

SOCIAL PROTECTION TARGETING THE MOST VULNERABLE CHILDREN:

THE CASE STUDY OF TANZANIA

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**Final Research Report
15/1**

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Design: Formatted by GJM

Final Research Report 15/1, Dar es Salaam, REPOA

@REPOA, 2016

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List of Acronyms

| | |
|---------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| CBO | Community-based Organization |
| CBT | Community-based Targeting |
| COBET | Complimentary Basic Education in Tanzania |
| CSO | Civil Society Organization |
| DCDO | District Community Development Officer |
| DSW | Department of Social Welfare |
| DfID | Department for International Development |
| FBO | Faith-based Organization |
| HIV | Human Immunodeficiency Virus |
| ILO | International Labour Organization |
| LGAs | Local Government Authorities |
| PLHA | People Living with HIV and AIDS |
| MCDO | Municipal Community Development Officer |
| MVC | Most Vulnerable Children |
| MVCC | Most Vulnerable Children Committee |
| NGO | Non-Governmental Organization |
| NCPA | National Costed Plan of Action |
| NSPF | National Social Protection Framework |
| ODI | Oversees Development Institute |
| OECD | Organization for Economic Cooperation and Development |
| PMT | Proxy Means Testing |
| TACAIDS | Tanzania Commission For Aids |
| TAHEA | Tanzania Home Economics Association |
| UNAIDS | United Nations Programme on HIV and AIDS |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations Children Fund |
| REPOA | Research on Poverty Alleviation |
| SPSS | Statistical Package for Social Science |
| SICD | Students Integration in Community Development |
| URT | United Republic of Tanzania |
| USAID | United States Agency for International Development |



Acknowledgment

This study was a joint effort, with many people contributing their time, skills, and knowledge. We wish to acknowledge all individuals and institutions that have in one way or another contributed to this study's successful completion.

We would not have been able to complete this study without the help and consent of the children, and parents and guardians of children in Singida Rural and Singida municipality. They let us visit their homes and localities, and shared their precious time with us.

We would like to thank the officials of the local government authorities, non-governmental organizations, and faith-based organizations in Singida District and Singida municipality for their openness and cooperation. Special thanks should go to community development officers who assisted us during primary data collection. Thanks to the village and street most vulnerable children committees and volunteers for openly sharing their thoughts on most vulnerable children in relation to the study's themes.

Finally, we gratefully acknowledge the financial support and guidance we received from REPOA, and we thank the participants of the 18th Annual Research Workshop for their comments that enabled us to improve the report's content.



Abstract

This study assessed the targeting approaches used in social protection initiatives to improve the livelihoods of the Most Vulnerable Children (MVC). A cross-sectional study was carried out in Singida District and Singida municipality and relied on mixed methods in data collection and analysis.

Results found that Community-based Targeting (CBT) was the main mechanism applied in identifying children for social protection interventions. There were serious concerns about lack of transparency, duplication of efforts, and poor participation of children and caregivers, and exclusion and inclusion errors were also mentioned.

Data also revealed that the national identification guideline was difficult to apply. Finally, the study found that the majority of the organizations and individuals surveyed focused on protective support services to MVC and their households. Targeting outcomes can be improved by applying a hybrid method that combines CBT and proxy means tests.

1.0 Introduction

1.1 Background Information

An estimated 31.3% of Tanzanians are children aged between 5 and 17 years (URT, 2007). Children are among the significant vulnerable groups. One in 20 children can be considered “most vulnerable” due to chronic poverty; social disintegration; lack of education; diseases such as HIV and AIDS, malaria, and water- and air-borne diseases; economic exploitation; unstable families; broken marriages; and children born out of wedlock (REPOA, 2007; URT, 2007). The rising number of Most Vulnerable Children (MVC) is emerging at the time when the capacity of families and communities to respond to the crisis is increasingly compromised by the weakening of social systems that traditionally offered social protection (Kaare, 2005; Mkombozi, 2006; URT, 2007).

Tanzania aims at ensuring that MVC are provided with community-based support and care (UNICEF, 2009). Among others, the strategies the country has put in place are well articulated in the Child Development Policy (1996), the National Health Policy (2003), the National Costed Plan of Action for the Most Vulnerable Children II (NCPA) (2013-2017), the National Social Protection Framework (NSPF) (2008), and the National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children (2009).

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

From the definition given by NSPF and in works by Devereux and Sabates-Wheeler (2004) and Hagen-Zanker and Holmes (2012), four mechanisms for social protection delivery can be established: protective, preventive, promotive, and transformative measures. Protective measures aim to provide households with poverty and deprivation relief, which include social assistance programmes such as cash and in-kind transfers, school feeding programmes, and social services fee exemptions and waivers to vulnerable groups. The preventive measures aim to alleviate poverty by preventing the economically vulnerable groups from entering or falling further into poverty. These initiatives include social insurance schemes such as community health insurance and other subsidized risk pooling mechanisms to deal with the consequences of livelihood shocks. The promotive measures deal with promoting household’s ability to engage in productive activities and increase incomes. These measures include targeted livelihood enhancement programmes such as public works employment schemes, agricultural inputs transfers, or subsidies and microfinance programmes. The transformative measures seek to address issues of social equity and discrimination. These measures include programmes which tackle gender inequality and gender-based violence, promotion of child rights, HIV and AIDS anti-stigma campaigns, and linkages to transform public attitudes for enhancing equity and inclusion.

Furthermore, policies and strategies that aim at reducing children's vulnerability are clear on who is responsible for their implementation (URT, 2008). However, the interventions in social sectors such as health and education have been experiencing a number of challenges. Inefficient targeting mechanisms hinder the programme implementation from reaching and supporting the neediest children.

Given the country's poverty context and the very limited budget for development activities, there is an urgent need to put more efforts in ensuring that the deprived children's basic needs, namely education, health, and shelter, are supported (Kacholi, 2012). Thus, targeting is an imperative mechanism for allocating limited resources to enhance the benefit for the poorest (Angel-Urdinola and Wodon, 2008). Targeting essentially involves positive discrimination by treating different groups of individuals differently (Hanson et al., 2007).

Targeting is often identified as more equitable and progressive than universal policies that transfer resources equally to all members of society (Dutrey, 2007). If done properly, targeting can reduce intervention expenditures by having fewer beneficiaries; increase the share of public expenditures that accrue to poor people, thus enabling the interventions to have a greater impact on poverty alleviation; and reduce the distortions in economic behaviour associated with transfers by having fewer households affected by the programmes (Angel-Urdinola and Wodon, 2008). The challenges associated with targeting include cost inefficiencies and administrative complexities; high fragmentation of interventions allowing stigmatization of the beneficiaries; and exclusion and inclusion errors if not carefully executed. Despite these challenges, targeting is essential because the resources allocated are not sufficient for improving the wellbeing of every child in the country. Kaare (2005) argues that with the limited resources in Tanzania's MVC programme, good targeting performance and resource transfers through MVC interventions needs to be prioritized to reach the neediest.

1.2 Statement of the Problem and Significance

In Tanzania, the number of MVC is estimated to be 5% of the child population (URT, 2007). Despite the large magnitude of the problem and huge efforts by both state and non-state actors in dealing with MVC, the number of MVC reached by effective interventions is very small. This is partly because the resources available to assist this group are rather meagre, but also because of ineffectiveness in identifying the neediest. This highlights the importance of designing targeting mechanisms that more accurately capture household or individual poverty and vulnerability (Angel-Urdinola and Wodon, 2008).

MVC studies by Germann (2005), Mwaipopo (2005), Nyangara et al., (2009a), Mamdani et al., (2009), Amury and Komba (2010), Anangisye (2011), and Mbaula (2011) have documented the devastating effects of HIV, poverty, and other social upheavals on households, and the changes in family and community coping systems in response to an increasing number of deprived children. However, with limited resources, very few studies have provided a significant inquiry into how the deprived children are targeted by the available intervention programmes. MVC identification is reported to be ineffective due to inclusion of the less vulnerable children and exclusion of the most vulnerable ones (Mujinja et al., 2011).

Reviews, studies, and impact assessments of NCPA implementation indicate that most social protection interventions focused on providing basic needs as handouts rather than strengthening the livelihood capacities of the target beneficiaries. Furthermore, some of the neediest MVC are highly deprived in terms of health, shelter, education, and psychosocial conditions. In tackling these problems, little attention has been given to the imperative of designing interventions that direct the resources to target beneficiaries based on the expressed priorities of an individual child or household with MVC. Hence, more information is required for a better understanding of the effectiveness of social protection interventions and for providing alternative targeting approaches aimed at directing resources to the neediest children. Studying the social protection initiatives for improving the livelihoods of MVC is important for understanding how these empower the MVC and communities to protect and manage their livelihoods while realizing children's own views.

1.3 Research Objectives

The study's general objective was to assess the targeting approaches used in social protection initiatives to improve MVC livelihoods. Specifically, the study aimed to:

- i. Assess the organizations' processes of identifying and selecting the MVC.
- ii. Determine the social protection interventions provided to the MVC in relation to their needs and priorities.
- iii. Identify the challenges encountered in delivering services to the MVC.

1.4 Research Questions

To achieve the research objectives, this study set out to answer the following research questions:

- i. How are the MVC identified and selected by the various intervention organizations?
- ii. What is the nature and distribution of support provided to the MVC in relation to their needs and priorities?
- iii. What challenges are encountered in service delivery to the MVC?

1.5 Organization of the Report

The report is organized into six chapters. Chapter one presents the background to the research problem, the problem statement and research justification, research objectives, and research questions. Chapter two describes the theoretical and conceptual framework underpinning the current research and reviews literature relevant to the study topic. Chapter three describes the methodology and tools used in the study. Chapter four presents results, while chapter five discusses the findings. Concluding remarks and recommendations are provided in chapter six.

2.0 Literature Review and Conceptual Framework

2.1 Theoretical Review

The theoretical framework underlying this study borrows insights and empirical contributions from welfare economic theory, social network theory, and attachment theory. These theories are briefly described below.

Welfare Economic Theory

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

At the competitive equilibrium the value that society places on a certain good is equal to the value of the resources given up to produce it. This ensures allocative efficiency, as the additional value that society places on another unit of the good is equal to what society must give up in resources to produce it. Welfare economic theory proponents argue that allocative efficiency is only possible in the absence of Pareto improvements.

Welfare economic theory has several implications for this study. First, the kind of efficiency in resource allocation whereby certain groups of people are made better off while others are made worse off does not necessarily result in a socially desirable resource distribution. The theory has been criticized for not applying issues of distributive justice, social equity, and fairness, and for not considering the overall well-being of society (Sen, 1993; Callan and Thomas, 2007; Barr, 2012). Second, in situations where there are no possible alternative resource allocations for improving the wellbeing of everybody in society, better targeting is necessary in order to distribute resources to the neediest segment in society - in this study, the MVC.

Social Network Theory

This theory gives an alternate view where the attributes of individuals are less important than their relationships and ties with other actors within the network. A social network is a social structure composed of individuals or institutions which are linked by one or more types of interdependence, namely common interest, friendship, kinship, relationships of beliefs, knowledge, and/or prestige (Castells, 2001). It suggests that social meaning is a product of conflict, inequality, and the weakening of solidarity within society. The unitary social structure forms a unitary basis for solving societal problem (ibid).

Factors that cause deprivation in health, shelter, and educational and psychosocial conditions, as experienced by MVC, include deterioration of values for social cohesion, and the rise of economic and political crises. These instigate social inequality, family disintegration, and failure of the extended family to provide protection to children (Mbaula, 2011). Traditionally, the extended families provided for orphans and vulnerable children, mostly without public assistance. Currently, many people are impoverished and devastated by the burden of disease, poverty, and other social turmoil, thus undermining their ability to adequately protect the MVC (Devereux and Sabates-Wheeler, 2004). However, the presence of social ties that bind together the communities and interventions serve as a unitary basis for softening the situation (Kurfi, 2010).

Attachment Theory

Attachment theory is a joint work of John Bowlby and Mary Ainsworth (Ainsworth and Bowlby, 1991). Specifically, it claims that the ability of an individual to form an emotional and physical “attachment” to another person gives the sense of stability and security necessary to take risks, branch out, grow, and develop as a person. The theory’s precedent is that childhood development depends heavily upon a child’s ability to form a strong relationship with at least one primary caregiver for social and emotional development to occur normally (Hazan and Shaver, 1994; Cassidy, 1999). Although the mother is a normal primary attachment figure, infants will form attachments to any caregiver who is sensitive and responsive in social interactions with them. A parent’s role as caregiver grows over time to meet the particular needs of the attached child. That role needs to provide constant support and security during the formative years as well as during excursions into the outside world (Bowlby, 1969).

This theory implies that organizations that provide support to MVC to some extent become secure bases of attachment in their lives, influencing their eventual growth and development. Through the support and care (such as psychosocial, along with material support like medical care, and scholastic care, food, etc.) by organizations such as government organizations, Non-governmental Organizations (NGOs), Community-based Organizations (CBOs), orphanages, drop-in centres, and institutional care, children can regain what they had lost from the incapacity or death of their parents.

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

2.2 Methods for Targeting Beneficiaries of Social Protection Interventions

As an element of an intervention programme, targeting is conceived of as guidelines, criteria, and other facilities that discriminate between the poorest or neediest individuals and those who are not - in other words, identifying and reaching the neediest individuals (Mamdani et al., 2009; Mbaula, 2011). Thus, targeting is a means of increasing intervention efficiency by increasing the benefit that the poor can get within a fixed (limited) programme budget and the opportunity cost of dealing with the trade-off between the number of beneficiaries covered by the intervention and the level of transfers (Coady et al., 2004a). Five common targeting methods are proxy means testing, community-based targeting, geographical targeting, demographic targeting, and self-targeting (Coady et al., 2004a; Pauw and Mncube, 2007). These methods are briefly described below:

Proxy Means Testing (PMT)

With this method, data are collected on applicant households' socioeconomic and demographic characteristics (Coady et al., 2004a; Pauw and Mncube, 2007). These are used to calculate a score that indicates the household's economic welfare (income level), which will determine eligibility for receiving programme benefits and the level of benefits. Eligibility is determined by comparing the score against a predetermined cut-off (Coady et al., 2004a). The main advantages of PMT are its verifiability, its ability to allay concerns over politicization or randomness of benefit assignment, and its ability to capture easily observable household characteristics. PMT limitations include its sometimes apparent arbitrariness, the necessity of having a highly professional staff to deal with moderate-to-high levels of information and technology, its inherent inaccuracy at the household level, its insensitivity to rapid changes in welfare, and its high cost to administer (ibid).

Community-based Targeting (CBT)

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

The advantages of using CBT are centred on administrative costs and level of community participation. It may lower administration costs through cost sharing by transferring costs of identifying beneficiaries from the intervention side to the community. However, this can also be seen as a limitation. It promotes the establishment of vulnerable groups committees. The effective participation of community members may improve transparency, monitoring, and accountability, and can result in higher satisfaction levels and greater legitimacy of the identification process (Coady et al., 2004a; Alatas et al., 2010). It also allows for local definitions of deprivation and vulnerability that may be more adaptable to local conditions. This

may be especially true for those empowered vulnerable groups who become better able to articulate their needs and press demands.

Despite these CBT advantages, there are several drawbacks. In some settings, CBT may increase conflict and divisions within the community, impose high opportunity costs on community leaders, and become subverted to serve elite interests. It may undermine political support for targeted approaches (Conning and Kevane, 2001). Other CBT weaknesses include its limitation to being upscaled to regional or national levels, its lack of information on absolute poverty levels, its unlikely ability to function when community ties are weak, and the tendency of self-exclusion among the poor in the selection process. Moreover, local actors may have other incentives than good targeting, and those responsible might be put under pressure to favour individuals such as friends or family members. Likewise, local definitions and welfare can make evaluation processes for CBT more difficult and ambiguous.

Geographical Targeting

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

Demographic Targeting (also referred to as Group Targeting or Categorical Targeting)

The basic notion of this method is to select groups based on specific, easily observable demographic characteristics (the old, the young, the female-headed and child-headed households), that are poorer than average and to make them eligible for benefit transfers (Coady et al., 2004a; Pauw and Mncube, 2007). This method lowers administrative costs and is often politically popular. In practice, the method is adequate where registration of vital statistics or other demographic characteristics is extensive. Thus, it can be inaccurate where demographic characteristics are poor correlates of poverty. The method works better when combined with other methods, such as CBT and PMT.

Self-Targeting (also referred to as Self-Selection)

The programmes are open to all but are designed in a way that will attract only the poor. Since the transfer benefit is low, many non-poor choose not to partake. Self-targeting is characterized by low wages paid by public work schemes, requirement to queue to collect pay outs, transfer of in-kind benefits with “inferior” characteristics (e.g., low-quality wheat or rice), and locating the points of delivery (ration stores, schools, or clinics) close to the areas with a large poor population. Considering low wages and the opportunity costs of queuing, Pauw and Mncube (2007) explained that those who can command higher wages will not choose to

participate. On the other hand, the universal programmes do not target *all* members of society who are eligible for transfer benefits. The major advantage of these programmes is that they do not stigmatize individuals, and they lower administrative costs. However, depending on the programme's magnitude, universal transfers can be expensive (Pauw and Mncube, 2007).

Hybrid Targeting Methods

This approach combines more than one targeting method. It takes on board the advantages of different targeting methods (Alatas et al., 2010). Advantages of applying hybrid methods include its ability to curb the tendency of elites to capture the targeting process, and a double verification of preliminarily identified households may result in greater accuracy in selecting the poorest households. A number of analyses (Coady et al., 2004a; Matin and Halder, 2004; Alatas et al., 2010) show that applying hybrid methods can help to improve targeting results. It is, however, not always the case that hybrid methods are more efficiently applied than a single method (Yusuf, 2010; Alatas et al., 2012; Stoermer et al., 2013), thus weakening the credibility of the hybrid approach.

2.3 Targeting the MVC in Tanzania

Targeting has become conventional wisdom, and the success of poverty interventions is generally recognized by the accuracy of the targeting mechanism (Yusuf, 2010). Tanzania categorizes the MVC into 12 groups, namely maternal orphan, paternal orphan, orphan without both parents, abandoned, children with disability, child forced to work, children tormented by harassment, early child bearers, children forced to do sex work, children living on the streets, child-headed house, and children affected with disasters and war.

Different stakeholders have often applied various approaches in identifying and supporting MVC (URT, 2002a). In an effort to harmonize the process of identifying MVC, the Department of Social Welfare (DSW) issued the national guideline on MVC identification (attached as Appendix 1). A number of studies assessed different social protection interventions for MVC. For example, Mhamba (2004) assessed the impact of community-based care, support, and protection programme for MVC in Musoma Rural District. He used focus group discussions and key informant interviews at district, ward, and village levels, and individual interviews with MVC and heads of households. His findings indicate that the programmes hinged on participatory processes of MVC identification, and they extensively fulfilled the criteria stipulated in the national MVC identification guide.

In the early 2000s, the Tanzania Home Economics Association (TAHEA) supported a programme called Mama Mkubwa initiatives in Makete District. This was a community-based initiative fostering scheme for the care and support of orphans, deserted children, and children living with destitute parents. Mwaipopo (2005) evaluated the initiative via semi-structured interviews, life histories, and focus group discussions. She consulted with MVC, their guardians, local leaders, MVC committees, teachers, FBOs, and NGOs. She reported that the local leaders were responsible for identifying the MVC and documenting their needs based on local criteria. However, the study did not show clearly how the MVC were identified.

In their case study of the *Jali Watoto* Program Supporting Vulnerable Children in Karagwe District, Nyangara et al. (2009a) pointed out that the identification process started at the hamlet level, and the preliminary list of names identified was then confirmed by the open village assembly. Vulnerability indicators were set by the community, including orphans, children with disabilities, abused and neglected children, adolescent mothers, children living on the streets, out of school children, and children living with chronically ill parents. Vulnerability indicators at the household level included food insecurity, poor income, extremely poor housing, children living with poor elders or older orphans, children living with chronically ill guardians, children who were abandoned, and those who were abused by family members. They established processes that were similar to the national guidelines. Although many children were identified, only a few were included in the programme beneficiaries list. The study did not establish the reasons for excluding many of the children.

The above reviewed studies indicate that the MVC programmes applied community-based targeting in their implementation. The above studies did not establish the extent of children's involvement in the identification process and spaces for expressing their views and participation in prioritizing their needs.

Mbaula's (2011) study on the targeting approaches for the education of the MVC in Dodoma Region indicated that many MVC programmes do not adhere to the national guidelines. In some instances, leaders or officials who are expected to engage in the identification exercises themselves are not aware of the guidelines or do not have a copy to refer to (Mbaula, 2011, Kacholi, 2012). Other reasons for not utilizing the standardized guidelines were mainly due to the heavy activity load, which some programme officials asserted was time consuming and demanded substantial funds to be implemented comprehensively (Mbaula, 2011). The study further found that about 60% of children surveyed did not participate in the process. There was no significant difference between urban and rural settings. Exclusion of children in the identification process denies their right, as stipulated in the Convention on the Rights of the Child (CRC), to participate in decisions that impact their lives. Such denials are highly manifested in children living on the streets, child labour, child-headed households, victims of rape, adolescent pregnancies, and inadequate resource allocation to address children's rights and needs.

Kacholi (2012) studied factors influencing the identification of MVC in Morogoro Rural District. He reported that the majority of the leaders and important stakeholders at ward and village/street levels had not been trained on MVC identification, and if there was any training, it was poorly conducted in less than an hour. Kacholi further reported that reference materials were not provided to the training participants. Apparently, these weaknesses in implementing community-based identification amplify the inclusion and exclusion errors of targeting. Streuli (2009) reported observed targeting errors and leaks in the Juntos scheme in Peru. The scheme beneficiaries observed that some families presented false child information in order to fulfil eligibility criteria; hence both poor and non-poor were supported.

2.4 Challenges in Service Delivery

MVC interventions face a number of challenges that limit their efficiency in extending support

services to the neediest. These include targeting errors associated with under-coverage, where some of the neediest group are excluded, and targeting errors associated with leakage, where the non-poor are included and receive programme benefits (Hoddinott, 1999; Coady and Parker 2004; Yusuf, 2010; Mbaula, 2011). Challenges are also found in the lack of intervention coordination, inadequate human and financial capacity, poor community participation, lack of commitment by government leaders, lack of follow up, and poor MVC data management (Mhamba, 2004; Hailu and Soares, 2008; URT, 2008; Nyangara et al., 2009a; Nyangara et al., 2009b; Mbaula, 2011). There are difficulties in reaching inaccessible areas and favouritism during identification (Mbaula, 2011).

The assessment of the MVC programmes in Tanzania reveal a bias that favoured HIV and AIDS orphans over other vulnerabilities. Charwe et al. (2004) reported that in some rural areas, over 60% of children live below the poverty line and were not served by interventions because they were not orphaned by HIV and AIDS. It was also argued that MVC who are living in geographically disadvantaged areas, despite being among the neediest groups, are neglected because of the inaccessibility of the areas (Charwe et al., 2004; Mbaula, 2011). Fear of stigma and discrimination pose a great challenge to the process of MVC identification, as some of the poor households and, especially those affected by HIV and AIDS, tend to avoid being identified for their condition (Kaare, 2005; Nyangara and Obiero, 2009). Poor participation of children in the identification process is another challenge as their views are not heard (Mbaula, 2011). During open public assemblies, FGDs are among the widely applied tools in soliciting information from children. Yet children participating in FGDs are likely to suffer from emotional and psychological stresses, thus affecting their ability to reveal their inner feelings (Charwe et al., 2004). So, organizing children in a way that they feel free and secure can help to access their views and helpful insights into their life experiences.

Literature suggests that local leaders and community members usually volunteer to work for MVC in the identification process as well as home visits (Coady and Parker 2004; Nyangara, et al., 2009a, 2009b). In most cases, they are not compensated for the work, and concerns are raised on over the lack of record keeping and transport facilities for reaching remote areas (Nyangara et al., 2009a). This poses challenges for identification and adds to under-coverage or exclusion.

Works on MVC point to inadequate support for children in secondary education and vocational training, as greater focus is given to primary education (Burke and Beegle, 2004; Lewin, 2008; Nyangara et al., 2009a; URT, 2009; Mbaula, 2011). Nyangara et al. (2009a) and Mbaula (2011) indicate that children who cannot afford obligatory payments are often blocked from enrolment. This is equally the same for the beneficiaries of scholastic materials. Common obligatory payments are for desks, caution deposits, school renovations, school security, and stationery (Nyangara et al., 2009a).

Literature suggests that not all identified MVC are subsequently supported, because of the programmes' inadequate financial capacity (Nyangara et al., 2009a; Mbaula, 2011). To increase targeting efficiency, Nyangara et al. (2009a) points out that material support is distributed directly to the targeted child, although this approach can also induce stigma, discrimination, and jealousy among other household and community members (Nyangara and Obiero, 2009).

2.5 Gaps in the Literature

The information presented in the reviewed literature conveys a number of factors that contribute to the problems of extending MVC support services. The process is deficient in terms of child protection mechanisms, the ability to reach the neediest children, and the ability to cope with their various needs. Empirical studies, for the most part, have done little on the cause of the problems within the broad programme targeting system. These include neglect of children's own voices when identifying their needs, proposing solutions for their problems, and locating challenges faced by interventions programmes in targeting the eligible beneficiaries.

There is a paucity of detailed information on how intervention programmes deal with and meet the needs of MVC. Many studies focused on those orphaned by HIV and AIDS, making it less likely to find lasting solutions to some of the aforementioned problems. In addition, there is a paucity of information on how MVC are identified and how they voice their views on their needs, thus posing challenges for developing a sustainable solution.

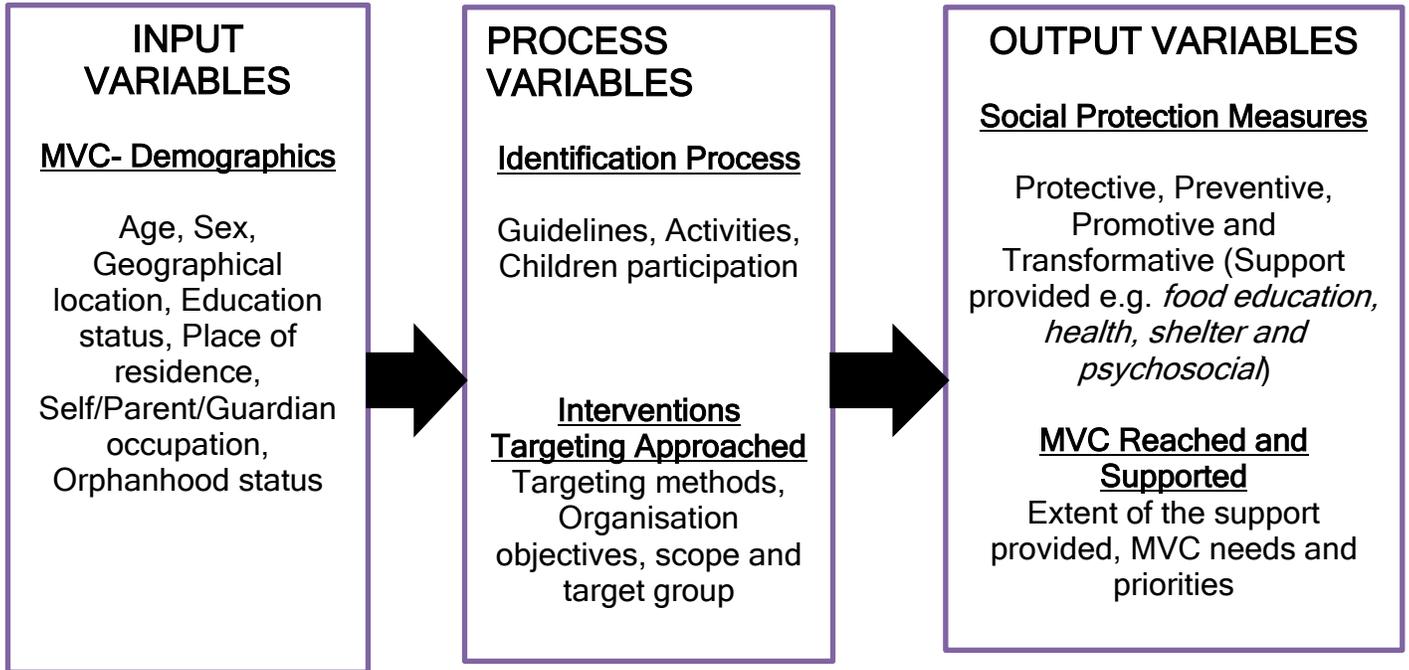
2.6 The Conceptual Framework

Figure 1 depicts the conceptual framework for analysing the social protection targeting approaches for MVC support social protection for vulnerable people is a goal of the National Strategy for Growth and Reduction of Poverty (NSGRP), and children are considered to be among the most vulnerable (REPOA, 2006). Vulnerability reflects not only the likelihood of an untoward event, but also the capacity to cope with it. If vulnerability is a reflection of lack of control, all children are vulnerable because of their age. They depend on adults to provide for their basic needs. Increasing physical and mental maturity usually leads to growing capability for self-provisioning, but during the period of childhood and adolescence, children and young people continue to need special care and support (URT, 2002a). While most children in Tanzania are cared for and protected by their families and communities, many are not so fortunate. Furthermore, community safety nets are fading out, hence the majority of children remain socially and economically unprotected.

The conceptual framework depicts the pattern of interaction between different variables (input, process, and output). The input variables consist of children's socioeconomic and demographic attributes such as age and sex, place of residence, geographical location, and relationship with the head of household. These attributes influence the level of vulnerability and categories of MVC who can be targeted and supported by support providers. The process variables include identification exercises, targeting methods, and the programme's scope. The way the identification process is conducted and the type of targeting methods adopted by the supporting organization have an enormous influence on the profile of supported children.

The output variables are the social protection measures in place to support the children. These include protective, preventive, promotive, and/or transformative services. Moreover the output variables include number of children supported by the interventions and the extent of support in relation to children's priority needs.

Figure 1: Conceptual Framework



3.0 Methodology

3.1 Study Location and Justification

The field work for this study was conducted in Singida Urban and Singida Rural Districts in Singida Region. The region was chosen because it has the country's lowest mean monthly consumption expenditure per capita, it ranks third with 27% of its population below the food poverty line, and it ranks first with 55% of the population below the basic needs poverty line (Kessy et al., 2011). The 2005 Poverty and Human Development Report classified Singida as among the regions where the Human Development Index (0.483) is below the national average (0.495) and where the Human Poverty Index of 21.3 is worse than the national average of 22.1. Some 49% of households live below the poverty line, making Singida the second most deprived region. Estimates based on NCPA I data reveal that MVC comprise about 9% of all children in the region, making it among the regions with a high number of MVC. MVC per district population shows that Singida Rural has 10.8%, Manyoni 10.1%, and Singida Urban 7.1% (URT, 2007).

3.2 Study Population, Sampling Unit, and Sample Size

The study focused on the adults and MVC. The children category comprised of children aged 7-17 years. This age group was selected because it is prone to school enrolment. Individual interviews and children participatory exercises were used to elicit the views of this group. The adults category comprised of officials of the MVC intervention organizations, MVC committee members, local government officials dealing with MVC, and parents/guardians of MVC. Tables 3 and 5 in chapter four contain some demographic and disaggregated data for children. Intervention organizations comprised of governmental organizations (LGAs) and NGOs, FBOs, and CBOs, all providing various forms of support to the MVC in the two study districts. The study involved 200 respondents for the survey questionnaires, and 105 informants were involved in focus group discussions for MVC committees and participatory exercises. Table 2 shows the number of different categories of respondents.

Table 1: Category of Respondents

| Category of respondent | Number of respondents | |
|--|-----------------------|---------------|
| | Singida Municipal | Singida Rural |
| MVC in school* | 110 | 16 |
| MVC out of school* | 38 | 5 |
| Children living in streets and ghetto* | 13 | 2 |
| Child labourers* | 98 | 21 |
| MVC parent/guardian** | 38 | 29 |
| Local government authority | 6 | 4 |

| | | |
|----------------------------------|----|----|
| Faith-based organization*** | 4 | 2 |
| Community-based organization*** | 5 | 3 |
| Non-governmental organization*** | 6 | 0 |
| Home-based volunteers** | 6 | 3 |
| MVC committee members** | 25 | 16 |

**Some respondents in the children category have multiple demographic characteristics, hence they fall in more than one category (e.g. some of the MVC out of school are living on the streets and/or doing labour).*

*** Some respondents in this category have multiple social characteristics, hence they fall in more than one category (e.g. some of the MVC parents/guardians also work as home-based volunteers and/or members of the MVC committee).*

****Some respondents in this category have multiple administrative/geographical characteristics; hence they fall in more than one category (e.g. some of the organizations are working in both municipal and rural areas).*

3.3 Sampling Methods

The sampling methods employed were purposive, simple random, and snowball. A ward was an entry point. Based on the preliminary visit in the study area, purposive sampling was employed to identify wards and intervention organizations. It was used to select wards and intervention organizations based on their experience in supporting MVC, and on the nature and population of MVC in a ward. The sampled wards in Singida Municipality were Majengo, Mitunduruni, and Unyamikumbi. In Singida District, the sampled wards were Mughanga and Unyahati. In each selected ward, then villages and streets were randomly selected.

A simple random sampling technique was used to sample those MVC in school and out of school, based on data from the school rosters and the official MVC register, respectively. Since not all MVC have been identified and officially registered, a combination of purposive and snowball methods was applied to select the MVC, especially those out school. A number of child labourers, children living on the streets, and other children in similar situations were selected. Adults working as MVC volunteers and home-based caregivers were important sources of information in sampling the children in this study. These volunteers were identified after consultation with the local government officials (such as ward executive officers, social welfare officers, and community development officers) and officials of NGOs, FBOs, and CBOs dealing with children.

Simple random technique was also used to select the MVC committees' members from the member list, and the parents/guardians from a list of households, as obtained from village offices.

3.4 Data Collection Methods

The main fieldwork for this study was conducted from April to June 2012. The study adopted

both quantitative and qualitative methods. Quantitative data were collected through interviewer-administered questionnaires. Qualitative data were gathered from focus group discussions, in-depth interviews with key informants, and participatory exercises with children. Other data were collected via existing documentation and direct observations. The information collected was based on the targeting techniques used to identify MVC and the support services extended to them between January 2011 and March 2012. The data collected brought a wide range of views, opinions, and attitudes from which similarities were deduced.

3.4.1 Individual Interviews

Using an interview guide, interviews with intervention project officials solicited information on:

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

Semi-structured interviews with children collected the following information:

- children's socio-economic and demographic characteristics,
- children's views on the process of identifying and selecting benefiting children,
- the types of benefits provided and the modality of distribution,
- children's views on the extent to which the benefit provided meet their needs and priorities,
- children's views on better ways of supporting the neediest children.

3.4.2 Children Participatory Exercises

Eliciting information from children was enhanced by games and exercises. When conducted in a participatory manner, games and exercise play an important role in helping to create a more relaxed environment for children to articulate their perspectives, ideas, problems, and hopes that directly affect their lives (Johnson and Nurrick, 2001; International HIV and AIDS Alliance, 2004; Amury and Komba, 2010). This approach also informs decision makers on children's priorities and concerns and provides solutions to children's problems (Amury and Komba, 2010).

Games and exercises were conducted with different beneficiary and non-beneficiary groups, and were carefully placed in the learning process. The exercises were conducted in a manner which was flexible and adapted to the participants' experience, sex, age, and cultural differences. Each group consisted of 5 to 8 children. The discussions in each exercise generated ideas on better ways of supporting the most needy children. The following games and exercises were adopted:

(i) Drawings

A combination of these activities aimed to encourage children to do things they like.

A picture is a seeable screen, making manifest what is in the mind's eye of the child, and can be worth many words from a child's limited vocabulary.... children, even when at a loss for words, often exercise visual means to point to and draw out what is on their minds. (Clark, 2011).

This helps children to understand themselves better. Under this activity, children were told to draw the type of support they receive from intervention organizations and the type of support they need. Others were asked to comment on something positive or negative on the drawings. The exercise involved two groups of beneficiaries, one for boys and one for girls. Children were given drawing materials, such as papers, flip charts, pens, and marker pens, and were told to draw diagrams of the kinds of assistance provided by organizations. Among the kinds drawn, children were told to list the assistance they received in the past three months. The exercise took about 40 minutes.

(ii) Hot Seat

Under this activity, children gathered in groups of eight and were required to act as persons entrusted with responsibilities to help solve children's social problems. The children involved in this activity were different from those who participated in the mapping exercise. Others were required to ask questions pertaining to the trustees' responsibilities on the matter being discussed. This activity explored a range of issues related to MVC identification and selection of needy children and those related to policies. Knowledge gaps between questions and answers were noted.

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

3.4.3 Focus Group Discussions

Guided by a checklist, focus group discussions (between 8 and 10 people per group) were held with members of the MVC committees and volunteers dealing with MVC. These informants were purposefully selected based on their knowledge about MVC's lives and interventions activities in their localities, entry points, and anecdotes. Through focused group discussions, the obtained information included the major MVC categories, major support service providers, procedures for MVC identification, and stakeholders involved and community efforts to combat the problem.

3.4.4 Ethical Consideration

“A child's best interests are of paramount importance in every matter concerning the child”

(Republic of South Africa, 1996). Children are not only the best but the only source of information regarding their own situation (Laws and Mann, 2004). Researchers sought informed consent from individual children and their parents or guardians. The consent forms were signed before each interview. Physical wellbeing of the children was protected by not spending excessive time for interviews. Social and psychological distress was minimized by keeping their identities anonymous.

3.5 Data Analysis

Data were first grouped into themes. Quantitative data were analysed to produce frequency distributions and cross-tabulations. Thematic structures for qualitative data were developed through reading the transcription and field notes while categorizing data in the order that addressed particular research questions. This also helped in coding the answers for open-ended questions. Respondents' important phrases and sentences that reflected or captured the variables of interests were extracted and presented verbatim.

Analysis of the information collected from children's participatory exercises largely based on the note of gestures such as facial, emotional, and areas of emphasis, taken during the exercises. Drawings produce a tangible product that reflects the "child's inner impulses in a Clark manner that is visible and adequately assessed from the picture itself". Hence, the analysis of drawings followed picture-based content analysis methods, as an on-going process during the exercise. Children's own interpretations while drawing were an integral part of data analysis. Different illustrations were interpreted based on the physical features and portrayed behaviours.

3.6 Study Limitations Encountered

The study encountered some methodological limitations. This did not affect the findings, conclusions, and recommendations. Some of the encountered problems and limitations included the following:

- i. The study was conducted on the basis of social protection targeting issues in two districts of Singida Region. Hence, it does not examine other social protection issues and regional differences in Tanzania.
- ii. Children's needs and problems vary due to demographic variables; in some cases it might be difficult to gather information through semi-structured interviews.
- iii. In a number of the surveyed organizations, important documents relevant to the study were not readily available, hence creating difficulties in accessing them.
- iv. The study only captures the situations that prevailed at the time of interviews. At the time of data collection (2009), the latest government-administered identification exercise was being conducted.

- v. It is believed that in some cases it was difficult for some respondents to disclose the actual facts about certain events, such as parents/guardians revealing abuse done to the children and children with criminal behaviours revealing information about crimes involved in and mentioning the perpetrators.

4.0 Results

4.1 Demographic Characteristics of Respondents

This section provides the demographic attributes of the two important categories of respondents for this study: children and officials of intervention organizations. The data collected at Singida (Rural) District Council offices indicate that the estimated number of MVC is 11,221 (5,452 boys and 5,769 girls). The groups of MVC who constitute the majority of children in the area, as ranked by officials from organizations working with MVC and in group discussion with parents and Most Vulnerable Children Committee (MVCC) members, were paternal orphans, double orphans, maternal orphans, working children, children living on the streets, and adolescent mothers.

Table 3 summarizes the data on age, sex, geographical location, place of residence, orphanhood status, and level of education of the child respondents. Findings reveal that parental death is likely to make the children more vulnerable. As shown in the tables, most of child respondents (90%) were orphans, with the majority being paternal orphans (44.1%). Majority of children were residing at home (84.1%) and were still attending primary school (61.2%).

Table 2: Demographic Characteristics of Child Respondents

| Variable | n=170 | % |
|--------------------------------|-------|------|
| Age | | |
| 7-10 years | 42 | 24.7 |
| 11-14 years | 80 | 47.1 |
| 15-18 years | 48 | 28.2 |
| Sex | | |
| Male | 98 | 57.6 |
| Female | 72 | 42.4 |
| Geographical location | | |
| Singida Urban | 100 | 58.8 |
| Singida Rural | 70 | 41.2 |
| Place of residence | | |
| At home | 143 | 84.1 |
| On the Street | 13 | 7.60 |
| Institution (residential care) | 8 | 4.70 |
| At home and in the street | 4 | 2.40 |
| Ghetto | 2 | 1.20 |
| Orphan-hood status | | |
| Paternal | 75 | 44.1 |

| | | |
|------------|----|------|
| Maternal | 20 | 11.8 |
| Double | 58 | 34.1 |
| Not orphan | 17 | 10.0 |

Source: Survey data (2012)

Table 4 summarizes the level of child education, factors for dropping out of school, and factors driving children to the streets. The main reasons for dropping out were lack of necessary school supplies (24.6%), irresponsible parents who abandoned them (23.2%), and acts of physical abuse at home and punishment at school. For those living outside familial care, children mentioned that physical abuse at home was the major factor driving children to the streets.

Table 3: Children's level of Education, Factors for Dropping Out of School, and Factors Driving Children to the Streets

| Level of education | Boys | | Girls | | Total | |
|---|-------|------|-------|------|-------|------|
| | Freq. | % | Freq. | % | Freq. | % |
| Never been enrolled | 3 | 1.8 | 4 | 2.4 | 7 | 4.1 |
| Primary school dropout | 14 | 8.2 | 8 | 4.7 | 22 | 12.9 |
| Secondary school dropout | 3 | 1.8 | 3 | 1.8 | 6 | 3.5 |
| Still in primary school | 58 | 34.1 | 46 | 27.1 | 104 | 61.2 |
| Still in secondary school | 14 | 8.2 | 8 | 4.7 | 22 | 12.9 |
| Completed primary education | 4 | 2.4 | 3 | 1.8 | 7 | 4.1 |
| Completed secondary education | 1 | 0.6 | 0 | 0 | 1 | 0.6 |
| COBET | 1 | 0.6 | 0 | 0 | 1 | 0.6 |
| Reason for dropout | | | | | | |
| Lacking necessary school supplies | 12 | 17.4 | 5 | 7.2 | 17 | 24.6 |
| Abandoned | 10 | 14.5 | 6 | 8.7 | 16 | 23.2 |
| Physical abuse and punishment | 3 | 4.3 | 4 | 5.8 | 7 | 10.1 |
| Taking care of the household | 2 | 2.9 | 3 | 4.3 | 5 | 7.20 |
| Truancy | 4 | 5.8 | 1 | 1.4 | 5 | 7.20 |
| Stigma and discrimination | 3 | 4.3 | 2 | 2.9 | 5 | 7.20 |
| Pregnancy | 0 | 0 | 4 | 5.8 | 4 | 5.80 |
| Chronic disease of parent/guardian | 1 | 1.4 | 2 | 2.9 | 3 | 4.3 |
| Labouring for wages | 1 | 1.4 | 2 | 2.9 | 3 | 4.3 |
| Drug abuse | 2 | 2.9 | 0 | 0 | 2 | 2.9 |
| Child's chronic disease | 2 | 2.9 | 0 | 0 | 2 | 2.9 |
| Reason for living on the streets | | | | | | |
| Physical abuse at home | 9 | 24.9 | 4 | 11.1 | 13 | 36 |
| Abandoned | 1 | 2.8 | 7 | 19.4 | 8 | 22.2 |
| Peer pressure | 3 | 8.4 | 3 | 8.4 | 6 | 16.8 |
| Denied food at home | 2 | 5.6 | 3 | 8.3 | 5 | 13.9 |
| Lack of schooling support | 2 | 5.6 | 0 | 0 | 2 | 5.6 |
| Drug abuse | 1 | 2.8 | 0 | 0 | 1 | 2.8 |
| Lack of household to live in | 1 | 2.8 | 0 | 0 | 1 | 2.8 |

Source: Survey data (2012)

The relationship between the child and the head of household is an important

determinant in child welfare. It is worth noting that the majority of children lived in female - headed households. Table 5 shows that about one-third (32.5%) of children who participated in the study lived with their biological mothers, while 23% lived with their grandmothers. Only 5.7% of children were living with both parents. The main economic activities done by the head of households were subsistence farming (38.2%) and petty business (24.1%). About one-sixth (15.9%) of the household heads were not engaging in any economic activities.

Table 4: Child-Household Head Relationship and Household Head Occupation

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

Source: Survey data (2012)

4.2 Most Vulnerable Children Identification and Selection Process

Interviews with officials from the local government and non-state organizations and discussions with MVCC members revealed few similarities and several differences in the identification process. Below is the description of the processes in the government-administered exercise:

First, dialogue meetings were held with the village and street government leaders and MVCC members. Similar to what is stipulated in the national guidelines, these meetings identified organizations dealing with MVC, preliminary vulnerability indicators, and community facilitators. Vulnerability indicators identified during the most recent exercise were chronic poverty, orphanhood, poor primary school completion rate, children living with chronic diseases like

HIV/AIDS, child-headed households, sexual abuse of children, adolescent pregnancy, child labour, and low number (less than 3) of meals per day.

Second, village/street assemblies were held, and the community members were introduced to the identification exercise. During this assembly community members provided their views on factors causing child vulnerability and then listed the poor households or household with children considered most vulnerable or any child who was living in a very vulnerable environment. Table 6 shows that the majority (80%) of the children never attended public meetings nor were involved in any activities in the identification process. A few (11%) children attended public meetings but were not given a chance to express their views. The majority (84.7%) of the children were not involved in selecting their representatives in MVCCs. Parents showed dissatisfaction with the way identification of MVC was carried out. This is supported by the following extracts from focus group discussions:

The exercise is done in a hurry...during the community meeting. It is dominated by few elites.... parents and guardians of children and children themselves are not given ample time/space? to express their difficulties....

[Female, 32 years old, mother in Unyankindi]

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

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

Third, community facilitators in collaboration with MVCC conducted an economic capacity analysis on the identified MVC households. Activities implemented were similar to the national guidelines. However, only 4.1% of the children revealed having discussions with the MVCC about their problems. Children who resided under institutional care explained that they were approached by clergymen, congregants, and volunteers in the streets where they were living.

Table 5: Children's Participation in the Identification Process and Knowledge of Their Identification Status (n=170)

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

| | | | | | | |
|----------------------------------|----|------|----|------|-----|------|
| Participate in selection | 15 | 8.8 | 11 | 6.5 | 26 | 15.3 |
| Did not participate in selection | 83 | 48.8 | 61 | 35.9 | 144 | 84.7 |

On the other hand, MVC identification administered by non-government organizations indicated some divergence from the national guidelines. Below is the description of identification processes implemented by several organizations among those surveyed:

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

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

Community Initiative Promotion through its residential home, the Singida Home for Street Children. About thirty children were housed and were identified in three different ways: 1) children sent to the centre by district social welfare officers from among those listed in the official MVC register, 2) a child sent by their parents or relatives, and 3) through street scouting by the centre's social worker.

The Free Pentecostal Church of Tanzania in Singida runs the Street Children Ministry which is a residential home for boys who formerly lived on the streets. It housed about twelve children in 2012; all of them were identified through scouting on the streets by volunteering congregants. Since its establishment in 2003, about 70 children have been released from the house.

Tanzania Assemblies of God Jerusalem Student Centre also supports MVC. With the financial assistance from Compassion International, the centre provides scholastic, healthcare, economic, and spiritual support to children. The children are supported at their homes, and drop-in services are provided once per week. Through its social worker, the centre identifies children who live within five kilometres from the centre by directly visiting their households. Children whose parents cannot afford to meet the cost of schooling are selected. About 230 children were being supported in 2012. Any child attaining the age of 22 years is released from the centre's support. The organization's identification approach excludes the homeless children. There were about nine similar centres in Singida Municipality.

It is clear that many of the non-state actors adopt their own identification process instead of using the national guidelines. During the discussions with the officials of organizations surveyed, it was established that the identification processes were highly influenced by objectives and available resources for particular organization.

Findings suggest that processes administered by both state and non-state entities did not create significant spaces for children’s participation. It was revealed that the MVC forums were not conducted. The forums are supposed to bring together all identified MVC to review the identification process, to address other matters affecting them, and to nominate MVC representatives to the community MVCC and the district MVC forum.

The study revealed that in situations where community assemblies are held, in most cases only one assembly is held. The national guidelines suggest that the communities conduct two community assemblies where during the second community assembly feedback of the MVC household’s economic and resilience capacity analysis is presented, and the final list of MVC is confirmed. It was also established that training on child psychosocial support was not done.

During the study it was difficult to establish the extent of community members’ participation in the community assemblies. Up to the time of data collection, the last identification exercise conducted by the Singida Municipal Council was in 2009 in which 2926 new MVC were identified. The previous exercise was done in 2007 where a total of 10,221 MVC were identified. The MVC records are occasionally updated by the MVCCs in order to graduate those who exceed a statutory age for a child.

The main challenges for why actors dealing with MVC did not adhere to national guidelines include cost of undertaking the exercise, time consumed due to the long procedures, shortage of professional personnel in both state and non-state organizations for undertaking the exercise, and the enormous increase in the number of MVC in both rural and urban areas.

4.3 Major Difficulties Faced by Children

Understanding the vulnerability situation among children is crucial to fulfil children’s needs and priorities. Prior to the discussion on the support provided, children were asked to rank the difficulties they often encounter in life. Table 7 shows that the majority of the difficulties were related to income poverty and are detrimental to children’s physical and cognitive growth and development. Inability to pay school contributions (other than fees), lack of inadequate school supplies, food insecurity, poor housing, and inadequate health care were also among the difficulties. Poor household income was also a major factor preventing children from completing primary school and joining secondary school. The children also described poor sanitary provisions (including utensils, soaps, source of water, sanitary towels, etc.) as an impediment to their cognitive development even if they have access basic scholastic supplies, uniforms, and fee support.

Table 6: Life Difficulties Faced by Children (n=170)

| Difficulties faced by children | Boys | | Girls | | Total | |
|--|-------|------|-------|-----|-------|------|
| | Freq. | % | Freq. | % | Freq. | % |
| Inability to afford other school contributions | 66 | 10.9 | 51 | 8.5 | 117 | 19.4 |
| Lack of school supplies | 64 | 10.6 | 38 | 6.3 | 102 | 16.9 |
| Food insecurity | 41 | 6.8 | 36 | 6.0 | 77 | 12.8 |

| | | | | | | |
|-----------------------------------|----|-----|----|-----|----|------|
| Poor housing | 43 | 7.1 | 34 | 5.7 | 77 | 12.8 |
| Inadequate health care | 33 | 5.5 | 33 | 5.5 | 66 | 11.0 |
| Lack of or poor bedding materials | 36 | 6.0 | 26 | 4.3 | 62 | 10.3 |
| Inability to afford school fees | 22 | 3.6 | 14 | 2.3 | 36 | 5.9 |
| Child chronically sick | 5 | 0.8 | 17 | 2.8 | 22 | 3.6 |
| Parent chronically sick | 7 | 1.2 | 7 | 1.2 | 14 | 2.4 |
| Lack or poor sanitary provisions | 8 | 1.3 | 9 | 1.5 | 17 | 2.8 |
| Stigma and discrimination | 9 | 1.5 | 4 | 0.7 | 13 | 2.2 |

Source: Survey data (2012)

4.4 Social Protection Interventions

4.4.1 Support Provided to Children by NGOs

The majority of the service providers surveyed were targeting the following categories of children: (i) orphans living in vulnerable situations; (ii) children forced to do sex work; (iii) children with disabilities; (iv) children living with HIV and AIDS; (v) children living with very old caretakers; (vi) children forced to work; and (vii) children from poor households. Information on the types of support provided to children was obtained from the beneficiaries (children), members of MVCC, parents, and service providers.

Out of 12 organizations surveyed, seven were providing a range of protective support services to MVC and their households. These protective services include scholastic provisions (writing materials, school bags, uniforms, and school fees to children in secondary schools and those in vocational training), food, and bedding materials (mosquito nets, mattresses, bed sheets, and blankets). Among other provisions, FBOs and CBOs were also providing ordinary clothes to out-of-school children. Although fees were abolished in primary schools, other obligatory school contributions and secondary school fees were frequently mentioned among the factors circumscribing their schooling.

Few organizations were providing transformative social protection support. These organizations were involved providing training on child rights to in- and out-of-school children, parents, and guardians. FBOs and CBOs were also implementing psychosocial support programmes for HIV and AIDS orphans and children living with HIV and AIDS. One organization implemented family reunification programmes where children were united with their parents or other close relatives. Moreover, a few paralegals were involved in counselling those children who had confrontation with the law.

In this study, one organization was involved in preventive social protection support by paying the premium for MVC households' membership in the Community Health Fund (CHF). Only four children had benefited from this support while the 66 (11%) children needed it.

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

4.4.2 Support Provided to Children by the Local Government

In the 2011/2012 and 2012/2013 financial years, the Municipal Council budgeted for Tshs 24

million and Tshs 30 million, respectively, for food, school fees, and scholastic and sanitary provisions for MVC. In the financial year 2010/2011 to 2012/2013, Singida Municipal Council spent Tshs 2.5 million to pay fees for 50 children studying in secondary schools. At Kititimo the council runs a centre for vulnerable children, where 44 children are housed. In 2010/2011 and 2012/2013, the Municipal Council provided a total of Tshs 4.8 million and Tshs 14 Million, respectively, for food, scholastic materials, and school fees for children housed at the centre. The local government also provided Tshs 1.5 million to support 28 children housed at Hope Extended Centre. Meanwhile, Singida District Council supported 188 MVC in the financial year 2012/2013. The support provided for food, fees, scholastic materials, school uniforms, and soap.

4.4.3 Support Provided versus Children’s Needs

Out of the 170 children who participated in the study, 72 (42.4%) received some kind of support while 98 (57.6%) received no support from service providers. None of the 117 (19.4%) children who could not afford the payment for other school contributions were supported. Of 102 children who lacked school supplies, 56 were supported. Among 77 children who experienced food insecurity, 30 were provided with food. This was the support from LGAs through the TACAIDS-funded HIV/AIDS programme. None of the children (77) who lived in poor housing conditions were supported. In fact none of the surveyed organizations were involved in housing improvement. Table 8 shows that only ten children received some sort of support in the past three months, while nearly three-quarters of the children (72%) received the support more than two years ago from the time of data collection.

Table 7: Last Time Children Received Support (n=72)

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

Source: Survey data (2012)

4.4.4 Means of Copping

Out of the 170 children interviewed, 119, 112, and 83 were undertaking paid labour, begging, and petty business, respectively (Table 9). It was further observed that in urban areas children, particularly girls, were mostly working as domestic servants. For the similar purpose of earning money to cater to their different needs, eight girls were engaging in paid sex. Seven boys were found scavenging for used plastic and glass bottles and jars. As revealed during participatory exercise:

Some ... collect empty bottles and containers and sell them to different business people at the market places, who clean them and reuse them by filling honey and sunflower oil.... I myself am receiving between 50/= for an empty plastic bottle and 100/= for a glass container.

[A 10 year old boy paternal orphan, Salimini Street, Misuna Ward]

As mentioned elsewhere, food insecurity is a common phenomenon among MVC and their households. To cope with the situation, decreasing the number of meals taken in the household was frequently experienced by 37 children interviewed. Moreover, some of the children's coping methods were fatal. Twenty five of the children interviewed were sleeping-off the effects of sickness when they fall ill.

Poor housing in the study area put at risk the children who already bore the brunt of coping mechanisms. Fifteen children mentioned that they were living in poorly roofed (*including thatch and old, used iron sheets*) houses. As a result, during rainfall they to sleep in neighbour's houses.

Delinquency was also among the ways children adapted to cope with their financial needs and demands. This was a common practice among children living on the streets, whereupon four of them mentioned that they used to shoplift, pick-pocket from pedestrians, and break into housing compounds to steal things such as clothes and chicken. This situation was confirmed during participatory exercise, and it was revealed that a number of street children were used by gangs of criminals, as revealed in these words:

...due to lack of money there are children living on the street who are approached by leaders of robbery gangs and are asked to go and commit a crime, like stealing modern phones and laptops.... But sometimes the crimes are associated with personal conflicts whereby people push the children to injure other people and sometimes even kill by hitting with lethal weapons or poison.

[A 17 years old boy, living at a residential care, formerly living on the streets, Majengo Ward]

Young children with small bodies are also used to commit theft in houses and shops because it is easy for them to pass through some windows or a hole made in the wall...

[14 years old boy, living at a residential care formerly living on the streets, Majengo Ward]

Table 8: Coping Strategies Adopted by Children in Difficult Situations (n=170)

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

Source: Survey data (2012)

4.5 Challenges to Service Delivery

Both children's and organizational officials' articulations of challenges were often related to targeting problems, institutional problems, limited resources to meet the huge demands of MVC, and poor community response to MVC matters.

During the participatory exercises with children and in individual interviews, most of the children cited untimely distribution of the provisions, inadequate support, and poor quality of provisions from the intervention organizations (Table 10). Many children cited that educational provisions were often not delivered parallel to the school term. The children expressed demands for some important scholastic provisions such as uniforms (clothes, shoes, and school bags) and fees (excluding those in primary school) at the beginning of the school term.

The majority of the children also described constraints related to their inadequate participation or exclusion in needs identification. It was revealed that many interventions focused on providing scholastic materials and training on child rights and life skills. The children felt that other child-sensitive social protection services which improve their access to education, such as healthcare, food, and shelter, were not prioritized by support providers. One girl said:

...I am grateful for the materials provided to me by a donor organization ... mostly they are providing us with exercise books, pencils, pens, mathematical sets, and sometimes school uniforms ... but expenses for food and hospital when ill are huge to us as my grandmother is frequently ill ... we often run short on food in our family... [A beneficiary girl, 11 years old, living at Unyankindi Street, Singida Municipal]

Moreover, the support provided had a negative social impact on the beneficiaries. Many

respondents mentioned suffering the effects of stigmatization and/or discrimination by, for example, being called names such as *Watoto wa Misaada*, literally “children who depend on handouts” [14 year old girl at Ikungij]. These children are likely to be more psychologically affected when being labelled in such a way in the school environment.

Table 9: Challenges Experienced by Children in Receiving Support (N=72)

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

Source: Survey data (2012)

During the discussions with intervention organizations, the officials categorized a range of key challenges based on the organizations’ financial and human capacity and social and economic conditions of the community. The challenges related to the organizations’ financial and human capacity were:

- The number of needy children exceeded the resources available, leading to many interventions failing to meet different pressing demands of children and their households.
- Inadequate financial capacity due to over dependence on external donor support.
- Poor implementation of the identification methods, due to inadequate funding and inadequate personnel to conduct the activities, especially the social welfare workers, thus creating avenues for errors in selecting eligible children or households.
- Duplication of interventions as many organizations support children without any effort at coordinating their activities.

Challenges related to social and economic conditions of the community were:

- Poor self-help or other community-led initiatives in responding to children’s vulnerabilities.
- Households’ chronic poverty leading to improper usage of the support provided.
- Poor participation in community meetings. For instance, low value is placed on attending public meetings related to child welfare.
- Lack of volunteering attitude in working for child care, protection, and support.
- Low value placed on girls, thus little family care and support compels them to cope by working in households, hotels, and restaurants at a young age.

5.0 Discussion

5.1 Social Economic and Demographic Experiences of MVC

Most of the children in this study were living in female-headed households, with a majority living with their mothers followed by grandmothers. Only a few children were living with both parents. Lack of both parental caregivers could have contributed to the children's difficulties in growth and development.

Discussions with children who lived away from home revealed that girls felt more abandoned when the father left the household with inadequate or no support. Also, children who experienced abuse, such as physical abuse and being denied food, tend to find alternative places to live, with girls being more negatively affected than boys. It was further revealed that their stepmothers were the cause of such abuse. Methods of survival by these children were detrimental to their growth and development. From the surveyed institutions providing residential care for MVC, it was found that more boys reside in those institutions than girls. These findings concur with the social network theory on the importance of an individual's relationship and ties with others within the social structure. Therefore promoting interventions for enhancing child protection and transformative approaches for improving social cohesion are imperative for bringing about social equality.

5.2 Identification of Children for Programme Eligibility

Community-based Targeting (CBT)

This was the major targeting approach in the study area. In practice, CBT is the key focus of the standardized MVC identification guide issued by the Ministry of Health and Social Welfare. Table 1 indicates the stipulated identification process and expected outcomes per activity from the district council to village/street level. Although CBT under the national guideline is not the gold standard for MVC identification, proper implementation of the intended activities can provide better identification outcomes, including minimizing exclusion and inclusion errors.

The study's findings indicate that CBT under the standardized mechanism was poorly implemented. The guideline's notable weakness is that it is significantly loaded with activities, some of which have ambitious intended outcomes, hence making its applicability difficult, as it requires adequate human, financial, and time resources. However, the DSW, which is mandated to protect and ensure access to social welfare services to MVC, has inadequate technical, managerial, organizational, financial, and human capacities (USAID, 2010). The social welfare officers are undertrained and unevenly distributed, where roughly half of the districts countrywide have social welfare officers and social welfare assistants. They are overworked, since one social welfare officer per district oversees about 7000 or more MVC,

and they are also responsible for matrimonial disputes, disability, and elderly issues. This hinders the department's functions at both the national and local government levels (ibid).

Budget allocations for the local government's MVC identification activities are inadequate. Thus, the process is done in a fragmented manner, with inadequate time allocations. Many stipulated activities are not done or poorly done, with little efforts made by available intervention organizations at identification coordination. The expected outcomes of the identification activities are shown in Table 1. It is worth noting that some of the surveyed local government offices and NGOs did not have a copy of the guidelines. Some of the officials at ward and village/street levels in Singida Rural District had never read nor seen the MVC identification guide. This explains their poor knowledge on what they are supposed to implement during the identification exercises.

Proxy Means Testing (PMT), Demographic and Post Targeting

Some of the surveyed NGOs and FBOs also applied PMT and/or demographic targeting in their process of identifying and supporting children. It was mainly done by scouting in different public places and in the streets by social welfare workers and volunteers working for NGOs and FBOs. Some children and parents/guardians used a proactive approach by presenting themselves to the organizations (post-targeting). The earmarked children and their households were then examined based on the observable socioeconomic characteristics of individual children and their households to establish the household economic welfare scores, which determined their eligibility for support services. The examined characteristics included educational status, household size, child's age, marital status of head of household, whether parents of the child are alive, place of dwelling, and sources of livelihood. Demographic targeting mechanism was also applied by teachers to identify vulnerable children enrolled in their schools. Their identification was based on the child's behaviour at school and easily observable and relevant social and demographic characteristics.

Combination of Geographical, Proxy Means Testing, and Demographic Targeting

This approach was applied by children centres supported by Compassion International in Singida municipality. They targeted the poor and vulnerable children who cannot afford schooling expenses and who live within five kilometres from each centre. Then PMT or demographic examination is done on the earmarked children and their households in order to verify their eligibility for support services. The major weakness of the approach is that eligibility is based on children living in family settings, thus excluding the homeless children who are often the neediest. These findings are in line social network theory: children living with a family are easy to reach and are the most likely to receive direct benefits from the programme, versus those living in the streets. The theory postulates that the attributes of individuals are less important than their relationships and ties to others within the social structure. It can be argued that programmes opt to support individuals living within a family because the effect of the support to a targeted child in a household can trickle down to other family members. The findings are also supported by welfare economic theory because the above targeting approach excludes the homeless, thus worsening their situation. With respect to attachment theory,

several organizations opted to support children in family settings and in residential care because of the availability of parental or adult care. Children living without family care are particularly vulnerable to violence, abuse, neglect, and exploitation (URT, 2012a). However, institutional care should remain a solution of last resort for the children who are unable to live in family care.

It is sometimes difficult to verify the background of the children identified under PMT and demographic mechanisms. The names on the MVC registers were often not used as an entry point in the identification of eligible children, and instead each organization undertakes their own process of identification. Only a few children who were identified through CBT, whose names were then forwarded to NGOs, were actually supported, leading to community dissatisfaction over the way MVC were supported, as some households present false information to secure their child's eligibility.

In a situation of limited resources, targeting MVC aims to identify, prioritize, and select the poorest and most vulnerable children and their households, thus ensuring only needy children are reached and supported. As described in the sections above, there are a variety of targeting methods in identifying the poor and vulnerable individuals and households. The means testing method is considered the gold standard of targeting. However, lack of verifiable income records makes its application difficult and indistinct in the rural context and among poor populations whose sources of livelihood are in the informal sector and subsistence agriculture (Stoermer et al., 2013).

5.3 Social Protection Responses to Children's Needs

Social protection intervention actors have in recent years introduced comprehensive attempts to mitigate the impact of negative shocks on household welfare and improve the prospects of households living in chronic poverty (Porter, 2010). A comprehensive social protection system for children would, therefore, include adequate nutrition, quality education, appropriate healthcare, and child protection (UNICEF, 2009). Problems facing children differ from child to child, hence their needs and priorities differ as well.

The generalized situation for vulnerable children in this study includes inadequate financial resources for necessities like scholastic materials, fees, mandatory school contributions, food, healthcare, and sanitation. Their housing conditions were very poor, and they were enduring stigma and discrimination. Most of these vulnerabilities can cause long-term disastrous consequences to children's physical and cognitive growth and development, as described elsewhere (see Ainsworth and Filmer 2002; Ainsworth et al., 2005; Germann 2005; Littrell et al., 2007). This study observed that NGOs and FBOs were the major support service providers. Other support services were provided by the local government, CBOs, and individuals. These provided a range of protective, preventive, promotive, and transformative support to children.

Protective Measures

Scholastic materials, food, and bedding materials were the main protective (provision) measures provided to children. In most cases, fees (for secondary and vocational education)

and obligatory contributions (in primary and secondary education) were the frequent problems affecting children's education attainment, but the support was very rarely provided. Despite the government's decision to waive fees in primary education, most schools impose other obligatory contributions while fees are still applicable in secondary education. Children who did not pay obligatory contributions were often expelled by school administration and/or not enrolled. Scholastic materials have assisted in increasing school attendance and completion rates among the beneficiaries. The local government managed to extend its support for school fees to a limited number of needy children in secondary schools.

Preventive Measures

Preventive social protection was rarely provided, despite the overwhelming need expressed by the children. As previously mentioned, only one of the surveyed households had access to health care through CHF. Children were frequently shouldering the burden of caring for their chronically ill parents/caregivers, themselves, and siblings. This denied them access to other rights like education, being cared for, as well as the right to play. Budgetary constraints, weak institutional arrangements, and poor enforcement of cost sharing exemptions and the waiver policy still remain among the major factors constraining access to healthcare, among others. In this regard, pro-poor health insurance initiatives like CHF have failed to address critical barriers to access essential healthcare among MVC (URT, 2012a).

Promotive Measures

In this study, promotive social protection measures were mainly achieved via entrepreneurship training, MVC caretaking skills, and HIV/AIDS prevention. Entrepreneurship training to out-of-school youth and parents/guardians of MVC was associated with providing start-up capital to only a few MVC households or individual children to implement income generating activities. This would enhance the capacity of poor households to smoothen their expenditures. It was noted that entrepreneurship and conditional cash transfer programmes can increase school enrolment and improve attendance for children from poor families (Adato and Bassett, 2008; Miller et al., 2008). Good examples of such programmes are Mexico Oportunidades (JLICA, 2009), Malawi's Mchinji Cash Transfer, Swaziland Neighbourhood Care Points (Adato and Basset, 2008; Ellis et al., 2009), Nicaragua's Red de Proteccion Social (Maluccio and Flores, 2005; OECD, 2009), and South Africa's Child Support Grant (Aguero et al., 2007; Adato and Basset, 2008). Furthermore, the study found that at drop-in centres children were provided with free meals which served as protective as well as promotive measures. This can contribute to longer-term poverty reduction ex-ante to smooth their consumption and can have a positive impact on school attendance as well as physical growth and development. These pro-poor feeding programmes would form part of post-targeting mechanism whereby those MVC who were not captured by other means could be identified.

Transformative Measures

Transformative measures are important in addressing the social and political causes and context of vulnerability. In practice, many social protection actors are either reluctant or unable to adopt a transformative approach of social protection. An explanation for such reluctance is

that many actors address the vulnerabilities of affected groups in a given space or at a given moment (Sabates-Wheeler and Roelen, 2011). Many actors opt for short-term social assistance interventions such as input packages for farmers, cash or food transfers, school feeding schemes, and drop-in centres for vulnerable children (ibid.). Apparently, such interventions are preferred because they easily demonstrate tangible outputs. This kind of social protection response is likely to maintain the status quo of unequal structures.

A few of the surveyed organizations addressed issues of social justice and exclusion of vulnerable children. Specifically, the interventions focused on psychosocial support for MVC and empowering MVC and caregivers in understanding child rights. Through volunteers, psychosocial support was provided for victims of abuse and discrimination and counselling for children in crimes, among others. More efforts would include extending psychosocial support to children living with HIV/AIDS and AIDS orphans. The lives of such children are worsened by the stress of stigma and discrimination within the community.

Legal support was mainly extended to children with legal issues, especially those living on the streets who often get involved in criminal acts. At the same time, children who were victims of physical as well as sexual abuse had difficulties in finding legal support for dealing with the perpetrators of such abuse. In this context, transformative interventions would include child anti-discrimination and anti-abuse campaigns in order to transform community attitudes and practices towards enhancing social equity. Affirmative action would also include mainstreaming MVC psychosocial support in the local government plans. Nevertheless, transformative responses do not provide immediate solutions and thus require a long-term and comprehensive approach which does not easily fit with regular development provisioning (Sabates-Wheeler and Roelen, 2011).

5.4 Linking Social Protection to Child Protection

Residential care and drop-in centres for children have played an important part as a social network in combating crimes that involve children. Psychosocial support for this category of children is important for reducing the number of children who are exploited by criminal gangs. Some children residing in these centres were formerly engaged in criminal acts in one way or another.

5.5 Linking Child Protection with Coping and Resilience Strategies

As informed by literature and this study, most MVC are missing out in terms of quality education (not just enrolment), healthcare, nutrition, shelter, and other child rights and needs. Interviewed children adopted a wide range of problem-focused coping strategies. Problem-focused coping seeks to transform and/or master the cause of stress (Nijboer, 2007). This can be achieved by changing the environment and external pressures or finding resources to lessen the difficult situation. The problem-focused coping strategies adopted by children involved moving out from home to escape abuse, taking on paid labour to cater for their basic needs, and/or dropping out of school due to unaffordable scholastic expenses or stigma. Porter (2010) presented moderate views on child labour, where children and caregivers do not always see work as 'bad', since work, so long as it is supported by the household and is not dangerous, can offer useful skill development, household resilience, and a protective mechanism. Yet child labour increases vulnerability if it hinders schooling or if stigma is attached to it (Boyden, 2009).

Reducing the number of meals per day as strategy adopted by MVC households to deal with food insecurity can have a negative impact on the physical growth and cognitive development of children. This can affect their educational outcomes and future earning potential, as well as reduce household economic productive capacity (Geleta et al., 2012).

5.6 Challenges in Responding to Children's Needs

Challenges that faced intervention delivery were either community or organizational centred. Chronic poverty, coupled with the number of needy children exceeding resource availability, poses a huge challenge for intervention organizations to meet the needs of the children and their households. Thus, the available interventions fail to provide the highly needed support for obligatory school contributions and fees for children in secondary schools and vocational institutions, clothes, food, and residential care for children living on the streets. Untimely distribution of scholastic support often results in irregular attendance and expulsion from school for students who have not paid fees. It was reported that many programmes delivered their support in the middle of the school term or near the end. Many materials provided were of poor quality, making it difficult for children to use them until the next delivery phase. In addition, chronic poverty facing some of the MVC households led to improper usage of the support provided. In some cases, heads of households sold clothes and mattresses provided to children in order to meet the costs for food or other household expenses.

Lack of transport facilities and remuneration for volunteers working with MVC has resulted in difficulties in reaching, identifying, and monitoring the vulnerable children, particularly those living in rural areas and or geographically isolated places.

For the majority of interventions, officials cited poor self-help initiatives in responding to children vulnerabilities in the study areas. In supporting MVC, the national MVC guideline states that community-based care is the aim, while institutional capacity is an exception. Protecting MVC requires strengthening community-based care and assistance mechanisms facilitated through a process of community dialogue.

Most interventions targeted and reached children in schools. Hence, the neediest out-of-school children were excluded by either not being identified or being identified but not selected as beneficiaries. For instance, the implementation of CBT led to corruption and biasness among lower LGA leaders and MVCC members, where the better-off children were identified and supported while the neediest were left out.

Community beliefs and attitudes also challenged child welfare. For instance, some parents refused to have their children registered on the MVC register after being identified during identification exercise. Some parents perceive the phrase “most vulnerable children” as offensive, stigmatic, and discriminatory. These perceptions contributed to poor participation in community assemblies. Thus, the CBT mechanism is likely to be more affected by these perceptions.

Given the mismatch between resource availability and the sheer magnitude of vulnerability, greater precision in targeting is highly important. Of paramount importance is harmonizing the targeting processes. Based on the study, it was apparent that duplication of efforts was a common practice. This mainly results from poor cooperation among the social protection actors and poor implementation of the social protection framework, which, among other things, aims at reducing duplication of the intervention efforts. It was revealed that in some cases one person received identical support from more than one provider, while others who were also in need had none.

6.0 Summary of Major Findings, Conclusion, and Policy Implications

6.1 Summary of Major Findings

This study surveyed the targeting approaches used in social protection initiatives to improve the livelihoods of the MVC in Singida Region. The major findings of the study are as follows:

- Most children were orphans, the majority being paternal orphans.
- The majority of the children surveyed were residing at home and were still attending

primary school

- Based on children's responses, the main reasons for drop out were lack of necessary school supplies, irresponsible parents who abandoned them, and acts of physical abuse at home and punishment at school.
- The majority of the children never attended public meetings nor were involved in any activities in the identification and selection process.
- Parents showed dissatisfaction with the way MVC identification was carried out.
- Identified difficulties were the inability to pay school contributions (other than fees), lack of or inadequate school supplies, food insecurity, poor housing, and inadequate health care.
- Both children's and organizations' official articulation of challenges were heavily related to targeting problems, institutional problems, limited resources to meet huge demands of MVC, and poor community response to MVC matters.
- Three mechanisms applied in identifying children for social protection interventions were CBT, PMT, and demographic targeting.
- Most of the organizations applied protective measures to other types to support MVC and their caregivers.
- Applying the national identification guideline when selecting MVC was difficult.
- Other serious concerns that hindered identification and selection of MVC were lack of transparency, duplication of efforts, poor participation of children and caregivers, and exclusion and inclusion errors.

6.2 Conclusion

This study sought to examine and report on the targeting approaches used in social protection interventions for the livelihood of the most vulnerable children. Three types of targeting approaches were mainly adopted by intervention organizations: 1) the community-based approach, which was the most widely used, 2) identifying children and their households based on a case-by-case basis through some kind of proxy means test using criteria set by the community or intervention organization, 3) identifying children based on their demographic characteristics. The findings revealed that the majority of the interventions targeted orphans living in poor households, children living on the streets, labourers, and those living with very old caretakers. In most cases, NGOs and FBOs targeted children by combining various mechanisms.

The national guideline was not used by NGOs and FBOs as it is extensively loaded with activities and expected outcomes (village/street level) that are too ambitious, which makes its application difficult given existing organizational, human, and financial capacities. Thus, the guideline was poorly implemented, even for the identification exercise led by the local government authorities. The findings clearly show poor participation of children in matters that affect them, with 80% of them not involved in any stage of the process and 84.7% not involved in selecting MVC representatives in the village/street MVCC and district MVC forum.

The identification process was poorly coordinated and done under inadequate human and financial capacities. A close relationship exists between fragmented identification, duplication of targeting efforts, and poor cooperation among social protection actors. This compromised

the paramount objective of targeting and extending the resources to the neediest. In a situation of limited fiscal space, improving coordination of the social protection actors will be critical in reducing the number of children who are repeatedly supported while others are excluded.

Most of the vulnerabilities found can devastate children's physical and cognitive growth and development in the long term. NGOs and FBOs were the majority among intervention actors in social protection. In response, protective provisions entailed scholastic, food, and bedding provisions. Fees for secondary schooling and vocational training are recurrent needs which are rarely provided. Assistance to support school contributions (waiving fees) in primary schools as well as in secondary and vocational training is seen as a resilience avenue for increasing child enrolment, attendance, and completion rates.

Preventive social protection support was found to be low in the organizations interviewed. There are poor plans for implementing exemption and waiver mechanisms for improving healthcare access among the poor and vulnerable groups; thus many MVC households bear the burden of chronically ill parents and children. Apparently, actors were reluctant to take on transformative interventions because they do not lead to easily demonstrable tangible outcomes, especially in the short term. Legal support for the children was weak. This in one way perpetuated the acts of physical and sexual abuse and neglect of children, and allowed adult perpetrators to commit criminal acts with impunity.

Broadening the coverage of the promotive social protection measures is a resilience avenue for empowering MVC households. Building the economic productive capacity of MVC and their caregivers would contribute to long-term poverty reduction *ex-ante* to smooth their consumption. For this kind of intervention, it is imperative to attach conditions such as maintaining a child at school and sending a child to a health facility when falling sick. The programmes for providing free daily meals to needy children, such as those run by children drop-in centres, have positive impacts on children's school attendance as well as physical growth and development. Since this is open to every child, it can help to locate MVC who are not identified by other targeting approaches.

6.3 Policy Implications

Tanzania aims at ensuring that the MVC are provided with community-based support and care. Social protection embraces policies and programmes designed to reduce poverty and vulnerability. This can be achieved via promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks. Social protection remains the highest priority for government policy in Tanzania. Some suggestions were made on targeting methods and social protection measures. However, with regard to targeting methods and social protection measures, there is a need for development practitioners to improve transparency, integrate the identification processes of implementing partners, create space for child participation, and urge policy makers to revise the national identification guideline to make it applicable.

This study is in line with the first Millennium Development Goal to eradicate extreme poverty and hunger by 2015, and the National Strategy for Growth and Poverty Reduction (NSGPR) in reducing the prevalence of income poverty in Tanzania. Moreover, this study is in line with

various government programmes: Child Development Policy (1996), Community Development Policy (1997), the National Most Vulnerable Children Identification Guide (2000), the National Guidelines for Community-based Care, Support and Protection of Orphans and Vulnerable Children (2003), the National HIV and AIDS Policy (2001), the National Health Policy (2003), the National Costed Plan of Action for the Most Vulnerable Children II (NCPA) (2012), the Draft National Social Protection Framework (NSPF) (2008), and National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children (2009).

6.3.1 Targeting Methods

- Given the rural and poverty context of Tanzania, the hybrid targeting methods are imperative. The hybrid approach could include a combination of CBT and PMT. If this approach is transparent and highly participatory by including children, it will reduce community-perceived targeting errors, corruption, favouritism, and grievances over identified beneficiaries.
- More affirmative action should be placed to target the MVC living in geographically isolated areas, on the street, and in ghettos.
- Various elements of the national MVC identification guide need to be revised to make it easily applicable and produce intended outcomes. This should also include improving training for the identification exercise facilitators at wards, village/street levels and equip them with necessary materials such as various policy documents, the identification guides, and other relevant reference materials.

6.3.2 Social Protection Interventions

- Establish sustainable sources of livelihood for MVC households by building their entrepreneurial capacity, supporting access to micro-finance, and establishing income generating activities. This could extend the benefit to all household members rather than the MVC alone.
- Establish a community-based mechanism for cash transfers to support MVC's health and educational needs. Such transfers programme should be streamlined with the efforts to waive other school fees and contributions (especially in secondary and vocational education) and payments for community health premiums among the ultra-poor.
- Enhancing psychosocial support to other neediest categories of MVC rather than concentrating on the HIV and AIDS affected alone.
- Providing institutional care to children living on the streets and in ghettos while establishing a child-family reunification programme.
- Establish a well-managed information database for identified MVC and stakeholders

supporting MVC per each district and ward in the country. This could reduce the cost of fragmented and ad hoc identification activities, and address the problem of duplication of efforts and multiple supports to similar beneficiaries.

6.4 Areas for Further Research

Methodological limitations, findings, conclusions, and recommendations of this study have paved a way for further research.

- Children's needs and problems vary due to demographic variables; in some cases it might be difficult to gather detailed information from semi-structured interviews. A more qualitative approach to gathering narrative stories from MVC will provide detailed information on their lives, views, and sentiments.
- More empirical work on community attitudes towards MVC is needed to inform the development of transformative interventions and establishment of more community-led (self-help) initiatives to support MVC.
- Understanding of how the costs of increasing the number of intervention beneficiaries and the size of the benefit package can outweigh the costs of employing better methods of identifying the neediest households.
- A comprehensive survey of social protection actors' opinions is essential before establishing a continuous and integrated MVC identification process. This can be used to inform on how to protect the collected data and accessibility of such data to stakeholders.
- Assessment of the available organizations' best practices of targeting and intervention strategies is needed in order to verify the viability of scaling up.

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Appendix 1: The National MVC Identification Guide

| Activities | Participants | Expected important output/outcome |
|---|--|---|
| 1. Advocacy meeting at district level. | District management team, NGOs, FBOs. | Proposed team of MVC facilitators; proposed district vulnerability indicators. |
| 2. Training district MVC facilitators (Training the trainers). | District's relevant staff, NGOs, FBOs, individuals conversant on MVC issues. | Trained team of district facilitators who will train the facilitators/trainers at ward/street level. |
| 3. Advocacy at meeting at ward level. | Ward Development Committee, FBOs, CBOs, youths. | Proposed ward facilitators' at ward level, proposed ward vulnerability indicators. |
| 4. Training ward and village/street facilitators | Ward, extension workers, teachers, individuals, CBOs, FBOs, youth, etc. | Trained team of ward, village/street facilitators. |
| 5. Dialogue meeting at village/street level. | Village/street government leaders. | Proposed vulnerability indicators in the ward, village/street. |
| 6. First village/street assembly. | All members of the community. | List of community-based identification indicators; preliminary identification of the households with the MVC. |
| 7. FGD/personal interviews at village/street level. | All members of the community. | Refined criteria for identification; refined list of MVC. |
| 8. Village/street mapping. | All members of the community. | Report of resource potential, opportunities and constraints in providing support and protection of MVC. |
| 9. Transect walk and household visits (capacity analysis exercise). | All members of the community; MVC facilitators. | List of verified MVC; report on socioeconomic strength and resilience/coping mechanism of the identified households with MVC. |
| 10. Second village/street assembly. | All members of the community; MVC facilitators. | List of confirmed neediest MVC. |
| 11. MVC forum. | All identified MVC in the community. | List of nominated representative to MVC committee; prioritized care, support and protection needs of MVC. |
| 12. Preparation of community-level action plan. | Village/street MVC committee; village/street government. | Costed community plan of action for care, support and protection of MVC; resource mobilization |

| | | |
|--|---|--|
| | | strategy; monitoring and evaluation (M&E) framework. |
| 13. Reporting village/street information on MVC to the District Council. | Ward Executive Officer; extension workers. | Costed community plan of action for care, support and protection; resource mobilization strategy; M&E framework. |
| 14. District MVC forum. | MVC representatives, MVC and Community Justice facilitators. | Nominated MVC representatives to the District MVC committee. |
| 15. Financial management training for MVC committee/village leaders. | Village/street level leaders, MVC committee at the village/street level. | Financial management capability at the village and street leadership level. |
| 16. Training on child care and psychosocial support. | Extension workers, teachers, volunteers, MVC committees, peer educators, FBOs, CBOs, etc. | Improved MVC care and upbringing, an enjoyable and fulfilling life for the MVC. |
| 17. Monitoring and evaluation. | All stakeholders at all levels. | Annual MVC monitoring and evaluation reports at all levels. |