ASSESSMENT OF FACTORS INFLUENCING IDENTIFICATION OF THE MOST VULNERABLE CHILDREN IN TANZANIA: EXPERIENCES FROM MOROGORO RURAL DISTRICT

Godfrey Kacholi

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By

Godfrey Kacholi

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CERTIFICATION

The undersigned certify that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a thesis/dissertation entitled ***Assessment of Factors Influencing Identification of the Most Vulnerable Children in Tanzania: Experiences from Morogoro Rural District*** in (Partial) fulfillment of the requirements for the degree of Master of Arts in Health Policy and Management of Muhimbili University of Health and Allied Sciences.

_____

Prof. Phare G.M Mujinja, BA (Hons), CIH, MPH, MA (Econ), PhD

(Supervisor)

Date: _____

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I, **Godfrey Kacholi,** declare that this **dissertation/thesis** is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

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DEDICATION

This work is dedicated to my beloved wife Pendo W. Mganga and our beloved daughter Mary Godfrey Kacholi. Without their support it would not have been possible to complete this dissertation.

ABSTRACT

Background

Tanzania is facing a rapid increase of most vulnerable children. MVC identification has been considered as an important step towards provision of adequate protection and essential services. MVC identification is facing challenges including identification of non-eligible children and inadequate community involvement just to mention a few.

Objectives

This study aimed to assess factors influencing identification of most vulnerable children in Morogoro Rural district. The study was guided by the following specific objectives:-to explore the contribution of training towards identification of most vulnerable children, to assess the adequacy of workforce allocation for identification of most vulnerable children, to assess the adequacy of time allocation for identification of most vulnerable children and to explore the extent of policy/guidelines advocacy for identification of most vulnerable children were assessed.

Materials and Methods

A qualitative cross sectional study was conducted in Morogoro Rural district within two villages obtained from two wards. A total of 81 respondents were purposely selected as key informants. The data was obtained through in-depth interviews, focus group discussions and documentary reviews. Data were analyzed for themes in order to meet the objective of this study, thematic analysis approach was followed.

Results

The study reveals that training is lacking to undertake MVC identification. However, majority of the influential entities such as MVCC, ward and village leaders had little knowledge and exposure on the identification process. Inadequacy of workforce and time allocation for MVC identification was evident. Policies guidelines were not adequately advocated and disseminated to the council and community level.

Recommendations

The study recommends that more efforts should be made to train the key implementers and overseers of the MVC programme that includes identification of MVC. In addition, efforts should be made for policy advocacy and dissemination. Finally MVCC should be empowered to enable them to fulfill their undertakings.

Table of Contents

CERTIFICATION iii

DECLARATION AND COPYRIGHT……..……..…… iv

ACKNOWLEDGEMENTS……..……..……v

DEDICATION vi

ABSTRACT.....vii

TABLE OF CONTENTS…..…….……..viii

LIST OF TABLES……..…….……..xi

LIST OF FIGURES…..……..……..xii

LIST OF ABBREVIATIONS……..……..…….xiii

CHAPTER ONE: OVERVIEW OF THE STUDY……...……..1

1.0 Introduction.....1

1.1 Statement of the Problem 3

1.2 Research Questions 4

1.2.1 Broad Research Question 4

1.2.2 Specific Research Questions.....4

1.3 Rationale of the study.....4

1.4 Broad Objective 7

1.4.1 Specific Objectives 7

CHAPTER TWO: LITERATURE REVIEW……..……...8

2.1 Overview of the Situation of Most Vulnerable Children in Tanzania 8

2.2 Definition of a Child in Tanzanian Context 8

2.3 Definition of Most Vulnerable Children 9

2.4 Identification and targeting of Most Vulnerable Children 9

2.5 Determinants that contributes the incidence of MVC.....10

2.6 Poverty in Tanzania.....11

2.7 Institutional arrangement that supports MVC 12

2.8 The Social Welfare Workforce for MVC.....13

2.8.1 Challenges in Developing the Social Welfare cadre for MVC 14

2.8.2 Targeting theory 15

CHAPTER THREE: RESEARCH METHODOLOGY……..……...17

3.1 Study site 17

3.2 Study design……..…….17

3.3 Study population……..……..18

3.4 Sample size and Sampling process 19

3.5 Sources of data.....19

3.6 Data collection process.....20

3.6.1 Interviews 20

3.6.2 Focus Group Discussions 20

3.6.3 Documentary Review 20

3.7 Data management.....21

3.8 Data analysis 21

3.9 Ethical considerations.....22

3.10 Limitations on data collection.....23

CHAPTER FOUR: RESULTS……...……..…….24

4.0 Characteristics of Respondents 24

4.1 The contribution of training towards identification of MVC 25

4.1.1 Understanding of information flow regarding training 26

4.1.2 Adequacy of training materials regarding MVC identification.....26

4.1.3 Quality of facilitators regarding the MVC identification process 27

4.1.4 Availability of refresher trainings on identification process 27

4.2 Adequacy of human resources allocated for MVC identification 28

4.2.1 Adequacy of the workforce for MVC identification process 29

4.2.2 Adequacy time allocated for MVC identification.....29

4.2.3 Geographical accessibility.....31

4.3 Policy and guidelines advocacy on MVC identification process.....31

4.3.1 Level of community participation in MVC identification process 33

CHAPTER FIVE: DISCUSSION……...……...……35

5.0 Discussion of Findings 35

5.1 Contribution of training in identification of MVC.....35

5.2 Adequacy of workforce allocation for identification of MVC 36
5.3 Time allocated for identification of MVC 37
5.4 Policy and guidelines advocacy on MVC identification process 38
CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS……..…….39
6.1 Conclusion 39
6.2 Recommendations 40
References……...……41

LIST OF TABLES

Themes identified for understanding identification process in the study area……...22

Characteristics of respondents by age, sex and educational level…….24

MVC identification process ……..……30

LIST OF FIGURES

Conceptual framework for the factors influencing identification of MVC…….……5

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CHF	Community Health Fund
CMAC	Council Multi-Sectoral AIDS Committee
CRS	Catholic Relief Services
DMS	Data Management System
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
FBO	Faith-Based organization
FGD	Focus Group Discussion
GoT	Government of Tanzania
HIV	Human Immunodeficiency Virus
IPG	Implementing Partner Group
LGA	Local Government Authority
MA-HPM	Master of Arts in Health Policy and Management
MIPG	Most Vulnerable Identification Process Guide
MoHSW	Ministry of Health and Social Welfare
MUHAS	Muhimbili University of Health and Allied Sciences
MVCC	Most Vulnerable Children Committee
NBS	National Bureau of Statistics

NCPA	National Costed Plan of Action
NGO	Non-governmental organization
OVC	Orphan and Vulnerable Children
PEPfAR	President's Emergency Plan for AIDS Relief
PHDR	Poverty and Human Development Report
PMORALG	Prime Minister's Office Regional Administration and Local Government
PSW	Para-Social Workers
RCAAP	Rapid Country Assessment, Analysis, and Action Planning
REPOA	Research on Poverty Alleviation
SWA	Social Welfare Assistant
TACAIDS	Tanzania Commission for AIDS
TASWA	Tanzania Social Welfare Association
UNAIDS	Joint United Nations programme on AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children Education Fund
USAID	United States Agency for International Development
VEO	Village Executive Officer
WEO	Ward Executive Officer
WHO	World Health Organization

CHAPTER ONE: OVERVIEW OF THE STUDY

1.0 Introduction

One of the biggest challenges facing Sub-Saharan Africa today, Tanzania in particular, is HIV/AIDS. The impact of HIV/AIDS is affecting almost everybody in every society. One of the growing social problems associated with the impact of the epidemic is the rapid increase of orphans and vulnerable children [1]. The number of orphans and vulnerable children has increased rapidly during the last decade in Tanzania. The increase of orphans and vulnerable children has been causing severe social and economic crisis [2].

Currently, Tanzania is estimated to have two million children identified as most vulnerable who are approximately 10 percent of children less than 18 years of age. Over 40 percent of orphanhood is estimated to be due to AIDS, and many additional children are vulnerable due to a chronically ill-parent who is unable to provide proper care. It is also estimated that about 40 percent of all children under age 18 are living in households at or below the national poverty level. Besides, over 50 percent of orphans and vulnerable children live in households with grandparents aged over 60 years as their primary guardian whereas about 30 percent live with other relatives or caregivers, and 12 percent are in child-headed households of which only one percent gets support from relatives [3].

The problem of most vulnerable children (MVC) is not new in Tanzania. In Tanzania, the vulnerable children have been in existence from the time of independence. These children were all taken care of, supported and protected by their close relatives and neighbors [4]. There were strong community safety nets such as extended family to absorb these children. These safely nets are vanishing with time due to severe household income poverty, effects of globalization, and socio-economic changes. In recent years, the number of orphans and other vulnerable children has grown beyond the capacity of households and communities to handle [2].

In response to the rapid increase number of the MVC in Tanzania, the government through the Ministry of Health and Social Welfare developed the National Costed Plan of Action (NCPA 2007-2010) that was to be used as a planning tool for services related to MVC in the country. The NCPA planned to provide and scaling-up protection, care, and

support for MVC. To effectively implement the NCPA, the Ministry of Health and Social Welfare designed the tool called the Most Vulnerable Children Identification Process Guide (MIPG) for identifying the MVC who are eligible for protection, care, and support. The guideline requires the local government authorities (LGAs) such as districts, ward and village/mtaa governments and implementing partners to use the standardized guideline to carry out the identification of the MVC. The criteria for the identification of MVC emphasizes the application of community based participatory approach in planning and executing effective activities that responds to the needs of vulnerable children in their different context.

Apparently, both the MIPG and the NCPA have been emphasizing the use of community-based approach in identifying the MVC. There are two main reasons for choosing a community-based selection procedure: first, it strengthens the ability to identify the children who are most in need, and second, it strengthens community ownership of the intervention. Community-based identification of beneficiary eligibility often works better in rural than in urban areas, mainly because people are likely to know each other better, there is a stable population and a certain level of group solidarity [5].

Notwithstanding the important contributions made by the MIPG and the NCPA, the recent evaluation on the appropriateness and effectiveness of the NCPA reveal the notable achievements whereby, over 800,000 MVC have been identified in sixty eight percent of the districts and more than 50 percent of all the wards, and villages in Tanzania. In addition, through the identification process, there is substantial community awareness of the presence of MVC problems in the country, the characteristics of the problems, and the best ways of addressing them [6].

Despite these positive results, the NCPA evaluation report reveals some gaps that relate to the MVC identification process. These include identification of non-eligible children, some of the MVC were left out during the identification exercises, some key stakeholders of identification particularly caregivers were inadequately involved and some of the established most vulnerable committees in some districts demonstrated to be not functioning [7].

Since these guidelines outline instructive activities that are essential to be pursued in identifying the MVC and other children in vulnerable households, it has been expected that MVC identification process will result into consistency, efficiency and efficacy. The findings from the NCPA evaluation report call for study to find out why MVC identification process has been ineffective? However, since the MVC identification process has started being conducted, no systematic assessment has been carried out to study the identification process.

This study therefore aimed at assessing the factors influencing identification of MVC in order to generate an understanding and contribute to the on-going debate with regard to both the theoretical and practical carrying out of identification process of MVC in the country.

1.1 Statement of the Problem

The review of the implementation of National Costed Plan of Action (NCPA) for the most vulnerable children in Tanzania reveals the identification of non-eligible children was ineffective and that typical MVC were left out by the identification exercises. More than one half of the caregivers (62.6 percent) reported that some of eligible children were left out in their households while over 80 percent felt that some MVC were left out in the village [7]. In addition, some key stakeholders of identification process particularly caregivers were inadequately involved and some of the established most vulnerable committees in some districts demonstrated to be not functioning [7].

Identification of the MVC has been considered to be an important step towards provision of adequate protection and provision of essential services to the MVC. Community-based approach in identifying the most vulnerable children has been specified by the NCPA and the guidelines specified within Most Vulnerable Children Identification guideline [8]. The eligibility of children being identified as most vulnerable has to follow a standardized guideline laid down by government [8].

Despite the existing guidelines, the NCPA evaluation report has shown that there were a number of problems in identifying vulnerable children, ending up in efforts in targeting the less vulnerable children. The findings from the NCPA evaluation report called for

study find out why MVC identification process has been unsuccessful [7]. However, since the MVC identification process started being conducted, apart from the evaluation report [7], no systematic assessment has been carried out to evaluate to what extent the process has been effective, efficient and consistent at the district level.

In addition, literature on evaluation of identification of MVC at the district level in Tanzania is scanty; therefore this study intends to provide community information that would contribute to the existing literature by generating information on the challenges of MVC identification process in the selected district councils. The findings will be employed to increase understanding and contribute to the on-going debate with regarding to practicability of the MVC identification process in the district.

1.2 Research Questions

1.2.1 Broad Research Question

What are the factors influencing the identification of most vulnerable children?

1.2.2 Specific Research Questions

1 What is the contribution of training towards identification of most vulnerable children in Morogoro Rural district?

2 To what extent do the adequacy of resources (human and time) allocated affect identification of most vulnerable children in Morogoro Rural district?

3 To what extent do policy and guideline advocacy and dissemination for most vulnerable children impact identification process in Morogoro Rural district?

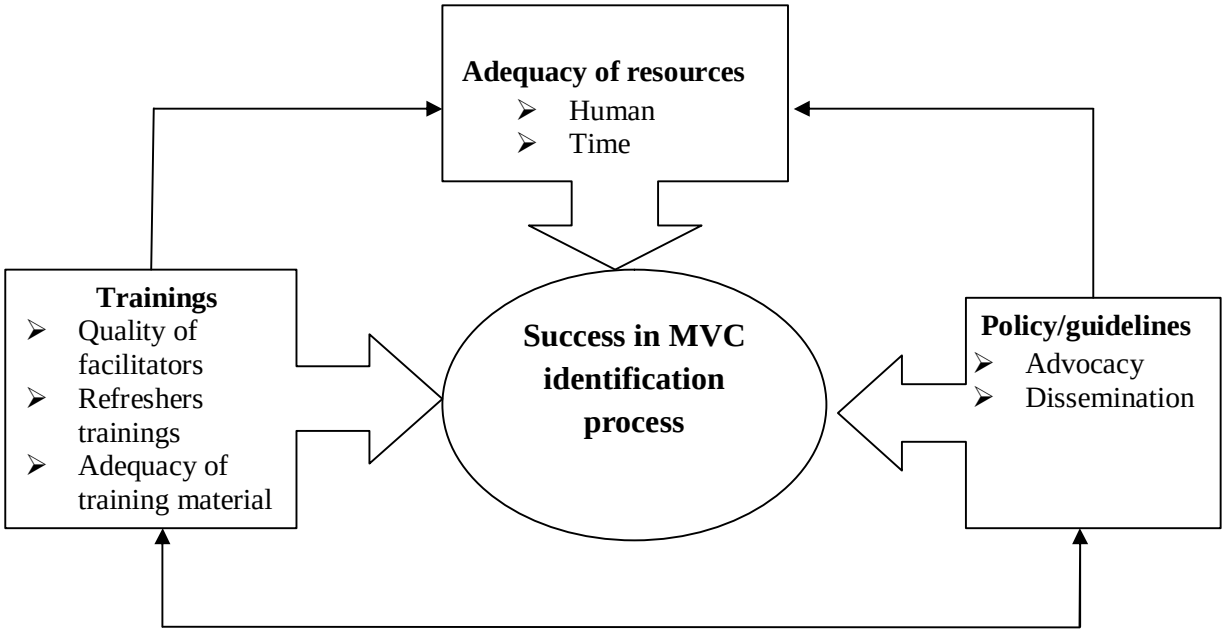
1.3 Rationale of the study

This study has given light on the following:

- It has improved the understanding of the on-going debate about how identification process of MVC can be improved in the studied district.
- It has contributed more light to the existing literature by generating information about MVC identification process in the selected district councils.

- Provided relevant information to planners, programme managers, policy and decision makers and the funding organizations in exploring the deficiencies of the identification process.

Figure 1: Conceptual Framework for the factors influencing identification of MVC



Source: Author's conceptualization, 2011

This study based on the assumption that successful identification of most vulnerable children is associated with factors related to trainings, resource (human and time) allocation, and policy advocacy. In many cases, these factors were found to reinforce each other. On the other hand, successful identification of most vulnerable children is apparently considered to bring the desired outcome in terms of appropriate identification of the children's' needs.

Therefore, the research approach examined the success of MVC identification from three different angles:

(i) Contribution of training on the success of MVC identification:

The developed conceptual framework (see Figure 1) presumed that trainings conducted at all levels collectively provided crucial ingredient into the most

vulnerable children identification process because they present a collection of possible explanatory (capacity and contextual) factors that determine whether MVC identification thrive and achieves its intended ends. It could be argued that the success of identification of MVC depends on the number of factors that are significant when adequately considered, and put in practice.

Nonetheless, unsuccessfulness of MVC identification revealed to be influenced by inappropriate training guidelines that are essential in guiding provision of relevant education and information on MVC identification. The expected outputs derived from the training guidelines on identification of MVC were assumed to lead the persistence of clarity on the training approach, attain strong support from the local authorities and implementing partners. Up to date information enhance community, MVCC and other stakeholders' capabilities to implement appropriate identification process leading to effective outcome in both identifying eligible MVC and their immediate needs.

(ii) Provision of adequate resources (human and time) for MVC identification:

Based on the literature and field experience, resource allocation were relevant in assessing and explaining the nature and degree of MVC identification success in the context of community-based approach.

Potential problem associated with poor MVC identification noted to be underpinned by inadequacy of Social Welfare Workforce for supporting and protecting the welfare of MVC. On the other hand, few individuals (Social Welfare Officers) who are employed as social workers were often ineffective and difficult to retain. Likewise, inadequate time allocated for the identification exercises posed difficulties that in turn affect the process.

(iii) Role of policies and guidelines on MVC identification process:

As Figure 1 suggests, policies and guidelines enhance and provide common, comprehensive and consistent guide for identification of MVC and their basic needs. The analysis of policy levels also assessed the commitment (willingness)

of district, ward and village/mtaa levels, politicians and implementing partners to act in the public interest of scaling up protection, cares, and support for MVC.

The analysis examined the process of guidelines dissemination to the lower levels. Policy advocacy meetings with district leaders and stakeholders with an objectives of sharing information on the process of identification and gaining consensus on vulnerability and vulnerable children is essential in soliciting commitment and support from district authority and stakeholders. As stated above, specific factors: the process of dissemination, advocacy, and adoption of the identification guidelines needed to be assessed.

1.4 Broad Objective

To assess factors influencing of identification of most vulnerable children in Morogoro Rural district

1.4.1 Specific Objectives

1. To explore the contribution of training towards identification of most vulnerable children in Morogoro Rural district.

2. To assess the adequacy of resources (human and time) allocation for identification of most vulnerable children in Morogoro Rural district.

3. To explore the extent of advocacy for application of most vulnerable children identification guideline in Morogoro Rural district.

CHAPTER TWO: LITERATURE REVIEW

2.1 Overview of the Situation of Most Vulnerable Children in Tanzania

It is estimated 970,000 children in Tanzania had lost one or both parents to HIV/AIDS [9]. The number of children orphaned due to HIV/AIDS as well as other causes is significantly higher, encompassing approximately 2,600,000 children [10]. About 8 percent of all children are considered to be vulnerable children, as identified within the framework of the National Costed Plan of Action for Most Vulnerable Children (Tanzania HIV/AIDS and Malaria Indicator Survey, 2007–2008). An estimated 140,000 children in Tanzania under the age of 15 are infected with HIV/AIDS, according to a 2008 UNAIDS survey estimate [9].

Children who are orphaned or made vulnerable by HIV/AIDS face a range of challenges, including stigma and discrimination, abuse, exploitation, neglect, poverty, and illness and depression. In Tanzania, 3 percent of children under age 18 had a parent who was very sick from HIV/AIDS; 7 percent lived in a household in which at least one adult (a parent or other household member) was very sick; and 1 percent lived in a household where at least one adult had been very sick and died during the 12 months preceding the survey. Forty percent of all children under age 18 are living in households at or below the national poverty level [11].

2.2 Definition of a Child in Tanzanian Context

The United Nations Convention of the Rights of the Child defines a child to mean all human being whose ages are below 18 years. On contrary, the World Bank in its draft document known ‘Investigate Child and Youth: A Strategy to Fight Poverty, Reduce Inequality and Promote Human Development" defines children as age 0-14 and youth as 15-24. In Tanzania, the Law of Child Act, 2009 defines a child is any person under the age of the 18 years. The understanding of who is a child bring the concepts of the child’s right where the best interest of a child shall be the primary contemplation in all procedures regarding a child whether assumed by any institution whether public or private.

2.3 Definition of Most Vulnerable Children

In Tanzania, the Department of Social Welfare under the Ministry of Health and Social Welfare is vested the responsibilities of identifying the MVC through the MVCC in the respective locations. The identification process is done once in year per location yet, there is a room for every six months to update the MVC registers.

The standard categorization of most vulnerable children has been developed to include the demographic characteristics and indicators of poor living conditions (National Costed Plan of Action (2007-2010). The criteria used to identify the children vulnerability includes: those living in child-headed households, those living in elderly-headed households with no adult from 20–59 years-old present, those with one or both parents deceased, those who are poor with disabilities, children with one surviving parent living in a house with poor quality roofing (grass and/or mud) and those with a disability living in similar poor conditions and children with one surviving parent living in a house with poor quality roofing (grass and/or mud) or with poor wall materials or without toilet facilities and those with a disability living in similar poor conditions. This classification recognizes that not all orphaned children are most vulnerable, and it equally recognizes that children living with a parent can be most vulnerable.

The national MVC registration forms have 12 criteria to classify MVC and 13 reasons for being MVC. The MVC are also classified into 13 groups that are used to report and disseminate information on MVC: maternal orphans, paternal orphans, orphans without both parents, abandoned, disabled, child forced to work, child harassment, early child bearing, child forced to do sex work, street children, living in child-headed house, child affected by disaster [2].

2.4 Identification and targeting of MVC

In Tanzania, the identification of MVC followed a standardized guideline laid down by MOHSW. The LGAs (including ward and village/mtaa governments) and implementing partner group (IPG) used the standardized guideline to carry out the identification of the MVC.

Identification and targeting orphans and vulnerable children and households is often necessary because of limited funding available to programmes. This process is a critical first step as it ensures that the limited resources that are available can reach the most in need. More importantly, for these children such interventions can mean the difference between life and death. Working with community leaders, community development committees responsible for child welfare, support groups of persons living with HIV, home-based care programmes and faith-based organizations, is a good way to proceed towards provision of adequate and appropriate protection to MVC.

Identification of most vulnerable children has been considered to be primary groundwork towards provision of adequate protection and essential services to the children. Community-based approach in identifying the most vulnerable children has remained to be at the centre of the National Costed Plan of Action (NCPA) for most vulnerable children and the Most Vulnerable Children Identification guideline (MIG). The eligibility of children being identified as most vulnerable follows a standardized guideline laid down by Ministry of Health and Social Welfare of the year 2007.

The participatory process of identifying and registering orphans is a valuable opportunity for communities to appreciate the magnitude of the problem and the number of children in need. It also helps to build community support for the initiative and ensure that the programmes benefits reach the right children. The focus of identifying, selection and targeting orphans and vulnerable children has been to work with communities to define and identify vulnerable children and households. This should be based on the understanding that not all orphans are vulnerable, and many children who are vulnerable are not orphans [8].

2.5 Determinants that contributes the incidence of Most Vulnerable Children

In Tanzania and other developing countries, the impact of HIV/AIDS has been the main contributing factor to the incidence of vulnerable children in many communities [1]. Many of the vulnerable children in one way or another portrays the death of one or both parents due to AIDS that generated a huge number of orphans in the Tanzania. The

impact of HIV/AIDS has been a crisis in the context of children where they become abandoned by relatives and find themselves taking care for a sick parent and siblings. This also is a potential factor that exposes them to HIV/AIDS.

Contrary to the rationale put forward by UNAIDS and UNICEF, the prevalence of HIV and AIDS has not been the sole base of parental death but other diseases like malaria, cholera and road accidents and suicide. More specifically, this study and other literature has revealed that, there are other dynamics than children losing their parents due to death by HIV/AIDS, instead there are many other factors which can result in a child becoming vulnerable.

These factors pointed out include unplanned pregnancies of young girls; unplanned pregnancies amongst women engaging in prostitution, fathers/mothers deserting families, poor parenting – drunkenness; beatings; heavy punishments; general neglect of basic needs and conflict between husbands and wives; referred to by informants as ‘misunderstandings [13].

2.6 Poverty in Tanzania

Tanzania is well known as a “hub of political stability and people’s solidarity” in the African continent as well as beyond the continent, yet poverty remains to be a major factor that affects a large proportion of the country’s population. Tanzania is ranked 159 out of 177 countries [3]. Overall, the proportion of Tanzanian households below the basic needs poverty line counts to about 33.6 percent and the estimated number of people living in poverty has increased to about 12.9 million in 2007 [3].

The views of the people survey conducted in 2007 put clearly that, majority of the people declared poverty as a major determinant in accessing healthcare services and at the time when it is accessible the costs of treatments and drugs are unmet. These results provides the justification that the majority of the populations are poor and this is likely to drive one to conclude that the poor have limited opportunity to access quality health care for prevention or treatment of ill health due to a variety of barriers associated with access and

quality. In most cases, children are predominantly affected by poverty in Tanzania, and are more affected by the restricted to access health resources.

2.7 Institutional arrangement that supports Most Vulnerable Children

In Tanzania, the Department of Social Welfare (DSW) of the Ministry of Health and Social Welfare (MoHSW) is tasked with protecting OVC and ensuring their access to basic services. The ministry/DSW is responsible for policy guidance in the area of social welfare, with a focus on ensuring adequate and quality care and timely social welfare services to vulnerable groups. Its key targets are the elderly, people with disabilities, and vulnerable children. The DSW's medium-term 2 expenditure budget guidelines for 2009–2010 include MVC. In addition, the DSW led the development of a National Costed Plan of Action (NCPA) to guide the OVC response; the central government allocated nearly 3.3 million Tanzanian shillings (TZS) to implement the NCPA in 2008–2009. The NCPA outlined a four-year strategy to identify MVC, coordinate the efforts of nongovernmental organizations (NGOs), mobilize resources, and implement a national data management system (DMS). The NCPA has phased out and the DSW is in the process of updating the NCPA for 2011 to 2015.

Many social welfare resources and functions recently were decentralized from the national to district levels in an effort to address the needs of MVC more effectively. The NCPA also created Most Vulnerable Children Committees (MVCCs) at the village level – members are elected by the villagers – to identify OVC, assess their needs, and mobilize services for them. It is important for these Committees to focus on MVC rather than OVC because of limited resources (most MVCCs have little access to training, resources, or other support); the fact that not all orphans are vulnerable; and the existence of significant factors other than HIV/AIDS that lead to vulnerability, such as poverty. The Committees work with local NGOs, Faith-Based Organizations (FBO) and Community-Based Organizations (CBO) and the Government of Tanzania to respond to the needs of OVC. According to a recent review of implementation of the NCPA, about 813, 372 MVC have been identified in 68 percent of the districts, 58.4 percent of all the wards, and 59.6 percent of all the villages in Tanzania.

Furthermore, the NCPA established a National Steering Committee, a Technical Committee, and an Implementing Partners Group, which meet every month to share information and coordinate activities. A new National Monitoring and Evaluation Officers Network also coordinate and shares information [8]. To ensure the quality of care, support, and protection of MVC, a national framework on quality standards has been finalized, establishing a National Steering Committee, which comprises members from various ministries in order to strengthen the mult-sectoral response to MVC issues. The main challenge, however, is the lack of Government commitment and leadership to ensure the functioning of the Committee: For example, not a single meeting has been held since the NCPA for MVC was launched [7].

2.8 The Social Welfare Workforce for Most Vulnerable Children in Tanzania

Currently, there is no formal strategy for strengthening the Social Welfare workforce. However, the second phase (2011–2015) of the NCPA includes plans for developing such a strategy. Currently, just half of the districts in Tanzania have District Social Welfare Officers; to address this gap, the Government largely has been relying on para-professional social workers such as community volunteers, community justice facilitators, and para-social workers (PSWs). Through PEPfAR support, there are about 4,000 community volunteers who provide OVC support through implementing partners. Since 2007, 2,408 PSWs and 329 PSW supervisors have been trained in 25 districts, and 103 PSW “training of trainer” sessions have been conducted [4].

Under the Government’s decentralization policy, the recruitment and placement of District Social Welfare Officers have become the responsibility of local authorities. In addition, local authorities are recruiting and training a new cadre of social welfare assistants at the ward level to supervise and support PSWs at the village level. Social Welfare Assistants will then be supervised and supported by district social welfare officers, who are Government employees. There is a high level of need for pre-service and in-service education opportunities for PSWs, social worker assistants, and social workers at both the bachelor’s and master’s degree levels.

2.8.1 Challenges in Developing the Social Welfare cadre for Most Vulnerable Children

Efforts to strengthen the social welfare workforce for MVC in Tanzania have met several significant challenges. First, the absence of both a comprehensive assessment of the social welfare workforce and a coordinated plan to strengthen the workforce has prevented efforts from achieving the desired impact; as a result, there is an acute shortage of social workers. This is particularly true at the district, ward, and village levels and in rural areas. Very few trained social workers choose to work for the Government, and social work graduates more often are employed by NGOs and other better-paying industries and programs [4].

Another challenge may be related to the profile of the DSW and understanding its roles and functions and how social welfare contributes to the overall development agenda. If these values are not demonstrated, the social welfare service will remain a low priority for Government investment, which will inevitably affect the recruitment and deployment of the social welfare workforce.

The few individuals who are employed as social workers are often less effective and difficult to retain. This is due to a number of factors, including the inability to access existing training and professional development opportunities; under appreciation for social work as a profession; lack of resources, supervision, and support to carry out social work tasks; and poor compensation and work environments. Social workers generally are undertrained, poorly distributed, and overworked. For example, one social welfare officer per district oversees an average of 7,000 to 10,000 MVC [4].

There is a poor understanding by the general public about the role of social workers, including the perception that anyone can be a social worker and that the profession requires no formal education or training. The 2009 Law of the Child Act provides clarification on the role of social workers and strengthens the focus on their role to protect children from abuse, neglect, violence, and exploitation. This law also links social workers with the judicial system and other sectors to maximize the effectiveness of the Government’s response. The implementation framework for the law is under development, and the implications of this new legal framework for social welfare officers

will be factored into the new NCPA for MVC (2011–2015) and the development of a national child protection system.

One of the key roles of the Tanzania Social Welfare Association (TASWA) is to advocate for the social worker profession. Social workers rarely receive extra pay for overtime, health insurance, and hazard allowances for hardship posts. In addition, hardship posts frequently are located in areas that lack smooth roads, communication networks, electricity, and opportunities for recreation, clean water, or schools for children. As a result, social workers are poorly distributed throughout the country, with the majority concentrated in urban areas [4].

2.8.2 Targeting theory

This study was undertaken inconsistence with targeting theory. A wide variety of measures have been applied over the last two decades as a means of reaching the poor and these can be classified in different ways [14]. The following four-fold classification is used commonly;

- Targeting by activity, such as primary health care and primary education, where it is established that the distribution of benefits tends to be progressive. It has become commonplace to argue that these types of activity should have priority over for example urban hospitals or higher education on the grounds of the lower uptake of such services by the poor. This has been termed ‘broad targeting’, as compared with narrower forms of targeting that attempt to identify the poor more precisely [14].
- Targeting by indicator, where alternatives to income, that are expected to be correlated with poverty, are used to identify the poor. These can include lack of or size of ownership of land, form of dwelling, and type of household, for example number of children or gender of the head of family.
- Targeting by location, where area of residence becomes the criteria for identifying the target group, as a particular form of indicator targeting. Poor area programs, where all residents are assumed to be poor, have become relatively common and for example were a central element in poverty reduction initiatives in China [14].

- - Targeting by self-selection or self targeting, where programs are designed to be attractive only to the poor. An example is workfare, where payment is either in cash or in food, at equivalent wage rates that are below market-clearing levels and therefore only of interest to those with an opportunity cost below the market wage. Another self-selection procedure is the subsidization of low quality foodstuffs (like high-broken rice) [14].

Errors of targeting can in principle arise for several reasons; inaccurate specification of who are in fact poor; poorly designed programs that do not reach the target group even if it is known accurately; and poor governance in the implementation of schemes so that benefits leak to the non-poor. Since targeting in its broad and narrow sense has been widely used over the past two decades there is now a relatively long record of experience that can be surveyed to attempt to establish generalizations about the effectiveness or otherwise of particular measures [14].

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Study site

Morogoro Rural is one of the six districts of the Morogoro region of Tanzania. Literature suggests some important aspects to be considered in making the selection of a particular site particularly sound. The first consideration is that the researcher needs to select a place or places for study where the parameters of interest are most likely to occur [15]. Because of Morogoro Rural district being one of the districts with many MVC in the region, the district was assumed to having rich information about the MVC identification process, therefore fit for selection for this study.

Second, some of the Morogoro Rural district officials being known to the researcher, it demonstrated the presence of cooperative and supportive people who by virtue of their positions and relations with the researcher were able to provide rich information [16]. Personal contacts with influential people in the ward enabled the researcher to establish and gain the trust and cooperation of other people for data collection in the council, including in the sampled wards and streets. The above factors made Morogoro Rural district suitable for this study, as the literature advises investigators to avoid cases which are difficult to access or those in which the possibility of finding willing respondents is bleak [17].

3.2 Study design

The study aimed at understanding the factors influencing identification of MVC in Morogoro rural district in Tanzania. The main objective was to explain the phenomenon. Therefore the cross-sectional descriptive case study design was considered suitable for this research. As advocated by Yin that, cross-sectional descriptive case study design is “an empirical inquiry that investigates a contemporary phenomenon within its real life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” [18]. The operations of the key MVC identification were studied in two wards (Mkambarani and Gwata) involving four villages (Mkono wa Mara, Mkambarani, Maseyu and Gwata).

3.3 Study population

The study consisted of six different groups of respondents. The targeted respondents were the District Social Welfare Officers, Representatives of Non-governmental organizations implementing MVC/OVC programs in the district, Most Vulnerable Children Committees members, Caregivers (parents/guardians of the MVC), community members, ward leaders and village leaders. Their involvement was based on their role as follows:

- **District Social Welfare Officers:** They have the role of ensuring the coordinated responses for MVC by all partners in the districts, including successful identification of eligible MVC for care, support and protection.
- **Most Vulnerable Children Committees members:** These committees have been established in order to facilitate the identification of MVC and ensuring that MVC have adequate protection and access to all planned services.
- **Ward leaders and village leaders**: They have potential roles of ensuring the functioning of the MVCC in the process of identification of MVC and ensuring the adequate provision, protection and access to all essential services.
- **Non-governmental organizations implementing MVC programs:** These are organizations (non-governmental, faith-based and community-based organizations) that implement programs related to MVC. In the course of implementing their activities, they share information and ensure coordinated implementation MVC programs in the respective districts.
- **Caregivers (parents/guardians) of the MVC:** This group is primarily responsible for offering care for MVC by assuming the responsibility of ensuring the overall well-being of the MVC at the household level.
- **Community members:** This group plays an important role in determining the reliable criteria for the identifying MVC through the community-based participatory process.

3.4 Sample size and Sampling process

The total sample size was 81 respondents, 59 respondents were involved in in-depth interview, while the 22 respondents were included in four different focus group discussions. Purposive sampling was used. Purposive sampling was preferred to select key informants who had rich information to the central issues being studied [19]. A list of key informants was prepared with guidance of wards and village authorities. The selected respondents for the study included district social welfare officers, most vulnerable children committees' members, ward leaders and village leaders, representatives of non-governmental organizations implementing MVC programs, caregivers (parents/guardians) of the MVC and community members.

Simple random sampling technique was used to select the wards and villages to undertake the study. Two wards out of 25 wards were randomly selected. For each of the selected wards, two villages were conveniently selected. In each of the selected villages, any four households were purposively selected. In addition, for every selected household, one member preferably head of the household was chosen. Caregivers, community members and representatives of the non-governmental organizations were purposively sampled under the guidance of the district, ward, and village authorities.

3.5 Sources of data

The study used both primary and secondary data. Primary data was collected from executive officers in the sampled wards and villages, organizations implementing most vulnerable children programs, most vulnerable children committee members, parents and guardians as well as community members. Secondary data was obtained from all relevant documents gathered from Ministry of Health and Social Welfare, NCPA (2007-2010), National Guidelines for Improving Quality of Care, Support and Protection of Most Vulnerable Children of 2009, released reports on orphans and other vulnerable children programmes obtained from TACAIDS, USAID Tanzania, and UNICEF Tanzania, MVC implementing partners' reports [2].

3.6 Data collection process

3.6.1 Interviews

In-depth interviews were used at ward and village levels to collect information from the executive officers and chairpersons of the respective wards and villages. In-depth interviews were also used at ward and village levels to collect data from the parents/guardians/children identified as most vulnerable and community members as well as ward Social Welfare Officers who were considered to have important contributions in fulfilling the objective of this study. These interviews collected information on the way the MVC identification exercises have been carried out and the general experiences of the environment that facilitate its undertaking.

3.6.2 Focus Group Discussions

These discussions were conducted with the group of MVCC members in each of the selected villages to get their views contribution of training, adequacy of resources (human and time) allocated, level of coordination and extent of guidelines advocacy towards effective most vulnerable children identification process in the district.

The discussions took between 45 minutes to 70 minutes. Kiswahili language was the means of communication in the discussion. Each group consisted of 6 to 12 participants. The discussions explored opinions on their working and living environment in the local context. The theme guide was used to get their opinions and experiences of carrying out MVC identification in the local settings. The themes that guided the discussion were: (1) the role of training towards successful identification of MVC (2) adequacy of resources (human and time) allocated for identification of MVC (3) advocacy of policies on MVC identification and (4) the role of coordination in the identification of MVC. Handwritten field notes were used to capture information during the focus group discussions. The FGD guides were developed in Kiswahili language as the respondents all are fluent in this language.

3.6.3 Documentary Review

Various relevant reports on legislation, policies, and MVC registers were reviewed. More information was gathered from Ministry of Health and Social Welfare, NCPA (2007-

2010), National Guidelines for Improving Quality of Care, Support and Protection of Most Vulnerable Children of 2009, released reports on orphans and other vulnerable children programmes by TACAIDS, USAID Tanzania, and UNICEF Tanzania, MVC implementing partners' reports and the latest NCPA (2007-2010) for MVC Evaluation report. These documents provided an opportunity to corroborate the information from other methods of data collection employed in this study.

3.7 Data management

Data generated from the in-depth interviews and FGD were daily cleaned, verified and checked for quality and consistency, sorted, transcribed and organized carefully. The interview guides were labeled to indentify code numbers of interviewee identification number for the informants. Transcription went concurrently with data collection, transcription continued after data collection was completed. Identification of informants from the district council, ward and village offices including MVCC members included: job title, position, duration of stay in that position, what they were prior that position, age, sex and education level. The transcripts were then typed into computer files using Microsoft word 2007. The computer files were given serial numbers and location based on the dates of interviews.

3.8 Data analysis

The researcher analyzed data based on themes or perspectives [20] that were prepared. Thematic analysis approach involved reading through the transcribed texting of each interview and identifying responses relevant to the main questions asked by the study [20]. The approach involved shortening of the text (reduction, distillation, and condensation) and creating categories. Main steps were involved for thematic analysis in the study by organizing and preparing the data for analysis, reading through the data, coding the data, generating categories and finally interpretation of data.

The coding process was used to develop a small number of categories. Codes with similar concepts were grouped together to form a category. The researcher went through the transcribed data to obtain main themes with regard to what the questions asked. The

information concerning the categories was summarized into memos that captured the differences between respondents. These provided the ground for writing results.

Table 1: Themes identified for understanding identification process in the study area

Main Themes	**Sub-Themes**
1. The role of training towards successful identification of most vulnerable children	*1.1* Understanding of information flow regarding trainings *1.2* Quality of facilitators regarding the identification process *1.3* Availability of refresher trainings on identification process *1.4* Adequacy of training materials
2. Adequacy of resources (human and time) allocation for identification of most vulnerable children	*2.1* Understanding the adequacy of the workforce for identification/ process exercise *2.2* Understanding of geographical accessibility *2.3* Adequacy of time allocated for identification of most vulnerable children
3. The level policies and guidelines advocacy on MVC identification process	*3.1* Understanding on the level of policy/guidelines dissemination *3.2* Assessing level of community participation as one of the key approach in the MVC Identification Guide

3.9 Ethical considerations

Ethical approval was obtained from Muhimbili University of Health and Allied Sciences (MUHAS) Research and Publications Committee. Permission to conduct the study was obtained from the District Executive Director of the Morogoro Rural. The permission was channeled through the District Social Welfare Officer who coordinates Social Welfare activities including MVC interventions. All participants were informed about the

purpose of the study and informed consent was obtained for participation as well as for interviews. Permission for taking photographs and including them in the report was obtained from principals of the study participants. Participants were informed that there would be no material benefits to them for taking part in the study and also that there was no perceived harm to them for participating, with emphasis on confidentiality.

3.10 Limitations on data collection

Although the research permit was granted to allow the conduct of this study, the village officials were reluctant to allow photocopying of the documents. However, they allowed the review of the documents to be conducted in the village offices.

CHAPTER FOUR: RESULTS

4.0 Characteristics of Respondents

A total of 81 respondents were involved in the study, whereby 59 respondents were involved in the in-depth interview while 22 respondents took part in a focus group discussion. The following table shows demographic data of respondents.

Table 2: Characteristics of respondents by age, sex and educational level

Variables		Number of respondents	Percentage (%)
Age in years:	20 - 30	15	18.5
	31- 40	26	32.1
	41- 50	34	42.0
	51- 60	5	6.2
	60+	1	1.2
Total		81	100
Sex:	Male	26	32.1
	Female	55	67.9
Total		81	100
Education:	1st or 2nd Degree	4	4.9
	Diploma/Advanced Diploma	2	2.5
	Secondary Education	31	38.3
	Primary Education	41	50.6
	No Education	3	3.7
Total		81	100

This study classified the study participants into five age groups as indicated in the Table 2 above. The study reveals the variations in terms of age groups whereby majority of the respondents 42 percent had the age between 41- 50 years. In addition, the second largest age group 32.1 percent had the age between 31- 40 years. The respondents' characteristics indicate that 67.9 percent of respondents were female and 32.1 percent were male.

Majority of the respondents 50.6 percent had primary educational level and 38.3 percent had secondary educational. In addition, 4.9 percent had education level between first and second degree where as 3.7 percent had no formal education.

4.1 The contribution of training towards identification of Most Vulnerable Children

The impact of training has long been documented and acknowledged [22]. The ability of the community and all other stakeholders who were involved to successful identify MVC were reported to depend much on the nature and objective of the training provided. Despite being clearly stated in the MVC Identification Process Guide, training provided was not found to be adequate. During the FGDs with the MVCC members, the following account was provided regarding to respondents perceptions on the contribution of training:

"We have the feeling that the training about MVC identification was inadequate. What were given, frankly speaking, were just instructions about the identification process. We were called for such event (training) and it just lasted for not more than 40 minutes. We moved out with a lot of questions and worries. After we had started undertaking the MVC identification exercises in the village, it is when it came out very clearly that we needed a comprehensive training on how best the process could lead to better results. Numerous questions and complaints altogether, made us not comfortable at all… [MVCC members, Mkamabarani village, April 2012].

Opinion regarding the contribution of training on success of the MVC identification was also given by one of the village chairperson.

"Over the past six years, I have been a leader in this village. A number of interventions have been taking place in this village and experiences shows that all interventions that have been successful, trainings conducted were at the centre. But these MVC interventions, trainings are missing. I and my people sometimes we use own views to implement it" [Village Chairperson, Mkono wa Mara, April 2012].

The important issue here is that, where implementers of MVC identification process have adequate knowledge and skills acquired through training, identification of eligible children is always successful.

4.1.1 Understanding of information flow regarding training

The respondents discussed and reported how the information was shared or communicated to the targeted training recipients. It was reported that the information about attending training regarding the MVC identification only came as a surprise to the local leaders in the wards and villages. The respondents indicated that, ward and villages leaders used extra efforts to communicate with MVCC to enable them attend the training. In the discussion, the VEO attributed the state of limited arrangement of the people in the community since almost everybody was engaged in agricultural activities.

"We have been receiving short notices that reach us in three or one days before the implementation of a certain activity. Early communicated information is the basic of any planned activity. It is not a good practice to continue experiencing short-notice communication requiring us to implement sensitive exercises like MVC identification. Remember that, everyone in this community has his/her own plans and schedules. It has been not easy to convene people especially the MVCC and some of the community members through the short notice practices" [Mkambarani Ward Executive Officer, April 2012]

This is implies that the significance of training is affected by the way in which the information is shared and communicated to the intended training recipients.

4.1.2 Adequacy of training materials regarding MVC identification

The respondents were asked about whether there were training materials distributed to them in order to provide them with some insights during their plan and implementation of the MVC identification exercise. It was reported that, no any learning material was distributed. They were only given the exercise books and a number of pens for them to write the names of the children to be identified.

"In that meeting, we were given an exercise book and a box of pens to ensure that we record the names of the children to be identified. The documents (trainings materials) that were used to give us instructions on what to do were all collected by the facilitators" [MVCC member of Gwata Village, May 2012]

This entails that the implementers of the MVC identification exercises faced some challenges in performing their function based on the fact that, they missed important materials to refer. Hence, they were making conclusions based on their own perceptions.

4.1.3 Quality of facilitators regarding the MVC identification process

Respondents were further asked about the institution (s) or individual (s) that carried-out the training on identification of vulnerable children. In all two wards that were sampled, it is reported that the training was conducted by the non-governmental organization based in Morogoro Municipality. It was further reported that, such NGO was among the local non governmental organizations that applied and won the tender for funding MVC program in Morogoro Region. It was therefore required to support the children identified through the established government procedures. The NGO was allowed to conduct the identification exercise because of delay of the local government authority to conduct the same. The failure of the local government authority to conduct identification was due to inadequacy of both funds and human resources.

"The training was conducted by Faraja Trust Fund an NGO based in Morogoro Municipal. We were told that there were funds to support the vulnerable children but only those who have been identified through a prescribed process. [Ward Executive Officer- Gwata, May 2012].

4.1.4 Availability of refresher trainings on identification process

The absence of refresher training is one of the key aspects mentioned by all MVCC members lead to inaccuracy and oversight on the MVC identification exercise. Some of the MVCC members and community leaders (WEO and VEO) who attended the training for the past three years do no longer exist as some members died and some migrated to

other locations. In the interviews and focus group discussions, similar observations were given:

"I hope refresher courses could provide two things, one; there are new people assuming the roles of community leadership and MVCC members to replace some of colleagues who have either passed away or migrated, and two; it could be a place for sharing the important lessons gathered in the first identification exercises in our community." [Ward Executive Officer, Mkambarani, May 2012]

This implies that specific training of facilitators and logistical preparations for the identification process was needed to be conducted, particularly for rural areas where majority of the identification stakeholders have insufficient level of education.

4.2 Adequacy of human resources allocated for MVC identification

Both literature and field experiences show that human resources are potential drivers in carrying out the identification of vulnerable children successfully. This study examined how adequate human resources allocated effects identification of most vulnerable children. The findings show that inadequacy of workforce at all levels (national, district, ward, village and community) adversely affected the MVC identification process. Despite the fact that, the nature and degree of MVC identification success in the context of community-based approach depends more on available work force, the results show that the existence of few Social Welfare Officers to assist in identification process.

"The number of the available Social Welfare Officers at district levels does not tally with the number of MVC in the district. For example, it is estimated that; one social welfare officer oversees about 7,000 to 10,000 MVC. This is not an easy task taking into account; the same person has job description that requires him/her to cover a wide range of responsibilities" [District Social Welfare Officer, Morogoro Rural, April 2012]

On the other hand, it was revealed by the respondents that recruitment and selection of District Social Welfare Officers, the local authorities were vested with that mandate. However, at ward levels, local authorities are required to recruit and train a new cadre of Social Welfare Assistants to oversee and support para-social workers at the village level

who among other things are supposed to spearhead the MVC identification process. However this has not been adequately done.

"Given the nature of our work, Social Welfare Officers are of much importance especially in dealing with problems related to most vulnerable children. I would dare to say that, there is a high level of need for both pre-service and in-service training in order to produce the substantial number of this cadre. This will assure the appropriateness of implementing social protection policies and regulations in place including effective identification of most vulnerable children…" [District Social Welfare Officer of Morogoro Rural, April 2012].

4.2.1 Adequacy of the workforce for MVC identification process

During data collection, the researcher went further to explore how and with whom these vulnerable children lived with. It was revealed that the majority of the vulnerable children were living mostly with grandparents or elderly relatives who most of them were not able to provide proper care. However, it was reported that, there are community volunteers who are performing social works. It appears that due to factors including the inability to access training opportunities, poor compensation and work environment for the community volunteers are lacking.

"Generally we have community volunteers who have been working in our community to support (morally and materially) to the households with MVC headed by older people. Yet, they lack support from the well trained social welfare officers from the district level on how to provide protection (legal and social) as they lack resources and trainings…" [Village Executive Officer, Mkono wa Mara Village, 2012].

This in is consistent with Mujinja et al 2011 who noted that strategies for resource mobilization did not include human resources, in the implementation of the NCPA that include identification of MVC.

4.2.2 Adequacy time allocated for MVC identification

The issue of time allocation was assessed to determine its implication on the success of MVC identification process. Time allocation to undertake this critical activity is a factor

that can enhance or limit the effectiveness of identification process. The study found the discrepancy on the time allocated for each village to conduct MVC identification. In one village for example, it was reported that only 5 days were spent on MVC identification while the rest spent not more than 7 days.

"We conducted the identification of vulnerable children in this ward in seven days. This happened because we were given a short notice that directed us to submit the names of the identified children to district authority as soon as possible. We were told that donors wish to provide support to the identified children soon. We had to immediately organize ourselves to undertake the exercise with this rush that is why some of the eligible children were left-out…" [Mkono wa Mara Village Executive Officer, 2012]

In addition, the respondents argued that; the time allocated for identification was inadequate. On the contrary, MVC Identification Guide stipulates steps and time allocated for identification process as per Table 3 below.

Table 3: MVC Identification Process

Steps	Activities	Number of Days
1.	Training of national facilitators	2 days
2.	Advocacy meeting with district leaders and stakeholders	1 day
3.	Training of district MVC facilitators	5 days
4.	Advocacy ward level	1 day
5.	Training ward/village facilitators	4 days
6.	Dialogue with village/mtaa leaders	1 day
7.	Public meetings, FGD and interviews	6-8 days
8.	Transect walking	2 days
9.	Second public meeting	1 day
10.	MVC forum	1 day
11.	Repeat public meeting	1 day
12.	MVC forum	1 day

Source: Adopted from NCPA (2007-2010) for MVC evaluation report (2011) and MVC Identification Process Guide.

4.2.3 Geographical accessibility

There is no doubt that both reliable transport services and road infrastructure structure are the basis for social and economic well-being of any society. They facilitate mobility, provision and accessibility of social services. The study investigated the community experiences on the same. The study revealed that, transport services is among the problems faced by the rural communities. Many rural communities are not adequately connected and have no reliable access to social services which is one of the basic principles of MVC programs.

"Surely, transport services caused by bad road infrastructure are among the big challenges in discharging our responsibilities. I remember during the first phase of MVC identification, it was a rain session. It was terrible as the roads were impassable with our bicycles. We had no option rather than walking long distances in order to accomplish the exercise given limited time…." [MVCC members of Maseyu, 2012]

This limitation of mobility has to a great extent limited the success of undertaking MVC identification in some areas. In many cases, it has been a hindrance towards community participation in process of identifying the MVC. Furthermore, inadequate level of mobility has deepened the problem of social protection.

4.3 Policy and guidelines advocacy on MVC identification process

A standardized process of identifying children has been put in place by the Ministry of Health and Social Welfare through its Department of Social Welfare. The process has been carried out by district councils in conjunction with local communities. Poor policy or guidelines advocacy was influenced by unsatisfactory dissemination of the same. The researcher found that, because of lack of both advocacy and dissemination of these policies, implementers were undertaking the MVC program based their own perceptions and understanding. When respondents were asked whether they have ever seen or read the guidelines related to MVC particularly identification, it was revealed that none of them had ever either see or read them.

"To be frank, I have never read or seen any policy document or guideline about MVC. We usually follow the directives given to us either through meetings, letters or mobile communications from the respective authorities to perform the MVC related activities[…]I would like to get one". [Mkamabarani Ward Executive Officer, May 2012]

In order to realign respondents' arguments with regards to the inadequacy of policy advocacy and dissemination, respondents were asked about which criteria they used for identification of MVC. It was reported that, they use the criteria set by the community which to a great extent has left a number of children who are eligible to be included in the list of the children that need social protection.

"In the first identification exercises, it was not clear about setting criteria to determine ones vulnerability. We just selected for example those with single parents, disabled, abandoned and the like. Later we heard our colleagues in Morogoro town having different understanding. This has made us to select even the ones who have been neglected by their parents…" [Chairperson of Gwata Village, April 2012].

A contrary statement was given by the District Official regarding to the way in which the local government authority had been providing training on the process of identifying MVC at district and community level.

"Given the time limit and the pressure we had, we trained few people on the process. As I have pointed out that time has not been adequate, the focus of trainings is set to make the community identify, select targeted MVC"[Representative of implementing partner in Morogoro Rural district, April, 2012]

Traditionally policies and guidelines enhance and provide common, comprehensive and consistent direction of any undertaking. The researcher explored extent of policies and guidelines advocacy for scaling up protection, care, and support for most vulnerable children. It was revealed that policies and guidelines advocacy (MVC Identification Guide-specifically for this study) is lacking. The MVC Identification Guide and the NCPA (2007-2010) explicitly required policy advocacy meetings among the stakeholders for sharing information on the process of identification and gaining consensus on vulnerability and vulnerable children. This study revealed that, policies and guidelines

have been inadequately dissemination. For example, in the study area, it was noted that ward leaders, village leaders and MVCC members have never seen and read the NCPA (2007-2010) and MVC Identification Guide.

"I have heard that there are policies and guidelines that are laid down by the government to ensure protection of MVC and ensuring their access to basic service, however, I'm afraid to say that I have never seen these policies for MVC…"[Ward Executive Officer, Mkambarani, 201]

4.3.1 Level of community participation in MVC identification process

Community participation in many cases has had demonstrated advantages on the undertaking, which increases the voice and responsibility. No doubt those community members have knowledge about their context in which they live. The NCPA (2007-2010) and MVC Identification Guide all together are emphasizing the community participation. The reasons underlying this approach is that, at first, it strengthens the ability of the community to identify children who are indeed in need of assistance, and second, it reinforces community ownership of the intervention. Being the case, the study assessed the application of this approach for identification of MVC. It was found that, there is inadequate community participation in the process of identifying the vulnerable children. This is contrary to what the guideline which requires the MVC programmes and other stakeholders to consult and work with communities, for instance in identifying, selecting and targeting children most in need or most vulnerable.

"They called us (villagers) for public meeting to endorse the eligible children. Yet, the names are tampered with because some of the names in the list are the names of people who at least well-off. Some of the influential people and MVCC members are corrupt." [Community member, Mkambarani, May 2012]

The FGDs revealed that poverty has had made the community to have no influence in the entire process. The general argument was that; community-based identification of eligible MVC was not done using a well defined eligibility criteria agreed up that was expect to take place through a community meeting (consultation) process. Consequently, public

meeting to some extent was not transparent and thus limited the openness of the selection of the ineligible MVC.

"Because we are poor, even our voices cannot be heard. We have to respect what the village authority asks us to do. Some of our children were indentified and some were left out. If you ask them why they don't register them all, they threaten even to remove those already registered" [Parent, Maseyu village, April 2012]

These responses indicate that poverty is one of the hindrances of the community to participate in the development interventions such as MVC programs.

CHAPTER FIVE: DISCUSSION

5.0 Discussion of Findings

This section is written based on the findings obtained from the interviews and focused group discussions with district social welfare officers, representatives of non-governmental organizations implementing MVC/OVC programs in the district, most vulnerable children committees members, caregivers (parents/guardians of the MVC), community members, ward leaders and village leaders. Generally, the study intended to assess factors influencing identification of most vulnerable children in Tanzania by exploring experiences from Morogoro Rural district.

5.1 Contribution of training in identification of MVC

Despite the fact that it has been indicated in the MVC Identification Guide that training of national, district, ward and village facilitators is an important step towards successful identification of MVC, the study found that the majority of the stakeholders especially at the ward and village level where the MVC lives had not been trained to undertake this important exercise. Training is underlined to be central towards increasing of efficiency and motivating the workforce by allowing them to be familiar with how important their jobs are and giving them all the information they need to perform those jobs [21]. The same may be applicable in ensuring success in identification of the vulnerable children, where providing the right training and allowing stakeholders to participate in the process could result in better MVC identification.

Lack of training among the key stakeholders from the planning stage tends to weaken the implementation of the identification exercise. One of the prerequisites for including training as a key step in the identification process is that, all stakeholders including implementers and the beneficiaries should have the necessary information regarding the substance of the programme. The study findings show that, since majority of the respondents did not know the most reliable criteria for the identification of MVC, training could have been imparted knowledge to the stakeholders that eligibility criteria for instance should have been derived from the community based participatory definition process.

However, the nature of training provided to the potential stakeholders of the identification exercise (MVCC in this regard) is considered to lack necessary qualities that are paramount to make the process that practical and a reality. This finding is consistent with Mujinja et al, 2011 who report that there are approximately 12 MVCC members in each village/mtaa who are supposed to receive training and support.

The study also found that training was conducted roughly in less than an hour. Since most of the MVCC have basic primary education, this would likely negatively impact the MVCC members' knowledge on the identification process. However, it was found that majority of the MVCC, ward and village leaders had little knowledge and exposure on the identification process. This is because some of those who either attended the training or participated in the first identification exercises had died and others had migrated to other locations. Therefore the knowledge on identification of MVC has been left to few people in the communities. Trainings build knowledge, skills and attitudes [22]. This positive perception is essential if the MVCC, ward and village leaders were to accomplish identification of MVC successful.

5.2 Adequacy of workforce allocation for identification of MVC

Inadequacy of workforce to undertake the MVC identification was apparent almost at all levels from the district to village. The study reveals that, there have been attempts by the government to strengthen the social welfare workforce in the country, yet there are several obstacles related absence of assessment and coordination of the available workforce. One among other categories of the workforce assessed was MVCC. In principle, the government established MVCC as a central body to ensure that MVC are appropriately identified and ultimately have adequate protection including access to basic services. The study reveals that MVCC were undertaking their responsibility very seriously. The study also found that their engagement was voluntarily. This result is consistent with Hustinx who noted that volunteerism is essentially a social phenomenon that involves patterns of social relationships and interaction among individuals, groups and associations [23].

The MVCC are to a great extent honored in their communities because they are perceived as a link between the vulnerable households where the MVC lives and the service providers. The major challenges facing them are not being empowered to meet their responsibility. They lack training which was critical in nourishing their knowledge about the protection including identification of the MVC.

The study also revealed that, the few individuals who are employed as social welfare officers are not easy to retain them. This is because there are a number of NGOs emerging that requires people with similar professions. In addition, social workers have been undertrained, inadequately allocated and burdened with huge responsibility with low compensation. For instance, the social welfare officers in Morogoro rural district oversee an average of 7,000 – 10,000 MVC. In addition, these social workers have vast responsibilities that includes solving the matrimonial disputes, care for the elderly and the poor. [24] indicate that of 133 District Councils in Tanzania, only 67 provide social welfare services. In the addition, DSW only had 210 welfare officers in the country, whereas 3,892 were needed.

In addition, the inadequacy of social workforce including the MVCC has been challenged by the mobility limitation. There are unreliable transport services due to poor infrastructure that have been limiting mobility, provision and accessibility of social service. This fact has been considered to further amplify the isolation and marginalization of the eligible children who have been left out during the identification exercises.

5.3 Time allocated for identification of MVC

Allocation of adequate time for identification of the MVC is vital in achieving the objectives of the MVC Identification Guide in order to come up with eligible children to be supported under the programmes and interventions that address their need. The study has revealed that in order for the identification process to bring positive results, the involved stakeholders need time to plan and internalize the way the exercises could bring the intended results. The experiences shared by the respondents indicate that, probably little time has been allocated to this vital exercises because of the government has been stretching itself to meet the donors requirements of supporting the identified MVC. As

beneficiaries of the services provided for them, the local government authorities have been accepting the requirement of undertaking the exercise but as the implementers have been facing a lot of challenges including the number of MVC registered during the identification process is less compared to the number of eligible children who have been left out.

5.4 Policy and guidelines advocacy on MVC identification process

The introduction of the Law of the Child Act in 2009 improved the policy and service delivery environment for the MVC in the country [25]. It is evident that the policies and guidelines for protection of the MVC are in place in Tanzania. The study found that, visible challenge was poor dissemination of policies including the NCPA (2007-2010), the Law of the Child Act of 2009 and the MVC Identification Guide to the council and community level. However, policies are not translated into Kiswahili and thus remain as a hindrance in ensuring appropriate identification of the MVC who's ultimately requires basic services for their survival. Being the case, the maintenance for effective and sustained advocacy and lobbying on children issues have been problematic. The NCPA and MVC Identification Guide clearly provide the roadmap and indicators regarding the identification by emphasizing the application of community-based approach, yet it is evident that there is less community involvement in the identification process. This may be a result of the key implementers to lack some important guidance that are stipulated in the existing policies.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The intention of this study was to assess factors influencing identification of the most vulnerable children in Tanzania exploring experiences from Morogoro Rural district. This study concludes by focusing on the factors that would facilitate identification of the most vulnerable children in the district studied. The following factors were found to be significant in determining the success of MVC identification in the study area.

Based on the contribution of training in success of identification of MVC, the analysis found that deficiency of training weakened the implementation of the identification exercise. Given that most of stakeholders' level of education especially from the community level was little, appropriate training would have a significant impact on the identification process. Capacity building would be essential in imparting understanding of the key steps and the importance of each step of the identification process.

However, the MVCC faced constraints that include lack of empowerment strategies to in terms of provision both material and financial resources in performing their functions. More important, the study found that MVCC take their job sincerely based on the fact that, their inclusion in these committees is voluntarily. To a great extent the committees are respected in the community since they are perceived as a link between the vulnerable households and the service providers.

The results presented in this report also pointed out that workforce are inadequate to undertake and support the MVC identification process in the study area. The study revealed that few individuals who are recruited as social workers are regularly ineffective and difficult to retain. This is due to numerous factors, including the inability to access existing training and professional development opportunities; under-appreciation for social work as a profession; lack of resources, supervision, and support to carry out social work tasks; and poor compensation and work environments. Social workers generally are undertrained, poorly distributed, and overworked.

6.2 Recommendations

The followings are the recommendations put forward in the light of the study findings:

First, more efforts should be made to educate the key implementers and overseers of the MVC programme especially the MVCC and community leaders on how on to undertake, supervise and monitor the MVC identification exercises. This can be achieved by conducting seminars that focus on basic objectives, methodologies and the role of each player towards appropriate identification of the MVC that qualify for social protection as per the national guidelines. Additional resources should be invested on training to transfer the necessary required skills and knowledge to social workers, MVCC and community leaders to improve effectiveness of the implemented programmes.

Second, key participants of identification process should be allocated with sufficient time for them to have appropriate plans for identification process that fit in their context. The community should be at the front line in determining the appropriate time for undertaking MVC identification exercises.

Third, **s**trong coordinated advocacy and dissemination of the policy and guidelines should be emphasized in order improve awareness of MVC identification process stakeholders. Through advocacy, the community will in turn appraise their contributions that will ultimately the focus of the identification process.

Finally, MVCC should be empowered through appropriate training that will enable them to acquire potential skills that are significant in undertaking their responsibilities. In addition, there should be financial support that will ensure volunteerism remain motivated. However, MVCC should be supported with supplies and transportation facilities that will motivate them and manage their administrative needs and provide them with safe working conditions.

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APPENDICES

APPENDIX I: INFORMED CONSENT FORM

MUHAS INFORMED CONSENT FORM

Interviewee no. ☐☐

Greetings! My name is **Godfrey Kacholi**. I am working on a study on **assessment of factors influencing identification of the most vulnerable children in Tanzania: Experiences from Morogoro rural district**

Purpose of the study

The study is conducted in partial fulfillment of the requirements for the degree of Master of Arts, Health Policy and Management of MUHAS. This study is aiming at assessing the effectiveness of MVC identification in order generate an understanding and contribute to the on-going debate with regard to both the theoretical and practical carrying out of identification process of MVC in the country.

You are being asked to participate in this study because your information, contribution and suggestions will be of tremendous importance to the study. Please be honest and fair as that will lead to a clear picture of implementation status and the findings will be useful for making recommendations and suggestions to be used for improvement before the end of the plan.

What participation involves

If you agree to participate in the study, you will be interviewed in order to answer a series of questions in the interview guide prepared for the study.

Confidentiality

I assure you that all the information collected from the interview will be respected, treated confidentially, and used for the purpose of the study only. Your answers, opinion and suggestion will be valued for the improvement and better implementation; your name will not be written in the report/document. All information collected from the interview will be entered into computers with only the interviewee number.

We do not expect that you will come to any harm as a result of participating in this study. There may be some questions you are not able or comfortable to answer. Please feel free to say "I don't know", or you can refer the researcher to a subordinate with the required information including data to support the answer. You may decline to answer any particular question and may stop the interview at anytime.

Right to withdraw and alternatives

Taking part in this study is completely voluntary. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve any penalty.

Benefits

The information you provide will contribute towards a clear picture the on-going debate with regard to both the theoretical and practical carrying out of identification process of MVC in the country. The study will contribute to the existing literature by generating information about MVC identification process in the selected district councils. In addition, this study is will provide relevant information to planners, programme managers, policy and decision makers and the funders of MVC programmes to understand the deficiencies of the identification process.

Who to contact

If you ever have questions about this study, you should contact the Researcher**, Godfrey Kacholi** of Muhimbili University of Health and Allied Sciences, P. O. Box 65001, Dar es Salaam (mobile phone numbers: +255 713694846/+255 769455787).

If you ever have questions about your rights as a participant, you may call **Prof. Phares G.M Mujinja,** Research Supervisor P. O. Box 65001, Telephone: 255 22 215 2489 Dar es Salaam.

Do you agree to participate in the study?

I …… have read the contents in this form. My questions have been answered.

I agree ☐ I DO NOT agree ☐

Signature of participant ……

Date of signed consent ……

APPENDIX II: INTERVIEW GUIDE FOR PROGRAMME MANAGERS/OFFICERS (REPRESENTATIVES OF IPG)

Part I: Identification particulars of the interviewee and Socio demographic data:

a) Name of department……..Section……

b) Job title……Position……

c) Education level: ……..……

d) Age…….....Sex:

Female/Male……...

e) How long have you been in this position? years …… months …….

f) What were you prior to this

position…..…….

g) How many years have you worked in this

organization?……...

Part II: Experiences about the identification process for the most vulnerable children:

a) Who is are the most vulnerable children?

Note: probe to get the general understanding of the criteria used to define the MVC

b) Based on your experience, there might be a well established process/steps used to identify. If so, what kind of steps come to your mind, when you think about that?

Note: the essence of this question is to solicit substantial steps that have to be followed for identification of the MVC. Probe to get an insight of how the MVC are identified and who identify them.

c) What are the roles and responsibilities of your organization in the MVC identification process?

Note: the question is set to explore the level of engagement of the implementing partners in the identification process

d) Which departments/sections are responsible for the implementation of MVC programmes/intervention? What roles do they play?

e) What is your comment on coordination and communication between your department and the council?

Note: probe until you have an overview of the communication and coordination elements that are supportive or/ and not supportive in the fulfillment of identification process.

f) What is your comment on the appropriateness of the identification process?

Note: probe to solicit substantial factors related to trainings, coordination, policy advocacy and dissemination and adequacy of resources (time and workforce)

Part III: Stakeholders involvement in the development and implementation of MVC programmes

a) Who were the stakeholders involved in the planning process for identification of MVC?

Note: probe how and to what extent they were involved?

b) What are your views about the process of planning for MVC identification?

c) Who are the stakeholders involved in implementation of MVC identification?

Who are involved in implementation?

Note: probe for their roles and support, the essence is to get an insight of their involvement in terms of trainings etc

d) What is your comment on the commitment of the stakeholders in the implementation of MVC identification?

Part IV: Challenges and Success related to MVC identification process:

a) Based on your experiences, what do you consider to be the main challenges related to MVC identification?

Note: probe to get both organizations and general challenges

b) What do you think are the notable success/achievements related to the MVC identification process?

Note: probe to get both organizations and general notable success/achievements

Part V: Conclusion and the way forward:

c) What are your organizations' plans on improving the MVC identification process in this area?

a) What advice would you give to government (council) that may help to ensure appropriateness of the MVC identification process in this area?

b) Is there anything else you would like to add, regarding the implementation MVC identification process in this area?

Thank you very much for your participation!

APPENDIX III: INTERVIEW GUIDE FOR SOCIAL WELFARE OFFICERS/ WARD AND VILLAGE LEADERS

Part I: Identification particulars of the interviewee and Socio demographic data:

a) Name of department……..Section……

b) Location……...

c) Job title……Position……

d) Education level: ……..……

e) Age…….....Sex: Female/Male……...

f) How long have you been in this position? years …… months …….

g) What were you prior to this position…..……

h) How many years have you worked in this organization?……

Part II: Understanding the magnitude of MVC as a problem:

a) How big is MVC a problem in this your district/ward/village?

Note: probe to get the general understanding of the magnitude of the problem

b) Based on your experiences, do you think the MVC as a problem is increasing in this area?

Part III: Experiences about the identification process for the most vulnerable children:

a) Based on your experience, there might be a well established process/steps used to identify. If so, what kind of steps come to your mind, when you think about that?

Note: the essence of this question is to solicit substantial steps that have to be followed for identification of the MVC. Probe to get an insight of how the MVC are identified and who identify them.

b) What are the roles and responsibilities of your district/ward/village in the MVC identification process?

Note: the question is set to explore the level of engagement of the implementing partners in the identification process

c) Which departments/sections are responsible for the implementation of MVC programmes/intervention? What roles do they play?

d) What is your comment on coordination and communication between your department and the council?

Note: probe until you have an overview of the communication and coordination elements that are supportive or/ and not supportive in the fulfillment of identification process.

e) What is your comment on the appropriateness of the identification process?

Note: probe to solicit substantial factors related to trainings, coordination, policy advocacy and dissemination and adequacy of resources (time and workforce)

Part III: Stakeholders involvement in the development and implementation of MVC programmes

a) Who were the stakeholders involved in the planning process for identification of MVC?

Note: probe how and to what extent they were involved?

b) What are your views about the process of planning for MVC identification?

c) Who are the stakeholders involved in implementation of MVC identification?

Who are involved in implementation?

Note: probe for their roles and support, the essence is to get an insight of their involvement in terms of trainings etc

d) What is your comment on the commitment of the stakeholders in the implementation of MVC identification?

Part IV: Challenges and Success related to MVC identification process:

a) Based on your experiences, what do you consider to be the main challenges related to MVC identification?

Note: probe to get both organizations and general challenges

b) What do you think are the notable success/achievements related to the MVC identification process?

Note: probe to get both organizations and general notable success/achievements

Part V: Conclusion and the way forward:

a. What are your' plans on improving the MVC identification process in this area?

b. What advice would you give to government (council) that may help to ensure appropriateness of the MVC identification process in this area?

c. Is there anything else you would like to add, regarding the implementation MVC identification process in this area?

Thank you very much for your participation!

APPENDIX III: INTERVIEW GUIDE FOR PARENTS/CARETAKERS OF THE MVC AT HOUSEHOLD LEVEL

Part I: Identification particulars of the interviewee and Socio demographic data:

a) Location…….
b) Job title……Position……
c) Education level: ……..……
d) Age…….....Sex: Female/Male…….
e) What is job?.....

Part II: General Information:

a) Can you tell me a brief history of yourself and a child/children?

   Note: the essence of this question is g to get an understanding on the conditions that make the child/children vulnerable.

b) How many children are there in your household / family?

   Note: the basis of this question is to align determine the number of vulnerable children per household.

c) How many have ages between

   - 0-5 years
   - 6-10 years
   - 11-15 years
   - 16-18 years
   - Above 18 years

d) Who in your household earn income?

Part III: Understanding the magnitude of MVC as a problem:

a) Who is are the most vulnerable children?

   Note: probe to get the general understanding *of the criteria used to define the MVC*

b) What makes a child/children most vulnerable?

   Note: probe to confirm the responses provided in Part I (a)

c) How big is MVC a problem in this /village?

   Note: probe to get the general understanding of the magnitude of the problem

d) Based on your experiences, do you think the MVC as a problem is increasing in this area?

Part III: Experiences about the identification process for the most vulnerable children:

a) Based on your experience, how many MVC identification exercises have been conducted in this area over the past two years?

Note: this question is primarily intending to set a stage for the next question

b) How were your child/children identified/ selected as MVC?

Note: the essence of this question is to solicit substantial steps that have to be followed for identification of his/her child/children.

c) Who identified/selected your child/children as MVC?

Note: the question is set to explore individuals/ organizations/institutions that were responsible in undertaking the identification exercises.

d) Do you believe your child/children were correctly identified/ selected?

Note: this questions is essential to explore the perceptions of parents/guardians about the appropriateness of the identification exercises

Part IV: Involvement in the development and implementation of MVC identification process

a) Were you involved in the MVC identification process?

Note: probe how and to what extent they were involved

b) In case, you were involved in the identification process, what were your roles during the last MVC identification process?
Note: probe for their roles and support, the essence is to get an insight of their involvement.

c) What is your comment on coordination and communication between your department and the council?
Note: probe until you have an overview of the communication and coordination elements that are supportive or/ and not supportive in the fulfillment of identification process.

d) What is your comment on the appropriateness of the identification process?
Note: probe to solicit for instance there any among his/her children was left out during the identification process?

Part V: Challenges and Success related to MVC identification process:

a) Based on your experiences, what do you consider to be the main challenges related to MVC identification?

b) What do you think are the notable success/achievements related to the MVC identification process?

Part VI: Conclusion and the way forward:

a) What advice would you give to government (council) that may help to ensure appropriateness of the MVC identification process in this area?

b) Is there anything else you would like to add, regarding the implementation MVC identification process in this area?

Thank you very much for your participation!

APPENDIX IV: FOCUS GROUP DISCUSSION GUIDE FOR MOST VULNERABLE CHILDREN COMMITTEE MEMBERS

Part I: Personal particulars of most vulnerable children committee members:

a) Location……

b) Age……Sex…….

c) Education level……

Part II: General information of the most vulnerable children committee members

a) Can you tell me about your position/title in the committee?

b) For how long you have been on the MVC committee?

c) Who and how were you selected/ elected to join the MVCC?

d) In a brief, what are the main roles and responsibilities of the committee?

e) Are you paid for these roles and responsibilities?

f) Who pays you?

Part II: Experiences about the identification process for the most vulnerable children:

a) How are the most vulnerable children identified/ selected in your area?

b) How your committee has been informed about the identification process of the MVC?

c) What are your experiences on training regarding the identification of MVC?

d) Who conducts these trainings?

e) What is the duration set for training?

f) Do you trust the process of identifying/selecting MVC in your community?

Part II: The general opinions of the MVCC members

a) What are the key gaps/weaknesses related to the MVC identification process?

b) What are the notable success/achievements related to the MVC identification process?

c) What are your committee plans on improving the MVC identification process in your area?

d) What would you like the government and other stakeholders to do in ensuring effectiveness of the MVC identification in your area?

Thank you very much for your participation!