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Social Protection Targeting on the Most Vulnerable Children in Tanzania

by

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ABSTRACT

This study attempts to assess the targeting approaches implemented by different social protection initiatives for the improvement of the livelihood of the Most Vulnerable Children (MVC) in Tanzania. A cross-sectional survey was conducted in Singida district and Singida Municipality. The study adopted both quantitative and qualitative methods. Individual interviews, focus group discussions, documentary sources, questionnaires, children participatory exercise and direct observations were used in data collection. Specifically, the study sought to assess the process of identifying and selection of MVC, identify the nature of support provided to MVC in relation to their needs and how such supports are provided, identify the challenges facing the interventions service delivery and give recommendations on the remedial MVC interventions.

The findings revealed that the MVC identification process is highly influenced by the organizations objectives, the scope of activities and the available resources. Several processes stipulated in the national guidelines are neither followed by the government administered nor non-state administered MVC identification exercises. Further analysis of the identification process revealed that many of the non-state actors adopt their own identification process instead of using the national guidelines.

The study also reveals that often the difficulties faced by children are detrimental to the children's physical and cognitive growth and development. Analysis on the support extended to children shows that many interventions focus on protective social protection services while a few deal with preventive and promotive social protection. The major challenges in support service delivery which were found are distribution of support, few resources support to support MVC secondary and vocational education, poor self-help initiatives, poor implementation of targeting methods, misuse of support provided, and duplication of efforts.

The study concludes that identification is poorly planned, coordinated, implemented and very little resources are invested in the process. There is poor participation of children in the identification process. Many problems which indicated inefficiency in the entire child-sensitive social protection interventions were noted. In situation of limited fiscal space, improving coordination of the social protection actors is critical. On the part of targeting methods, the following remedial measures are suggested: creating community awareness on the plans for the MVC identification exercises, improving transparency on identification exercise to conduct MVC forums and increase more participation of different categories of vulnerable groups. The following proposals on interventions are suggested: building entrepreneurial capacity to create sustainable source of livelihood for MVC households, broadening social cash transfer schemes for MVC secondary education, developing and implementing standardized healthcare user fee exemptions and waiver systems and increase inter-sectoral coordination.

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LIST OF ACRONOMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organization
DfID	Department for International Development
FBO	Faith-based Organization
Freq	Frequency
HIV	Human Immunodeficiency Virus
LGAs	Local Government Authorities
MKUKUTA	Mkakati wa Kukuza Uchumi na Kuondoa Umaskini Tanzania
MVC	Most Vulnerable Children
NGO	Non-Governmental Organization
NSPF	National Social Protection Framework
UNICEF	United Nations Children Fund
REPOA	Research on Poverty Alleviation
R&AWG	Research and Analysis Working Group
SPSS	Statistical Package for Social Science
URT	United Republic of Tanzania

1.0 INTRODUCTION

1.1 Background

Children are among significant vulnerable groups in Tanzania. Their experiences of poverty and vulnerability are multidimensional and differ from those of adults. They undergo complex physical, psychological and intellectual development as they grow, and are also often more vulnerable to malnutrition, disease, abuse and exploitation than adults (DfID *et al*, 2009). The Most Vulnerable Child(ren) is a child who lives in extreme poverty, affected by chronic illness, lives without adequate adult support (e.g., lives in a household with chronically ill parents; lives in a household that has experienced a recent death of parent; lives in a household headed by a grandparent or lives in a household headed by a child); lives outside the family care (e.g., in institutional care or in the streets); stigmatized, marginalized or discriminated; and has disabilities and lacks adequate support (URT, 2007a).

It is estimated that children aged between five and seventeen years comprise about 31.3% of the country's mainland population of which 5% of them are most vulnerable (ibid.). Children vulnerability is mainly due to chronic poverty, social disintegration, lack of education, diseases (HIV/AIDS pandemic, malaria, water- and air-borne diseases), economic exploitation, unstable families, broken marriages and children born out of wedlock (REPOA, 2007a). Moreover, HIV/AIDS cause about 48.5% of orphans countrywide (UNAIDS, 2008). The rising number of MVC is emerging at the time when the capacity of families and communities to respond to the crisis is increasingly compromised by the weakening of the social system that traditionally offered social protection to vulnerable children (Kaare, 2005, URT, 2007a). The social systems have become weak due to increasing poverty and family burdens (MKOMBOZI, 2006). Consequently many people refuse to take care of other people's children, even those of their close relatives (ibid.). This increases the vulnerability of children as their basic needs for care, support, and protection are not met.

Using different strategies, Tanzania aims at ensuring that MVC are effectively and efficiently provided with community-based support and care (UNICEF, 2009). Among other strategies the country has put in place are well articulated in the *Child Development Policy (1996)*, *Community Development Policy (1997), The National Most Vulnerable Children Identification Guide (2000), The National Guidelines for Community-based Care, Support and Protection of Orphan Vulnerable Children (2003), National HIV/AIDS Policy, National Health Policy, The National Costed Plan of Action for the Most Vulnerable Children (2007), The National Social Protection Framework (NSPF) (2008),* and *The National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children (2009).* NSPF as a part

of the national efforts to reduce poverty, primarily aims at reaching the most vulnerable groups and ensuring their protection by comprehensively addressing structural and multi-causal vulnerabilities.

NSPF defines social protection as traditional family and community support structures, and interventions by state and non-state actors that support individuals, households and communities to prevent, manage, and overcome the risks threatening their present and future security and well-being, to embrace opportunities for their development and for social and economic progress (URT, 2008). In its modern form, social protection is still limited in Tanzania (ibid.).

Drawing from the above definition of social protection and the works by Devereux and Sabates-Wheeler (2004) on 'Transformative Social Protection' and the Hagen-Zanker and Holmes (2012) study on 'Social Protection in Nigeria', four mechanisms that deliver social protection are established. These are protective, preventive, promotive and transformative measures. First, *protective measures* aim to provide relief households from poverty and deprivation. They protect households' income and consumption, which includes social assistance programmes such as cash transfers, school feeding programme, and social services fee exemptions and waivers to vulnerable groups and in-kind transfers. Second, *preventive measures* aims to alleviate poverty by preventing the economically vulnerable groups from falling into or further into poverty. These initiatives include social insurance schemes such as community health insurance and other subsidized risk pooling mechanisms to deal with consequences of livelihood shocks. Third, *promotive measures* deal with promoting household's ability to engage in productive activities and increase incomes. These measures include targeted livelihood enhancement programmes such as public works employment schemes, agricultural inputs transfers or subsidies and microfinance programmes. Lastly*, transformative measures* seek to address issues of social equity and discrimination. These measures include protection of socially vulnerable groups. Examples of transformative measures are programmes which tackle gender inequality and gender based violence, promotion of child rights, HIV/AIDS anti-stigma campaigns and linkages to transform public attitudes in enhancing equity and inclusion.

Indeed, in different ways, policies and strategies that aim at reducing children's vulnerability are clear on who is responsible for the implementation (URT, 2008). However, interventions in the social sectors such as health and education have been experiencing a number of challenges. These include lack of effective targeting mechanisms to enable disadvantaged children to access quality health care and education. Non-governmental organizations and community-based organizations are expected to complement government efforts in providing social assistance and

creating awareness among the public, while communities are expected to focus on the need of the vulnerable children and maintain traditional practices (URT, 2008).

The 2009 Poverty and Human Development Report revealed that the estimated number of Tanzanians living in poverty increased to 12.9 million in late 2007 (RAWG and URT, 2009). This implies that there is an urgent need to put more efforts in ensuring that deprived children are supported in terms of their basic needs of education, health, and shelter. However, the budget for development activities in developing countries such as Tanzania are very limited. Hence targeting is a relevant factor for improving the allocation of limited resources so that they become more beneficial for poorest (Angel-Urdinola and Wodon, 2008). Targeting is often identified as a more equitable and progressive than universal policies that transfer resources equally to all members of society (Dutrey, 2007). Targeting, essentially, involves positive discrimination by treating different groups of individuals differently (Hanson, Worrall and Wiseman, 2007). If well done, there are three advantages. First, reduction of programme expenditure because there are fewer beneficiaries, second, the share of public expenditure that accrues to poor people typically will be higher and so will enable the programmes to have a larger impact on poverty and third, it may reduce the distortions in economic behavior associated with transfers if fewer households are affected by the programs (Angel-Urdinola and Wodon, 2008). Kaare (2005) argued that considering limited resources in MVC programme in Tanzania, good targeting performance and resource transfers through MVC interventions needs to be prioritized to reach out the neediest.

1.2 Statement of the Problem and Significance

In Tanzania, the number of MVC is estimated at 5% of the child population (URT, 2007). Enormous work focusing on devastating effects of HIV/AIDS on MVC has been done especially on its incremental nature affecting households and resulted changes in family and community coping systems in response to increasing of orphans (Germann, 2005). Singida region is among the regions with a high number of MVC. However, HIV/AIDS prevalence is 2.6% compared to the national average of 6% (URT, 2008). Despite great efforts by the government and NGOs in dealing with MVC, still the number of beneficiaries is very small. Very few studies provide a significant inquiry into targeting approaches employed by intervention programs for MVC which is essential for identification of coping mechanisms in situations of limited resources. However, there are challenges associated with targeting. The most common are cost inefficient and administrative complexities, it can result to high fragmentation of interventions while allows stigmatization of the beneficiaries, and if not carefully done targeting can results to exclusion and inclusion errors. Despite these challenges, targeting is essential because the limited resources allocated cannot cause improvement in the wellbeing of every child in the country.

Thus targeting should distribute resources to the communities impoverished and devastated by the burden of poverty and other social upheavals, which in turn deprive the already vulnerable children in terms of health, shelter, educational and psychosocial conditions. More information is required to bring better understanding on the effectiveness of interventions and provide alternative targeting approaches of directing resources to reach the most needy MVC and meeting their needs. Studying the social protection initiatives on livelihoods of MVC is important for understanding how these do empower MVC and communities to protect, and manage their livelihoods while realizing children's own views. Unless these are well understood, little can be achieved in the implementation of the government efforts and investment in social protection as stipulated in the National Costed Plan of Action for MVC, National Social Protection Framework, The National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children and MKUKUTA II which Tanzania has put in place.

1.3 Research Objectives

The objective of the study was to assess the targeting approaches implemented by social protection initiatives to improve the livelihood of the most vulnerable children.

Specifically there were four objectives, which were:

i. to assess the process of identifying and selecting the MVC undertaken by intervention organizations.

ii. to determine the nature of support provided to MVC in relation to their needs, priorities and the way such supports are distributed.

iii. to identify the challenges facing the interventions in delivery service to MVC.

iv. to make recommendations on the remedial MVC interventions.

1.4 Research Questions

This study was guided by the following research questions:

i. How are the MVC identified and selected by the various intervention organizations?

ii. What support is provided to MVC in relation to their needs, priorities and how is the support are distributed?

iii. What challenges face the intervention organizations in the delivery service to the MVC?

iv. What are the recommended remedial MVC interventions?

2.0 LITERATURE REVIEW

2.1 Theoretical Background

The theoretical issues underlying the study are based on Welfare Economic Theory, and Social Network Theory and Attachment theory are reviewed below.

2.1.1 Welfare Economic Theory

Welfare economic theory is concerned with the principles for maximizing social welfare and the optimal allocation of resources and goods and how this affects social welfare. The developers of this theory include Adam Smith, Vilfredo Pareto, Arthur Cecil Pigou, John Atkinson Hobson, David Ricardo and Thomas Malthus. Welfare economics theory points to a set of circumstances such that a system of free markets would sustain an efficient allocation of resources. An allocation of resources is said to be efficient if it is not possible to make one or more persons better off without making at least one other person worse off. Conversely, an allocation is inefficient if it is possible to improve someone's position without worsening the position of anyone else (Perman, n.d.). An allocation of resources which makes one or more persons in a community better off without anyone else being made worse off is known as a Pareto improvement (Rutherford, 2002). A state in which no further Pareto improvements can be made is defined as Pareto efficient or Pareto optimum. This is allocation of resources such that no one can be made better off without someone else being made worse off (Rutherford, 2002).

At the competitive equilibrium, the value society place on a certain good is equivalent to the value of the resources given up to produce it. This ensures allocative efficiency as the additional value society places on another unit of the good is equal to what society must give up in resources to produce it. Proponents of this theory see efficiency is only possible in the absence of Pareto Improvements. This does not in any way hold on the fairness of the resource allocation as in the sense of distributive justice or equity (Callan and Thomas, 2007).

There are several implications of the Welfare Economic theory to this study. First, the kind of efficiency in resource allocation whereby certain groups of people in the society are made better off while others are made worse off. This does not necessarily result in a socially desirable distribution of resources. The theory has been criticized on the ground that it does not apply issues of distributive justice and social equity or the overall well-being of a society (Sen, 1993, Barr, 2012). Second, in the situations where there are no possible alternative allocations of resources whose realization would cause improvement in the wellbeing of everybody in the society, then better targeting is necessary in order to distribute resources to the most

needy segment in the society. For this study, targeting or distributing resources to the most needy among MVC.

2.1.2 Social Network Theory

This theory gives an alternate view where the attributes of individuals are less important than their relationships and ties with other actors within the network. A social network is a social structure made of individuals or organizations which are linked by one or more of the following types of interdependence: common interest, friendship, kinship, fiscal policies, dislikes or relationships of beliefs, knowledge and or prestige (Castells, 2001 cited in Mbaula, 2011). Castells *op.cit.* further postulates that social meaning arises primarily from challenges posed by certain kinds of social structures, notably those that generate social conflict, social inequality and the destruction of social solidarity. Where there is one unitary kind of social structure, then there is a unitary basis for resolving the challenges and problems associated with it.

Applying the social network theory to the current study, it is considered that various factors drift the MVC into their deprived health, shelter, educational and psychosocial conditions, among other. These factors include challenges that are posed by a social structure, especially, the erosion in family values of social cohesion and failure of the extended family to provide protection to children. It is the same set of identified problems (be they economic, political, or social) that destroy the family values, and instigate social inequality, putting the MVC in a precarious situation.

Traditionally, extended families and communities shoulder the strain of caring for orphans and vulnerable children largely without public assistance. In modern times, many communities are impoverished and devastated by the burden of HIV/AIDS, poverty and other social upheavals. They cannot adequately protect the MVC (Devereux *et al,* 2004). However, all hope is not lost because of the presence of the associational tie that binds together the communities and the intervention of organizations, and which serve as a unitary basis for alleviating the situation (Kurfi, 2010 cited in Mbaula, 2011).

2.1.3 Attachment Theory

The attachment theory is a joint work of John Bowlby and Mary Ainsworth (Ainsworth and Bowlby, 1991). Specifically, it makes the claim that the ability for an individual to form an emotional and physical "attachment" to another person gives a sense of stability and security necessary to take risks, branch out, and grow and develop as a personality. The theory originally coined by Bowlby in the precedent that childhood development depends heavily upon a child's ability to form a strong relationship with

at least one primary caregiver (one of the parents) for social and emotional development to occur normally (Bowlby, 1969, Cassidy, 1999, Hazan and Shaver, 1994). Although it is usual for the mother to be the primary attachment figure, infants will form attachments to any caregiver who is sensitive and responsive in social interactions with them. The role of the parent as caregiver grows over time to meet the particular needs of the attached child. That role is to be attached to and provide constant support and security during the formative years. Later, that role is to be available as the children need periodic help during their excursions into the outside world (Bowlby, 1969).

Later, Ainsworth reinforced the theory after introducing the concept of the secure base and developed a theory of a number of attachment patterns such as secure attachment, avoidant attachment, anxious attachment and disorganized attachment (Ainsworth, 1967, Bretherton, 1992).

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

In the context of traditional African societies, the most common critique of the attachment theory is the idea of a child being intimately attached to a caregiver. It is somewhat alien as child-rearing duties are more evenly distributed among a broader group of people such as the extended families. However, as mentioned elsewhere the capacity of families and communities in taking care of needy children is increasingly compromised by the disintegration of the traditional social protection system coupled by the effects of poverty.

2.2 Targeting in Social Protection Interventions

Targeting is conceived as guidelines, criteria and other elements in the course of intervention programme that discriminate between the poorest or most need individuals and those who are not, in other words, identifying and reaching the neediest individuals who are eligible programme beneficiaries (Mamdani et al, 2009; Mbaula, 2011). Thus targeting is a means of increasing interventions efficiency by increasing the benefit that the poor can get within a fixed (limited) programme budget and the opportunity cost to deal with the tradeoff between the number of

beneficiaries covered by the intervention and the level of transfers (Coady, Grosh and Hoddinott, 2004).

One of the key issues in the practice of social protection is the debate between targeting and universalism. The decision to choose whether narrow or broad targeting is influenced by a number of factors includes the political economy' decisions concerning the instruments to be used for redistributing resources and the possible outlay given the budget constraints (Pauw and Mncube, 2007). Targeting is classified into various methods. Five common targeting methods (see Coady et al, 2004; Pauw et al, 2007) are: proxy means testing, community-based targeting, geographical targeting, demographic targeting and self-targeting. These methods are briefly described below:

Proxy means testing (PMT), under this method, data are collected on applicant households' socioeconomic and demographic characteristics (Coady et al, 2004; Pauw et al, 2007). These are used to calculate a score that indicates the household's economic welfare (income level), which will determine eligibility for receipt of program benefits and possibly also the level of benefits. Eligibility is determined by comparing the score against a predetermined cut-off (Coady et al, 2004). The main advantages of PMT are: verifiable, may allay concerns over politicization or randomness of benefit assignment and uses fairly easy observable household characteristics. Limitations of PMT includes may seem arbitrary to some, requires high professional staff to deal with moderate-to-high levels of information and technology, inherent inaccuracies at household level, insensitive to quick changes in welfare (ibid).

Community-based targeting (CBT), under this method, community members, community leaders and or intermediary agents are vested with the power to identify beneficiaries for a transfer (cash or in-kind benefits) programme (Conning et al, 2001, Coady et al, 2004; Pauw et al, 2007). These community agents (FBOs, NGOs, local elected officials) can also be contracted to carry out more activities such as to monitor the delivery of those benefits and/or engage in the delivery process (Conning et al, 2001).

Advantages of using CBT are centered on administrative costs and level of community participation. It may lower administration costs through cost sharing by transferring costs of identifying beneficiaries from the intervention side (support organization) to the community. However this can also be seen as a limitation. It promote establishment of vulnerable groups committees. Effective participation of community members may improve transparency in identification/screening process, monitoring and accountability. It also allows local definitions of deprivation and vulnerability which may be more adaptable to local conditions. This may be

especially true for the vulnerable groups who may be empowered and become better able to articulate their needs and press demands. Despite these advantages of CBT, there are several drawbacks. In some settings, CBT may increase conflict and divisions within the community, impose high opportunity costs on community leaders and subverted to serve elite interests. It may undermine political support for targeted approaches (Conning and Kevane, 2001).

Geographical targeting, this method identify specific geographical regions for targeting (Pauw et al, 2007), and all residents in the defined area become eligible for the transfer of benefits. This method is cost effective since it uses existing information such as surveys of basic needs or poverty maps, administratively simple (Coady et al, 2004). Moreover, the uniqueness of this method is that: the high degree of heterogeneity of the population and unlikely to create stigma effects in its implementation. It is the easy to combine with other methods. However in implementing geographical targeting, the following are the limitations: it depends critically on the accuracy of information since greater heterogeneity of the population is associated with greater targeting errors (ibid). It can also be politically controversial (ibid). Pauw et al (2007) point out that "the method is only efficient where poverty is spatially concentrated". This method is only efficient where poverty is spatially concentrated.

Demographic targeting, also referred to as group targeting or categorical targeting, the basic notion on this method is to select groups based on specific easily observable demographic characteristics (the old, the young, female-headed, child-headed households), that are poorer than average and to make them eligible for transfers of benefit (see Coady et al, 2004; Pauw et al, 2007). This method is lowers administrative costs and often politically popular. In practice, the method is adequate where registration of vital statistics or other demographic characteristics is extensive. Thus it can be inaccurate where demographic characteristics are poorly correlates of poverty. The method work better if it is combined with other methods such as community-based targeting and proxy means tests.

Self-targeting, also referred to as self-selection, the programmes are open to all, but are designed in a way that will attract only the poor. Since the transfer benefit is low, many nonpoor choose not to partake. Self-targeting is characterized by low wages paid by public works schemes, requirement to queue to collect payouts, transfer of in-kind benefits with "inferior" characteristics (e.g., low quality wheat or rice) and locating the points of delivery (ration stores, schools or clinics) in nearer to the areas with larger population of the poor. Considering opportunity costs of queuing and low wages, Pauw et al (2007) explained that those who can command higher wages will not choose to participate.

On the other hand, universal programmes are not targeted all members of society are eligible for the transfer benefits. Major advantage of these programmes is that they do not stigmatize individuals and lower administrative costs. However, depending on the magnitude of the programme, universal transfers can be expensive (Pauw et al, 2007).

2.3 Targeting the MVC

Conning and Kevane (2001 cited in Mbaula, 2011) pointed out that the design of any social service program is shaped by the informational asymmetries involved in determining beneficiary eligibility, and whose task is to determine eligibility. The criteria used are informed by knowledge of the intended beneficiaries in terms of their risks and vulnerabilities, their risks locations and the type and size of intervention required for a particular situation. These could either be physical location or societal and demographic groups or people living under the certain state of affairs (ibid.). This approach is used to identify those who meet the criteria hence qualify for the benefits of intervention.

The government MVC register categorizes children who are in the most difficult situation into twelve groups namely: maternal orphan, paternal orphan, orphan without both parents, abandoned, children with disability, child forced to work, child harassment, early child bearers, children forced to do sex work, children living on the streets, child headed house, children affected with disasters and war (URT, 2001).

Different stakeholders in the country have often used different approaches in the MVC identification process; responding to their needs for care, support and protection (URT, 2002). In the effort to harmonize the process of identifying MVC in Tanzania, the Ministry of Health and Social Welfare issued a national guide on MVC identification. The guide provides a common, comprehensive and consistent guide for the MVC identification process and response across the country. This is out of the recognition that effective response to the support, care, and protection of the MVC requires a decentralized strategy focused on the empowerment of local communities in decision-making regarding resource utilization, program implementation process and outcome (URT, 2001b). Within this context, the MVC programmes are supposed to facilitate and involve the adult and children in the identification of criteria for vulnerability and eligibility and identification of support beneficiaries.

In the impact assessment of programme on community based-care, support and protection of MVC in Musoma rural district. Mhamba (2004) used focus group discussions, key informants interviews at district, ward and village levels, and individual interviews with MVC and heads of households. His findings indicate that

the programmes hinged on participatory processes of MVC identification and extensively fulfilled the criteria stipulated in the national MVC identification guide.

In the early 2000s Tanzania Home Economics Association (TAHEA) supported Mama Mkubwa initiatives in Makete District. This is a community-based initiative fostering scheme for the care and support of orphaned children, deserted children and children living with destitute parents. Mwaipopo (2005) evaluated the initiative through semi structured interviews, life histories and focus group discussions. The study consulted 47 children, MVC guardians, leaders of village governments, MVC committees and representatives from primary schools, FBOs, NGOs and LGAs. She reported that the village governments' leaders were responsible for identification of MVC and documenting their needs based on local criteria. However, it was not clearly shown how MVC were identified.

Nyangara *et al* (2009c cited in Mbaula, 2011) pointed out that the identification of MVC is conducted by the community through planned village meetings. In their case study of *Jali Watoto* Programme Supporting Vulnerable Children in Karagwe district, they explained that the criteria of vulnerability are set by the community and included orphans, children with disabilities, abused or neglected children, adolescent mothers, children living on the streets, children not attending school, and children with ill parents. They further explained that for a child to be included in the programme MVC list, he/she should meet a minimum number of the following vulnerability criteria: food insecurity in the household, poor family income; extremely poor housing, taken care of by poor elders or older orphans, taken care of by sick caretakers, abandoned and abused by family members. They established that MVC identification process started at the sub village/hamlet level and is then confirmed by the village general meeting. In principle, the process is similar to the national MVC identification guidelines. Following this process, many MVC were identified but only a few were included in the *Jali Watoto* programme. However, the reasons for many children's exclusion in the in the programme was not clearly stated.

It is worthy noting that children have the right to participate in the decisions that affect their lives (Convention on the Rights of the Child of 1990). The study on Situation Analysis of Women and Children in Tanzania reported that children are the most vulnerable group in any society because they depend on the decisions and actions of adults for their survival and development (REPOA, 2000). Further explanation shows that the decisions made by adults often deny children their rights to education, health, free speech, being heard and legal protection. Such denials are manifested in the children living on the streets, child labour, children headed households, rape, adolescent pregnancies and inadequate resource allocation to address children rights and needs.

Drawing from the above explanation it is not clear whether or not children are involved in expressing their views, identifying their needs and in setting their agenda and the MVC identification process.

2.4 Challenges in Interventions Service Delivery

Numerous MVC intervention mechanisms face a number of challenges which limit their out reach and impact significantly. Some of the challenges are lack of coordination of existing intervention arrangements, weak institutional capacity, lack of data and targeting errors, low levels of community participation and resources constraints (URT, 2008 cited in Mbaula, 2011). The assessment of the MVC programmes in Tanzania reveal a bias towards HIV/AIDS induced orphans against other vulnerabilities. Charwe et al (2004) reported that in some parts of rural areas over 60% of children live below the poverty line and were not served by interventions because they were not orphaned by HIV/AIDS. They explained that the challenges are based on geographical locations. It was argued that MVC who are remotely located, despite their eligibility for interventions, are neglected because of the inaccessibility of the areas.

The identification of MVC is made even more challenging by the tendency among the poor to lack a strong voice required to demand interventions (Kaare, 2005 citred in Mbaula, 2011). Due to stigmatization, some people from poor households try to keep quiet to hide their conditions from the public for fear of discrimination. In identifying the needy children, neglecting children's own views is another challenge which faces these children. However, most of targeting approaches use focus group discussions when seeking information from the MVC. It is improbable that the MVC would be part of the discussions they are most likely to suffer from emotional and psychological stresses from such open and public discussions about their vulnerabilities (Charwe *op cit.*). In these and other similar situations, perhaps the children themselves when the environment is conducive, they can provide helpful insights into the deprived conditions they are experiencing.

Mhamba *op. cit.* pointed out that care and support of out of school children are often ignored. He further explained that MVC programme implementation are constrained by poor coordination, lack of commitment by government leaders, lack of integration of the program and other development efforts, under-resourcing the programme (also in Nyangara *et al,* 2009b and 2009c), poor MVC data management, lack of integration of non-state actors and lack of follow-up. Moreover, many of the MVC programmes use local leaders and community members who volunteer to work for identification process and regularly visit the MVC and their households (Coady *et al* 2004; Nyangara *et al* 2009c). Nyangara *et al* (2009c) pointed out that the volunteering members of the community usually request for compensation for their

work. They further explained that volunteers raise their concerns for transport facilities while reaching the MVC in geographically dispersed households. This poses challenges for the identification and support for the children in remote areas.

There is inadequate support for the MVC in secondary education. Many of the MVC programmes support education at primary schools level (Burke and Beegle, 2004; URT, 2009; Nyangara *et al*, 2009c). Nyangara's (2009c cited in Mbaula, 2011) study on SAWAKA *Jali Watoto* Programme in Kagera region found that some children were provided with scholastic materials by MVC interventions but were not enrolled because they could not afford to pay other obligatory school contributions for items such as a desk, school renovation, medical, and caution money. They explained that many intervention programmes expected that the district council or other NGOs would take care of the problem. Due to lack of coordination of different programme activities many children were left without further educational support. They further explained that many MVC were identified but only a few received support as a result, many needy children were reportedly not covered by the program. The reasons for this were limited resources to meet all the needs of MVC and a large number of MVC that the programme could not support. In order to avoid giving the support to unintended beneficiaries, if a child was not present during service delivery, the material support (e.g. school uniforms, warm cloth, bedding materials) were not given to the "would-be guardians".

2.5 Knowledge Gap

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

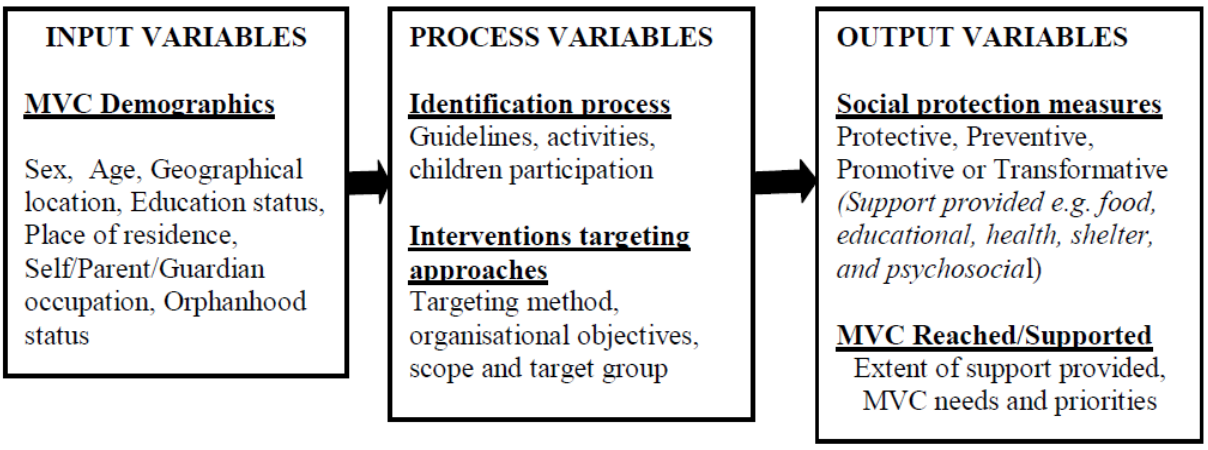
Many studies mostly focus on HIV/AIDS induced orphans. There is a paucity of detailed information on how intervention programmes deal with and meet the needs of the MVC in other categories. There is little likelihood of finding a lasting solution to the problems of the MVC by interventions focusing mostly on HIV/AIDS induced orphans and neglecting other causes of vulnerabilities. In addition, there is a paucity of information on the literature on how the MVC are identified, and how they voice their views on their needs, thus posing challenges for developing a sustainable solution to the problem.

2.6 The Conceptual Framework

A conceptual framework for analyzing the social protection targeting approaches to for the support of the most vulnerable children was developed as in figure 1.

The pattern of interaction between different variables (input, process and output) has been illustrated in the figure 1 below. The input variables consists of children socioeconomic and demographic attributes such as dwelling place, geographical location (whether rural or urban), relationship with the head of household, sex and age of children. These attributes have influence on the level of vulnerability and categories of MVC who can be targeted and supported by the support providers. The process variable included identification exercises, targeting methods, scope of programme. The way identification process is conducted and the type of targeting methods adopted by the supporting organization have a great influence on the children who can be supported. Moreover, the output variable included the social protections measures in place to support the children. These include protective, preventive, promotive and or transformative services. Moreover the output variables include number of children reached and supported and the extent of support in relation to children needs.

Figure 1: Conceptual framework for analyzing the social protection targeting approaches



3.0 RESEARCH METHODOLOGY

3.1 Study Location and Justification

The field work for this study was done in Singida urban and Singida rural districts in Singida region. The region was chosen based on its country's lowest mean monthly consumption expenditure per capita, rank third with 27% of its population lies below the food poverty line, rank first with 55% of the population below the basic needs poverty (URT, 2002; Kessy et al, 2011). It is among five regions with the highest proportion of female-headed households: Singida (29%), Mbeya (29%), Iringa (31%), Mara (29%) and Dodoma (27) (URT, 2002). The 2005 Poverty and Human Development Report classified Singida as among regions with the Human Development Index (0.483) below average (0.495) for mainland Tanzania. Moreover, Singida has the worse Human Poverty Index of 21.3 than the national average of 22.1. The region ranks second as the most deprived region with 49% of households are below poverty line. Mara region rank first with 50%. Singida districts are among the 20 districts where the percentage of MVC exceeds 7% of all children in the district, with Singida Rural (10.8%), Manyoni (10.1%) and Singida urban (7.1%) (URT, 2007). The description of socioeconomic data shows that the region is at a disadvantaged position and deserves particular attention in the issues of vulnerable children and poverty reduction.

3.2 Study Population, Sampling Unit and Sample Size

The study focused on two categories of participants namely the adults and children (MVC). The right of the child to participate in matters affecting them is made explicit in Article 12 of the UN Convention on the Rights of the Child together with Article 13 on the child's right to freedom of expression. Adults' category comprised of officials of the MVC intervention organizations, MVC committees members, Local government officials' dealing the MVC (Community Development and Social Welfare Officers), MVC parents and guardians. Tables 1 and 5 indicate some demographics disaggregated data for children. Intervention organizations comprised both government (LGAs, government funded projects) and Nongovernmental organizations (NGOs, FBOs, CBOs) providing different supports to the MVC in the two districts under the study. The study involved 200 respondents for the survey questionnaires and 105 informants were involved in focus group discussions for MVC committees and participatory exercises.

3.3 Sampling Method

The sampling methods employed were purposive, systematic random, quota and snowball. A ward and a village were entry points in Singida urban and Singida rural respectively. The sampled wards in Singida Municipality were Majengo, Mitunduruni and Unyamikumbi. In Singida district, the sampled wards were Mughanga and Unyahati. Purposive sampling was employed to identify villages, wards and intervention organizations and their officials. Systematic random sampling was adopted to identify MVC who are attending school and members of MVC committees basing on school rosters and MVC committees members list respectively. Quota sampling was employed to reach those who are out of school and MVC parents and guardians based on list of MVC household in village or ward offices. Snowball sampling techniques was employed to identify child labourers, children living on the streets and other children in similar situations. Adults working as MVC volunteers and home-based carers were important sources of information to reveal MVC in the most needy who participated in this study. These volunteers were identified after consultation with the local government officials (such as Ward Executive Officers, Social Welfare and Community Development officers) and officials of organizations dealing with children.

3.5 Data Collection Methods

The main fieldwork for this study was from April to June 2012. The study adopted both quantitative and qualitative methods. Quantitative data were collected through interviewer administered questionnaires. Qualitative data were gathered from focus group discussions, in-depth interviews with key informants and participatory exercise with children. Other data were colleted through documentary sources and direct observations. The information collected is based on the support services carried out between January 2011 and March 2012. The data collected brought a wide range of views, opinions and attitudes from which similarities were extracted and comparisons made.

3.5.1 Individual interviews

Using interview guide, interviews with intervention projects officials, among other solicited information on:

- the methods adopted to identify and select MVC and their needs
- the strategies for intervention
- the nature of the benefit, and the design of the distribution system
- the challenges encountered in service delivery.

Semi-structured interviews using a questionnaire solicited information from children. The following information was sought:

- children's socio-economic and demographic characteristics,
- children's views on the process of identification and selecting benefiting children,
- the types of benefit provided and modality of its distribution,
- children's views on the extent the benefit provided meet their needs and priorities,
- children's views on the better ways of supporting the children in most need.

3.5.2 Children Participatory Exercises

Eliciting information from children was enhanced by games and exercises. When conducted in a participatory manner, games and exercise play an important role in helping to create a more relaxed environment for children to articulate their perspectives on issues (ideas, problems and hopes) that directly affect their lives (Johnson and Nurrick, 2000; HIV/AIDS Alliance, 2004; Amury and Komba, 2010). This approach also informs decision makers on children's priorities and concerns and provides solutions to children's problems (Amury and Komba, 2010).

Games and exercises were conducted with different groups of children who are beneficiaries and non-beneficiaries, and were carefully placed in the learning process. The exercises were conducted in a manner which made it flexible and adapted for the participants considering their experience, sex, age and cultural differences. Each group consisted between 5 and 8 children. The discussions which arose during each exercise generated ideas on the better ways of supporting the ultra-poor children. The following games and exercises were adopted:

(i) Mapping and Drawing

A combination of these activities aimed to encourage children to do things they like doing e.g. drawing pictures of different things as this helps to understand themselves better. Under this activity, children were told to draw the type of support they receive from intervention organizations and the type of support they need which are not provided. Others were asked to comment on something positive or negative on the drawings. The activities were set up based on the following guidelines:

- The exercise involved two groups of beneficiaries, one of boys and one of girls.
- Children were given drawing materials such as papers, flip charts, pens, marker pens and were told to draw diagrams of kind of materials which are provided by organizations.

- Among the materials drawn, children were told to list down the materials they have received in the past three months.
- The exercise took about 40 minutes.

(ii) Hot Seat

Under this activity, children gathered in groups of eight, were required to act as persons entrusted with responsibilities to help solving social problems children. Children involved in this activity were different from those participated in the mapping exercise. Others were required to ask questions pertaining to their title responsibilities' on the matter being discussed. This activity explored a range of issues related to the MVC identification and selection of needy children and those related to policies. Knowledge gaps between questions and answers were noted. This activity was set up based on the following guidelines:

- The exercise involved two groups, those who posed as leaders and the other one posed as community members including children.
- The group acted as the community members were given chance to ask questions to those who posed as leaders in the government and other institutions supporting children.
- Materials for this exercise were papers, flip charts, tables and chairs
- The exercise was extended to 35 minutes instead of 30 minutes planned.

3.5.3 Focus Group Discussions

Guided by a checklist, focus group discussions (between 8 and 10 people per group) were held with members of the MVC committees and volunteers dealing with MVC. These informants were purposefully selected based on their knowledge about most vulnerable children's lives and interventions activities in their localities, entry points and anecdotes. Through focused group discussions, the following information was obtained:

- the major categories of MVC and their needs
- the categories of interventions organizations
- the major organizations providing effective support to MVC
- the procedures for MVC identification and stakeholders involved in the process
- the role of the community in the MVC identification and selection
- the community's efforts to combat the problem

3.5.4 Ethical Consideration

Children are not only the best but the only source of information regarding their own situation (Laws and Mann, 2004). Researchers sought informed consent from individual children and their parents or guardians. The consent forms were signed

before each interview. Physical wellbeing of the children was protected by not spending excessive time for interviews. Social and psychological distress was minimized by keeping their identities secret.

3.6 Data Analysis

Similar data were grouped together. Focus Group Discussions (and verbal discussions with key informants) data were transcribed into written form. Quantitative data from survey questionnaires were edited, coded and entered into SPSS software for descriptive statistics such as frequency tables for participants' responses and cross-tabulations.

4.0 FINDINGS AND DISCUSSION

4.1 Demographic Characteristics of Respondents

This section provides the demographic attributes two important categories of respondents for this study: children and officials of intervention organizations. The data collected at Singida (rural) district council offices indicates that the estimated number of MVC is 11,221 (5452 Boys, 5769 Girls). The groups of MVC who constitute the majority of children in the area as ranked by officials from organizations working with MVC and in group discussion with parents and MVCC members were paternal orphans, double orphans, maternal orphans, working children, children living on the streets, and adolescent mothers.

Table 1 summarizes the data on age, sex, geographical location, place of residence, orphanhood status and level of education of the children respondents. 57.6% of children were boys while girls were 42.4%. The age group of children respondents ranged between 7 years and 18 years. Age group between 11-14 years comprised a larger number (47.1%) of children respondents. Over 58% of the children live in rural areas while about 41% live in urban areas. More often than not, parental deaths made the children more vulnerable. The findings show that most (90%) of children are orphan. The majority (44.1%) being paternal orphans, double orphans (34.1%) and the least being (11.8%) maternal orphans.

Table 1: Demographic characteristics of children respondents

Variable	n=170	%
Age		
7-10 years	42	24.7
11-14 years	80	47.1
15-18 years	48	28.2
Sex		
Male	98	57.6
Female	72	42.4
Geographical location		
Singida Urban	100	58.8
Singida Rural	70	41.2
Place of residence		
At home	143	84.1
On the Street	13	7.60
Institution (Residential care)	8	4.70
At home and in the street	4	2.40
Ghetto	2	1.20
Orphanhood status		
Paternal	75	44.1
Maternal	20	11.8
Double	58	34.1
Not orphan	17	10.0

Variable	n=170	%
Level of education		
Still in primary school	104	61.2
Still in secondary school	22	12.9
Drop out at primary school	22	12.9
Completed primary education	7	4.10
Drop out at secondary school	6	3.50
Completed secondary education	1	0.60
Complementary Basic Education and Training (COBET)	1	0.60
No education (Not enrolled)	7	4.10

Source: Survey data (2012)

The children who participated in the study usually reside in one or more of the following places: at home (84.1%), on-the-streets (7.6%), institutional care (4.7%), both at home and on-the-streets (2.4%), and in ghettoes (1.2%). As shown in Table 2, there are many factors which lead to children living-on-the streets. The major factors, which drove them to streets were physical abuse at home (36%), abandoned by their parents (22.2%), peer pressure (16.7%) and denied food at home (13.9%). Discussions with children revealed that children felt abandoned when the father left the household without adequate or no support at all. For those denied food at home they said that their stepmothers were the cause of such ill-acts. Table 2 indicates that the majority of children living on the streets are engaging in scavenging (30.8%) and begging (30.8%) as a copping mechanism. Girls (23%) are forced to engage themselves in commercial sex.

Table 2: Factors driving children to the streets and type of work done (n=13)

Reason for living on the streets	Boys		Girls		Total	
	Freq	%	Freq	%	Freq	%
Physical abuse at home	9	24.9	4	11.1	13	36
Abandoned	1	2.8	7	19.4	8	22.2
Peer pressure	3	8.4	3	8.4	6	16.8
Denied food	2	5.6	3	8.3	5	13.9
Lack of schooling support	2	5.6	0	0	2	5.6
Drug abuse	1	2.8	0	0	1	2.8
Lack of household to live	1	2.8	0	0	1	2.8
Work done						
Petty business	2	15.4	0	0	2	15.4
Scavenging	4	30.8	0	0	4	30.8
Commercial sex	0	0	3	23.0	3	23.0
Begging	2	15.4	2	15.4	4	30.8

Source: Survey data (2012)

As shown in Table 1, at the time of survey, children (95.9%) had attained (either completed, on-going or drop-out at some stage) different levels of education. The majority (61.2%) were still in primary school and 12.9% were still in secondary school. Only 4.1% and 0.6% were school leavers of primary and secondary school

respectively. Over 12% dropped out of primary school and 3.5% dropped-out of secondary school. 4.1% of children had not been enrolled in school for various reasons some similar to those lead to drop-out by others. Tables 3 and 4 below summarizes the education level at the time of drop out and the reasons for drop out respectively. The majority (46.4%) of children drop out of school at the period between standard five and seven. The main reasons for dropping out mentioned by children were lack of necessary school supplies (24.6%) because of household poverty coupled by irresponsible parents who abandoned them (23.2%). Physical abuse at home and punishment at school, stigmatization and discrimination, and truancy were also the factors contributing to children who felt that schooling was less appealing.

Table 3: Education level at the time of dropping out of school (n=28)

Level at dropout	Frequency	% of Responses
Standard One to Four	8	28.6
Standard Five to Seven	13	46.4
Form One to Two	6	21.4
Form Three to Four	1	3.60

Source: Survey data (2012)

Table 4: Reasons for dropout (n=28)

Reason for dropout	Boys		Girls		Total	
	Freq	%	Freq	%	Freq	%
Lacking necessary school supplies	12	17.4	5	7.2	17	24.6
Abandoned	10	14.5	6	8.7	16	23.2
Physical abuse and punishment	3	4.3	4	5.8	7	10.1
Taking care of the household	2	2.9	3	4.3	5	7.20
Truancy	4	5.8	1	1.4	5	7.20
Stigma and discrimination	3	4.3	2	2.9	5	7.20
Pregnancy	0	0	4	5.8	4	5.80
Chronic disease of parent/guardian	1	1.4	2	2.9	3	4.3
Doing labor for wages	1	1.4	2	2.9	3	4.3
Drug abuse	2	2.9	0	0	2	2.9
Child chronic disease	2	2.9	0	0	2	2.9

Source: Survey data (2012)

The relationship between the child and the head of household is an important determinant in child welfare. Table 5 shows that about one-third (32.5%) of children who participated in the study lived with their biological mothers, 23% with grandmothers and 14% were living with both of their grandparents. It is worthy noting that only 5.7% of children were living with both of their parents and about 8.3% children were living in households of which they had no any relationship with the head. The main economic activities done by the head of households were subsistence farming (38.2%), petty business (24.1%) and wage labour (15.3%). About one-sixth (15.9) of the parents/guardians were not engaging in any economic activities.

Table 5: Child-Household head relationship and household head occupation

Relationship	Frequency	%
Only mother	51	32.5
Grand mother	36	23
Both grandparents	22	14.0
Both parents	9	5.7
Aunt	8	5.1
Stepmother	5	3.2
Only father	4	2.5
Grand father	4	2.5
Friend of the child	3	1.9
Elder sibling	2	1.3
No relationship	13	8.3
Parent/guardian occupation		
Farming	65	38.2
Petty business	41	24.1
Wage labour	26	15.3
Civil servant	6	3.5
Livestock keeping	4	2.4
Fishing	1	0.6
None	27	15.9

Source: Survey data (2012)

4.2 MVC Identification and Selection Process

Targeting for MVC aims to identify, prioritize and select the poorest and most vulnerable children and their households. One of the aims of the MVC identification process guide, as issued by the Ministry of Health and Social Welfare, is to harmonize the identification process by organizations supporting and ensuring only needy MVC are reached and supported.

4.2.1 Common MVC Identification Process

Interviews with officials of organizations and discussions with members of MVCC who participated in this research indicate a few similarities and several differences in implementing the identification process.

On one hand, interviews with officials from the local government and non-state organizations and discussions with members of MVCC revealed that the processes in the government administered MVC identification include:

i. *Dialogue meeting with the lower LGAs (village, street government) and members of the MVCC.*

At this community entry stage, the following activities are done: identification of the organizations supporting MVC in the area, identification of community facilitators from available organizations and development of preliminary community vulnerability indicators. Information elicited by the present study revealed that the guidelines for MVC identification are poorly implemented. The identification process is done in a fragmented manner with little efforts made for coordination of identification activities by intervention organizations. The identification processes were not fulfilling most of the activities stipulated in the guide. It is worthy noting that noting that some officials of the surveyed intervention organizations including two from the local government office and four from NGOs did not have even a copy of the guidelines in their offices. Six lower LGAs officials working in villages in Singida rural district had never read or seen the MVC identification document.

ii. *Public meeting with all members of the village/street community where preliminary identification of household with MVC is done.*

At this stage, communities are supposed to establish community vulnerability indicators which form a basis for the community-based MVC identification indicators and preliminary listing of households with MVC. Participants in the public meeting are all members of the community. The public meeting is supposed to be attended by all members of the community. Hence representation from all groups and stakeholders in the community including children is crucial. Children participation in the public meeting highlights the extent of their participation in matters affecting their lives. Table 6 shows that a majority 80% of the 170 interviewed children mentioned that they had never attended public meetings nor being involved in any activities in the identification process, including 144 (84.7%) of those interviewed were not involved in the selection of their representatives in MVCCs. About 11% (19 children) attended public meeting but were not given chance to express their views. Only 4.1% (7) had personal interview with members of the village children committee during household capacity analysis. Eight children living under institutional care explained that they were approached and interviewed by clergymen, congregants and volunteers in the streets where they were living. Interviews further revealed that 48% of the children respondents had been identified as being MVC and they were aware of such status. Parents also showed dissatisfaction with the way identification of MVC was carried out. This is supported by the following extracts from focus group discussions:

> *"The exercise is done in a hurry...during the community meeting. It is dominated by few elites...parents and guardians of children and children themselves are not given ample (time/space?) to express their difficulties...."*
> [Female, 32 years old, mother in Unyankindi]

"...information about community meetings is inadequately disseminated. Agenda are not clear, for example last year (referring to 2011), there was a public meeting but information managed to reach only few people in the evening before the meeting day..."

[Female, 61 years old, a grandmother of living with an orphan in Ughaugha B, Singida suburban]."

Table 6: Children participation in the identification process and knowledge of their identification status (n=170)

Extent of children participation	Boys		Girls		Total	
	Freq	%	Freq	%	Freq	%
Attending public meeting but not given chance to express views	12	7.1	7	4.1	19	11.2
Interviewed at home by MVCC	5	3	2	1.1	7	4.1
Interviewed on the street by clergymen	6	3.5	2	1.2	8	4.7
Not involved in the identification exercise	73	43	63	37	136	80
Identification status						
Identified	43	25	39	23	82	48
Not identified	30	18	17	10	47	28
Don't know	21	12.3	20	11.7	41	24
Participation in selecting children representatives						
Participate in selection	15	8.8	11	6.5	26	15.3
Did not participate in selection	83	48.8	61	35.9	144	84.7

Source: Survey data (2012)

iii. Households' capacity analysis (household survey).

This survey is conducted in order to verify if the MVC and their households identified during the community meeting meets the agreed community vulnerability criteria; to talk with identified children and their caregivers about the problems they face and the households' resilience capacity. In practice, according to the identification guide, the list of MVC who qualify for the support is required to be confirmed by the second community meeting. However the findings revealed that in most cases such meetings were not convened. Generally, the findings implies that identification of MVC did not hinged on participatory processes as well extensive fulfilling the steps stipulated in the national guide. Thus the findings are contrary to what found by Mhamba (2004) study in Musoma rural district.

4.2.1 Diversification in MVC Identification

On the other hand, the diversity in the MVC identification procedures seen to be, influenced by organization's objectives, its scope activities and available resources. This diversification is illustrated by the processes of identification as it was found during the discussions with the officials of five organizations among those surveyed.

The Children and Community Centre, this is among the drop-in centres for MVC in Singida Municipality. Currently the centre caters for about 400 children. The approaches used by the centre in identifying MVC are through teachers in schools and street scouting by the centre's officials. Moreover, some children visit the centre by themselves and ask the centre's officials for a support.

SAFINA Children Network provides residential homes and drop-in centres to street children. Mainly, children supported by this FBO are identified through scouting and interviewing them in places where children live on the streets and in ghettoes. These places include bus stations (e.g. Misuna area), open bars, market places, and night clubs (especially for girls). SAFINA hosted only ten children at its residential home and about forty children drop-in on daily. In addition, since its establishment in 2007, the organization has managed to reunify about thirty children with their families.

Another organization dealing with MVC is Community Initiative Promotion through its residential home, the Singida Home for Street Children. About thirty children are housed and these are identified in three different ways. First, there are children who were sent to the centre by District Social Welfare officers from among the official list of MVC register. Other children were sent to the centre by their parents or relatives. A third approach is through street scouting by the centre's social worker.

The Free Pentecostal Church of Tanzania in Singida runs a Street Children Ministry which is a residential home for boys who formerly lived on the streets. Housing about twelve children in 2012, all of these were identified through scouting on the streets by volunteered congregants. Since its establishment in 2003, about 70 children have been released from the house. In the case of Tanzania Assemblies of God Jerusalem Student Centre, funded by Compassion International, the centre provides scholastic, healthcare, economic and spiritual supports to children. Children are supported at their homes and drop-in services are provided once per week. Through its social worker, the centre identifies children who live within five Kilometres from the centre. The identification is done by the centre's social worker who directs visits to the households with children whose parents can not afford to meet the cost of schooling. Currently, about 230 children are supported. However, any child attaining the age of 22 years is released from the centre's support. As per the organization's identification approach, the homeless children are excluded. There are about nine centres funded by Compassion International in Singida Municipality adopting similar approaches. It is clear that many of the non-state actors adopt their own identification process instead of using the national guidelines.

The above description reveals that there are processes stipulated in the national guidelines but in practice neither government administered nor non-state administered MVC identification is undertaken. This includes: first, MVC forum in which all the identified MVC in the community were supposed to attend. The main objective of the forum is to build children's capacity in addressing matters that affecting them. Specifically, the forum should give MVC opportunities to nominate MVC representatives to the community MVC committee and the District MVC Forum and to review the entire MVC identification process, challenges, issues and areas of improvement. Second, two public meetings with the village/street community are supposed to be conducted. However, in practice a single meeting is conduced. It was difficult during the study to establish the extent of participation of community members in these meetings.

4.3 Major Difficulties Faced by Children

Organizations implementing MVC programme, slightly differ in the type and scope of social protection interventions they provide. Understanding children vulnerability situation is crucial in order to fulfill children's needs and priorities. Prior to the discussion on the support provided, children were asked to rank difficulties they often encounter in life. Table 7 shows that the majority of the difficulties are related to income poverty and are detrimental to children's physical and cognitive growth and development. Inability to pay school contributions (other than fees), lack or inadequate of school supplies, food insecurity, poor housing and inadequate health care. Poor household income was also a major factor limiting children completing primary school and joining secondary school. Children also described poor sanitary materials (including utensils, soaps, source of water, sanitary towels etc) as an impediment to their cognitive development even if they access basic scholastic supplies, uniforms and fees.

Table 7: Life difficulties faced by Children (n=170)

Difficulties faced by children	Boys		Girls		Total	
	Freq	%	Freq	%	Freq	%
Can't afford other school contributions	66	10.9	51	8.5	117	19.4
Lack school supplies	64	10.6	38	6.3	102	16.9
Food insecurity	41	6.8	36	6.0	77	12.8
Poor housing	43	7.1	34	5.7	77	12.8
Inadequate health care	33	5.5	33	5.5	66	11.0
Lack or poor bedding materials	36	6.0	26	4.3	62	10.3
Cant afford school fees	22	3.6	14	2.3	36	5.9
Chronic child sickness	5	0.8	17	2.8	22	3.6
Parent chronic sickness	7	1.2	7	1.2	14	2.4
Lack or poor sanitary materials	8	1.3	9	1.5	17	2.8
Stigma and discrimination	9	1.5	4	0.7	13	2.2

Source: Survey data (2012)

4.4 Social Protection Interventions

4.4.1 Support Provided to Children

Children mentioned NGOs and FBOs as the major support service providers. Some mentioned CBOs and few individuals as support providers. The majority of the service providers surveyed were targeting the following categories of children: (i) orphans living in vulnerable situations; (ii) children forced to do sex work; (iii) children with disability; (iv) children living with HIV/AIDS; (v) children living with very old caretakers; (vi) children forced to work; and (vii) children from poor households. Information on the types of support provided to children was obtained from the beneficiaries (children), members of MVCC, parents and service providers. A range of protective, preventive, promotive and transformative support services were provided to children by the intervention organizations.

Out of twelve organizations surveyed, seven were providing a range of protective support services to MVC and their households. These protective actions include provision of scholastic materials such as writing materials, school bags, uniforms, school fees (to children in secondary schools and those in vocational training), food, bedding materials (mosquito nets, mattresses, bed sheets and blankets). Among other supports, FBOs were also providing ordinary clothes to out-of-school children. Majority of children benefiting with this support were those in rural areas. One CBO in Mtinko village was also providing warm clothes to out-of-school children. Although fees were abolished in primary schools, other school contributions were frequently mentioned (see Table 7 above) among the factors circumscribing their schooling. It is worthy noting that of the 170 children interviewed, only six received school fees support. Interviews and discussions revealed that for children who do not pay school contributions, are often repelled by the school administration and or not allowed to enrol in primary schools and denied admission in secondary schools even after passing national primary education examination.

Six organizations were providing transformative social protection supports. These organizations were involved in the provision of trainings on child rights and life skills to both in-school, out-of-school youths and to parents and guardians. Such training programme includes entrepreneurship education, MVC caretaking skills, and prevention of HIV/AIDS. FBOs and CBOs have also provided psychosocial supports for HIV/AIDS orphans and children LWHA. This is done by volunteers visiting the MVC and talking to them about different issues and problems. However, a few children said that they had received such a support. A few paralegals were involved in counseling the children in trouble with the law, especially those living-on-the-streets who get involved in criminal acts.

One organization was involved in preventive social protection supports. Mainly, this involved payment of the premium for the membership of Community Health Fund for MVC households. Only four (1.8%) of the children interviewed had benefited from this support while the 66 (11%) children needed it.

In addition to other supports, only two interventions organizations were providing promotive social protection. These interventions aimed at building the capacity of MVC households to implement income generating activities by providing them with capital (start-up kits). Often the capital was provided after the heads (or representative) of the benefiting households had attended entrepreneurship training or other capacity building training in that matter. In Mtinko village, it was reported that eight boys and seven girls who completed vocational trainings were provided each with carpentry tools and sewing machines, respectively.

Social protection interventions described above are important in promoting social equity as well as economic growth of vulnerable children and their households. Comparing the difficulties faced by children (as shown in Table 7 above) and the support provided on the ground, it is evident that the problem is still with the targeting coverage and scope of support provided. Out of the 170 children who participated in the study 72 (42.4%) had received some kind of support while 98 (57.6%) had not received any support from service providers. Of 117 children who did not afford the payment for other school contributions, none was supported. Of 102 children who lacked school supplies, 56 were supported. Among 77 children who experienced food insecurity, 30 were provided with food. This was the support from LGAs through TACAIDS funded HIV/AIDS programme. In Puma and Mntiko villages, ten households were provided with nutritious flour (popularly known as *Unga wa lishe*). Poor housing is among the major problem experienced by children (77, 12.8% of those interviewed). However, none of the household were supported; in fact none of the surveyed organization was involved in house improvement. Table 8 shows the period between the times when they last received support and to time of the interviews were carried out. Among 72children who received support, about 14% of them received about three months ago whereas nearly three-quarter of them (72%) received the support more than two years ago.

Table 8: Last time for children to receive support (n=72)

Last time to receive support	Freq	%
Three months ago	10	14
One year ago	5	7
Two years ago	52	72
More than two years	5	7

Source: Survey data (2012)

4.4.2 Means of Copping

Missing the window of opportunity to invest in children has clear adverse implications for children's survival and development prospects. The implications are such as: psychosocial distress, stigmatization and discrimination, increasing poverty, loss of inheritance rights, child labour, risk of physical abuse, loss of livelihood skills, regenerating scepticism regarding the value of education, food insecurity and threats to nutrition status (UNAIDS, 2004). Moreover, declining government spending on education and health associated with HIV/AIDS and economic crises can transfer the burden of service provision on households and communities, adding to the already high demands on children (ibid.). As informed by literature and this study, a vast population of most vulnerable children is missing out in terms of quality education (not just higher enrolment rates), healthcare, nutrition, shelter and other children rights and needs. Despite the difficulties and stress affecting children, their life has to continue. In the study area, interviewed children adopted a wide range of problem-focused coping strategies. Problem-focused coping refers to efforts to directly change or master the source of stress (Nijboer, 2007). This can be achieved by altering either the environment, changing external pressures (stressful situation is tried to be directly avoided by walking away, withdrawing), or finding resources so that the distressing situation is made less threatening (ibid.). As Table 9 confirms, the majority of the coping strategies adopted by children were maladaptive and detrimental to their physical, psychological and cognitive growth and development.

Similar to earlier studies (Kamala *et al,* 2001; Mbelle and Katabaro, 2003; and URT, 2008), the present study found that poverty was a major cause of stress for the MVC. Out of the 170 children interviewed 119, 112 and 83 were undertaking paid labour, begging and petty business, respectively, in order to earn money and or foodstuffs for themselves and their households. Begging as a coping strategy to vulnerability among children was found by Amury and Komba (2010) in Dar es Salaam. This strategy can be both sexually and economic exploitative and hence life threatening, especially to a girl child. It was further observed that in urban areas children mostly work as domestic servants, particularly girls. For the similar purpose of earning money to cater for their different needs, eight girls were engaging in paid sex. Three of these girls were living on the streets, two in ghettoes and the other three were living with older female friends. Seven boys were found scavenging for used plastic and glass bottles and jars. As revealed during participatory exercise:

> *"Some [...] collect empty bottles and containers, and sell them to different business people at the market places who clean them and reuse them by filling honey and sunflower oil....my self am receiving*

between 50/= for an empty plastic bottle and 100/= for a glass container. "
[10 year old boy paternal orphan, Salimini Street, Misuna ward]

Food is vital for the general growth and development of the child. As mentioned elsewhere, food insecurity is a common phenomenon among MVC and their households. In order to cope with the situation, decreasing a number of meals taken in the household was a frequent practice by thirty seven children interviewed.

Poor housing in the study area put at risk the children who already bear the brunt of coping mechanisms. Among the children interviewed, fifteen mentioned that they were living in poor roofed *(including thatch, old used iron sheets)* houses as a result, during rainfall they seek for a place to sleep in neighbour's houses.

Moreover, some of the coping ways by children were fatal in a way. Twenty five of the children interviewed were sleeping-off the sickness when they fall ill. This is similar, the coping way to children's inability to access healthcare as found by Amury and Komba (2010) in Dar es Salaam.

Delinquency was also among the ways children adopted to cope with their financial needs and demands. This was a common practice among children living-on-the-streets whereupon four of them mentioned that they used to shoplifting and pick-pocketing from pedestrian and broking into house compounds to steal things such as clothes and chicken. This situation was confirmed during participatory exercise and it was revealed that a number of street children are used by gangs of criminals as revealed in these words:

"...due to lack of money there are children living on the street who are approached by leaders of the robbery groups and are asked to go and commit a crime, like stealing modern phones and laptops....But sometimes the crimes are associated with personal conflicts where by people perpetrate the children to injure other people and sometimes even asked to kill by hitting with lethal materials or poison."
[17 years old boy, living at a residential care formerly living on the streets, Majengo ward]

"Young children with small bodies are also used to commit theft in houses and shops because it is easy for them to pass through some windows or a hole made on the wall..."
[14 years old boy, living at a residential care formerly living on the streets, Majengo ward]

The importance of education in fighting poverty and vulnerability is recognized (URT, 2008:19). Truancy and dropping-out of school were among the frequent practices for 15 (3.1%) and 33 (6.9%), respectively, for children who could not afford the associated cost of schooling such writing materials, uniforms (both clothes and shoes) and textbooks. Other children (20, 4.2%) who regularly attended classes do not complete all subject notes because they did not have enough notebooks. A study on MVC in Dodoma region found that many children who lacked notebooks used to write notes on loose pieces of paper while others wrote more than one subject in a single notebook (Mbaula, 2011). It was further argued that loose pieces of papers are easy to get lost or damaged. Also, using a single notebook for multiple subjects is likely to affect their learning process and often put them in trouble with subject teachers who are not aware of their background (ibid.). Moreover, during the discussions with MVCC it was established that children taking care of household such as attending to chronic ill member of household is among the factors lead to drop-out.

Table 9: Coping strategies adopted by children in difficult situations (n=170)

Coping strategy	Boys		Girls		Total	
	Freq	%	Freq	%	Freq	%
Doing labor for wages	70	15.2	49	10.6	119	25.8
Begging	60	12.3	52	10.7	112	23
Doing petty business	50	10.2	33	6.8	83	17
Reduce number of meal taken	23	4.8	14	2.9	37	7.7
Drop out of school	20	4.2	13	2.7	33	6.9
Sleep-off the sickness when ill	12	2.5	13	2.7	25	5.2
Write incomplete subject notes in school	11	2.3	9	1.9	20	4.2
Not regular attending to school	9	1.9	6	1.2	15	3.1
Shift to neighbour during rainfall	5	1.0	10	2.1	15	3.1
Scavenging	6	1.3	1	0.2	7	1.5
Stealing	3	0.6	1	0.2	4	0.8
Engage in paid sex	0	0	8	1.7	8	1.7

Source: Survey data (2012)

4.5 Challenges Facing the Intervention Organizations Service Delivery

Both children and organizations' officials' articulation of challenges are much related with targeting problems, institutional problems, limited resources to meet huge demand of MVC and poor community response on MVC matters.

During participatory exercises with children and in individual interviews, most of the children cited untimely distribution of the material supports, inadequate support and poor quality of materials support provided from the intervention organizations. Despite its poor quality and inadequacy, many children cited the educational related material supports that are often not delivered parallel to schooling term. Children

express their demand on some of important scholastic materials such as uniforms both clothes, shoes, school bags, fees (excluding those in primary school) at the beginning of the school term. But their experience is that a number of organizations deliver these support at mid-of-the school or nearly the end. More often, this results into irregular attendance and repulsion from school for students who have not paid fees. The majority of the children also described the constraints related to their poor participation or exclusion in needs identification. It was revealed that many interventions focus on the provisions of scholastic materials and trainings on child rights and life skills. The children felt other child-sensitive social protection services which improve their access to education such as healthcare, food and shelter were not given priority by support providers. Since many materials provided were of poor quality, it was not easy for the beneficiaries to use them until the next phase of delivery.

Moreover, the support provided had a negative social impact on the beneficiaries. Many respondents mentioned that they suffer effects of stigmatization and or discrimination by, for example, being called-by-names such as *Watoto wa Misaada* literally means *"children who depend on the handouts"* [14 year old girl at Ikungi]. These children are likely to be more psychologically affected when they are labeled in such way in the school environment.

Table 10: Challenges experienced by children in receiving support (N=72)

Challenges support delivery	No. of responses	% of responses
Untimely distribution of support	60	29.4
Inadequate support provided	59	28.9
Community stigmatize/discriminate the children who receive support	50	24.5
Materials provided are of low quality	35	17.2

Source: Survey data (2012)

During the discussions with intervention organizations, the officials described a mentioned range of challenges. At large number of needy children than financial resources available from state and non-state actors was the most critical challenge. Hence, intervening organizations fail to provide the highly needed support: school fees for children attending secondary schools and vocational institutions and contributions for primary and secondary schools, clothes, food to MVC households, residential care for the children living on the streets. Moreover, lack of transport facilities and remuneration for volunteers working with MVC has resulted into difficulties to reach, identify and monitor the vulnerable children, particularly, those living in rural areas and or geographical isolated places. Similar findings were reported by Nyangara *et al* (2009) who argued that lack of compensations to volunteers and local leaders' was one of the major challenges of the MVC programmes in northwestern Tanzania.

The majority of interventions officials cited poor self-help initiatives in responding to children vulnerabilities in the study areas. In supporting MVC, the National MVC guidelines state that community-based care is the aim and institutional capacity an exception. Furthermore, guidelines plead for the protection of MVC requires strengthening community-based care and assistance mechanisms facilitated through a process of community dialogue.

Poor targeting methods adopted by social protection providers was another challenge. Most of the interventions were targeting and reaching children in schools. In many cases, the most need out-of-school children were left out by the support by either not being identified or identified but not selected to be beneficiaries. In some practice, this had led to corruption and biasness among lower LGAs leaders and members of MVC committees where the better-off children are provided with the support and the needy are left out.

In most cases, chronic poverty facing some of the MVC households lead to improper usage of the support provided. Some cases were reported where heads of households sold support materials such as clothes and mattresses provided to children in order to meet the cost for food or other expenses at the discretion of the head of household.

In addition, personal beliefs and perceptions also pose a challenge in service delivery. It was reported that some parents refused their children to be registered on the MVC register. On the other part, some children perceive the phrase *"Most Vulnerable Children"* as offensive, stigmatic and discriminatory.

Generally, duplication of interventions among support services was a common practice. This is mainly a result of poor cooperation among social protection providers and poor implementation of the social protection framework of which, among others it aimed at reducing duplication of the intervention efforts. It was revealed that in some cases, the same kind of support is provided by more than one provider to the same child or household while others who were in need had none.

5.0 CONCLUSIONS, RECOMMENDATIONS AND AREAS FOR FURTHER RESEARCH

5.1 Emerging Policy Conclusions

This study sought to examine and the report targeting approaches implemented by social protection interventions for the livelihood of the most vulnerable children. Generally, there were two kind of targeting involved. First, identification of children and their households based on a case-by-case basis through some kind of means test using criteria set by the community. Second, identifying children based on their demographic characteristics. Findings reveal that majority of the interventions targeted orphans living in poor households, children living on the streets, laborers, and those living with very old caretakers. Identification of MVC is poorly coordinated and very little resources (human and financial) are invested on the process. This has led to many of the non-state actors to adopt their own identification process instead of using the national guidelines. Further, implication is that a number of processes stipulated in the national guidelines are neither followed by the government administered nor non-state administered MVC identification exercises. There is poor participation of children in matters that affecting them as the study reveals that 80% of children were not involved in any of the identification process and 84.7% were not involved in the selection of MVC representatives in village/street MVC committee and district MVC forum.

A close relationship exists between duplication of efforts and poor cooperation among social protection actors. In a situation of limited fiscal space, improving coordination of the social protection actors will be critical in reducing the number of children who are repeatedly and or multiply supported w at while others are excluded.

5.2 Recommendations on the Remedial Interventions

There is a growing body of evidence that social protection programmes can effectively increase the nutritional, health and educational status of children and reduce their risk of abuse and exploitation, with long-term developmental benefits (DfID et al 2009). However, as stated elsewhere in the literature and earlier in this study, there are a lot of challenges affecting the implementation and desired outcomes of many of the social protection programmes. The key challenges identified by the study are:

- Untimely distribution of support to the beneficiaries.

- Larger number of needy children than resources available leading to many interventions failing to meet the pressing demands for school contributions and fees especially in secondary and vocational education.
- Poor self-help initiatives in responding to children vulnerabilities
- Poor and or discriminative targeting methods which are poorly implemented.
- Households' chronic poverty leading to improper usage of the support provided.
- Duplication of interventions.

In remedy, more child-sensitive social protection interventions are critical. The recommendations below seek to offer a remedy to the above challenges for a more child-sensitive intervention.

(i) Targeting methods

- Improving the process to identify MVC and ultimately selecting the beneficiaries of the supports particularly increasing the coverage to reach ultra-poor children in geographically isolated areas, children living on the street and in ghettos. This should involve an increase in creating community awareness on the plans for the MVC identification exercises in the target areas.
- Increasing more participation of different categories of vulnerable groups in the identification of community vulnerability indicators. This should include taking into consideration of the viewpoints of ultra-poor children. This study found that nowhere the MVC forums were conducted despite being stated in the national MVC identification guidelines. Under these forums, MVC are supposed to nominate their representatives to the community MVC committees, to enable the identified MVC in self expression of their views and identifying their needs, and give the MVC an opportunity to review the entire MVC identification process, challenges and propose areas of improvement.
- Improve transparency on identification exercise. This is of paramount importance in order to remove biases and corruption in selecting benefiting children and households reported in this study.
- Ensure the household capacity analysis/survey reach out to all of the identified ultra-poor households with children in the locality. Under the current practice, many households are not reached and their social and economic strength not verified if they meet the community agreed vulnerability criteria. This situation

creates avenues for non vulnerable households selected and benefiting with little resources available.

(ii) Social protection interventions

- Creation of sustainable source of livelihood for MVC households by building their entrepreneurial capacity and support the establishment of income generating activities. Somewhat this could extend the benefit to all members of households rather the MVC alone.

- Broaden social cash transfers targeting schemes to support fees for MVC attending secondary education. The cash transfers should be streamlined with the efforts for the waivers of other school contributions among the ultra-poor.

- Develop standardized healthcare user fee exemptions and waivers systems for MVC and their households and better pro-poor implementation of the procedures in order to ensure access.

- Provide institutional care to the children living on-the-streets and in ghettos while establishing child-family reunification programme. A survey on children living-on-the streets can provide information which will assist in reuniting the children with their parents, siblings or other close relatives.

- Increase intersectoral coordination. The design, implementation and evaluation of social protection interventions for children should involve a wide range of intersectoral development actors in order to avoid duplication of efforts reported in this study. Accordingly, improving the MVC records keeping in both local-government authorities and non-governmental organizations and establishing a well managed inventory of intervention organizations supporting MVC per each district in the country.

5.3 Areas for Further Research

This study has paved a way for further research. Since children's need and problems vary due to demographic variables, in some cases it might be difficult to gather detailed information from semi-structured interviews. Hence a study adopting a more qualitative approach to gather narrative stories from MVC will provide detailed information on their life, views and sentiments. In addition, more empirical work is needed on investigating the community attitudes towards MVC. This will inform the development of transformative interventions to the affected communities to establish more community-led (self-help) programmes for supporting MVC in their localities.

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