Among them, 1 boy of 15 years of age appealed with the help of the prison legal officer and won release, 1 boy 16 years old was sent to life imprisonment for sexually assaulting a 6 year old girl and another one boy was released after finishing his sentence and receiving corporal punishment. All of these were considered as young persons as per penal code and not juveniles. All cases were related to sexual offences. Though no empirical data was available in the prison, the officer in charge mentioned that all cases for juvenile such as theft and sometime 'minor' sexual offences are often sentenced to corporal punishment and conditional release. The prison's first interest when a child is sent to prison is to appeal in order to minimise harm that might be caused by spending time with adult offenders. Prison officers felt that child offenders are often very vulnerable and dealing with them is often a challenge as most prisons do not have facilities for children.

There are serious problems with the procedures, records of actual cases, age group which might cause children not getting proper handling when in conflict with the law according to the prison officer in-charge. These are mostly caused by police procedures which need to be improved to help protect children from being further exploited by law. One of the prison officers emphasising this stated that, *'being a prison officer, there is no way you can stop children from coming to prison, the best you can do is care and rehabilitation'*.

The prisons officers view is that *'...children are victims of violence, abuse, neglect and lack of care that they turn into conflict with the law...'* UN and NGOs should work closely with and frequently visits prisons to share skills and experiences in relation to child protection and help improve human rights conditions.

## **NGO Work**

Currently there are about 48 NGOs known by the District Council to be targeting children out of these, only 10 are considered active. Coordination of NGO work remains a challenge within the district council. There is limited transfer of information as to which organisation does what, where, and at what cost in relation to MVC. An important observation on the government monitoring structures of NGOs is that the mandate for approval of NGO work in the district is with the District Commissioner, while the projects NGOs are carrying out are complementing the District councils' initiatives which has full mandate in planning, implementation, monitoring and evaluation of development activities in the district. In many cases NGOs report to District Commissioner, which is a political title with minimum influence over the districts projects, and start working within the district directly with the target group without informing the council. The council has limited powers to question the incidence as it has no mandate over the work of NGOs in the district. Consequently, overlapping and double standards emerge in the course of implementation. According to DPLO (the District Planning Officer), few NGOs are known to understand and communicate with district councils about their activities, many NGOs and their project work goes unknown to the council, which provides a huge challenge in planning, monitoring and coordination of projects and its resources towards MVCs within the district.

NGO coordination remains a challenge according to three NGOs visited which was also implicated in discussion with the DPLO and DCDO. There is minimum cooperation of NGOs on the type of services, the target group and even the methodology used to support MVC. MVCC are known to have contributed to this among other factors. In many cases MVCC should have been in a position of sharing the information with all the NGOs on the support already provided, however to avoid the risk of losing the support, many of them are not transparent. There are cases where one child could get same support from multiple agents. At times, even school fees are paid to the same child more than once and the school does not share the information.

## **CRS Makete Programme for Orphan and Vulnerable Children**

CRS is a faith based organisation running humanitarian activities. It is working in Makete specifically targeting MVC and OVC. CRS uses a Parish model of support to MVC, channelled through Catholic Church system from communal groups-to- Katekista-to-Parish level in decision making. The children supported are all vulnerable children identified by church communal groups and not necessarily orphans. The type of support given includes health care, uniforms, food supply, blankets and school fees to both primary and secondary school going MVCs. Other activities include campaigns to minimise stigma and abandonment of children. The work is done in collaboration with the government.

Currently CRS targets the following villages: Ndulamo, Ludihani, Ilalalila, Ililikinge in Iwawa ward and Usililo in Bulongwa ward. The work is done through voluntary Mamas (female caregivers) who are identified by respective communal groups and each village has two mamas under the coordination of CRS coordinator who is also a Parish priest. Currently there are 8 mamas who are sometimes given a token of 20,000 TShs, trainings and bicycles. The identification of Mamas is based on the caring skills, faithfulness, decency and availability for the voluntary work. The Mamas work as prime counsellors to the identified MVC as they normally live within the neighbourhood of the communal group. Each mama is given a group of children to follow up on their progress both at home and in school, and provide an opportunity for immediate person to person reporting and counselling.

The five villages are considered as pilot villages. MVC are identified by the communal groups and the names are submitted to respective MVCC for counterchecking against MVC village registers, these who get support from the project are then identified with the MVCC to avoid duplication of supports. The services are sometimes channelled through MVCC and at times directly but the information is always shared with the MVCC in the support rendered. By July 2008, 346 children of primary school level and 124 children (14 to 18) of secondary school level have benefited through support by the project. Those in secondary schools are supported based on their attendance at the school located within the target villages/parish and not their home of origin. There are more girls than boys in the identification process. Girls rather than boys are known to be heading child headed houses (CHH) while boys have dominated the number of children migrating to towns for jobs as opposed to girls. For instance, in Iwawa ward alone, there are 42 girls compared to 22 boy MVC who were in need of support below the age of 14. The support is extended to children regardless of their faith background.

Culturally, women and children are the Most Vulnerable groups compared to men in Makete district according to CRS coordinator. They suffer mostly abuses both physical and sexual, they are known to be angry and violent as a result of the experience they go through. Children who have minimum support tend to account for the increased number of early pregnancies in schools. Many of these acts go unnoticed in the community. The number of MVC keeps on fluctuating and even the ones identified are based on obvious criteria, however many remain highly vulnerable but go unnoticed as the violence and abuse remain unnoticed or disclosed.

Many children are currently known to be working as cheap labour in forests and paid as little as 50 TShs per about 8 by 6 feet piece of mostly wet wood, and young sexually active girls often end up having sexual relationship with timber businessmen in exchange for money. This concern is also known by the local government authority, but little is done as there are very limited alternative to family income and yet minimum support to fulfil the needs of increasing number of MVCs. Children are not participating in projects and community initiatives, yet they remain the key informers of such events.

*‘The impression is that the number of MVC has been on increase, even though there are number of organisations working with MVC, the impact is very minimum’* said the in-charge of CRS in Makete. The number of children approaching the church for support is observed to increase every year. The reason behind is yet to be known. An alarming rate is in the number of children who passed and want to go to secondary school, the 20,000 TShs school fee is an issue. The representative of CRS feels that there is a need to explore a more sustainable solution to the situation.

Though coordination of NGO work is still a challenge, CRS is aware of the existence of similar NGOs working in the same geographical locations particularly IDYDC, TAHEA, TUNAJALI, Bulongo CH run by Lutheran church and have been working in sharing referrals and services.

### **Iringa Development of Youth and Disadvantaged Children (IDYDC)**

IDYDC supported 62 MVC to access secondary education through support to educational material such as uniforms and exercise books as well as covering their school fees. The organisation also has been providing health insurance to MVC, by 2006, there were 700 being supported with health insurance. The organisation also provides vocational training to 200 children and young people aged 13 to 22, giving skills in carpentry, masonry and tailoring. At the vocational centre, a child gets free meals and accommodation. The organisation has been

targeting 100 children every year, however, the dropouts are common due to responsibilities at family level, opting for labour to get quick income and a sense of not meeting their expectations at the centre. For instance, by the time of the research there were 55 children 25 boys and 30 girls out of about 70 registered at the beginning of the term.

The process of identifying MVC is through MVCC, either the organisation consults the MVCC or the child brings a recommendation letter from MVCC for support which has to be counterchecked for confirmation. Other children are brought in by other NGOs and project such as TUNAJALI who sometimes contribute fees and material support. The centre has also been receiving support from the government, for example the district council gave 50 pieces of blankets and 2 bicycles that were from UNICEF, and also the council gave tender for making uniforms to be distributed to MVCs in the district.

Some of the challenges the organisation faces is limited networking and sharing of information among NGOs and district council. This experience has resulted into duplication of activities and multiple supports by several agencies to the same target group.

## **ANNEX 5**

### **MTWARA DISTRICT NOTES**

**Visit by Eric Guga and John Parry-Williams 13-16 January 2009**

Mtwara Region is divided into 5 districts councils. In the 2002 census the population of Mtwara Rural District was 204,157 (50,637 households); the number of children under 18 years at 43% was 89,680. The district is made up of 18 wards and 118 villages.

#### **Staffing involved in Child Protection and the Issues Addressed.**

##### Social Welfare Department (SWD).

The Regional Office is in adjacent Mtwara Municipality and has 3 staff. The Regional Social Welfare Officer (RSWO) attends court and is responsible for supervising 2 Probation cases one of which is from Mtwara Rural. Most probation orders are to boys who are responsible for teenage pregnancies. Four children had been abandoned of whom 3 were babies who had been placed by the RSWO with foster parents for 3 months after which the foster parents can apply for their adoption. The RSWO had visited each of these children about five times. There was one adoption last year. The majority of cases dealt with by the Regional office concern maintenance, matrimonial disputes and affiliations. Other duties concern oversight of 400 Day Care centres of which only 20 are registered; many are short lived. The office also coordinates Community Service for those aged over 20 years started in 2008.

The Social Welfare Officer (SWO) is the only DSW official in the district; there is one SWO in most of the other districts in the region. The SWO's major involvements in this district is the coordinating of the MVC Committees but also includes child maintenance matters, requests for government assistance and to a lesser extent assisting people with disabilities, those requiring ARVs and the encouraging of Day Care Centres. There are no district funds currently to the MVCCs. There is also no budget for Social Welfare in the district. The RSWO is contacted for case management advice. The SWO reports both to the District Executive Director (DED) and to the District Community Development Officer (DCDO).

##### Community Development Department (CDD).

There is an extensive community development presence in the district with the DCDO having a district office staff covering social welfare, planning and research, loans, gender and engineering and with Ward Community Development Officers in the field, though currently only 7 of the 18 wards have WCDOs. The DCDO links with CMAC and can access income generating funds for orphans living with relatives. The WCDOs have among their tasks being in the MVC identification team and the supervising of the Village MVC Committees in their ward. However, the latter is seldom done due to lack of transport. The Department of CD should receive 5% of district funds but that depends on how much the district collects.

A District Justice Facilitator focal person (with funding from UNICEF) has done training at district and ward levels (11 days at each) and has appointed 36 permanent Community Justice Facilitators (CJFs) usually young people working with NGOs with two in each of the 18 wards. Their task is to assist children to attain their rights particularly by advising on legal issues

concerning inheritance, custody, land disputes, abuse and neglect. The Ward Executive Officer, who manages the CJFs, reports quarterly to the district. The two trained CJFs we met were having problems in being allowed to operate by the village authorities and this does not seem unusual. They highlighted problems of early marriage, pregnant girls being expelled from home and girls sent away to do domestic work

There is also a Child Participation Officer who reports to the DED and who links with the ward youth network centres and village youth groups (14-24 year olds). He covers the districts 118 villages and has a motor-bike.

### **Decentralisation and finance for MVCs**

Decentralisation began in Mtwara Rural in 2005. The Regional Social Welfare Officer spoke of how previously issues had to be forwarded up to the central DSW for approval and funds. The SWO now has authority to resolve many problems at district level except for fostering and the registering of Children's Homes, which require the Commissioner's approval. There is a plan to close the regional Office and put the staff in the districts.

There is no budget for MVCs at present but a proposal is being put together for the next financial year. Money was allocated from central government funds (11,190,000 TZ shs.) for uniforms and stationary – 276 MVCs out of 2,579 received these and in addition 76 MVCs had their secondary school fees paid direct to the school.

The budget for undertaking the identification and accompanying training in 5 wards during July-September 2008 was 36,827,000TZ Shillings (US\$ 28,328) and for the whole district of 18 wards would at least be US\$ 84,000. The amount allocated for district trainers' expenses in the 5 wards was 47% of the total.

### **MVCs and MVC committees**

Regionally all the other districts except Mtwara Rural have MVCCs managed by PACT working through local NGOs. Although there is a DMVC Committee for Mtwara Rural it has not drawn up an action plan for MVCs and MVCCs. A study of 85 village MVCCs in 5 wards showed that 60% were functioning and distributing a little assistance. MVCCs have been established in all 118 villages.

Two MVCCs were visited (Ndumbwe and Ntende) both were established in June 2008 after the identification of MVCs had taken place by a Facilitation Team, made up of district, ward and village facilitators with village inputs before and after the process. So far these two MVCCs have had 3 days training and should receive a further 5 days. In Ndumbwe there were 1,077 children (481 boys and 596 girls) of these 14 children in 9 households were identified as MVC, of whom 11 were boys and 3 girls. In Ntende there were 1,532 children (563 boys and 969 girls) of these 22 MVCs in 12 households were identified, of these 13 were boys and 9 girls. There was no ready explanation as to why despite there being more girls than boys in each village a greater proportion of boys were selected as MVC. Whether the fact that many girls marry at around 15 years or go to domestic work affected their decision was unclear but there would appear to be a lack of equity in the identification process.



In both villages almost nothing had been done to support these children since being identified in June. Yet the number of households requiring assistance at 9 and 12 seems a manageable one for giving assistance. In both villages the most pressing MVC needs were for shelter, food and bedding/clothes in that order and then access to education and health care. In Ndumbwe the MVCC had not revisited the MVCs as they had complained they had received nothing and also felt stigmatised by the process.

The MVCCs appear to have made little use of referring MVCs for assistance even to health workers who were on the committee. Support and interventions appear not to have been sought from VMAC and other committees, or from Community Justice Facilitators nor by way of village initiatives. Both villages received visits from AMREF and Basic Needs (active in the area of mental illness), however, neither used these visits which supplied medicines, medicated mosquito nets to directly assist MVCs. Both MVCCs lacked any funds apart from what they collected (10,000 and 20,000 shillings) but also seemed to lack the motivation to take small-scale initiatives. Supportive supervision is necessary for MVCCs, possibly especially where the community is very poor.

### **Identification of MVCs & the Data Management System (DMS)**

2,579 MVCs have been identified in Mtwara Rural district. The information collected in each village register on MVCs identified in the 18 wards of the district has been collated at the district level. Out of a total of 104,766 children (45% of the population there is 51,388 boys and 53,378 girls); 2,579 were identified as MVC (1,482 boys and 1,089 girls) in 1,894 households. The same disproportionate number of boys to girls is evident. The MVC numbers range from 70-10 per village. In the opinion of the SWO there are many more children with problems than are identified. Overall in the opinion of the SWO food is the prime need. The district data indicates that for 61 under 5 year olds their nutrition status is dangerous; the SWO thinks this is mainly due to maternal poverty. Better access to health care and nutrition could help the under 5s while the introduction of village farms run by the MVCC could improve the diet of those MVC who have only one meal a day.

The data highlights many important aspects of need by the MVCs and their caretakers. The majority of caretakers obtain their livelihood from farming (4,197) with 41 in other occupations but 222 are involved in no economic activity and it is thought that these are predominantly the over 60 year olds. The data indicates that the number of MVCs identified between 7-13 years are nearly equal to all those under 7 and over 13 years, also 522 MVC (20%) had no formal education and by Standard 7, 283 had dropped out of school. It also sets out what the identification saw as the priority needs of MVCs in the following order: clothes (1,700), food (1,444), school uniforms and materials (1,229), shelter/bedding (1,210), medical services (921), capital requests (516), school fees (387), psycho-social support (192) legal assistance (137) and. A study by the DMVCC and VMCCs of the data should be able to focus their attention on the specific needs of MVC households in their areas requiring action but would need to link in with the distribution of funds by TACAIDS through CMAC as to the orphans they were assisting and with any other players giving assistance.

## **Juvenile Justice**

According to the Public Prosecutor there were many sexual offences against children yet most were resolved by compensation with the perpetrator and so were not reported to the police unless the payment was not made. At the initiation ('unyago') of girls aged 5-6 years they are taught how to please men, which may well make them susceptible to abuse. According to the police the main offences reported were stealing followed by wounding and sodomy. The main sentence was caning or conditional discharge, whether a child received the former probably depended on the magistrate the child encountered.

According to the Regional Prison Officer if a child under 16 years was sent to prison he would appeal to the district court to remove him. However, according to the RSWO there were 5 children in Lilungwe Prison on RIC in 2008 and they were mixed with adults. Children are also mixed with adults in the police cells as there is no separate cell for them. How much diversion is done by the police was not investigated. The District Council has expressed an interest in building a Remand Home.

## **Access to Health Care, Schooling and Psycho-social Support**

There are 1-5 health workers/attendants in each village but their activity and the type of assistance they give was not investigated. There are only 3 Health Centres in the district that supply ARVs and which also do testing. There is a mobile clinic which visits outlying villages as some are over 2 hours drive away from the nearest Health Centre. There is about one dispensary to every three villages. The government has introduced Community Health Insurance by which a family of 8 can for 5,000 Tz Shs. per year receive free treatment and possibly also pills if they have a serious illness. The SWO suggested the MVCC could pay for 8 MVCs to benefit from this.

There are 108 primary schools of which with parental help 40 provide lunch of posho and beans.

The SWO thinks that many more MVCs have personal problems (emotional, social and legal) that they need help with than the identification process indicated.

## **NGOs**

There are about 10-12 NGOs in the district. Four were visited. **MPLA** gives some legal advice. **MEDI** has 17 staff and assists orphans in the region with school materials and provides income generating assistance and improved shelter to their elderly caregivers. They have had very few requests from MVCCs for assistance. **Kimwam** ('People's Umbrella Organisation') works primarily in Mtwara Urban in conjunction with MVCCs who direct them to MVCs whose households they visit; in most cases they give school materials and fees and income generating assistance but also psycho-social support as they have a social worker on their staff.. Kimwam is currently supporting 468 children indicated to them as requiring assistance by MVCC s. Although they do not currently work in Mtwara Rural they plan to do so. They have also recently started working with PACT in distributing materials to MVCs in Mtwara Urban. **Basic Needs** work primarily with the mentally ill and child headed households. They are active in Mtwara Rural. They reported the harmful cultural practice of the use of coconuts to mould a child's head to make it round which can result in the child developing epilepsy. They work with PACT in

Newala and Masasi districts. MVCCs could benefit MVCs by making greater use of these NGOs and other NGOs operational in the district.

## **ANNEX 6**

### **SIHA DISTRICT NOTES**

**Visited by Eric Guga and Andrew Dunn – 19-20 January 2009**

This district was split off from Hai District 1<sup>st</sup> July 2007.

According to the National Costed Plan of Action for Most Vulnerable Children (2007 to 2010) there are a total of 5278 MVC in Hai and Siha Districts. Among these children, 438 are single orphans<sup>111</sup>; 1174 are double orphans; 18 are children living with a disability, 849 are children living in child headed households; and 3029 in elderly headed households.<sup>112</sup>

There are as yet no accurate figures on children for this district as a separate entity.

Siha has no social welfare officer, but has 4 community development officers at District level, though only one ward has a CDO. The District CDO has a community health background. There are no known registered or unregistered Children's Homes in Siha. There was no information available on formal caseloads or other child protection initiatives.

#### **Most Vulnerable Children**

The process of identifying MVC began in December 2008 in Sanyu Juu ward which consists of 5 villages. Prior to this, advocacy meetings were held at district level, followed by training of district training of trainers. At ward level advocacy meetings have also been held and people have been trained as TOTs. It was in the village assembly where MVC were identified. Villagers were divided into groups: the elderly, youth and children and asked to give names of children as identified as possible MVC. The lists of names were then compared. After this household visits were undertaken to these MVC households and a 2<sup>nd</sup> village assembly was called to give feedback on whether the MVC identified in the first meeting met the criteria. There were then discussions where the names on the lists were prioritised. The 4 villages then each formed an MVC committee. Which was then duly trained and fundraising events organised. The next activity is for the village to open a bank account. No money or material assistance has so far been distributed to MVC.

These 4 villages identified 406 MVC (202 girls and 204 boys.) The major MVC issues are education, food and shelter. CDOs reported that it appears that schools' pursue children to their homes to try and recover school costs and to sell uniforms. Children are expelled from school if they cannot afford the school costs.

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<sup>111</sup> Single orphans and children with a disability were included only if living in very poor conditions.

<sup>112</sup> MoHSW, Department of Social Welfare, National Costed Plan of Action for MVC, 2007- 2010

## **ANNEX 7**

### **TEMEKE DISTRICT NOTES**

**(Visit by Phenny Kakama, Eric Guga, Andrew Dunn & John Parry-Williams, January 6<sup>th</sup> & 8<sup>th</sup>, 2009)**

Temeke is one of the three municipal districts in the Dar-es-Salaam region and is regarded as the poorest. In the 2002 census Temeke District had a population of 768,451 of which 41% were children. The district is made up of 24 wards and 158 mtaas or sub-wards. There are about 200 CBOs in Temeke. The MVCC coordinator thinks the number of MVCs are increasing as evidenced by more street children, rapes and other sexual abuse, abandoned children, orphans, school drop outs and the consequences of increasing number of divorces.

Research<sup>113</sup> in Dar es Salaam including Temeke finds that at least a fifth of girls report that their first sexual encounter is forced. Sexual abuse is so prevalent that it is hardly even noticed, or is treated as normal. Girls were aware of the possibility of sexual violence against them, which determined even their reactions to the continual propositions being made to them. There are few sanctions against male perpetrators of rape; it is considered something marginally shameful and hardly a crime. Gang rape is practiced as a means of punishing and removing young sex workers. The research which took place in Temeke was also concerned at the increased risk of orphans to sexual abuse, and the lack of protection from relatives. There were also concerns about the non reporting of incest and forcing of girls into sex work by relatives.

The CDO estimates that 50% of all the most vulnerable children are also orphans. Dar Region has the highest HIV prevalence rate among adults in the country (with 12.2%; Tanzania HIV Indicator Survey, 2002-3) and with Temeke's high levels of poverty and large informal settlements its HIV prevalence is likely to be higher. So as to try and keep parents alive there is a need to persuade parents to go for testing.

#### **Staffing Issues.**

Community Development: a CDO who is standing in as a SWO has coordinated the MVC programme since 2005. There is a CDO in each of the 24 wards.

Social Welfare: there are 3 SWOs in Temeke. Social Welfare has been waiting to be absorbed into local government for 7 years. They say they work closely with the CDOs and this sentiment is reciprocated by the CDOs and further confirmed by the Planning Officer. The main tasks of the SWOs concerned:

- matrimonial issues and maintenance which one SWO said took up 90% of his time.
- placing children in Children's Homes ( although only 3 children were placed in a Home by SWD in 2008,) registering, inspecting and closing Homes (2 were closed last year), reunifying children (20 were reunified up-country last year.) There are 12 Children's Homes in Temeke accommodating about 600 children of which 40 have court/official

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<sup>113</sup> Mabala, Richard, (2008) "Adolescent Girls' Vulnerability to HIV Infection in Dar es Salaam: The Need to Link Protection with Prevention Beyond Behaviour Change," in Edström et al. (eds).

DSW authority for the placement, plus the Government Children's home which should have two social workers on its staff but currently has none

- placing 4 children with foster parents,
- acting as guardian-ad-litem to children whose adoption case comes to court and
- the training MVCCs..

***“if we refuse to admit the children into the Homes they (relatives or referrer) may think the government is inhuman.” SWO Temeke***

Juvenile Justice cases are heard at the children's court in Kisumu. All court reports and supervision are undertaken by the 5 social welfare officers working from the courts.

There are 30 para social workers in Temeke who have had about 2 weeks training. Many are members of MVCCs and work at the mtaa level. They are not paid. They work to obtain resources from the community to assist MVCs. Community Justice Facilitators (who have received 11 days training) operate in each ward. They make referrals concerning children and do follow-ups to see whether action has been taken.

### **MVCs and MVC Committees**

An MVCC does not exist at Council level nor at ward level. According to the coordinator the MVCCs are functioning better in the urban as opposed to the rural areas. The Planning Officer felt that the training given to the ward leaders was not effective whilst the MVCCs were more aware of the children who needed assistance. He felt that it was poor selection of MVCC members that resulted in some MVCCs poor performance. Until 3 years ago the Mtaa Executive Officer who influenced selection was a political appointment now they are government civil servants and look more for the best persons for the job. According to the SWO the MVCCs have become more involved since receiving training. However, the coordinator thinks only about 40% are active.

It was reported that each MVCC has received 6 bicycles, one suspects that in most cases these stay with the committee. 50% of MVCCs in Temeke are given material support, such as food and clothes by NGOs. The coordinator thinks that the MVCCs and CMAC do very much the same job and that it causes problems. The fact that CMAC is a statutory body while the MVC Committees are not complicates matters and their reporting is different CMAC to PMO-RALG through TACAIDS while formally the MVCCs come under the MoHSW. The coordinator expressed the view that the MVCCs need to be further empowered through training such that they become more motivated and implement their action plans.

A visit was made to the Magumbaza A mtaa (sub-ward) MVC Committee in Keko ward. It meets monthly and has a 6 month plan of action which it shares with the community. It is accountable to the sub-ward council, the WCDO and the municipal CDO; the WCDO attends their meeting every 3 months. The 5 members met came from different backgrounds in business, the ward council and malaria control. They are appointed for 5 years. There is a guideline concerning the membership of the MVCC, including the need for a gender balance, except for the representatives of NGOs. Eight or more members have to be present for a decision to be made.

The MVCC operates in a mtaa of 8,602 households where 267 MVCs have been identified, who are thought to be in about 90 families, most of them are between 5-12 years. They based this emphasis on the fact that a child's material needs increase after the age of 5 years with the demands of schooling and that they thought more parents die during these years. There was little appreciation of the high numbers of children who die before the age of 5 years.

***“before the age of 5 years the needs are not so many. After that the cost of education, health care are higher and family quarrels increase plus the child demands more, also the death of parents is more frequent”*** MVCC member

The ‘ten cell leaders’ were critical in suggesting the MVCs who should be visited. It was unclear from the interview whether the MVCC had been directly involved in the primary identification or it was done by a facilitation team of about 5 people from the district and ward as well as the village. They spoke of talking to the child and checking whether they usually had lunch, go to school and cross-checked the answers with neighbours and the school. The MVCC was well able to describe its tasks in assisting MVCs.

The main items given to MVCs by Magumbaza MVCC were mosquito nets (102), followed by blankets (10), and school materials eg shoes, school uniform and school bags (9) and 2 bicycles so two children could reach the nearest secondary school. The MVCC had received 400,000 Tz Shs. from UNICEF (US\$307) via the Municipal Council. It also raises money from among the community.

### **The Funding of the MVCCs.**

The budget for the MVCCs is made up of different contributions. The Planning Officer stated that funds come from UNICEF and from the Council's own collection. He felt little had been contributed by the community. UNICEF had also assisted with material goods such as 600 bicycles, blankets, mosquito nets and weighing scales. It seems likely that the budget of 10 million Tz. Shs. referred to by the coordinator for the 158 MVCCs in 2007 of which a total of 5 million was received (US\$ 3,846) came from the Council. If equitably divided between the 158 MVCCs this would amount to US\$24 per MVCC. However, in addition, there was UNICEF's contribution, which made up the bulk of the finance for the MVCCs. The Planning Officer stated that 500,000Tz. Shs. had been dispersed to the bank account of each MVCC which is somewhat more than that reported by the Magumbaza MVCC.

Although each sub-ward receives the same amount they are not having to address the same problems. The population distribution over the 24 wards is very different. Seven of these wards are heavily populated while nine of the rural ones are not and he does not think have so many MVC. The wards range in population from Charambe the most populated with 100,000 people to Chamuze with only 6,000 people. The more equitable distribution of funds according to the numbers of MVCs in the sub-wards is something the Council should address.

### **The Role of the Mama Mkubwa (MM).**

The MM acts like an aunt carer to children who have no parents and no extended family to care for them. There appears to be no structure for choosing MMs. They would appear either to put

themselves forward or to be proposed and the MVCC either agrees or not to the children going to the MM. 6 of the 24 wards have MMs. There is no maximum number of children that a MM can look after despite the ruling that any Home caring for over 5 children is a Children's Home. In Kibada ward 5 MMs are caring for 35 children and in Charande a MM is caring for 10 children. Most MMs are over 45 years. They receive no financial support from the Council or the MVCC but some are assisted by NGOs, eg the Salvation Army in Kibada ward.

One MM was interviewed, she was assisted by a small NGO of 20 members called Female Sports Development Centre (FSDC). This NGO had a shop and had begun working with street children. The MM informed us that she had been caring for 5 children but due to drainage problems she had to send them back home. Instead now she supports 20 children where they live with assistance from FSDC. She will try to sort out the children's concerns with their parents unless it is sexual abuse and then she takes them to the hospital. When she cannot resolve the problem she will go to the SWO. She reported that her efforts to involve the local MVCC had been unsuccessful, but MVCCs in other sub-wards had been more cooperative and had visited the children. She and FSDC will continue to support these children until they are 18 years or they finish secondary school. She feels there are many other children in the locality who require the assistance that she and FSDC are offering.

### **Hiari Orphans Centre**

The Director informed us that the Home looks after 35 orphans aged 1-16 years. They also have an outreach system to another 35 children whose parents have died or are unable to care for them and are being looked after by their grandmothers or aunts. They provide these households with food and the basic materials for primary and secondary school. Not all the children who are residents came at the request of the SWO, some were received as a result of a letter from the ward leaders or the police. If guardians say they cannot manage to keep a child they will check this with the ten cell leader and also ensure that there are death certificates concerning the parents. The children stay till they are 16 years or have finished secondary school. The Home has no regular donor but survives on local generosity and the director's own business. The staff consists of 3 women and 2 young men, which does not seem enough for the range of children they cater for. They had not seen the 'National Guidelines for the Establishment and Management of Children's Homes' but expressed a wish to see it. This Home would struggle to meet any quality standards set in the future.



## **ANNEX 8**

### **MOSHI MUNICIPAL COUNCIL NOTES**

**Visit by Eric S. Guga, 16-18 February 2009**

Moshi district was chosen to represent a control district. The purpose of having control district was to gain an insight of a district which UNICEF is not supporting and learn about existing child social welfare, protection systems and mechanisms and make a comparative analysis to these districts where UNICEF is supporting.

Moshi town council is separate from the surrounding Moshi District Council which is predominantly rural. Moshi Municipal Council has a total of 15 administrative Wards divided into 42 Sub Wards. The population of Moshi is estimated to be 143,799 where as 70,678 are males and 73,121 are females. Out of the total population, 46.4% are estimated to be under the age of 18. The municipal council did not have a department of social welfare until October 2008. Currently there are two social workers and 14 Community Development Officers. The social welfare department is a section under a department known as Community Development, Social Welfare and Cooperatives. There is strong commitment and high spirit among the members of the new social welfare team. Though they have limited capacity in terms of experience and exposure, they have been cooperative and eager to learn as much as possible from what is happening in UNICEF learning districts. They are in the process of setting up their section, defining their roles and even establishing programmes and activities.

The regional social welfare office appears to handle most of formal caseload in Moshi. It receives and deals with caseloads of all kinds including, adoption, probation, maintenance, arbitrations, juvenile justice and even fostering. The regional office appears to manage some cases from the districts within there region. One social welfare officer at the municipal council still works in both the regional office and the municipal office.

The municipal council has no system of support to MVC. There is a CMAC at council level, but the MVC component is not active and there are no initiatives related to MVC at Municipal Council Level. The only mechanism that exists is the support to secondary education for children who come from families' with low income.. The council is not aware of the existence of any Children's Homes, or day care centres in the municipality. The collaboration between the municipal council and NGOs is mentioned to be practically good. Though the council is aware of the NGO work, none of the NGOs activities in working with children are recorded at the municipal community development or social welfare office.

#### **MVC**

One of the systems researched and found to be working in relation to MVC is a school based initiative. Under the Municipal Council initiatives, all schools were given directives to ensure that children who can not afford school materials and school feeding programme contributions can attend without obstacle. Each school is required to identify and enlist MVC. The mechanism of identifying MVC within schools is standard in all schools. NGO are also working together

with faith based institutions from churches. For instance 4H which promotes self-reliance among school going children using its 4H model.<sup>114</sup>

MVC who cannot afford school fees have been getting support from both the central government and from the municipal councils. For instance, in year 2008, the municipal council supported 248 children with secondary school fees in Moshi Municipal. The number is increasing as in this year 2009, there were 267 children expected to be supported. On the other hand, the central government also supported an additional of 59 children in 2008, 62 in 2007 and 64 children in 2006. According to the Community Development Officer the central government will no longer provide secondary school fees support to children from this year

### **Muongano Primary School**

The Muungano primary school has 74 MVCs identified. The number increases as the child move to upper classes with older age group (See table...)

Standard	No. of MVC		Total per class
	M	F	
I	4		4
II	1	4	5
III	2	7	9
IV	5	3	8
V	4	8	12
VI	6	7	13
VII	12	11	23
Total	34	40	74

The identification is based on family income and normally it is a process that starts three months after opening of the first school term. Teachers observe and identify children who fail to have enough school materials, neat uniforms or shoes and even these who fail to contribute to the school feeding programme. The number changes as some children become vulnerable at later stages of the school period. A child is then interviewed before a family visit by a teacher. The list is confidential to minimise stigmatisation.

The school supports MVC with school materials and uniforms collected from children coming from families with more income, individuals outside the school and religious institutions. MVC get free meals at school and are not obliged to contribute to the school feeding programme. In many cases they are exempted from various school contributions.

## **Juvenile Justice**

### **Moshi Remand Home: A Remand Home and Protection Centre**

<sup>114</sup> 4H is an NGO and it stands for four parts of the body believed to have a greater influence on the body and (or the values of the organisation. They have this 4-H clover symbolising four actions which 4H members try to accomplish. The four H s' stand four Head, Hands, Heart, and Health, Their pledge: I Pledge My Head to clearer thinking, My Heart to greater loyalty, My Hands to larger service and My Health to better living for my Club my Community my Country and my World:

Remand Home (RH) at Moshi is among the five RH existing in the country. Other RH are in Arusha region, Tanga region, , Mbeya region and Dar es Salaam. The Moshi RH is legally supposed to deal with remanded children under the age of 16, though they have been receiving children up to the age of 17. The Home receives more boys than girls and has been accommodating 25 to 40 children per day. In 2008, up to December 31<sup>st</sup> there have been 144 children, out of which 137 were boys and 7 were girls. There is only one Social Worker/ Probation Officer and other four support staff trained in para-social work related skills particularly provided by NGOs.

The home receives children from all district courts including these who are on remand and those sentenced. The RH has had no guard for over six months; however there have been no reported cases of escape since 2004 when child friendly environments were introduced. The in-charge of the RH reports directly to DSW, however the daily activities of the RH are managed by a board formed by representatives from the NGOs, Education and Health from the district council, Municipal Council, religious institutions, influential and religious institutions. The board assist with monitoring, advising and fundraising for the RH particularly with material support.

Each child has to have a referral authorisation from Social Welfare Office at the district (where it exists) or regional level or are sent by police, magistrate or local authority. Children staying at RH are not only in conflict with the law, there are children regularly accommodated for protection reasons such as lost children, children who run away from crisis at home and different types of children seeking refuge. When visiting the RH, there were 17 children; 12 were in conflict with the law, 2 have finished their sentence but the situation at home is too risky for them and are attending vocational school and the 3 girls met were given refuge. One girl 17 years of age had run away from a brothel that recruits young girls to work as sexual commercial workers. Two other girls one 15 years old and another one 16 years old, from the Maasai community have run away from forced marriage by their parents and are under threats from relatives after failing to get support from Ward and Village officials.

### **Nature of Offences**

The Social Welfare Officer mentioned that children in conflict with the law have their stories collected they are found to be vulnerable at family level, such as extreme poverty, abuses of all forms from care takers or members of the family or from peer children, lack of care (orphaned), living on the street or from families with conflicts. The cases in order of extent includes theft 74 (for girls, theft is particularly from employer), rape/sodomy specifically for boys, robbery which is often in collaboration with adults, gambling and murder cases. Murder cases reported concern both boys and girls as young as 11 years old where some are accidental and some are the result of extensive abuse from the murdered person. The reason behind increase in rape cases in recent years is mentioned by RH staff in discussion to be either an increase in deterioration of moral responsibility or increase in awareness of the Sexual Offences Provisions Act of 1998.

Girls who are convicted with theft from employer have been shown to be younger than the age of employment, 15 years of age and the social worker at RH states that, ***‘I do not understand why police take these children to court, because they were supposed to hold that employer responsible first for employing a child’<sup>115</sup>***. The social worker is further of the view that

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<sup>115</sup> Source: Key Interview with Stephen Gumbo a Social Worker/Probation Officer and head of the Moshi Remand Home.

***‘children are victim of the circumstance and there are no circumstances to justify children as offenders, children are faced with challenges at family level and are striving to survive, punishing them is not a solution, it could be exploitation of its own kind’***

The experience from RH indicates that majority of cases are either sentenced to conditional release or corporal punishment. While rape cases are noted to be increasing, these are cases where age of the victims and offender are close, leading to corporal punishment sentences, apart from one case where a 16 years old boy had sexual contact with a 5 years old child and caused serious injuries,. Cases related to stealing and petty theft, are sentenced to either corporal punishment, conditional discharge or probation for a given period of time. None has been sent to approved school over the past two years. There are 17 categories of cases registered at RH in Moshi, putting them in groups, they are related to gambling, stealing, sexual offences, indecent assault, possession of drugs, school drop out and escape from lawful custody. According to the in-charge of RH, it is estimated that 75% of cases at the court are declared not guilty or settled through reconciliation outside the court by concerned families, 10% corporal punishment; 10% to approved school (burglary, robbery etc) and 5% receive probation or conditional discharge.

### **Sentencing and after care**

When a child is convicted, a magistrate requests a social enquiry report before proceeding to sentence. The RH has made effort to conduct home visits to conduct social enquiry, however this is hampered by limited resources available for such activity and in many cases rely on the story from the child which at times may not provide the full picture. Once the child has been sentenced to corporal punishment, which is most frequently administered sentence, a child is subjected to medical inspection who recommends on the health status of a child. Once the magistrate is satisfied with the medical report, social welfare officer will take a child to a district commissioner or an appointed senior staff on behalf (many cases a district administrative secretary) together with a designated prison officer the corporal punishment is given; there after a warrant is signed by an observant district official with stamp.

RH has increasingly been having children who stay longer than desired. It has been discovered that for these in conflict with the law, the districts do not have enough resources to follow up on children. Irambo Mbeya is the only Approved School in the country, even when children have been sentenced to approved school, yet children spend as long as six months in RH until the funds becomes available for children to be transferred. Children from the district court located in the Municipal nearby, have more advantage of their cases being processed faster than these coming from the distance districts such as Rombo, Himo in the Moshi rural, Hai and Mwangi.

### **Life at the Remand Home**

The remand home was part of the Community Service Programme initiated early 2003 through this programme, staff capacity has been built on how to use right based approach in working with children in conflict with the law. RH has a close collaboration with individuals professional and non-professionals, institutions and NGOs working with children in the region and abroad. Through this collaboration, RH receives volunteers locally and abroad on regular bases, material supports and technical. Among these are local NGOs Mkombozi centre for street children, Amani centre, an international organisation Cross-Cultural Solutions, and faith based institutions. This has enabled the RH to have sports equipments, computers and photocopy,

drawing, painting and literacy materials through a small library established by a group of volunteers.

The Home has initiated a Vocational Training (VT) programme as part of rehabilitation process while children are in the centre, including carpentry, tailoring and electronics, however there is equipment but no trainers. Other activities include allowing children to continue with school while attending the centre, linking them with other training facilities and even assisting them to get sponsorship for their education, particularly these who are found to be from destitute families. To date, 4 of the children all boys are in VT including one child who attends a computer school. Five children have been reintegrated into primary school, 2 in Rau primary school and 3 in Moshi primary school. Additionally, 3 children, 1 girl attend a secondary education in Kibosho, and 2 boys attend a Northern Highland Academy and Kilimanjaro Education Academy getting boarding facilities. The services are offered to children who have received their sentences particularly these in primary school but they have not been transferred to approved school or collected by the respective district officials and for these who are found to have repeatedly brought to remand and are under conditional or probation. Another service for all children who awaits their sentences based on their literacy level are sports, drawing, English language, life skills education done by volunteers and support staff, and regular counselling which is done by social worker at the RH.

The RH is surrounded by three acres of garden cultivated by children. The walls display paintings and drawings done by children. The rooms where children sleep have beds and mattresses, each with bed sheets and mosquito nets. There is a class room with drawings all over, a small library at the back of the classroom and desks for children to seat at while in classes. The compound has a play area with concrete floor for indoor games and small outdoor playing pitch . There is no outside wall apart from a normal wire mesh and children have no restrictions of movement. Children have their own leaders who have a role of looking after peer children at the RH.

## APPENDIX 9

### CONSULTATION WITH CHILDREN

The results of two Focussed Group Discussions (FGD) with children in Moshi are given below.

#### 1. FGD with children in conflict with the Law in Moshi Remand Home, 17 February, 2009

##### Participants:

Name*	Age	School level (primary school classes)
Boniface	14	VI
Jackson	15	Dropped out at IV
Rajabu	16	Finished standard VII
Martin	15	Have not been to any school
Jafari	11	V
Martin	15	VI

\*All boys and single name provided for anonymity.

The discussion was preceded with a role play on '*mahali salama pa mtoto*' plainly means 'a secure environment for a child'.

The role-play depicted a child in conflict with the law, from the point of committing an offence in the community to the time the child reaches the remand home. The role-play pointed out a divided response to child offenders among members of the community. While some members of the community sympathise with child offenders and even try to stop other people from sending the child to a law enforcement agent, some often feel this is the right way of disciplining the child. Those members of the community who tries to protect the child from being sent to law enforcement, fear that the child might receive harsh treatment, and even staying longer there which they believe is not the best for the child according to the children themselves when describing the role-play. The play also portrayed the role of each agent and how they respond towards child offenders, a police officer who insists on convicting a child, a magistrate who sentences a child to imprisonment particularly these who have repeatedly appeared in court and someone whom they called '*baba*' or '*maza*' meaning father or mother respectively at the court (a male or female Probation Officer) who request the court to release the child on condition.

##### What are the causes of child vulnerability?

In discussion, children when asked on why children become vulnerable, they talked about poor caretaking. Children might not have parents or relatives who could take care of them. Other factors include food security at home, failure to afford school fees and school materials. In this case even when a child is remanded and released, there may be no where to go and therefore they are at risk of committing another offence.

Often it starts when a child lacks basic needs, for instance in school, the child sees peer children with neat uniforms, school materials and shoes. Children said that, ‘... *na yeye hana na anataka (awe kama wao) na wazazi hawana uwezo...*’ which means ‘and they do not have and would like to (be like them) and the parents can not afford’. Peer pressure and influence from adult criminals is another factor which influence children to be involved in crime. A child may be relying on him/herself or living on the street, which means struggling for survival and they state that, ‘*kutafuta maisha ukiwa mdogo (unajikuta) huwaheshimu wakubwa*’ ‘fending for your life while young (you find yourself) with minimum discipline from adults’. In many cases children mentioned that survival often involves drug use and abuse at a very young age, as young as six years of age.

It was mentioned that children’s cases are heard at district court, with exception of Moshi Municipal, and that such cases are listened in public court with access to everyone interested. ‘...*kesi (za watoto) huwa zinasikilizwa tu kwenye mahakama na watu wengi tu wanakuwepo kusikiliza...*’ literally means ‘...(children) cases are conducted in open court where many people attend and listen’ emphasised a 14 years old boy from Rombo district, which was also confirmed by another 14 years old boy from Kibosho and an 11 year old boy. When probed, they pointed out that police officers are always in uniform. However a case at times takes longer and you may stay in remand without knowing what is happening at the court. In many cases children are either acquitted and or sentenced to corporal punishment.

### **When a child is at risk, where would the child run too in the first place?**

The first place to run to is home, where a child sees an immediate caretaker. If the immediate caretaker fails to provide protection, depending on the type of vulnerability, the child would run to other places. They would either run to a police station if one is abused or when sick to places where they could be able to survive in case of lack of basic needs, such as places where food and shelter could be found such as children residential centres, or where there are jobs such as markets and towns.

### **What can be done and by whom to minimise risks?**

Children in group discussion insisted that children have a responsibility; they must obey their parents and have discipline in life. However parents too should be responsible to their children, behaviours such as alcohol abuse causes violence at home, abuse of children and wastage of family income.

## **2. Focus Group Discussion with Muungano Primary School children.**

**Participants:** Randomly Selected children from standard four, five and six.

Name	Age	Gender	Class
1. Melkizedeck Joseph	12	M	VI
2. Hamisi Athumani	12	M	VI
3. Stallone Bazili	11	M	V
4. Keith Moses	11	M	V
5. Aliya Shabaz	11	F	IV
6. Dorren Silas	11	F	V

7. Christina Stanley	12	F	V
8. Catherine Ritte	11	F	VI
9. Winifrida Prosper	11	F	VI
10. JJackline J. Mneney	11	F	IV
11. Theobald R. Masanja	9	M	IV
12. Deogratias G. Mtenga	9	M	IV

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### **Tell me about the risk factors facing children in your community?**

Drug abuse particularly cannabis, khat, being alone or being in any place that does not provide enough security are among the risks factors facing children. The protection of children is also at risk when parents abuses alcohol and even higher when they take children with them to a bar. Other risk factors facing children includes low income at family level, *‘when parents do not have a capacity (to care for) they tempt children to sell themselves (so as) to get something to eat’* said children in a group discussion at Muungano primary school. Cultural factors also are to blame. Children sometimes are victims of sacrifices and rituals, they are killed and their body parts are used for witchcraft of ritual practices. Children are more vulnerable during farming season, they said that, *‘kipindi cha mahindi watoto wanakufa wengi, manispaa wameamu kukata’* literary means *‘during maize season (when maize have grown up) there is high rate of children dying (for ritual), municipal council decided to slash them’*. *‘hata albino, wanaokufa wengi ni watoto’* literary means *‘even the albino(incidences), most of these who die (killed) are children...’* said children depicting the recent increase in killing of albinos for ritual beliefs. On the other hand, sexual practices also put children at risk, children said that *‘watoto wanafanya mchezo mibaya halafu wanaweza kupata UKIMWI na pia mimba’* meaning that *‘children playing bad games and then they may get AIDS and even pregnancy’*.

### **Why some children are more vulnerable than others?**

Parents having inadequate time with their children and children having no proper care are mentioned to be underlying cause of vulnerability to children. They states that, *‘...watoto wanapokuwa pek yao ni rahisi kuingia kwenye makundi mabaya kama ya kutumia madawa ya kulevya...’* meaning that, *‘...when children are on their own is very easy to enter into bad groups such as of drug abuse...’*. Education is mentioned to be another factor, when a child misses education opportunity, they become ignorant of many risks they are facing. Education involves skills, if they do not have any skills they wont be able to be involved in productive activity. On the other hand children mention excessive punishment as another factor, *‘wazazi kuzidisha adhabu kunawaweka watoto katika mazingira ya hatari...’*, *‘Excessive punishment from parents, puts children at vulnerable situation’*.

When the situation becomes severe at home and in the community, the best option is to run away from home and from that community. In many cases when a child is on the street is at higher risk as well, and is prone to abuses. However the situation is different among boys and girls. When a boy goes onto the street they become self reliant. Girls they often look for a place of safety, they look for someone to stay with and be protected. Many cases, they end up exploited, work under extreme conditions, and even subjected to sex work. This situation makes girls more prone to STIs ad HIV than boys.



Giving recommendation on what can be done to minimise child vulnerability, children mention that more education and life skills should be given to children. The government should establish centres where children can get advice and support. Even law enforcers once they find children in crisis they should send children to these centres. Children can also be good educators to peer children it is very effective. Children should not be isolated when they are in crisis, they should be treated equally like any other children during treatment.

## **LIST OF PEOPLE CONSULTED**

### **1. TEMEKE**

#### **Government Officials**

Maarufu – acting DED  
Placida Barongo – DCDO and MVC Coordinator  
Sultan Mzirai – DSWO  
Johnson Makalanga – WEO, Keko Ward

#### **MVCC Committee Keko Magurumbasi**

Mohamed Shabani – Chairperson  
Issa Ndambwe – Secretary  
Jacqueline Makinda – Treasurer  
Simon D. Mwakanyamala  
Pyele Alipo

### **2. MTWARA**

#### **Government Officials**

Javis Simbeye – DED  
Fundikira Masamalo, DPLO  
Manfred Sankwa, DCDO  
Oscar Ng'itu, District Legal Officer and District CJF coordinator  
Abdalah Nahama – Youth and Cultural Officer, Participation coordinator  
Sauda Goha – DSWO and MVC coordinator  
D. K. Kahamba – District Magistrate  
Jafari Nyenje – Regional Prison Officer  
Lilian Kilungumtwa – Regional Social Welfare Officer  
Nahama - District Youth Officer  
Rashid Mussa – District Public Prosecutor

#### **NGOs**

Virginia Ng'itu – Coordinator- Mtwara Paralegal Aid Unit (MPAU)  
Mlowela Mtenda – secretary, MPAU  
Capt. Omary Musa – Coordinator, Mtwara Economical Development Initiative (MEDI)  
Eusedius Liundi – Accountant, KIMWAM (People's Umbrella Organisation)  
Malembo Makene – Programme Officer, Basic Needs

#### **MVCC Committee – Ndumbwe Village**

D. Ernest – Chairperson  
Mandamo – Secretary  
Abdalah Ally Salim – Treasurer  
Fatuma Ahmad Mbuyu

### **3. HAI**

#### **Government Officials**

Johannes P. Kilonzo – DPLO  
Waziri Msagati – DSWO  
John Nunda – Health Officer

#### **NGOs**

Laura Sechu – Incharge, Fountain of Zoe Children’s Home  
Veronica Shao – Executive Director, KINSHAI

#### **CJF**

Msafiri Elineema- Kingereka *Mtaa*, Hai Ward.  
Elizabeth Msuya – Kingereka *Mtaa*, Hai Ward  
Ramla Abdallah – Kambi ya raha, Hamlet

### **4. SIHA**

#### **Government Officials**

Lalashoni Kweka – Acting DED  
Dominika Masaki – CDO  
Jonas Kira, DCDO  
Christian Kessy - CDO

Eric Rwekataré – Field student placement at CDO, Kampala International University

#### **Children from Merali Ward**

Carolina John  
Happiness Said  
Irene Englebert  
Epiphania Focus  
Emanuel Rajabu  
Paulo Ernest  
Emanuel Efata

### **5. MAGU**

#### **Government Officials**

1. Mr. Philbert M. Kawenama, SWO Magu District
2. Mrs. Pygresya John Mwambo DCDO Magu District
3. Mr. Euphrase Musabila CDO Magu District
4. Mr. John Methusela Principal Primary Court Magistrate, Magu District

#### **NGOs.**

5. Mr. Daniel J. Bujiku, Tanzania Coordinator, Bethany Children’s Home Magu District
6. Miss Jemma Turner, UK Member/volunteer, Bethany Children’s Home Magu District
7. Miss Karen Ross, UK Member/volunteer, Bethany Children’s Home Magu District
8. Rev. Jacob Ngalaba, Tanzania Children’s Rescue Centre

9. Mr. Saya Kibera, ELCT-Tunajali, Magu OVC District Coordinator
10. Mr. Solomon L. M. Mukama, Busani Aden Magu (Badma) CBO
11. Mr. Posnian M.V. Garimu, Secretary, Shivawata

### **Village Meetings**

Shigala Village 912 members)

Ihayabuyaga (10 members)

### **6. MAKETE**

#### **Government and NGOs officials consulted in Makete:**

1. Imelda Isuzya - DED
2. Edmund Siame, Makete DPLO: Tel 0787038565/0754038555
3. Eliabu Simba, Assistant DPLO
4. Felix Mbwilo, DCDO
5. Leons Karengi A. Panga, DSWO
6. Abraham Sanga – CDO/SWO Makete
7. Salum M.K. Sanga, District Youth and Cultural Officer
8. Rashid Juma Lundiko, SSP-OCD Makete, Makete Police
9. Joseph Salvatory Kate –OCCID Makete, Makete Police
10. SP J.A. Mwakapusya, deputy Chief Prison Officer Makete Prison
11. A/Inspector A.K. Kayera – Prison Clinical Officer, Makete Prison
12. Thomas J. Mwenda- Makete Education Trust Fund (METF) and Early Education Coordinator, Makete.
13. Tito Syovela, Raadio Presenter, Kitulo FM
14. Juma Sanga, Youth Network Coordinator
15. Fr. Damas Mahali: CRS representative, in-charge of Orphans and Vulnerable Children in Makete Catholic Parish. - 0783508311
16. Selemani J.M. Kiwone-WEO, Iwawa Ward
17. Benjamini Mahenge-WEC, Iwawa Ward
18. Godfrey Mwautwa, IDYDC Makete
19. Bariki Katindasa – Principal, Shukrani Vocational Training
20. Phabian Msafiri - Loans Coordinator, Shukrani Vocational Training
21. Pastor Ezekiel Sanga, Coordinator - TUNAJALI (MVC) Project with support from FHI:

#### **Members of the Ivalalila MVCC**

22. Bruno Sanga (Chairperson)
23. Venance Sanga
24. Victoria Mbilinyi
25. Sofia Sanga
26. Yunesi J. Sanga
27. Eliuter Kyando
28. Philimon M. Mbilinyi
29. Ivalalila VEO: Philemon Mbilinyi

### **Ivalalila Mama Mkubwa Team**

Name of <i>Mama Mkubwa</i>	Hamlet
30. Yokobina Chaula (Chairperson)	Ikiligano
31. Helena Mahenge	Kikuzi
32. Esideria Mbilinyi	Irovoko
33. Mary Mahenge	Madanda
34. Tudovage Mahenge	Matula
35. Upendo Sanga	Udide
36. Constansia Mbilinyi	Majengo

### **7. BAGAMOYO**

#### **District Officials:**

Sayuni Hiza – DSWO

Mary Manzawa - SWO

Dunda Village Officials

1. B. R. Mgweno – WEO Dunda
2. Mwamtoro Suleiman – VEO
3. H. M. Kisebengo – Village Chairperson
4. Kasmir Mathias – CJF Dunda 0755887328

#### **MVCCMembers Dunda Village**

5. Awadh Swaleh – MVCC Chairperson 0787250088
6. Malota Hatibu – Secretary
7. Mosi Rajabu – Member
8. Ally Issa – Members
9. Ramadhani Iddi – Member
10. Rajabu Jumanne – Member
11. Kessy S. Abdallah - Member
12. Yassin Thabiti – Member

#### **CJF**

Kasmir Mathias – CJF Dunda

### **8. MOSHI (control district)**

#### **Government officials**

Lucia Ngilorit – DCDO

Zadock E. Kamnde – CDO

I. Y. Maimu Social Welfare Officer, Kilimanjaro Region

Anthony Mboya – Social Welfare/Community Development Officer

Gilder Tarimo – Social Welfare Officer

Lizzy W. Salema – Head Teacher: 0754567835/ 027-2754113

Stephen Gumbo – Coordinator and Social Worker/Probation Officer Moshi Remand Home.

#### **NGOs**

Wilson Kabongo – TAHEA

Jerome Mwaya – Social Worker, MKOMBOZI  
Blanca Mtenga – Programme Officer Children

## **9. CONSULTATIONS WITH CHILDREN.**

### **FGD with children in conflict with the Law in Moshi remand Home**

Name*	Age	School level (primary school classes)
Boniface	14	VI
Jackson	15	Dropped out at IV
Rajabu	16	Finished standard VII
Martin	15	Have not been to any school
Jafari	11	V
Martin	15	VI

\*All boys and single name provided for anonymity.

### **Focus Group Discussion with Muungano Primary School children 18 February 2009:**

Randomly Selected children from standard four, five and six.

Name	Age	Gender	Class
13. Melkizedeck Joseph	12	M	VI
14. Hamisi Athumani	12	M	VI
15. Stallone Bazili	11	M	V
16. Keith Moses	11	M	V
17. Aliya Shabaz	11	F	IV
18. Dorren Silas	11	F	V
19. Christina Stanley	12	F	V
20. Catherine Ritte	11	F	VI
21. Winifrida Prosper	11	F	VI
22. JJackline J. Mneney	11	F	IV
23. Theobald R. Masanja	9	M	IV
24. Deogratias G. Mtenga	9	M	IV

## **10. SOCIAL WELFARE DEPARTMENT OFFICIALS AT HEADQUARTERS**

1. Donald Charwe – Assistant Commissioner for Social Welfare, Family and Child Welfare
2. Nyapule S. Madai, - Assistant Commissioner for Social Welfare, Elderly and Disability
3. Magret Njimba, - Assistant Commissioner for Social Welfare, Probation Services and Juvenile Justice
4. Alphonsa Shirima – Children’s Homes coordinator
5. Jean Ndyetabura
6. Frida Kyara
7. Sada Kingu – Social Worker, Kisutu Juvenile Court
8. Asha Mbaruku – Social Worker, Kisutu Juvenile Court
9. Charles Sesil – DMS manager
10. Ojuku Mgedzi OIC – Remand Home, Dar
11. Zuhura Mfinanga - JJ Court Probation Officer

## **11. OTHER AGENCIES:**

1. Dr. Fabian Mwombeki - Partnership and VHC Coordinator, American International Health Alliance (AIHA)
2. Brooke Lee Montgomery – Tanzania Adoption Society
3. Julian Mafuru -RITA
4. Augustine Mbuya - RITA
5. Jane Calder – Jali Watoto Programme Manager, PACT
6. Francis Omondi, REPOA
7. Victoria Nongwa - Resident Magistrate Juv. Court, Kisumu
8. Emmanuel Jackson (Prog. Officer) & Koshuma Mtengeti (Coordinator) - Child Dignity Forum
9. Hashim Kalinga (Civil Soc. & responsible for private sector) & Maurice Lukele – TACAIDS
10. Hosea Rwegoshara (Principal) - Institute of Social Work
11. Anita Masake (Ag. National Coordinator) - FAWE (Forum for Africa Women's Education)
12. Elizabeth Lema (Project Management Specialist OVC) – USAIDS
13. Dr Charles Matiko – FHI
14. Francis Kiwanga - LHRC (Legal & Human Rights Centre)
15. Wilbert Muchunguzi (Child Rights & Gender Adviser) - PLAN
16. Henri Challi (Ag. Director), Julius Ndollah & Jultha Masanja - Community Development Children's Dept.
17. Robert Shirima & Sakia Shuma (Intelligence Unit) - Central Police, Police Reform Office

## **12. UNICEF Inception meeting participants (those attending the final feed-back presentation came from those listed above)**

Diane Swales – Child Protection Chief  
Phenny Kakama – Child Protection  
Englebert Nyang'ali – Policy Analysis and Advocacy  
Masuma Mamdani – Policy Analysis and Advocacy

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