

Vulnerability and Social Protection Programmes in Tanzania

A study by

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For the Research and Analysis Working Group
September 2003

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Abbreviations

AMREF	African Medical and Research Foundation
ARI	Acute Respiratory Infections
ASRH	Adolescent Sexual and Reproductive Health
AWI	African Women Initiative
BAKWATA	National Muslim Council
CBMI	Christian Blind mission International
CBOs	Community based organisations
CBR	Community Based Rehabilitation
CCBRT	Comprehensive Community Based Rehabilitation Tanzania
CDI	Community Development Initiatives
CHAVITA	Tanzania Association of the Deaf
CHAWATA	Federation of Disabled Organisations
CHAWATA	Tanzania Association of Disabled
COBET	Complementary Basic Education
CREW	Credit for Women Tanzania
CRWs	Community Rehabilitation Workers
CSOs	Civil Society Organisations
CSPD	Child Survival and Protection Development
DANIDA	Danish International Development Aid
DFID	Department for International Development
EMAU	Elimu ya Malezi ya Ujana
EU	European Union
HBS	Household Budget Survey
ID	Institutional Development
IFAD	International Food and Agriculture Development
ILFS	Integrated Labour Force Survey
ILO	International Labour Organisation
KCMC	Kilimanjaro Christian Medical Centre
MFI	Micro Finance Institutions
OVC	Orphans and Vulnerable Children
PEDEP	Primary Education Development Programme
PMMP	Poverty Monitoring Master Plan
PPA	Participatory Poverty Analysis
PRBS	Poverty Reduction Budget Support
PRSC	Poverty Reduction Support Credit
PRSP	Poverty Reduction Strategy Paper
PUCR	Poor Urban Children at Risk
PWP	Public Works Programme
R&AWG	Research and Analysis Working Group
SACAs	Savings and Credit Associations
SACCOs	Savings and Credits Cooperative Societies
SATF	Social Action Trust Fund
SGS	Solidarity Groups

SSP	Social Support Project
STDs	Sexually Transmitted Diseases
TACAIDS	Tanzania Council for AIDS
TAS	Tanzania Assistance Strategy
TASAF	Tanzania Social Action Fund
TCRS	Tanzania Red Cross Society
TGNP	Tanzania Gender Network Programme
UNDCP	United Nations Drug Control Programme
WHO	World Health Organisation
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
URT	United Republic of Tanzania
USAID	United States Agency for International Development
VETA	Vocational Education Training Authority
WFCL	Worst Forms of Child Labour
WFCL	Worst Forms of Child labour
WFP	World Food Programme
YCIC	Youth Cultural and Information Centre
ZAIDA	Z'bar Assoc. of Information Against Drug Abuse and Alcohol

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Part 1: Overview and Analysis

1. Introduction

1.1 Background to the Study

This report describes the extent to which major social protection and risk management programmes and strategies adopted in Tanzania have contributed in shielding the extremely vulnerable individuals, households and communities in urban and rural areas from becoming poorer. Vulnerability, or the probability that an individual¹ become poorer due to various situations is an important aspect of poverty reduction strategies. As a concept, vulnerability extends policy concerns to the dynamic aspects of poverty. While poverty describes how things are today, vulnerability is concerned with what the situation could be in future. Due to the importance of vulnerability to poverty reduction strategies, the Poverty and Human Development Report 2002², identifies vulnerability as an important policy area that requires further work. The report calls for a comprehensive documentation of different typologies of vulnerability to various forms of poverty in order to recommend policies that may respond more effectively to different forms of vulnerability.

A country level participatory poverty assessment (PPA) has been carried out as part of implementation of the Poverty Monitoring Master Plan (URT,2001)³. Reports from this assessment, which adopted a participatory approach, describe the most vulnerable social groups and outline the types of impoverishing forces facing the different categories of social groups who are vulnerable to poverty. In general, findings from the PPA show that the extremely vulnerable groups are likely to be members from the following social groups: children, people with disabilities, individuals carrying out high-risk jobs, elderly people, youths and women. It is worth mentioning that the extent of vulnerability will depend on how such an individual is able to cope with the impoverishing forces. In other words not all children or women for example are vulnerable, but those who are unable to cope with the impoverishing forces, due to their inherent characteristics. Among the impoverishing forces described by the reports are; economic, environmental, social cultural, health, life cycle, and governance (such as restrictive policies and regulations, poor governance and limited access to productive assets such as fertile land, or business space, etc.)

Although it is recognized that a great number of social protection initiatives in terms of programmes, strategies and projects are being carried out by government as well as non-government organisations in Tanzania, there is insufficient documentation showing the effectiveness of these attempts mainly in terms of:

¹ It could be an individual, household or community.

² The United Republic of Tanzania, Poverty and Human Development Report 2002, Mkuki na Nyota Publishers, Dar es Salaam Tanzania. A report prepared by the Research and Analysis Working Group (R&AWG) of the Poverty Monitoring System on behalf of the Government of Tanzania.

³ The United Republic of Tanzania Poverty Monitoring Master Plan 2001

- the extent to which they target the most vulnerable people
- whether they are appropriate given the type of impoverishing forces;
- scope and timing of the risks
- whether they mitigate or increase risks.

Likewise an attempt to show the policy context in which the different social protection initiatives are being carried out is yet to be made. In order to address these drawbacks, it was thus decided by the Research and Analysis Working Group (R&AWG) of the Poverty Monitoring System, to commission a team of three experts to carry out further work on vulnerability, specifically addressing the issues identified under the study objectives.

1.2 The Study Objectives

Five objectives have been identified by the R&AWG to guide the study. These are:

1. **To identify the vulnerable groups** in the country, including their characteristics and specific groups that are extremely vulnerable/destitute, taking into account the conceptual framework of vulnerability and available data.
2. **To carry out an analysis of the results of the PPA and other recent studies** on vulnerability, focusing on the identification of factors causing vulnerability and response options and risk management, including systemic factors (both ex ante and ex post) by each specific group.
3. **To carry out an assessment of the existing major social protection and risk management programmes and strategies**, based on documented research and records available in the Prime Minister's Office, Office of Emergency Preparedness, The Ministry of Labour, Youth Development and Sports, Department of Social Welfare, Ministry of Children and Gender, other government institutions and various bilateral and multilateral development agencies and non-governmental organisations for instance USAID, WFP, Save the Children Fund (UK), Caritas, DFID, ILO, UNICEF, World Bank, and others. The assessment should include the effectiveness of programmes in terms of appropriateness given the type and intensity of risks and needs of individuals, households and communities.
4. **To identify major gaps of scope and scale** and develop comprehensive policy recommendations aiming at directing social protection efforts towards effective risk management of the vulnerable, providing for survival to the destitute groups and enhancing the capacity of the poor individuals, households and communities from sliding into deeper poverty or to jump out of poverty.
5. **To consider and recommend a set of potential indicators** of vulnerability in the context of the Poverty Reduction Strategy progress monitoring.

1.3 Study Approach

At least twenty seven national level programmes run by different institutions including three central government ministries⁴, were studied. Interviews were carried out with relevant programme officers, especially those who are directly involved in managing the social protection programmes. Where documents were available they were reviewed and supplemented the findings from the interviews.

The organisations listed in appendix two, were selected on the basis of the assumption that, in one way or the other, they implement at national level social protection programmes, which mitigate risks among vulnerable groups.

The Poverty and Human Development Report 2002, and results from the PPA are the main documents for the study as they provide ideas on the framework for analysing vulnerability, and the identification of social groups considered to be the most vulnerable from their own perspective. Other important reference materials included reports from various social protection and risk management programmes and related studies.

While evaluation of programmes with respect to achievements/impacts would have been useful sources of information, very few programmes were found to have carried out evaluations relevant to the subject of this study.

For the purpose of this study, the term vulnerability is used to mean vulnerability to poverty, which we define as the probability of individuals, households, social groups or communities to suffer a loss of well being, as a result of their exposure to a number of impoverishing forces. It is worth to note that the nature and extent of vulnerability differs among different groups, depending on the nature and character of impoverishing forces facing them. For example, while children under 5 years of age are mostly vulnerable to diseases, malnutrition, and inadequate care, young women faces risks of early pregnancy, neglect, poor ante natal care, etc.

The analysis of vulnerability could have been done either through the social groups approach or the impoverishing forces approach. The social groups approach is based on the identification of extremely vulnerable groups, relating them with the impoverishing forces to which they are exposed. On the other hand, the impoverishing forces approach focuses on particular impoverishment force and relates it to various social groups. For the purpose of this study, the social groups approach was adopted, consistent with the PRSP and the PPA.

⁴The institutions include, three quasi government institutions, four local NGOs operating nationally, two local associations, two religious organisations and five international NGOs executing social protection and risk mitigation programmes at national level.

1.4 Limitations of the study

Three limitations are worth to mention in relation to this study. Firstly, the programmes selected for the study are limited. The list is based on the assumptions that these are programmes dealing with the vulnerable groups as identified by the PPA and that the programmes have a national outlook or coverage. It is recognised that a number of bilateral institutions implements or supports social protection programmes, mainly area based, and advocacy at national level. However, not all these programmes have been include in this study.

Secondly, there is also a conceptual limitation of the definition and operationalisation of the concept of vulnerability. Most of the programmes deal with social groups and not necessarily those who are vulnerable to specific forces of impoverishment.

Thirdly, most programmes covered in this study were found to have different approaches of implementing and documenting their activities. As such, the analysis of these programmes by categories of the vulnerable groups they cater for was not uniform.

Fourthly, while the various PPA reports identified persons carrying out risks and low status jobs as being extremely vulnerable, no detailed information was provided regarding the specific types of work, their characteristics, and the main impoverishing forces. As such, this study could not address it, but recognises this concern and suggests a specific research for this group.

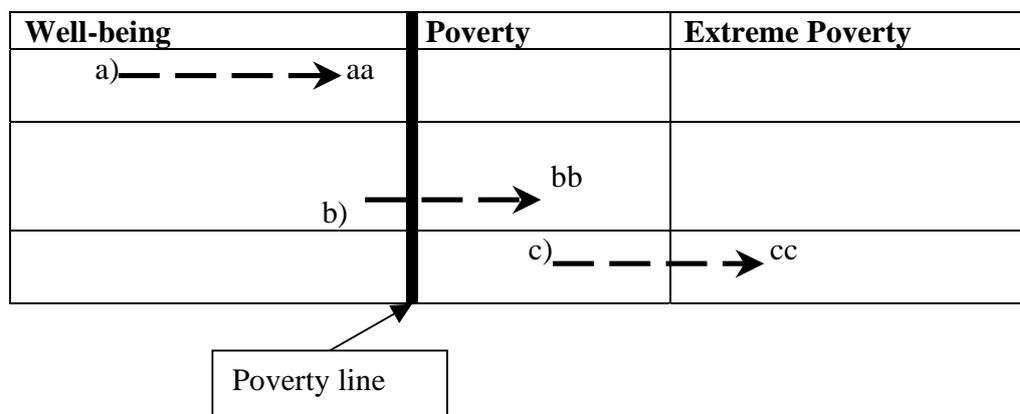
2. Conceptual Framework

2.1 The Concept of Vulnerability to poverty

The Tanzania Poverty and Human Development Report 2002 conceptualises vulnerability as the risk or probability of an individual, household or a community experiencing a decline in well-being. The Participatory Poverty Assessment (PPA)’s Conceptual Framework differentiates poverty from vulnerability by pointing out that, “poverty is a description of how things **are now**, while vulnerability **is how things might be in future with respect to individuals position on the poverty line**. What determines vulnerability to poverty, in other words, whether the individual⁵ suffers a decline in her well being is the level of his or her resources or assets available to that individual. It is the individual’s access to assets that determines his or her capacity to respond.

Poverty vulnerability is therefore an important aspect of poverty reduction policy and implementation as it engages the analysis of poverty more dynamically by extending policy concerns to impoverishing forces as illustrated in the following chart, which shows the process of decline in well-being.

Figure 1. Vulnerability Processes



At point (a) a non-poor individual or a household far away from the poverty line, experiences a situation whose impact is too strong to cope with and that brings the household to point aa, which is very close to the poverty line. The household has suffered a decline in well-being but has not crossed the poverty line yet.

At point (b) an individual who was non-poor, but very close to the poverty line, suffered from a situation whose impact was strong and that he/she could not cope and has been forced to cross the poverty line into situation bb. He or she has become impoverished as

⁵ It could be an individual, household, or a community

his or her income or expenditure is below the poverty line. He/she is now poor as his/her income or expenditure is below the poverty line.

At point (c) an individual was already poor but because of a certain situation, he/she has become poorer and thus has crossed the extreme poverty line into situation cc. He or she is poorer than before.

In the three scenarios described above, the risk of being impoverished has become real. But the individual in scenario one, was able to cope with the impoverishing factors to the extent that he or she did not cross the poverty line.

Those in scenario b and c could not cope with the situations and thus became poorer. These vulnerable individuals lack capacity to mobilize sufficient response measures to counter the impoverishing factors, resulting into a situation where their well-being has substantially declined.

In general, it can be seen that the individuals in the three scenarios are all vulnerable to poverty. However those in scenario b and c are already poor and thus with a minor push towards extreme poverty, they are likely to suffer a more devastating loss in well-being than those in scenario a, who may not cross the poverty line.

The concept of vulnerability when applied to poverty analysis is a tool that draws policy makers' attention to the impoverishing forces and to the vulnerable groups, especially those located close to the poverty line or those who are already extremely poor.

Available statistics⁶ show that, 21.3 per cent of the Tanzania's population or about seven million people are very close to the basic needs poverty line. In other words they are less than 100 Tshs a day away from falling below the basic needs poverty line. On the other hand 17.9 per cent or nearly six million people, are even closer to the food poverty line. It is thus obvious that a significant share of the Tanzania's population can be described as being very vulnerable.

According to the Household Budget Survey⁷, the percentage of population below the food poverty line has decreased from 22 in the year 1991/92 to 19 per cent in the year 2000/01. Likewise the percentage of population below the basic needs poverty line decreased from 39 to 36 per cent during the same period. However, while the percentages of the poor shows a declining trend, the actual number of the people below the poverty line has increased.

By becoming aware of the vulnerability processes and the nature of those who are extremely vulnerable, it is likely that policy makers could chart out more effective strategies to manage the impoverishing forces. The issue is therefore not whether these

⁶ The United Republic of Tanzania, The 2002/3 Participatory Poverty Assessment. Main Report. March 2003

⁷ The United Republic of Tanzania, National Bureau of Statistics, Tanzania, Household Budget Survey 2000/01 Dar es Salaam, July 2002.

impoverishing forces might be experienced. But the main policy issue is rather the probability of an individual, household or community being able to manage the impoverishing forces, when they occur without experiencing a decline in well-being.

2.1 What are Impoverishing Forces?

In simple terms, impoverishing forces are situations or factors which if they occur, they increase the chances of a person becoming poor. The individual depends on resources, assets, or support mechanisms sufficient to mitigate the effects from such situations. Impoverishment could occur as sudden, unexpected events or gradual stress and push people down the ladder of wellbeing. Risks of becoming poorer are always there, but for the risks to be realised the impoverishing forces must be stronger than the individual's capacity to cope. There are however two main types of impoverishing forces: those, which are unpredictable, and those, which may be known and are on going.

Unpredictable category includes natural disasters such as floods, droughts, cyclones, landslides and earthquakes; epidemics such as HIV/AIDS, cholera, plagues, meningitis, diarrhoea, etc; major accidents; fires; social conflicts; massive refugees inflows; pest infestation; animal diseases; and the like. The vulnerability assessment by the Disaster Management Department under the Prime Ministers Office⁸ provides a more detailed analysis of these unpredictable events.

Impoverishing forces that are known and can be predictable include environmental degradation such as loss of soil fertility, declining marine resources, depletion of pastures, declining biodiversity etc.); worsening terms of rural-urban and international trade; life cycle experience; and other systemic factors. Although this categorisation of the impoverishing factors may provide a better understanding of the forces, it may also complicate the policy assessment process because most factors cut across each other. For instance floods or draughts may be a result of environmental degradation, which are caused by social conflicts. To minimise such potential conceptualisation problems, the PPA Conceptual Framework report has adopted the categories, which are already applied by the Government in the PRSP. These are summarised in the table 1.

⁸ The United Republic of Tanzania, Prime Ministers Office Disaster Vulnerability Analysis, 2001

Table 1. Impoverishing Forces

<i>Category</i>	<i>Description and Types</i>
1. Economic	Macro and micro economic conditions as a result of national policies, changes in international markets or policies of foreign governments. They may occur as sudden shocks and/or evolving stress
2.Environmental	Environmental conditions created by shocks from floods or draughts and may result into famine or other disasters. They could also be a result of stresses from poor management of environmental resources, gradually leading to degrading forests, pastures, soils and fisheries. These forces may result from local and national policies and practices.
3. Governance	These are related to the responsibilities of government and the practice of governance and encompass shocks such as extortion by public officials, and stresses such as stifling taxation and political exclusion as a result of sanctioned or unsanctioned activities.
4. Socio-cultural	Socially construed entitlements and cultural norms may create conditions which limit people's choices and actions. These forces are systemic and selective in the sense that, many privilege men over women and some times elders over children.
5. Health	These are linked to poor health resulting from malnutrition, injury, disease and other forms of physical and or psychological ill-health. Forces under this category may be systemic, for instance epidemics, famine and lack of safe drinking water. Those which are non systemic may include diseases such as cancer, HIV/AIDS, and others. While the forces created by other categories such low income, poor healthy policies, weak governments etc., may cause health related vulnerability and impoverishing forces which have consequences on patients, those taking care of patients and the dependants.
6. Life-cycle	These factors may include ill-health, social marginalisation, diminished personal security, which occur as a result of an individual's place in the life-cycle. For instance childhood morbidity and mortality, maternal care and weakness or deaths due to old age are life-cycle related forces.

The assessment presented in this report has applied these categories in describing the factors being experienced by different vulnerable groups. The major social protection and risk management strategies identified from the study are therefore assessed on the basis of these categories of impoverishing factors and respective policy gaps identified and discussed.

2.3 The Extremely Vulnerable Groups

Generally speaking, individuals, households, or communities with high exposure to risks and low capacity to cope are the focus of this study and are considered as extremely vulnerable. However, not all members of the social groups listed in table 2 are extremely vulnerable, and the variation is due to differences in access to assets (social, capital, physical) to mitigate the effects of impoverishing forces. For example, for children under 15 who are orphaned, it is only those not fostered in capable households and have no other means of sustaining their well being that can be considered to be extremely

vulnerable. Results from the PPA Study show seven main social groups as the most vulnerable in rural and urban Tanzania. These are summarised in the table 2.

Table 2: Summary and description of extremely vulnerable groups

Social Groups	Description
A. Children	Usually below the age of 15 who are exposed to unique set of threats to their well being. Children under-five are mostly vulnerable to diseases, malnutrition, and inadequate care. Some of those aged 5 to 15 are vulnerable because they live on the street, are neglected and marginalized, and fend for themselves through begging, garbage rummage, and stealing. Working children, orphaned or not, mostly not attending school as well are subject to exploitation; often engage in risky and low pay jobs for their survival. Those working at home are not paid. Orphaned children often work and most of them fail to attend school, which increases their short and long term-vulnerability.
B. Persons with disabilities	Persons who are physically handicapped or mentally incapacitated. Disabled persons are usually unable to work for earnings, and depend on the work of others.
C. Youths 1. Unemployed 2. Youths with unreliable income 3. Female youths	Unemployed youths, youths with unreliable income and some female youths who lack ownership and control of resources that they could use to generate income.
D. Elderly persons	Persons who are 65 years old and above. Vulnerability among the elderly is associated with a set of physical and social changes. Some of these changes are inevitably a result of age, but others are a result of cultural attitudes, values, which influence the way a given community take care of the elderly people.
E. People living with long illness, for instance HIV/AIDS	Persons who suffer prolonged loss of physical well-being. This is caused by a number of communicable and non-communicable diseases, congenital diseases and defects, malnutrition, accidents and injuries, functional mental disorders, and chronic alcoholism and drug use. In addition to the burden of physical inability, such ill people often face stigmatisation that result in subsequent decline in social capital.
F. Women 1. Widows 2. Other women who are not able to support themselves	Vulnerable women often include marginalized widows and other women unable to support themselves due to a variety of economic and social processes.
G. Drug addicts and alcoholics	Adults engaged in excessive and regular alcohol consumption and young people at risk of drug abuse. Vulnerable young people often live or work on the streets in towns, do not attend school, earn a living from begging or sex work. Most alcoholics are adult males who may increase the vulnerability of women (through creating economic hardship for the family; and/or through increased domestic violence) as a result of their habit.

Source: Adopted from the PPA Report.

2.4 Major Social Protection and Risk Management Measures

Various initiatives to contain vulnerability are being carried out in Tanzania by individuals, households, communities, Government, and other organisations, albeit most are small scale and location-specific focusing on particular social or vulnerable groups. This study focuses on initiatives which could lead to protecting the extremely vulnerable groups. In other words, measures which are carried out before the impoverishment is realised (ex-ante) or after it has taken effect (ex-post) .

Under the ex-ante social protection and risk management measures are efforts related to preventive measures and risk mitigation. On the other hand, the ex-post measures focus on minimising the impact from impoverishing forces and coping with consequences. In the following four chapters, summaries of the programmes as well as key policy recommendations are provided.

Part two of this report covers chapters five to twelve, which provides more details on how vulnerable individuals, households and communities are supported by various agencies to manage risks and mitigate the consequences of various risk factors facing them, and the extent to which government policies support or limit such efforts. Assessments and recommendations specific to social groups are also provided.

3. Overview of existing programmes and trends in risk management measures

3.1 Summary of Programmes

Table 3 and 4 provide summaries of programmes covering multiple vulnerable groups and specific vulnerable groups, respectively.

Table 3: Programmes Covering Multiple Vulnerable Groups

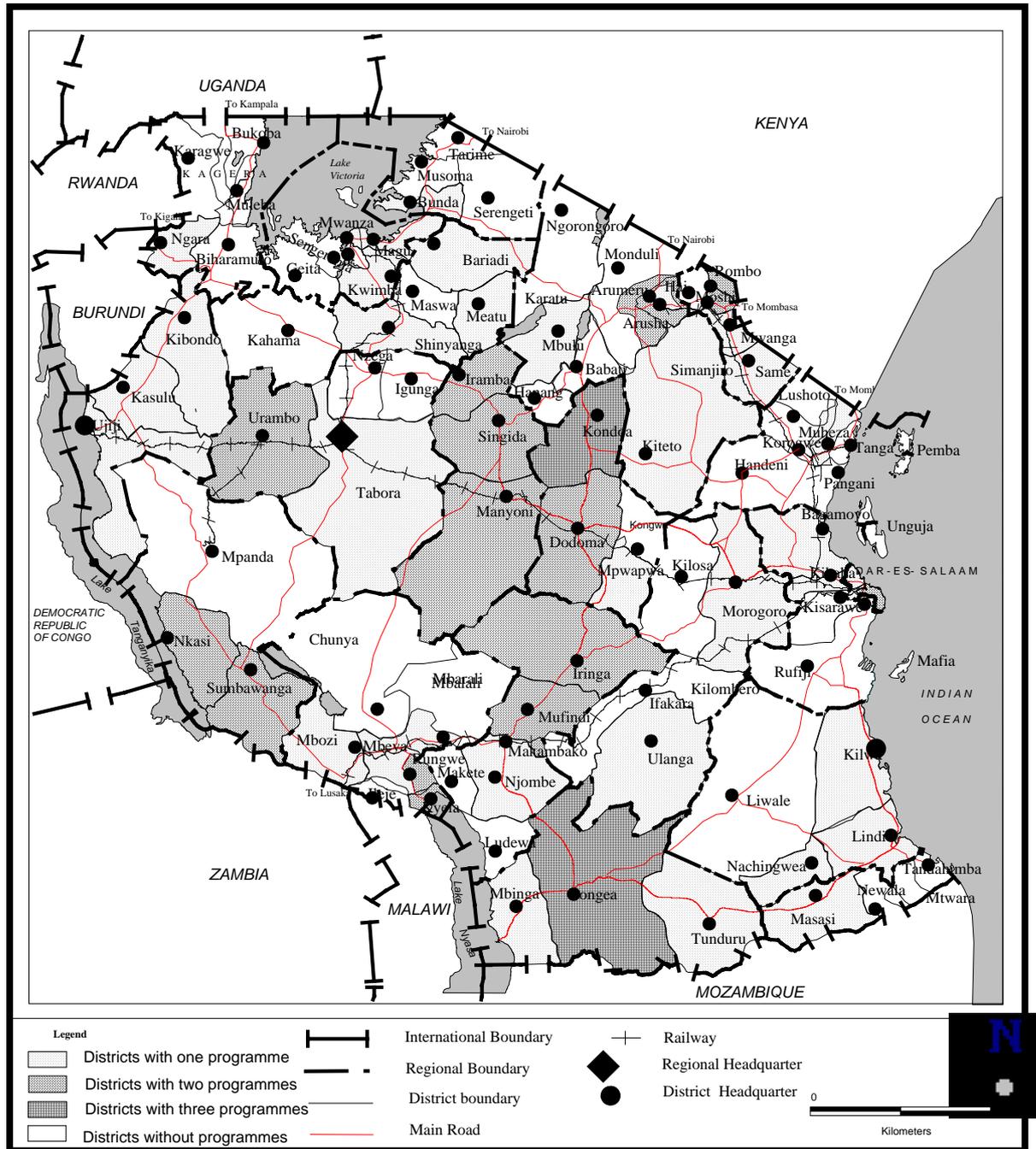
Main Target Groups	Programmes and their components	Location	Estimate of beneficiaries	Duration	Financier	Implementers
Rural poor with access to credit problems	Rural Financial Services	21 rural districts in 7 regions	Not available	Continuous	Central Government, Swiss Government, and IFAD	Prime Minister's Office
Majority are rural people with HIV/AIDS related problems	Policy process, safety networks, governance and advocacy	All Districts	Not available	Continuous	Several International Donors	The Foundation for Civil Societies (an NGO assisting CSOs)
Men, women and children	Participation and Governance in education	All districts	Not available	Continuous	Several International Donors	HAKI-ELIMU an NGO.
The public and underprivileged	Awareness of Legal and Human Rights	11 districts in 4 regions more focus in urban areas	Not available	Five years and then Continuous	Several International Donors	Legal and Human Rights Centre
Rural and peri-urban communities and the very poor households	Creation of safety net for the poorest, work for income through community infrastructure	40 districts in 20 regions and 2 in Zanzibar and Pemba	Not available	Five years with possibility for extension	Central Government	TASAF and district Councils
Small-scale peasants, pastoralists and hunters and gathers	Awareness on rights land and related natural resources	The whole country	Not available	Continuous	Several International Donors	HAKI-ARDHI an NGO
People with complaints related to human and legal rights and good governance	Counselling and assistance in pursue court cases	The whole country	Not available	Continuous	Central government	The Commission for Human Rights and Good Governance

3.2 Key trends and patterns

The following key trends and patterns are observed from the review of programmes covering multiple vulnerable groups:

- i. Target groups: The majority of these programmes target the poor, although not necessarily the extremely vulnerable. However, the extremely vulnerable groups may benefit from these programmes in the process.
- ii. Scope in relation to impoverishing: The main components of these programmes are on governance and economic forces which create vulnerability to poverty. They do this mainly through programmes which emphasize advocacy, awareness of rights, participation, safety nets and access to credit. Impoverishment resulting from environmental, social cultural, health, and life cycle are hardly addressed directly. Addressing these few impoverishing forces is unlikely to have a wide spread impact because of their limited focus. Other impoverishing factors may undermine these efforts.
- iii. Geographical coverage: Programmes with direct interventions, such as support to credit and access to income for the poor cover only a few selected districts, as shown in map 1. Programmes focusing on advocacy through media and other awareness raising efforts tend to cover the whole country. Direct intervention may be available from these programmes when individuals/communities requests the implementing agencies. This suggests that awareness of, and accesses to, support programmes are important factors in demand driven programmes.
- iv. Quantification of beneficiaries: Although analysis of the number of beneficiaries is important for the assessment of the performance of the programmes, none of the programmes could readily provide estimates of the number of targeted beneficiaries.
- v. Duration: Most programmes operate on a continuous basis, although continuity depends mostly on the availability of funds.
- vi. Financing: Most of these are national level programmes, and thus key sources of funding are the Government and international donors. However, the high dependency on international donor funds for continuous programme support is likely to make these programmes vulnerable to donor policy shifts.
- vii. Implementers: Various departments at district council level and NGOs are the key implementers of most programmes. While the scope of this study was limited to national level programmes, it is recognised that there are various actors at the local/community levels.

Tanzania Map 1: Districts Covered by all Programmes



3.3. Summary of Programmes Targeting Specific Social Groups

Table 4 Programmes Covering Specific Vulnerable Groups

Target Groups	Programmes and their components	Location	Estimate of beneficiaries	Duration	Financier	Implementers
Vulnerable Children with respect to basic needs	Child survival and protection	57 districts in 14 regions	Not available	Four years 2002 to 2006	UNICEF	Central Government
Vulnerable children with respect to child labour	Awareness rising advocacy and support against child labour	11 districts in 7 regions	Not available	Four years 2002 to 2006	ILO	Central/local government and NGOs
Poor Urban Children and young people at risk	Improve access to basic services	Some parts of Dar es Salaam	40,000 poor children at risk in Dar es Salaam	1999 to 2002 (ended)	Save the Children (UK) as NGO	Save the Children (UK) an NGO
HIV/AIDS orphans and vulnerable children	General support to HIV/AIDS orphans	18 regions	55,376 orphans supported	Continuous	SATF (USAID) through profits from loans	NGOs supported by Schools/village committees
Orphans, their families and HIV/AIDS victims	Access to education, treatment and care	The whole country, but mainly Dar and Kilimanjaro region	1,500 orphans supported	Continuous	CCBRT and other Donors	CCBRT/Central govt.
Children and young people up to 24 years old	Care and protection for children and young people	6 districts in 5 regions	Not available	Continuous	UNICEF	UNICEF/District and village councils and NGOs
Women of reproductive age and children	To save lives of women and children	3 districts in Kigoma region	75,968 young women and mothers	2002 to 2006 i.e. four years	TRCS	TRCS, NGOs and CBOS
Women above 18 years old and who need social and economic	Access to credits	Dar and Tanga regions	5239 women have benefited from the project.	Continuous	Donors including: DANIDA, ILO, UNICEF and UNDP, and Central Govt.	CREW an NGO
Widows and Single women	Mainly is financial support	The whole country but confined to Moslems	Not available	Continuous	BAKWATA mainly from collections made by believers	BAKWATA

Table 4 (Continued)

Target Groups	Programmes and their components	Location	Estimate of beneficiaries	Duration	Financier	Implementers
People with disabilities	Support to access to credit and the establishment of income generating activities	All over the country	Not available	Continuous	International and local donors and charitable organisations	CHAWATA and its member organisations
People with disabilities and their families	Training, counselling and access to health and education	Dar es Salaam and Kilimanjaro regions	2,400 individuals and families, since May 1995	Continuous	International and local Donors	CCBRT and other NGOS
Elderly men and women	Counselling, advocacy and community awareness	All over the country	Not available	Continuous	International and local donors	HelpAge and the Central Government
People living with long illness	Coordination and monitoring of multi- sectoral responses to HIV/AIDS	All over the country	Not available	Continuous	Central Government, International and local donors	TACAIDS
School children and young people addicted to drug abuse and their parents/guardians	Advocacy, counselling preventive measures and treatment. Support to parents/guardians	Dar es Salaam city, Temeke municipality	450 estimated to be treated	Two years	Save the Children (UK)	Save the Children (UK) as NGO
Young people	Reducing vulnerability to drug abuse	Bunda district and Kinondoni municipality			UNDCP/WHO AMREF	AMREF

3.4 Key trends and patterns

The following key trends and patterns are observed from the review of programmes covering specific vulnerable groups:

3.4.1 Vulnerable children

- i. Target groups: Of the six programmes which targets vulnerable children, two focus on HIV/AIDS orphans, one on child labour, and the rest target poor children who are generally considered to be at risk of marginalisation with respect to deprivation of basic needs. Assuming that the programmes targeting vulnerable children with respect to basic needs deal with children under five

who are mostly vulnerable to diseases, malnutrition, and inadequate care, then it can be said that programmes seem to address mainly vulnerable children. However, the scale of the programmes is insufficient to the national need. In addition to scale, certain categories of vulnerable children are being left out of programmes. For instance, orphans that are targeted are mainly those related to HIV/ AIDS, while the reality is that there are many other children orphaned by accidents, natural death, and social factors, and whose needs are the same as the former.

For the programme that targets child labour, the emphasis is currently on the worst forms of child labour, and child labour occurring outside the family context. The geographic coverage of efforts is limited and dependent on external resourcing. In addition, children working at home within the family context are often overworked, which affects their well being, yet little attention is given to this category of children. It may indeed be a wise policy decision to begin by addressing the worst forms, but recognition of the need to address the wider problem must not be left behind.

- ii. Scope in relation to impoverishing forces: Most programmes appear to address impoverishing forces relating to access to basic needs such as health, education and general care. These are mainly ex post in nature. However, other ex ante impoverishing forces are not adequately being addressed. For example, some economic, social/cultural, governance and environmental factors as detailed in chapter 6 of this report still require to be addressed.
- iii. Geographical coverage: The coverage of most programmes for vulnerable children are confined to selected districts and regions. There are virtually no programmes on a national scale. Those that do exist vary in the level of support they receive.
- iv. Quantification of beneficiaries: Most programmes estimate the number of beneficiaries. However, none could provide estimates of the magnitude of the problem/issue. This makes it difficult to quantify the impact of existing programmes.
- v. Duration: Three of the six programmes targeting children are time bound, and three are continuous. Those which are continuous especially target orphans.
- vi. Financing: Almost all programmes are funded by international donors, making the continuity of efforts subject to changes in policy and priorities of the donors. Clearer direction and resourcing by Government is important to ensuring Tanzanian ownership and prioritisation.
- vii. Implementers: The implementation of most programmes is implemented by Government, NGOs, and local authorities in collaboration with some donors.

3.4.2 Vulnerable women

- i) Target groups: The programmes supporting vulnerable women focus on women of the age from 14 to 49, as this is considered to be the re-productive age group. Particular attention is given to women found in the refugees affected villages in Kigoma region. Widows and single women with no possibility of earning income are also among the target group.
- ii) Scope: The programmes deal with access to services including health and education. The programmes which target ex ante forces focus on facilitating access to credits and support advocacy in matters related to gender mainstreaming and good governance.
- iii) Geographical scope: With the exception of social protection programmes which confine the support to women in Kigoma region, most of the programme cover the whole country in especially advocacy and in access to credit. Overall there are fewer programmes supporting rural women as compared to those focusing on urban based women.
- iv) Quantification of beneficiaries: The African Women Initiative estimates her beneficiaries at about 35 % of the population in Kigoma region or about 20 % of the women under the reproductive age in the region. The programme which support economic activities among women had benefited about 5000 women in Dar es Salaam and Tanga regions. The rest of the programmes especially those running advocacy activities could not provide estimates of their beneficiaries.
- v) Duration: The programmes under TGNP, LHRC and BAKWATA are continuous while those coordinated by AWI and the credit schemes are time bound.
- vi) Funding and implementation: Substantial funding of the programmes is drawn from international NGOs and bilateral development organisations. Implementers are NGOs in collaboration with relevant government departments.

3.4.3 Vulnerable people with disabilities

- i) Target groups: These are mainly persons with disabilities including their families. Programmes under CHAWATA focus on her members.
- ii) Scope: The programmes address issues of awareness on rights and welfare of persons with disabilities through advocacy. Capacity building especially in empowering the target beneficiaries to access credits and establish income-generating ventures is another scope of the programmes. Other areas of support are education and health services either through specialised schools and health facilities or through home based care system.
- iii) Geographic coverage: With the exception of home based health care programmes by CCBRT targeting beneficiaries in Dar es Salaam and Kilimanjaro region, the rest of the programmes cover the whole country.

- iv) Quantification of beneficiaries: Figures to quantify the number of disabled persons supported by the programmes included in this study were provided by CCBRT as 5000 persons and 2400 families.
- v) Duration of the programmes: The CHAWATA and BAKWATA supported programmes are continuous. The CCBRT programme is however time bound.
- vi) Funding: The programme activities are funded by local and international donors, NGOs, The EU and a number of bilateral development organisations.
- vii) Implementers: CHAWATA programmes are implemented by her members, while those run by BAKWATA are implemented by the Head office in Dar es Salaam in collaboration with the Moslem community. The home based care programme is implemented by CCBRT in collaboration with other NGOs.

3.4.4 Vulnerable elderly:

- i) Target group: The target group under these programmes are the people who are 65 years old and above.
- ii) Scope: Most of the programmes studied target economic, cultural and health related impoverishing forces.
- iii) Geographical coverage: Mainly the whole country except the special programme on community integration and attitude change implemented in Magu district in Mwanza region.
- iv) Quantification of beneficiaries: No data was provided to quantify the beneficiaries under the HelpAge programme.
- v) Duration: The programmes are continuous
- vi) Financing and implementation: Local as well as international donors fund the programmes and the main implementers are NGOs and CBOs in collaboration with the government.

3.4.5 Vulnerable people living with long illness

- i) Target group: The programmes target people who are suffering from HIV/AIDS.
- ii) Scope: The main impoverishing force addressed include those related to access to health services and in controlling the spread of HIV/AIDS . Cultural factors are also addressed through counselling and home based care services.
- iii) Geographical coverage: The programmes covered by this study have interventions in all regions in Tanzania.
- iv) Quantification of beneficiaries: No quantification of beneficiaries was made available to the research team.
- v) Duration: The programmes are continuous
- vi) Financing and implementation: Local as well as international donors fund the programmes and the main implementers are NGOs and CBOs in collaboration with the government department especially TACAIDS.

3.4. 6 Vulnerable persons addicted to drugs and alcoholism

- vii) Target group: The target group include young people and children addicted to drugs and those who are at the risk of becoming addicted.
- viii) Scope: The programmes studied offer preventive services as well as counselling support to parents. There are also cases where treatment and or rehabilitation are carried out.
- ix) Geographical coverage: These programmes are mainly confined to Dar es Salaam and Bunda district although the problem is well noted in the whole country.
- x) Most programmes are time bound, dependent on funding from international donors. Both funding and implementation are done by donors using network of NGOs for some activities.

4. Recommendations and Potential indicators

4.1. General recommendations

- 4.1.1 **Policy:** A comprehensive policy on vulnerability and social protection is urgently required to harmonise the implementation of programmes, increase the scale of the most effective programmes and to improve joint monitoring and evaluation of progress. This should be done within the context of the national Poverty Reduction Strategy (PRS) and TAS.
- 4.1.2 **Geographical coverage:** The most significant issue is the lack of national coverage by most programmes. It is vital that Government assess these programmes and make efforts to prioritise the scaling-up of those that are most cost-effective, and those that have the potential to reduce the number of extremely vulnerable future generation.
- 4.1.3 **Targeting:** The effectiveness of programmes could be enhanced if they became more focused on specific extremely vulnerable groups. For example HAKIARDHI targets small scale peasants; HAKIELIMU targets men, women, and children; and the Rural Financial Services Programme under the Prime Minister's Office targets the rural poor who lack access to credit. These are very broad target groups, which perhaps should be encouraged to focus more specifically on the vulnerable. However, advocacy based programmes could adopt a broader strategy, which takes into account broader conception of causal and systemic factors. This approach may not be effective for service delivering programmes.
- 4.1.4 **Scope:** Although this study could not obtain statistical evidence programmes that address the multiplicity of impoverishing forces are likely to be more effective rather than focusing on a single or few impoverishing forces. However, this approach may be expensive and complex, calling for prioritising target groups. It is important to recognise that addressing cultural and attitudinal factors requires relatively longer timeframes and continuous intervention than those presently being implemented. Similarly, addressing the vulnerability of children requires a broad approach, which takes account of economic and social positions of households, social cultural dimensions of communities, and governance related issues such as access to basic needs and child protection.
- 4.1.5 **Access to support:** For programmes focused on advocacy and demand driven needs, efforts should be made to ensure that potential beneficiaries are aware of the type of support offered and where and how support can be accessed. For example, the Foundation for Civil Society have comprehensive information in English and Kiswahili of the programme, but further initiatives could help to deepen this programme's and other programme's understanding about how information can best be made accessible to potential beneficiaries in rural areas.

- 4.1.6 **Financing:** Given the need for financial sustainability, and the proper coordination of allocation, it is recommended that a transparent reporting mechanism be established to ensure that Government, donors, NGOs, and other CSOs are fully aware of the social protection activities and their funding levels for proper planning and prioritisation. It is important also for the Government to involve itself directly in interventions and allocate funds to support coordination between programme implementers. This could increase coverage and impact.
- 4.1.7 **Implementation:** It is imperative that district councils work closely and in collaboration with CBOs, communities, and NGOs. This calls for strengthening mechanisms that encourage joint actions in planning and implementation of programmes.
- 4.1.8 **Time frames:** Most interventions are programmes with limited timeframes (maximum 5 years). This limitation is often determined by funding availability, especially in programmes supporting youth, the elderly, and those suffering from substance abuse. It is recommended that these programmes be scaled up and extended in order to make impact.
- 4.1.9 **Quantification of data:** It is recommended that programmes step up efforts to update their data on beneficiaries and to collaborate in practical modalities of obtaining estimates of the magnitudes of the target groups in need of their support in order to enhance the assessment of programs and impact.
- 4.1.10 **Additional specific research** for persons carrying out high risks and low status job, and those persons living with long illness is needed.

4.2. Recommendations related to specific vulnerable groups

4.2.1. Vulnerable children

- Consider **scaling up or replicating** initiatives such as SATF which offer a model of financial sustainability as compared to many other programmes
- Shift beyond the rhetoric and workshops on or about vulnerable children and take practical action for instance **enforcing of policies, laws and respective by laws.**
- Provide **education opportunities** for children who are not in school and are already in the labour market, through consolidation of Complementary Basic Education (COBET) and wider access to Vocational Education Training Centers (VETA).
- Create a **conducive learning environment** at primary school (building class rooms, adequate desks etc) to reduce school drop out
- Raise parents **awareness** on the importance of schooling for their children and their responsibilities, including negative impact of child labour as distinct from child work
- Support peer education among children

4.2.2. Vulnerable Women

- **Scale up women empowerment** programmes such as those managed by TNGP, LHRC, HAKIARDHI, and HAKIELIMU to increase their access to and control of assets. This can be realised through increasing women access to education, health services, and improving their overall well being.
- **Scale up citizens advice system**, as provided by the Legal and Human Rights Center legal clinics, especially for poor women, so that they can exercise their rights and improve their access and ownership of assets.
- **Scale up the AWI programme** to national level and undertake mass dissemination of basic maternal and child health care, hygiene and measures to prevent the spread of HIV/AIDS and other STDs.
- **Increase access to credit** for poor women. Study and assess the current barriers facing poor women's access to banks, propose changes and lobby for their implementation
- Raise awareness and **push for adherence to new legislation**, which protect young and poor women, for instance the Sexual Offences Act, and the Inheritance Act.
- Encourage and facilitate **the building of more girls secondary schools** and improve access to these by young mothers and orphans.

4.2.3. Vulnerable people with disability

- **Scale up advice and advocacy systems**, such as those carried out by CHAWATA , in order to make the disabled able to realise their rights and improve their access to assets and to basic services
- **Carry out mass dissemination** and awareness raising programmes to mainstream the rights of people with disabilities into societal development practices, for instance ensuring provisions for disabled persons in public buildings, so as to facilitate their integration into the public.
- Scale up programmes which **facilitate access to credits** by persons with disabilities. There is a need to review the current banking practices with respect to conditions for credits and lobby for changes if necessary
- **Scale up vocational training** programmes to offer persons with disabilities, skills in managing grants and in running income generating activities
- **Build more facilities**, such as schools, play grounds etc, for the persons with disabilities, with the purpose of integrating them rather than isolating them from the rest of the society.
- **Scale up community care system** as that offered by CCBRT, to cover the whole country, recognising the need for extra work in re-inventing the community in some urban areas, where the community spirit is or has disappeared.

4.2.4. Vulnerable elderly people

- **Scale up the counselling efforts to raise awareness** in the community on the need to respect and support the poor elderly people
- Disseminate **information on the rights** of the elderly to community members and to the elderly especially to the poor elderly so that they become aware of their rights and can improve their access to basic services
- Raise awareness on the need to **integrate rather than isolate** the elderly from their households and the community, so as to benefit from community care system.
- Consider comprehensive mechanisms for **subsidising or exempting** the elderly in the community from cost sharing in health services to enable them to accessing these services
- Establish an **elderly persons social security** that is suitable to the economic and socio-cultural context obtaining in Tanzania.

4.2.5. **Vulnerable people living with long illness**

- **Scales up** the programmes and related initiatives to support persons living with long illness particularly through the home based care system.
- Support programmes which build the **capacity of local authorities** and other institutions which can support parents, relatives and guardians caring for people living with long illness.

4.2.6. **Vulnerable people addicted with drugs and alcohol**

- **Scale up** programmes and other initiatives to support the vulnerable youth in prevention and rehabilitation to other areas of the country, especially in small towns.
- Build up **capacity of district councils** to support parents and guardians with children and young people who need treatment and rehabilitation
- Scale up **awareness** raising activities among school age children on the consequences of drug abuse
- Facilitate **access to credit to youth**, both in urban and in rural areas to enable them engage in productive activities.
- Build **more secondary schools** to increase the number of primary school graduates joining secondary school

4.2.7. **Vulnerable youth**

- Facilitate **training of youth on entrepreneurship and business skills**, including credit management
- Strengthen the efforts which enhance **gender participation** for all age groups, and raise awareness and contribution of youth in the decision making process
- Improve **access to credit services** to enable the youth to engage in income generating activities
- **Awareness raising** and social mobilisation to stakeholders and community as a whole to change attitudes towards the role and rights of children and young people.
- Develop an effective mechanism to **support children from poor households** in the rural areas who are unable to pursue further studies such as secondary education even if selected, because they can not meet school financing needs.

4.3 Potential indicators of vulnerability

The Poverty Monitoring Master Plan contains a list of five indicators of extreme vulnerability and provides sources of information for those indicators. These indicators include:

- Proportion of orphaned children
- Proportion of child headed households
- Proportion of children in the labour force
- Proportion of children in the labour force and not going to school
- Proportion of elderly living in household where no one is economically active

The data sources for most of these indicators were expected to be the national surveys, namely the Household Budget Survey (HBS), Labour Force Survey (LFS), Demographic and Health Survey (DHS), and the Population Census.

Some of these indicators were generated by the HBS 2000/1 and the LFS 2000/1, namely the proportion of child headed households, proportion of children in the labour force, and those children in the labour force not attending school. However, it is contentious whether these indicators best captures extreme vulnerability by generalizing these social groups.

Recent developments in the coordination of development assistance and the increasing alignment of development assistance with the PRS and the growing proportion of development assistance delivered as budget support have caused a growing interest in performance assessment among bilateral and multilateral agencies. In the second half of 2002, bilateral and multilateral agencies supporting the Government under the Poverty Reduction Budget Support and the Poverty Reduction Support Credit expressed the need for the selection of a core set of indicators, which would be monitored on an annual or periodic basis to assess progress towards the overall objectives of the Poverty Reduction Strategy. These assessments would form the basis for policy dialogue between the Government and supporting agencies, and might also be used to guide decisions on the level of budget support to be provided.

Noting the existence of performance assessment framework already established by the Government, the Poverty Monitoring System, which tracks progress in key indicators related to the PRS, a task force under the Poverty Monitoring Secretariat was formed to review the existing indicator list and consult with sectors on additions and amendments to the list with view to enhancing the existing Poverty Monitoring System and to ensure that it can meet the requirements of PRBS/PRSC stakeholders.

With respect to extreme vulnerability, the following indicators were recommended:

- Proportion of households who take no more than one meal per day
- Average number of days adults report to have been too sick to work
- Proportion of adults considered chronically ill
- Proportion of orphaned children
- Proportion of orphaned children in the labour force not going to school

The rationale for the suggestions on new indicators of extreme vulnerability is based on the conviction that the original indicators covering extreme vulnerability in the PMMP were largely guided by a ‘social groups’ approach – focusing on identifying and counting the vulnerable. However, the vulnerability work in the PPA revealed that the numbers of specific social groups tell little about their vulnerability. Indicators should thus also look at the exposure to impoverishing forces, response options and limiting factors. As a result, some of the previous ‘social group’ type indicators were removed.

The proportion of households who take no more than one meal per day was included not because it identifies the vulnerable, but because it identifies those who were vulnerable and have slid into poverty because of their vulnerability. In addition, the first three proposed indicators explicitly recognize the role of ill health in poverty and vulnerability.

This section proposes a list of indicators on the basis of the social groups identified as being the most vulnerable and factors exposing them to impoverishment, taking into account the proposed PMMP indicators and rationale behind them.

The proposed indicators are presented in the following table, categorized by groups, detailing rationale and possible sources of data.

Category of vulnerable	Proposed indicators	Sources of data	Frequency of data
Children	<ul style="list-style-type: none"> ▪ Proportion of child headed households ▪ Proportion of biologically orphaned children ▪ Proportion of socially orphaned children ▪ Proportion of orphaned children in the labour force not going to school 	Census DHS HBS	Periodic surveys
Youths	<ul style="list-style-type: none"> ▪ Proportion of unemployed youth ▪ Proportion of youth attending secondary schools ▪ Proportion of illiteracy among the youth ▪ Proportion of youths living in households with one or more elderly 	LFS & HBS LFS Census Census	Periodic surveys
Women	<ul style="list-style-type: none"> ▪ Maternal mortality (or proxy) ▪ Pregnant women attending clinics ▪ Average distance from key services ▪ Proportion of widows among women ▪ Proportion of pregnancies among women aged below 18 	Census DHS HBS & DHS Census DHS & Routine Data	Periodic surveys
Persons with disability	<ul style="list-style-type: none"> ▪ Proportion of disabled persons receiving medical care ▪ Proportion of disabled persons dependent on poor households ▪ Proportion of disabled persons engaged in economic activities 	DHS HBS LFS	Periodic surveys
Elderly persons	<ul style="list-style-type: none"> ▪ Proportion of elderly people living in households where no one is economically active ▪ Proportion of elderly caring for sick persons and orphans ▪ Proportion of elderly members in households 	HBS DHS Census	Periodic surveys
Persons living with long illness	<ul style="list-style-type: none"> ▪ Proportion of adults chronically ill ▪ Average number of days adults report to have been too sick to work ▪ Proportion of households with persons considered chronically ill 	DHS DHS& LFS DHS	Periodic surveys
Persons addicted to drugs and alcohol	<ul style="list-style-type: none"> ▪ Number of cases reported in health centers 	Routine data, DHS	Annual Periodic surveys
Other vulnerable categories	<ul style="list-style-type: none"> ▪ Proportion of households who take no more than one meal per day ▪ Ratio of household savings to their monthly incomes ▪ Proportion of households having access to less than 1 ha of land 	HBS HBS, Agriculture survey	Periodic surveys

Part II: Social Protection Programmes

The twenty seven social protection programmes studied fall under two categories: those, which focus directly on specific vulnerable groups, and those, which are not specific, and that cover several vulnerable groups. Out of the seven groups of people considered as extremely vulnerable only children, women, the elderly, persons with disabilities and persons addicted to drug abuse and or alcohol have specific programmes.

Although youth stood out as a specific group, none of the programme studied focus specifically and exclusively on vulnerable youth. The programmes deal with youths indirectly, for instance young women are supported under the general category of women. Youths are also supported indirectly under programmes dealing with drug abuse, person with disabilities etc. Again most of the programmes covering several groups also address the impoverishing forces facing youths.

In the following sections the social protection programmes are summarised in terms of their main components and activities, scope and scale as well as their relevance to the target vulnerable group and policy context. Recommendations with respect to gaps in scale, scope and policy are included in the summary.

5. Programmes Covering Several Vulnerable Groups

5.1 Introduction

Among the twenty seven social protection programmes studied eight cut across different vulnerable social groups. The programmes are:

- a) The Rural Financial Services Programmes under the Prime Ministers Office, which offer support to the rural poor.
- b) Support to safety networks for the most vulnerable by the Foundation of Civil Societies.
- c) The Public participation and Governance in Education Programme under HAKI-ELIMU, which offer advocacy services to the general public and thus indirectly assist the vulnerable
- d) The Legal and Human Rights awareness programme managed by the Legal and Human Rights Center, deals with awareness rising and offer legal support to the general public.
- e) Support to Orphans and their families through CCBRT
- f) Social Economic services improvement programmes under The Tanzania Social Action Fund also focusing on the general public but with potential positive impacts to the vulnerable
- g) HAKI-ARDHI's support to small scale peasants, pastoralists and hunters and gatherers
- h) Promoting legal and human rights by the Commission of Human rights and good governance.

These programmes are rather open and have a potential to cater for most of the vulnerable groups. In the following sections an overview of these programme is made. In the overview we focus on the following:

- the programme objectives
- main components and types of support offered in order to describe the scope, in terms of types of impoverishing factors addressed by the programmes
- funders and implementers of the different activities
- potential beneficiaries among the vulnerable groups and their eligibility.
- geographical extent, budget and the planned duration of the programmes
- policy issues related to the programme.
- recommendations with respect to scope, scale and policy.

5.2 The Rural Financial Services Programme

Programme objectives, components and activities

This programme was initiated in the year 2001 by the Government and operates under the Prime Ministers Office. The programme aims at enhancing the capacity of the rural poor to mobilize savings and invest in income generating activities. Rural poor are in the context of the programme considered as one of the groups which are extremely vulnerable to poverty and thus warrant special attention from the government.

The Rural Financial Services Programme is made up of four main components:

- a) Activities which support the design and establishment of Micro Finance Institutions (MFIs) which include Savings and Credits Cooperative Societies (SACCOs) and Savings and Credit Associations (SACAs)
- b) Activities which improve the managerial capacity of unregistered grassroots organisations dealing with micro finance issues in the rural areas. Such organisations may include; CBOs, Upatu groups, and solidarity groups (SGs)
- c) Activities which support the development of rural financial networks and their infrastructure, which is capable of linking MFIs to banking institutions and thereby meet financial needs of the rural poor.
- d) Activities directed towards empowering rural households and or individuals to benefit from the available rural financial services.

Scope and scale

On the basis of these activities it is clear that the scope of the programme is on risk management through building the capacity of the rural poor in accessing capital in terms of credits and in enhancing their skills and knowledge in making sound investments decisions. This ex-ante social protection measure is expected to assist the rural poor in coping with impoverishing forces associated with their limited access to credits. The Programme therefore aims at development of a viable rural financial services system, which will be accessible to the rural poor.

The programme is designed to cover the entire rural Tanzania. As of May 2003, the programme is involved in seven regions⁹ and 21 rural districts¹⁰. We were not shown plans for expansion though it seems obvious that the programme shall be expanded to other districts. Neither the achievements made so far nor the earmarked budget was presented during the discussions.

⁹ Dodoma, Singida, Kilimanjaro, Iringa, Rukwa, Mbeya, and Ruvuma

¹⁰ The districts are: Dodoma, Kondoa, Mpwapwa, Singida, Manyoni, Iramba, Moshi, Mwanza, Same, Rombo, Mufindi, Njombe, Sumbawanga, Nkasi, Mbeya, Rungwe, Mbarali, Mbozi, Kyela, Songea, and Mbinga.

Potential beneficiaries

The target groups are poor rural households, informal solidarity groups, and registered rural grass roots micro finance institutions. However the criteria for one to qualify was not clearly outlined as well as the reasons for confining this programme to rural households only, leaving the urban poor households unattended.

Financiers and implementers

The programme activities are financed by the Central Government, Swiss Government and IFAD and implemented by Prime Ministers Office.

Policy guidance

The programme draws guidance from the micro finance policy under the Ministry of Finance and Bank of Tanzania formulated in year 2000.

5.3 Support safety networks for the most vulnerable by The Foundation for Civil Society.

Programme Objective

The Foundation was established in January 2003 as a Tanzanian not-for-profit company which has grown and emerged from a two year pilot programme (2001-2002). It provides grants and capacity building support to civil society organisations across Tanzania. Included within its areas of support is the theme “support to safety networks for the most vulnerable”.

Programme Components:

The Foundation provides support to civil society organisations working in four thematic areas: policy processes, safety networks for the most vulnerable, governance and advocacy strengthening. Any registered CSO in Tanzania with a bank account is eligible to apply.

The Foundation recognises that community organisations play a vital role in providing vulnerable members with the means through which their concerns can be heard and addressed. The Foundation seeks to fund projects that allow the vulnerable to take part in the development process through:

- Membership in organisations that include and represent them,
- Activities that encourage communities to take responsibility for their vulnerable members.

The Foundation does not prescribe the type or sector of activities that CSOs should engage in. It provides funding, and then also provides capacity building support in linking CSOs with others undertaking similar activities and in basic organisational management. Application and information packs are available through a number of ‘information points’ in eight regions in Tanzania (Singida, Mtwara, Mbeya, Mwanza, Arusha, Zanzibar, Dodoma and Dar es Salaam).

Beneficiaries:

In the first two years of piloting, 117 CSOs in Tanzania were supported, the significant majority in rural areas. Approximately thirty CSOs received support for work focused on safety networks for the most vulnerable; many of whom focused on HIV-AIDs related issues. The overall annual budget for grants is approximately \$2.1 million. It is now multi-donor supported (the pilot phase was designed and supported by DFID).

The Foundation has a substantial budget and can provide both medium size grants (of up to 35 million Tsh per year) and small size grants (of up to Tsh 5 million per year). The maximum grant length is three years.

Policy Guidance

The Foundation is guided by the Poverty Reduction Strategy, and sees itself as being a means of support for civil society to engage in PRS implementation. The staff we talked to listed this, and the National Vision 2025 as well as Local Government Reform as their main source of guidance. They encourage applications addressing HIV-AIDs issues in Tanzania especially during this time when other funding mechanisms are just taking shape. Applications are assessed by independent Selection Committees.

5.4 Promoting Public Participation and Governance by HAKI-ELIMU***Programme Objectives***

Through this programme, HAKI-ELIMU promotes public participation and good governance among men, women and children in Tanzania. The programme is based on the assumption that democratic and quality schooling is central to realising national level priorities such as poverty reduction, gender mainstreaming and good governance.

Programme Components and activities

At national level, the programme seeks to influence policy formulation and implementation in education and related matters, by supporting activities which stimulate public engagement, information sharing, and networking throughout Tanzania. The programme is also involved in research activities in analysing performance of macro-policies in education. It also supports local level activities specific to a particular situation. For instance, in Serengeti and Ukerewe districts, the programme has enabled grassroots stakeholders to influence local policies and transform schools by facilitating their meaningful participation in community governance and in running their local schools.

In addition, HAKIELIMU is fully involved in the PRS process, Public Expenditure Reviews, Local Government Reform, and PEDP, and therefore indirectly influence policies in addressing some impoverishing forces.

Scope and scale

HAKI-ELIMU directs its activities towards facilitating greater, strengthened and more democratic participation of men, women and children in education governance in Tanzania. By and large the programme is thus likely to contributing in dealing with impoverishing forces related to governance

Potential beneficiaries

Judging from the scope of the programme, it is clear that the target group include men, women and children in general. The programme is therefore not specific to any vulnerable group. However by targeting women and children there could be some indirect benefits to vulnerable women and children. For instance it could be argued that by improving governance in education it may be possible to create a more conducive learning environment to school going children and especially girls. However there is a need to have more specific programmes targeting vulnerable school age girls and boys.

Policy guidance

There is no policy guidance, except the provisions made by the Primary Education Development Programme (PEDP), under the Ministry of Education and Culture.

5.5 Programme to Raise Awareness on Legal and Human Rights in Tanzania***Programme objectives***

This programme, which aims at empowering the public in promoting, reinforcing and safeguarding human rights and good governance is managed by an NGO, called The Legal and Human Rights Center based in Dar es Salaam. The main objective for the programme is to create awareness among the public and in particular the underprivileged sections of the society. This objective is achieved by providing legal and civic education as well as providing legal aid, research and human rights monitoring.

Main components of the Programme

The programme focuses on the following three main areas of action.

- To gather and disseminate concrete, reliable and up to date information on policies and legal issues of policy practice for the purpose of facilitating advocacy initiatives.
- To raise awareness and contribute towards empowerment of the general public and build alliance with a view to effectively advocate for good governance in Tanzania.
- To advocate for policy changes through identification and exposure of policy and law reform related issues. As a follow up to this activity various laws considered as working negatively in terms legal and human rights have been proposed for review.¹¹

¹¹ The laws are: i)The 1949 Affiliation Ordinance, cap 278 of the Laws of Tanzania which entitles a child born out of wedlock to an amount not exceeding TShs 100/= from his or her putative father.

ii) Children and Young Persons Ordinance, cap 13 of the Laws of Tanzania. Under this law the definition of a child excludes persons of between 16 and 18 years of age. The law denies a child an opportunity of

Potential Beneficiaries

Although the programme does not target vulnerable groups directly, the available documents show that, the officers are of the opinion that vulnerable groups include children, women, persons with disabilities and refugees and that the programme should accord such groups special protection under the law.

Scope and Scale

By addressing the components outlined above, it is clear that the programme is likely to focus on impoverishing forces related to governance and with increased awareness the different social groups may also acquire the needed capacities and skills to deal with other impoverishing forces.

So far the programme has supported various individuals and groups directly or through partnerships with NGOs and CBOs in four regions covering eleven districts in mainland Tanzania. The Centre has plans to implement a five years, country level programme of advocacy and out reach. In addition the Centre shall continue with its services in eleven districts and extend its activities to the respective wards and villages. At local level the centre runs legal aid clinics. By May 2003 three of such clinics were in operation in Dar es Salaam and Arusha.

Obviously the programme is of limited scope not only geographically but also in terms of the number of vulnerable people supported or to be supported as well as the number of legal issues addressed by the Programme.

Gaps in scale and scope

Although the Programme would like to support as many vulnerable individuals or groups as possible in both urban and rural areas, the location of the three legal aid clinics in Dar es Salaam and Arusha urban areas may in a way limit access to such facilities by the rural poor and also confine their support to mainly urban related impoverishing factors. Data from cases attended in the three legal aid clinics suggest that, out of the 9294 new clients attended, only 20 per cent were female. And for the two centres in Dar es Salaam, the majority of the clients had cases related to employment rights¹², while in Arusha the majority are civil cases which involve private dealings of individuals. Through the trends resulting from the demands of clients attending the clinics, the programme is able to identify priority areas in policy and legal reforms and thus widen the scope of interventions.

being released on bail when charged with an offence involving a punishment of seven years of imprisonment, while the adult justice system allows bail under similar conditions.

iii) The Law of Marriage Act, 1971 allows marriage of a female person of fourteen years... The Penal Code recognizes marriage of a female person of any age...(Mvungi, S. and Kabudi, P. (eds.) Tanzania Human Rights Report 2002, LHRC, 2003

¹² Clients with employment related cases constitute people whose employment was terminated and could not access the courts of law nor could they afford the services of private advocates. (Legal and Human Rights Center, Annual Report 2001)

Like the other programmes discussed above there is no clear policy programme which guides the activities of the center. However lack of policy guide does not seem to constitute a serious problem, rather how the programme can widen its scale to reach more clients through its legal clinic facilities, should be a matter of concern.

5.6 Programme to Facilitate Improvements in Socio-economic Infrastructure in Rural and Peri-urban communities under TASAF

Programme Objectives

The main mission of the programme is to facilitate improvements in social economic infrastructure, enhance capacity and skills among rural and peri-urban communities, and to create a temporary safety net for the poorest sections of the communities amid on going reforms.

The main objective of the programme is therefore to increase and enhance the capacity of communities and stakeholders to prioritise, implement, and manage sustainable development initiatives and, in the process, improve socio-economic services and opportunities.

Main Components

The programme initially was made up of three components, namely Community Development Initiatives (CDI), Public Works Programme (PWP), and Institutional Development (ID).

The community development initiative on poverty reduction and vulnerability is through provision of extra resources for the creation of community assets at the village level, such as schools, bridges, clinics, water points, and the like.

The PWP targets the very poor households by providing income for work on public assets like roads, forest lots, schools, etc.

The ID addresses institutional development issues at community level, district, and central government for sustainable poverty reduction interventions.

Recently, a fourth component has been added. It is known as the Social Support Projects (SSP) whose objective is to provide financial grants and technical resources for programs targeted at vulnerable and marginalized groups. This component shall thus be more closely linked to poverty reduction as it addresses issues of vulnerability albeit indirectly.

The programme activities are both ex-post and ex-ante, implying that they address community attributes that are likely to impoverish households, and also on those households which are already impoverished. The CDI is ex-ante in nature, while the ID, PWP and the SSP are ex-post.

Potential Beneficiaries

The overall programme targets the poor communities and households within those communities through CDI and PWP components. For the new component on SSP, the key targets are the vulnerable and marginalized persons who do not have the capacity to mobilize themselves and solicit resources to improve their livelihoods. These include orphans, chronically ill persons, people infected and affected with HIV/AIDS, the elderly, people with disabilities and severely malnourished children.

No quantitative statistics about the magnitude of the problem for the general TASAF programme were provided, but it is known that the extent of to which communities and households are vulnerable to poverty is widespread in most rural and peri-urban communities.

Regarding the size of the vulnerable and marginalized persons, no reliable statistics have been documented, except for recent estimates of orphans and of people infected by HIV/AIDS. The SSP component of TASAF in collaboration with TACAIDS are conducting a survey and counting exercise at village level for the four pilot districts¹³ to establish the magnitude of each of these groups. Results from the survey may form the basis for estimating the magnitude of each of the groups nationwide.

Scope and scale

Geographically the programme covers 40 districts in 20 regions (excluding Arusha) from Tanzanian Mainland and 2 from Zanzibar and Pemba. The districts¹⁴ as shown on map 3 are selected as pilot due to various factors such as worst social services conditions, low primary school enrolment rates, high incidence of diarrhoea, high rates in malnutrition and maternal mortality.

Specifically communities eligible for the Public Works Programme under the work for income approach are those inaccessible by the existing roads, located in remote areas, and facing persistent shortage of food and lacking access to cash income. Community leaders assist in identifying the worse off households within the community. The identified households are thus given priority in work for income. The SSP component will initially cover the 4 pilot districts as listed above.

Most of the targeted communities are vulnerable to impoverishment resulting from a number of factors, both systemic and non-systemic. Systemic factors include poor provision of social services and remoteness, resulting into low school enrolment, high

¹³The districts are Kibaha, Shinyanga rural, Meatu, and Bukoba rural.

¹⁴ The districts are Tabora, Sikonge, and Urambo (Tabora), Syiunyanga, Bariadi, and Meatu (Shinyanga), Bukoba, Muleba, and Ngara (Kagera), Kasulu, Kibondo, and Kigoma (Kigoma), Kilwa, Lindi, and Nachingwea (Lindi), Morogoro and Ulanga (Morogoro), Mbulu and Kiteto (Manyara), Sumbawanga and Nkasi (Rukwa), Singida and Manyoni (Singida), Dodoma and Kondoa (Dodoma), Kibaha and Bagamoyo (Pwani), Rungwe and Kyela (Mbeya), Magu and Kwimba (Mwanza), Songea and Tunduru (Ruvuma), Tandahimba nad Masasi (Mtwara), Iringa rural (Iringa), Muheza (Tanga), Bunda (Mara), Rombo (Kilimajaro), and Temeke (Dar es Salaam).

rates of malnutrition, communicable diseases, and maternal mortalities. Non-systemic factors include HIV/AIDS and bad weather.

The needs of the targeted communities range from social and economic services to income for the basic survival. The most prominent needs include primary health care facilities, early childhood development support, school infrastructure, water supply and sanitation.

The very poor households are in dire need of cash income for their basic survival. This is particularly the case for those poor households with orphans, elderly, disabled, people infected by HIV/AIDS, and those who are chronically ill.

In the long term, the improvement in social and economic services would be expected to enhance the capacity of these marginal and vulnerable communities to improve their well being through increased opportunities to engage in productive activities and capabilities to access markets. The very poor households in need of cash income for survival needs sustainable income generating opportunities, which can be achieved through programmes to enhance their capabilities and access to productive resources.

Budget

The overall project budget totals US \$ 12.4 million. An additional \$ 1 million have been set aside for the SSP component, which was launched in March 2003. This is a significant amount which if managed effectively can lead to substantial benefits to the poor and the vulnerable groups.

The project's initial period is five years and may be extended subject to good performance by the initial phase and availability of funds. For the SSP, the four district coverage will be for two years, after which the project will be rolled out to other districts subject to the availability of funds.

Policy gaps

There is no specific policy guiding the implementation of the programme. However the TASAF programme is guided by a combination of policies such as the National AIDS Policy, The Poverty Reduction Strategy Paper, Child Development Policy, etc.

5.7 HAKI-ARDHI's support to small-scale peasants, pastoralists and hunters and gatherers

Programme objectives and components

According to HAKI-ARDHI which is a local NGO based in Dar es Salaam, one of the impoverishing forces facing small-scale peasants, pastoralists and hunters and gatherers are that they are poor and have limited access to good productive land, as most of them are confined to marginal lands. They are also powerless in terms of decision making to safeguard their land rights. Focusing at rights the situation may be more problematic because most of the members of this social group have limited ability to pay for advocacy and for legal support services. On that background, HAKI-ARDHI runs a programme to support to small-scale peasants, pastoralists and hunters and gatherers.

The main objective of the programme is to advance, promote and research into land rights of small peasants, pastoralists and hunter gatherers, with a view to provide information and knowledge so as to facilitate equitable and socially just access to and control over land for production of food and other basic needs. The programme thus aims at supporting small-scale peasants, pastoralists and hunter-gatherers through awareness rising, sensitisation and advocacy programmes on matters related to land rights. A big component of the programme is therefore capacity building and information sharing as the institutions also learn from her interventions.

Programme activities

Main activities under the programme seem to focus directly on impoverishing forces related to governance and indirectly to those resulting from the environment.

The programme activities are both ex-ante and ex-post. Ex-ante activities include; providing advice, counselling and awareness raising (through short courses, seminars, conferences, workshops, etc.) on land tenure and land rights, within the context of other policies, laws and practices. In other words to make the target group members aware of their rights so that they can defend them when the need arises.

Providing arbitration services, on request, for resolving land disputes within the objectives of the programme, are among the ex-post activities. Arbitration is normally carried out after some groups have lost their rights over use of land and they are in the process of claiming them back. The programme has therefore a budget to finance interventions on ad-hoc basis, as and when requested.

Potential beneficiaries

The programme targets pastoralists, hunters and gatherers and small land users in rural and peri-urban areas. Groups qualifying for the support are those considered as poor and have been deprived of their land rights or marginalized to land of inferior qualities. By and large the programme is demand driven.

Budget

Although no figures were given on the budget, the impression we got from the interviews was that, the programme has a reasonable budget that is sufficient to cover the planned countrywide interventions on a continuous basis. Few ad-hoc interventions can also be financed. Since the programme draws its budget from different sources, the potential for sustainability is high.

Gaps in scope, scale and policy

Judging from the programme components, it seems that the scope is limited to governance related impoverishing factors, as the focus is mainly awareness on rights and access to decision making arenas. The other impoverishing factors such those resulting from income poverty, health and life cycle are not directly addressed. The scale of the programme is countrywide and is on continuous basis. The officers interviewed had the opinion that the programme is not directly guided by any government policy. It operates as an independent programme.

Recommendations

In general, a significant number of the small-scale peasants, pastoralists and hunter-gatherers are faced with almost the whole range of the impoverishing forces, including; economic, environmental, governance, socio-cultural, health and obviously life cycle. To cope with these they would therefore need a rather comprehensive set of social protection and risk management measures, which focus on capacity building, more room in decision making fora, equal access to resources and availability of a legal system which protects them and their rights.

5.8 Programme to promote understanding of legal and human rights by the Commission for Human Rights and Good Governance***Programme objectives and components***

The main objective of the programme is to increase the understanding, protection and preservation of legal and human rights among Tanzanians. The commission also receives allegations and complaints related to violation of human rights as well as ensuring good governance. These objectives are realised through the following activities:

Counselling and provision of education on human rights

Assisting people, with human rights related cases, but are not able to meet court fees or engage and pay private lawyers. However there are notable number of complaints that it is taking too long to pursue a case with assistance from the Commission and thus affecting the poor people who go through the commission.

Potential beneficiaries

The programme targets to all Tanzanians and not only those considered as vulnerable and marginalized groups. But, more priority is given to poor individuals and groups who do not have capacity to mobilize fund. There were no figure given to show the number of people assisted by the programme, but there are claims that a lot of people from

especially Dar es Salaam and from up country visited the Commission for assistance, and that number is increasing.

Budget, funders and implementers

The Activities of The Commission for Human Rights and Good Governance is guided by Act No. 7 of 2001 established by article 129 of the constitution of The United Republic of Tanzania. The commission obtains its budget through allocations by central government. The programme is implemented by employees of the commission.

5.9 Other regional and district level programme

This study has attempted to take stock of national-level social protection programmes which seek to address the needs of the most vulnerable groups as highlighted by the PPA. However, there is quite a large number of social protection activities carried out by both government institutions, and CSOs at regional, district, and sub district levels, which were not considered in this study. In fact, some of the national level programmes outlined above provide support to these.

According to the various studies on civil society in Tanzania carried out by DFID, there are numerous networks operating at different levels in support of the vulnerable individuals and groups. One major study found 100 regional and sub-regional networks in 12 regions.¹⁵ This suggests that there is a large number of local initiatives and networks operating in the whole country. Most of these networks target the aged, children, orphans, and marginalized women.

The study further revealed that these networks, defined broadly as “mechanisms of members that facilitate action for the benefit of local people” operate at four levels, which identify them and describe their characteristics:

- First level are those which are seasonal, temporary gatherings and groups that respond to local crises
- Second level are individuals who are linked together locally and undertake regular activities for a common purpose
- Third level constitute local groups emanating from the second level who network together in coalitions or federations for collective action, and
- Forth level, national and regional networks that function beyond the local level, linking externally and influencing policy

As earlier noted, the scope of this report is on the forth-level category of social protection programmes or social networks. Consistent with the study mentioned above on civil society¹⁶, most of these programmes are urban based, although they operate with sub regional networks. Further, the study found strong differences between urban networks

¹⁵ Fatma Aloo, “Tanzanian Networks and the Role of the Vulnerable: the Role of the Civil Society”, in Some Selected Studies of Civil Society in Tanzania: Policy, Social Capital and Networks of the Vulnerable, A.Albee and W.Shariff, DFID 2000.

¹⁶ Ibid

and rural networks. Urban networks tend to be donor dependent and visible, and hierarchical in their service delivery, whereas the counterpart rural networks tend to function mainly from internally generated resources. They tend to be seasonal or in response to crisis, and in a way more reliable and sustainable unlike the donor dependent urban based networks.

Another important finding of the civil society study published by DfID, is that many networks which cater for the vulnerable seldom include the vulnerable themselves in planning and carrying out support initiatives.

6: Vulnerable Children and risk management strategies

6.1 Introduction

All children in Tanzania who make up about 44 per cent of the total population, are vulnerable to poor health, malnutrition, abuse and to the general lack of basic needs, at different levels depending on the structure and assets commanded by their families. Families have the main responsibility of ensuring that children rights are achieved and the impoverishing forces are minimised. However, studies¹⁷ have shown that the capacity of families to meet the needs and fulfil the rights of children as well as in minimising effects from impoverishing forces is small. It is also important to note that, household's contexts results into conditions that lead to practices, which may make the children more vulnerable.

According to the PPA, children who are most vulnerable are homeless or street children, orphans, working children, especially those in the worst forms¹⁸, children who are under five years of age, and those not attending school. Other studies have found children living with very old and poor caretakers and disabled as also being more vulnerable than those living with their parents.

Children under-five are mostly vulnerable to diseases, malnutrition, and inadequate care. Street children are neglected and marginalized, and tend to fend for themselves through begging, garbage rummage, and stealing. Working children mostly do not attend school, are subject to exploitation, usually engage in risky and low paying jobs just for their survival. Those who work at home especially girls are not paid.

Orphaned children often are working and most fail to attend school, which increases their long term-vulnerability. Their health status is often poor, prone to malnutrition, and is often subject to abuse and marginalisation. According to the National sentinel Surveillance System within the NSS/AMMP area, children under five whose parents are living had half the risk of mortality of those orphaned by one or both parents.¹⁹

While no reliable estimates are available on the numbers of the most vulnerable children, several studies have shown that the magnitude of this problem varies across geographical locations. Various studies carried out by UNICEF indicated levels of orphaned children, as high as 42% in Makete District. (Social Welfare Department and UNICEF 2002). These figure for Makete seem to be extreme, because at national level social and biological orphans constitute about 10 per cent²⁰ of the children from 0 to 4 years old.

¹⁷ Ahamad, S. et.al Summary Report: Children in Need of Special Protection Measures: a Tanzanian Study: A Research Report by UNICEF, 1999. p.7

¹⁸ The worst forms of labour includes mining, prostitution and domestic work and commercial agriculture (tobacco, coffee and tea).

¹⁹ Ministry of Health (2001), Poverty Reduction Strategy Indicators produced using NSS/AMMP data for 1998-2000, working paper no. 2

²⁰ Ahamad, S. et.al Summary Report: Children in Need of Special Protection Measures: a Tanzanian Study : A Research Report by UNICEF, 1999. p.23

According to the Child Labour Unit of the Ministry of Labour Youth Development and Sports, by June 2002, 4.1 million out of 10.2 million children in Tanzania aged 5-14 years were not attending school.²¹ Most of the working children are boys 60% and girls 40%, and mostly are orphaned, abandoned or victims of mistreatment by parents, step parents and relatives.

6.2 Impoverishing factors

Factors impoverishing children fall along the economic, environmental, governance, health, social cultural, and life cycle. However as pointed out above the household and community context is an important determinant for how these other impoverishing forces shall behave with respect to children's vulnerability.

Economic

- Low household income due to lack of markets for produce, low prizes, unemployment etc. Children living with families with no adequate resources, live in difficult conditions, without adequate food and clothing, and with poor shelter. These children are usually unable to attend school, as parents or foster families are unable to meet school expenses.
- Very young children are voiceless in decision making regarding their lives, even where they could have access to inherited resources.
- Even when both parents are alive, unemployment of parents contributes to child labour, since children are forced to work to supplement family income
- Inadequate access to meaningful and financially productive employment for children/youth with legally working age increases their vulnerability

Environmental

- Long distance to primary school is a problem to about one third of households, especially for children in Shinyanga, Kagera and Dodoma regions which have to walk more than two kilometres²². That may discourage children from attending school
- Food insecurity resulting from bad weather and low agricultural productivity
- Lack of clean and safe water for human consumption, leading to increased exposure to communicable diseases. According to the 2000/01 Household budget survey, about four out of ten households in mainland Tanzania draw water from unprotected sources.

Social cultural

- Weak family cohesion, leading to divorce and family instability
- Lack of care and support for orphans
- Negligence of parents and cultural practices that affect child care and attitude towards education

²¹ Legal and Human Rights Centre, Tanzania Human Rights Report 2002, page 37.

²² The United Republic of Tanzania, Household Budget Survey, 2000/01.

- Overworking at home, sometimes at the expense of school attendance
- Lack of protection from adults
- Society's view on children
- Gender inequalities making girl children particularly vulnerable to sexual exploitation, early teenage pregnancy, HIV /AIDS and STIs.

Governance

- Unfriendly learning and teaching environment at schools encourage drop outs and creates street children and child labourers
- Corporal punishment at schools, making school conditions unpalatable to children
- Abuse of children at home by parents, foster parents or their peer group members.
- Lack of information, knowledge and skills related to self protection and reduction of risks associated with substance abuse and HIV /AIDS
- Inadequate legislation and poor implementation of legislation to protect children
- Inadequate mechanisms to protect vulnerable children at community level e.g. community and legislative support systems

Health

- Imposition of cost sharing fees for health services has decreased children's access to formal health care system
- Exposure to HIV/AIDS, malaria, and other communicable diseases, especially diarrhoea and ARI for under fives
- large family sizes whereby parents are not unable to sustain a certain level of basic needs.
- The AIDS pandemic affecting families, resulting in children being left without adequate care and protection

It is important to note that the issues of child vulnerability, poverty, and basic needs are closely interrelated. Clearly, orphan hood, child labour, and street children come very closely together, and they tend to reinforce each other.

6.3 Social protection and risk management programmes for vulnerable Children

6.3.1 Introduction

From the institutions contacted, six social protection programmes targeting vulnerable children were identified and studied. They are financed through different sources and cater for different categories of vulnerable children. The scope range from advocacy on children's rights, child labour, access to basic services such as health, education, water and sanitation, and assistance to orphans. Details of these programmes are outlined in the following sections.

6.3.2 Child Survival and Protection Development (CSPD)

Programme objectives and components

The overall objective of the programme is to create and sustain an environment which places the highest priority on human rights of children, recognises and respects their right to a dignified and productive existence, ensure their survival, protection, development and participation and improves their prospects for social and economic advancement.

The following components are involved:

- To mainstream the human rights of children into policies and national budgeting processes to ensure that increased allocations of national resources are made for the implementation of the human rights of children including stronger provision for social protection. This is realised through advocacy activities based on research and monitoring results.
- To improve community development processes and systems in order to ensure good governance, enhanced community based systems for vulnerability analysis, mapping and social security provision in the context of the local government reforms and human rights principles. This is realised through running community development activities.
- To enhance maternal well being and the best possible start for growth and development for all children in Tanzania, so that children reach the age of seven years physically and mentally healthy well nourished and enabled to maximise the opportunities for learning and education, and holistic personal development in later years. This is realised through the early childhood development activities.
- To achieve a society in which young people thrive and are respected, recognised and valued; provide environments at home, at school and at work that support children and young people and opportunities for them to use these capabilities to thrive and contribute to the society. The programme seeks to enhance access to and quality of basic services with particular focus on education for aged children, child and youth friendly care as well as welfare and justice recourse. This is realised through basic education and life skills for adolescence.

Specific national level targets of the programme:

- Reduced infant mortality from 99 per 1000 live births to 85 by the year 2003, 50 by the year 2010 and 20 by the year 2025.
- Reduced under-five mortality from 158 per 1000 live births to 127 by the year 2003.
- Reduced maternal mortality ratio from 529 per 100,000 live births to 450 by the year 2003.
- Reduced new HIV infected by 25%.
- Reduced prevalence of stunting in under fives from 43 to 20% by the year 2003
- Increased gross school enrolment from 72 to 85% by the year 2003,

Programme beneficiaries

Basically the target group include infants and under five children in need of the services offered by the programme but cannot access them. Adolescents are also part of the target group. However the process though which these children are identified and qualify for the support was not clarified during the interview.

Budget and implementers

This is a five years programme (2002-2006) coordinated by the Ministry of Planning and Privatisation under the President's Office. The programme covers 57 districts in 14 regions²³, as indicated on map 4. The total planned resources for the period of 2002 – 2006 is USD 147,793,000. The programme is financed by UNICEF, the Government of Tanzania, and district councils and communities in their respective areas. A significant amount of funds is provided by UNICEF, which also provides technical support to programme activities.

²³ The regions are Kigoma, Kagera, Mwanza, Shinyanga, Mara, Singida, Mbeya, Iringa, Ruvuma, Mtwara, Kilimanjaro, Coast, Lindi, and Morogoro.

6.3.3 Time Bound Programme On Worst Forms Of Child Labour (WFCL)

Programme Objectives and components

The main aim is to eliminate all worst forms of child labour in the selected districts. The worst forms of child labour identified in those districts are mining, prostitution, domestic work and commercial agriculture especially in tobacco, coffee and tea plantations.

The programme intends to realise that aim through creating an enabling environment conducive for the elimination of worst forms of child labour by supporting relevant interventions. The other strategy adopted by the programme is by building strong linkages and collaborations with relevant government or donor funded activities directed at fighting child labour. In addition the programme provides direct support to the target groups (working children) in selected districts. Among the activities carried out by the programme are awareness raising, community monitoring and school enrolment drives in order to prevent children from entering the labour market prematurely.

Potential beneficiaries;

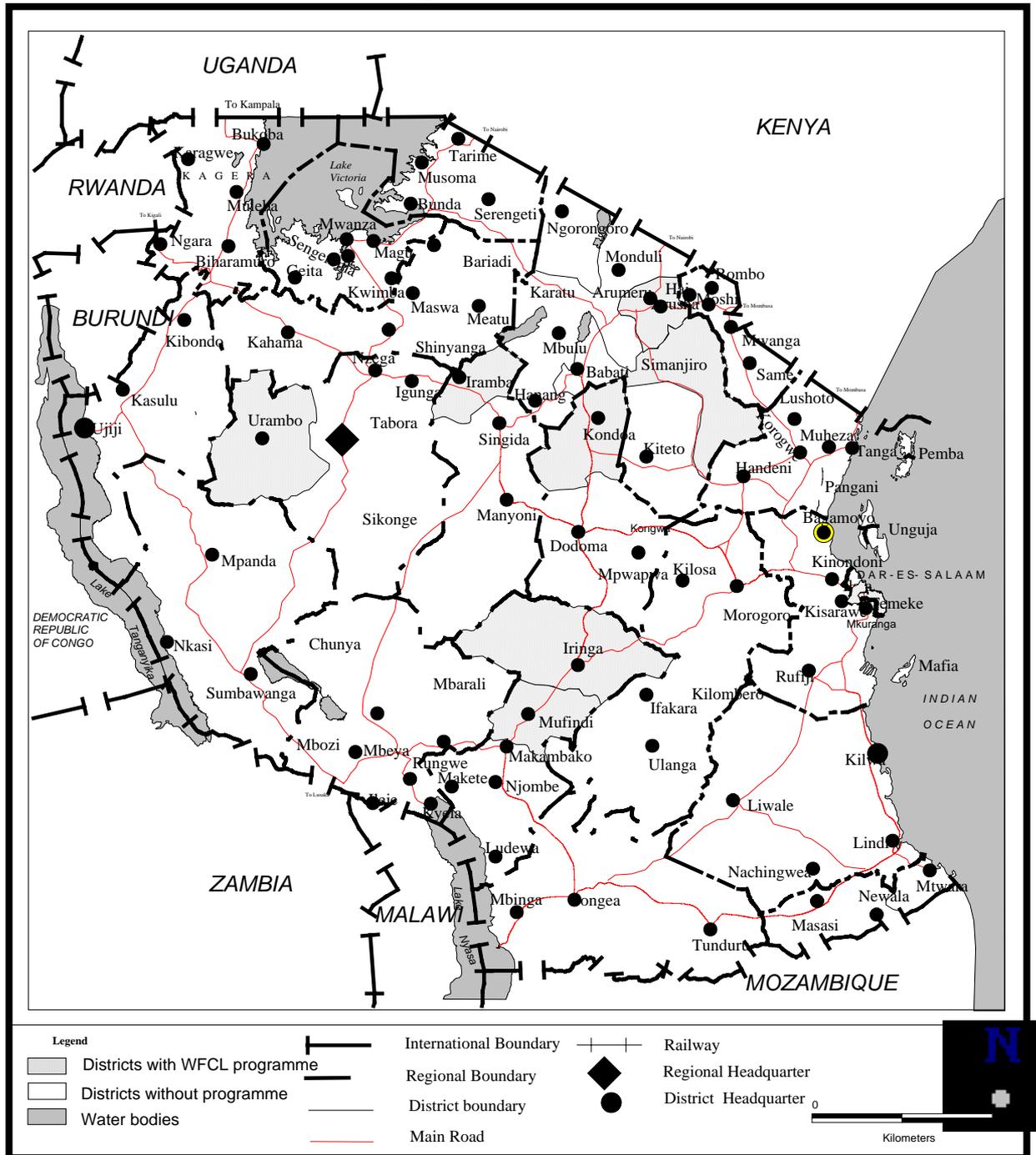
The target group are children who are engaged in worst forms of labour such as mining, prostitution, domestic work and in agricultural plantations.

Budget, funders and implementers

This is a four years pilot programme (2002-2006) with a budget amounting to US\$ 10,222,168. The programme is funded by ILO and implemented by the Ministry of Labour, Youth Development and Sports, through NGOs, employers and workers organisations, in collaboration with respective local government authorities. The programme is coordinated by the Prime minister's Office and is carried out in seven regions and eleven districts.²⁴ in the mainland, as shown on map 5. Other central government ministries involved in the programme are, The President's Office-Ministry of Regional Administration and Local Government, The Vice President's Office through the Planning and Privatisation department, Ministry of Community Development and Gender, Ministry of Education and Culture, Ministry of Agriculture and Food Security. The main role played by these central government organs is to promote the necessary policy and legal framework for the implementation of project activities.

²⁴ The districts are Iramba, Kondoia, Iringa Rural, Mufindi, Urambo, Temeke, Arusha Municipality, Simanjiro, Arumeru, Kinondoni and Ilala.

Tanzania Map 5: Districts Covered by WFCL Programme



Source: Atlas of Tanzania

6.3.4 Programme to support poor urban children at risk

Programme objectives and components

The overall objective of the Poor Urban Children at Risk (PUCR) programme was to alleviate the fundamental problems of social exclusion and marginalisation amongst the most vulnerable groups of urban children, through increasing the poor urban children's access to health, education, water and sanitation, care, protection and income. That aim was to be realised through the following activities:

- To make the basic services²⁵ as well as the respective service providers more accessible to PUCR in Dar es Salaam by end of project period (2002)..
- To establish a continuous two-way information flow between PUCR and all drop-in and shelter centres. Among the information to be shared include the needs of PUCR and the services offered by the centers to encourage the poor urban children to utilise the services.
- To provide clear information and a set of options to PUCR and support mechanisms by the end of project period to facilitate early identification, counselling, repatriation and reunification of children.
- To contribute to changing the attitude of the public at large towards PUCR and to attempt to influence some of the most adverse laws, regulations and practices affecting either PUCR or children at risk of becoming PUCR, by the end of the project period.

Potential beneficiaries

The beneficiaries of the programme have been children and young people under the age of 18 years who are at risk of abuse or exploitation. Within this group, the project focused on those children who were living or working on the streets of Dar-es-Salaam, those who were out-of-school, unemployed and involved in begging, sex work, substance abuse and or offending behaviour.

Budget, funders and implementers

The budget for the PUCR project amounted to UK £ 800,000, covering approximately 40,000 children at risk in the City of Dar es Salaam. Save the Children (UK) in Tanzania implemented the programme from the year 1999 – 2002, through a project known as the Poor Urban Children at Risk (PUCR).

²⁵ The basic services considered by the programme are: health, water and sanitation, educational, legal and credit service facilities

6.3.5 Programme to support HIV/AIDS Orphans and Vulnerable Children by SATF

Programme Objectives and components

The objective of the SATF is to assist HIV/AIDS orphans and vulnerable children. SATF does this by providing capital to entrepreneurs in the private sector. The profits generated are used to finance activities, which support the orphans and vulnerable children. The identification of orphans to benefit from this programme is done by partner NGOs using relevant school teachers and village committees

Potential beneficiaries

The eligible beneficiaries are orphans whose parents' die of AIDS and who have no support. The key characteristic of these children is helplessness, in terms of inability to provide for their own needs for basic survival and education. These orphans often lack support from relatives who foster them due to various reasons including low income, and weak or no asset base left behind by parents. Orphans of AIDS victims are practically found in the entire country. However, SATF, which has mandate to operate in the mainland, is currently reaching all the regions except Singida, Rukwa and Mara..

Budget, funders and Implementers

SATF was established by the Government of Tanzania and USAID with a total capital of Tshs. 6.3 billion when it was launched formally in the year 1998. As of the end of the year 2002, earnings actually spent on orphans amounted to Tshs. 950 million. The number of orphans supported was of 55,376. The main implementers are selected NGOs who are supported by local level committees and school teachers. In terms of programme duration and focus, SATF is expected to continue with its core focus until the problem of AIDS related orphans is over, and thereafter shift its support towards enhancement of education in Tanzania.

6.3.6 The Children Welfare and Justice Programme under the United Nations Children's Fund (UNICEF)

Programme objectives and components

UNICEF is currently supporting a programme whose objective is to ensure equitable access to quality basic services to children and young people who are up to 24 years old. The welfare and justice component integrates three elements:

- Support to the most vulnerable children,
- Support to children in trauma and abuse,
- Community justice facilitation.

The programme focuses its support to children and young people within a framework of community, such as districts, village settings, schools, etc. Such an approach enables communities to build on their existing coping mechanisms, to realise their full potentials, and to strengthen their capacity.

The programme is both ex post and ex ante in character. It is ex post in the way which it provides support to the most vulnerable children, whose risk have actually materialised, for example orphans without care, food, and shelter. A larger part is ex-ante, as it seeks to actively engage in supporting communities to identify risk factors and developing framework for mitigation. The key thrust of the programme is to strengthen the already existing initiatives or coping mechanisms, through active community dialogue process.

Among the activities carried out under this programme are:

- Capacity building support to community committees, in collaboration with district and village councils.
- Providing essential supplies such as books, beddings, etc. to the most vulnerable children, through these committees.

Beneficiaries

The programme currently covers six districts of Makete, Magu, Musoma Rural, Bagamoyo, Kisarawe, and Karagwe. The selection of these districts was based on prior situation analysis of children at risk, especially orphans. Data on the number of children assisted was not available. The programme intends to include other seven districts later.

Budget, funders and implementers

While this is a long term programme, financial commitments amounts to approximately US \$2 million covering the period from the year 2003 – 2008. UNICEF provides the funds while the implementers are district and village councils with support from NGOs.

6.3.7 Support to orphans by CCBRT

Programme objectives and components

The programme aims at improving the quality of life of poor orphan children in Tanzania. Among the strategies adopted by CCBRT is that of home based care of orphans instead of isolation. The approach is to assist those children whose parent(s) have died from HIV/AIDS and poor families who are not able to finance education for their orphans. The main objective of this programme is to provide community based integrated orphan care

Main programme activities

In achieving the objective, the programme focuses in the following areas:

- Health related counselling
- Treatment to those orphans affected by HIV/AIDS,
- Pre-test related counselling,
- Awareness raising on rights of orphans with respect to inheritance of properties belonging to their parents
- Awareness on HIV/AIDS and integration of HIV/Aids awareness in school programmes, Provision of food, materials and equipment to schools.

Potential beneficiaries

The programme has categorized group of orphans into two. These include those whose parents died of HIV/AIDS and those whose families are not financially able to send them to school, especially primary school. Orphans are received from all over the country through their orphans mediators placed in Government hospitals.

Programme scale

The programme has supported 1500 orphans in the country, but the main area of attention is in Dar es Salaam and Kilimanjaro region, data available shows that most of the beneficiaries are urban people. The programme gets orphans from 58 government dispensaries, 3 government Hospitals (Mwananyamala, Temeke and Amana) in Dar es salaam and KCMC in Moshi through their orphan mediators and legal section offices.

Among 1500 orphans given support for education, 1436 are primary school pupils, 60 are secondary school students and 4 are University students. CCBRT works jointly with TASF which provides education materials and other school requirements to 1436 pupils while in their case (CCBRT) provide school fees, transport and school equipments to 60 secondary school students. However, the programme continues monitoring and evaluating these pupils in different schools through visiting and assessment of reports from their mediators based in the schools in the city of Dar es salaam.

Budget, funders and implementers

Most of these activities are done through home-based visits and through schools. CCBRT relies on a network of social workers, teachers and orphan mediators recruited from staff in governmental health facilities such hospitals and dispensaries all over the country. These services are managed by CCBRT in collaboration with the government of Tanzania through the Ministry of Health, Ministry of Education and Ministry of Finance.

The programme is finance by donors who volunteer funds, food items and school equipment to orphans. But due to high costs of drugs needed by HIV/AIDS victims the programme is able to assist a small number of its potential beneficiaries.

Policy guidance

The programme is guided by the National Aids Control programme, the National Policy on HIV/AIDS and the multi sectoral strategic frame on HIV/AIDS.

Gaps of scale and scope

Some gaps of scope and scale are noted in various social protection programmes catering for children who are vulnerable with respect to basic needs. A number of factors have been identified but only a few of those factors are being addressed by the programmes studied. The Child Survival and Protection Development Programme is broadly involved in the environment within which communities are engaged in the protection of children's rights and survival, at best at the level of governance in the social sectors. While this approach is crucial, it leaves a lot of impoverishing factors such as income generation by foster parents, weak family cohesion and gender inequalities unattended.

The programme targeting elimination of the worst forms of child labour will make an important contribution in dealing with the risks children encounter when involved in harmful work, and in rehabilitation and education of those children. However, these interventions are more commonly ex-post, and unless integrated into the overall development agenda, the factors that drive children to work is likely to remain imminent, and vulnerability of children to abuse will continue to present a development challenge.

While some programmes are (or were) engaged with specific groups of vulnerable children or risk factors, their limited scale in terms of reach leaves a lot of vulnerable children uncared for. For instance, the PUCR programme implemented by Save the Children had a budget of UK £ 800,000 for four years, covering an estimated 40,000 children. Many more children in urban areas could be at risk requiring a much larger scope and scale of interventions. In addition, this programme is no longer being implemented and no further follow-up is planned.

The proposed programme on substance abuse and social protection in urban areas is expected to focus on Temeke district of Dar es salaam, yet the problem is of rising concern in other parts of Dar es Salaam and other major towns of Tanzania. For example, the PPA report for Kinondoni municipality identified substance abuse as a critical problem at the community level.

SATF provides important support to poor orphans, in terms of provision of necessary support to enable them to continue or to enrol in primary schools. Recently this has expanded to include to lower secondary schools and vocational education. While this is an important contribution, it is extremely limited compared to the need. SATF has managed to support 55,376 orphans since its establishment in 1998, yet the numbers of orphans without considering the cause of orphanage may be up to 1 million.²⁶ According to a study by UNICEF,²⁷ 8.1% of children aged below 15 were biologically orphaned by single parent and 0.6% by both parents. There were also children who were not living with their parents for other reasons, referred to as social orphans. Those who were socially orphaned by both parents were 10.3%, and by single parents were 24.2%.²⁸

The programme on welfare and justice supported by UNICEF is currently focused on six districts, with seven additional districts planned. However, need for strengthening the capacity of communities to respond to the rising number of vulnerable children and young people national wide is very critical. It is estimated that between 6 to 10% of all children in Tanzania are extremely vulnerable, but the scale of existing support mechanisms to enhance response options is very limited.

²⁶ SATF, Annual Report, 2002

²⁷ UNICEF, 1999, Children in need of Special Protection Measures: a Tanzanian study

²⁸ Biological orphans are those children who have lost one or both parents through death, while social orphans are those children who have been abandoned by one or both parents

Policy guidance

The programmes are guided by a number of national policies, namely Child Development Policy by the Ministry of Community Development and Gender, National HIV/AIDS Policy by TACAIDS, Education Policy by the Ministry of Education and Culture), National Youth Policy and National Policy Guidelines on Orphans both by the Ministry of Labour, Youth Development and Sports.

It is noted that, some of these policies provide a fairly comprehensive framework, but coordination in design and implementation of various programmes on children and young people remains weak. It is also noted that there is weak or absence of by-laws on child labour at community level. This gives room to the prevalence of child labour. It is also noted that, many policies, plans and strategies developed to address problems facing children are yet to adequately reach the rural communities.

Recommendations

- Consider **scaling up or replicating** initiatives such as SATF which offer a model of financial sustainability as compared to many other programmes
- Shift beyond the rhetoric and workshops on or about vulnerable children and take practical action for instance **enforcing of policies, laws and the respective by laws.**
- Provide **education opportunities** for children who are not in school and are already in the labour market, through consolidation of Complementary Basic Education (COBET) and wider access to Vocational Education Training Centers (VETA).
- Create a **conducive learning environment** at primary school (building class rooms, adequate desks etc) to reduce school drop out
- Raise **parents awareness** on the importance of schooling for their children and their responsibilities, including negative impact of child labour as distinct from child work
- Support peer education among children

7. Vulnerable women and risk management strategies

7.1 Introduction

Vulnerable women include widows and those who are neglected and poor. Women are regarded as main food producers and undertake a disproportionate amount of work in rural areas. Their burden, in combination with their limited control over household assets and resources, typically place them under enormous strain. This strain in cases significantly when women are pregnant, when they give birth and while they raise young children. This situation is usually aggravated by cultural attitudes and practices, most notably men's lack of involvement in child rearing.

Regardless of its causes, rural women have noted that their limited mobility causes social isolation and as a result it puts powerful constraints on their capacity to make a living. Many women experience stressful child bearing and rearing due to inadequate or poor quality maternal health care, early pregnancy and reduced mobility.

Young women face additional risks of early pregnancy and neglect, poor antenatal care, deliveries which are not attended by trained professionals or outside properly equipped health facility. This is especially true for women in the rural areas and those in the low-income bracket.

7.2 Impoverishing forces

Factors impoverishing women fall along the economic, governance, health, and social cultural as outlined as follows:

Economic:

- Food insecurity
- Limited access to health and education resulting from low incomes
- Lack of ownership of productive assets
- Poor access to water, firewood and other household services, making women spend long hours and walk long distance

Health:

- Risks associated with child birth, especially poor antenatal and postnatal care
- Early pregnancies

Social cultural:

- Heavy workload borne by women
- Lack of control over household resources, making them dependant on men's economic status and decisions
- Physical abuse by men, including wife beating, divorce, and harassment (usually follow husband's death)
- Cultural practices preventing women from inheriting property even as they are left with children to take care
- Early pregnancies

Governance:

- Lack of appropriate mechanism to support women. The available initiatives such as the Legal and Human Rights Center provide support to women but mainly limited to urban areas. The Commission for Good Governance is yet to reach most of the rural areas and therefore rural women.
- Lack of transparency in accessing credits, especially for rural women
- The structure of laws and legislation that do not sufficiently recognize rights of women in ownership of resources and inheritance puts them at a disadvantage.

7.3 Social Protection programmes for Vulnerable Women**7.3.1 Introduction**

Four organizations were studied for information on social protection programmes for women. These are: Tanzania Red Cross Society (African Women Initiative), BAKWATA , CREW and TGNP. The Christian Council of Tanzania's was not studied because of accessibility issues.

7.3.2 The Africa Women's Initiatives (AWI) Programme under TRCS***Programme objectives and components***

The programme has two components namely improving health service delivery in the communities and capacity building for the TRCS.

The health service delivery component has the following objectives:

- (i) Prevention of unplanned and unwanted pregnancies.
- (ii) Increased proportion of pregnant women who utilise timely and quality antenatal care.
- (iii) Increased early referral among pregnant women with complication or minor health problems that can be corrected before becoming life threatening.
- (iv) Increased proportion of pregnant women who adopt safe health practices.
- (v) Increased proportion of women with safe deliveries.
- (vi) Increased proportion of women with quality post-natal care

The main activities under the programme are:

- To train volunteers (400) on CBFA as an entry point to health education and promotion in the community. This will also provide them with skills that they can routinely use in their homes.
- Support public awareness campaigns through drama performances, puppet shows, and poem recitals. These activities will convey messages aimed at increasing the knowledge of women and girls on family planning and its advantages, antenatal care, safe health practices during pregnancy, seeking assistance from trained personnel during delivery, post natal care, and the importance of child immunizations.

- Reproductive health education
- Door to door campaigns. Women Red Cross Volunteers shall conduct home visits to sensitise women of the reproductive age group on family planning, antenatal care, post natal care, and child immunisation.
- Support to schools and youth clubs. Red cross youth volunteers trained as peer educators shall organise debates for girls and boys in school and clubs on teenage pregnancy, STDs and HIV/AIDS.
- Economic empowerment through income generating activities.
- Support to post partum check-up among mothers.

Potential Beneficiaries

So far the programme is confined to Kigoma region. Out of a population of 1.1 million in Kigoma Region, Africa Women's Initiatives (AWI) will benefit approximately 379,842 people (167,842 in Kigoma Urban, 72,000 from Kigoma Rural, and 140,000 from Kasulu) which is about 35% of the population in the Region.

The catchments areas were determined by the TRCS branches and based on the population served by the existing clinics in the villages. The population is spread over 38 villages: 14 in Kigoma Urban, 9 Kigoma Rural, and 15 in Kasulu district.

According to estimates made by the programme, approximately 20% (or 75,968) of the population in the project catchments area are women of reproductive age (15 – 49 years old) and 20% of those (or 15,194) will be pregnant at any given time. These women will be beneficiaries of reproductive health programs such as family planning, safe pregnancy/delivery and economic empowerment training. Volunteers and peer educators will disseminate these messages through radio, educational materials, and fold media.

Budget, funders and implementers

The budget for the programme is USD 1,000,341 and it is expected to run for four years as from the year 2002. The programme is funded by Tanzania Red Cross Society (TRCS) and implemented through its networks in Kigoma region.

7.3.3 Credit Scheme for Productive Activities for Women

Programme Objectives and components

The main objective of the programme is to empower all Tanzania women above 18 years old, economically and socially. And the specific objectives include:

- To mobilize women to form groups for economic activities
- To mobilize mandatory monthly saving for women economic banking account
- To support income generating activities
- To promote and facilitate access to credit facilities for women
- To create employment opportunities for women
- Awareness creation through media, workshops and seminars
- Improve number of meals.

Beneficiaries

Up to mid March 2003, about 5239 women from Dar es Salaam and Tanga had benefited from the programme.

Budget, funders and implementers

This programme is implemented by an NGO called CREW Tanzania. It was started as a pilot project in four districts in Tanga region in 1989 and later extended to Dar es Salaam. Information on the budget was not made available. A group of donors, including, DANIDA, ILO, UNICEF and UNDP is funding the project. The group collaborates with the Ministry of Community Development and Gender.

7.3.4 Support to widows and single women by BAKWATA

BAKWATA implements a programme in which widows are supported. The organization also supports single women who have no possibility of earning an income again identified through the same system. The support given is usually in form of grants.

Access to such support is through one's mosque. Applicant must request for the support through the respective Imamu and thus one has to be a Moslem to qualify for the support.

In both cases no further details or quantification of the programme outputs was made available to the study team.

7.3.5 Gender Mainstreaming programme by TGNP

Programme objectives, components and activities

Although TGNP does not focus directly to supporting extremely vulnerable groups, it is likely that their programmes, which target the government, civil societies and poor men and women, may also benefit those who are marginalized and the extremely vulnerable groups.

The TGNP Programmes are not specific to individuals or groups of people. TGNP programmes address gender mainstreaming through advocacy with the purpose to integrate gender into national planning and budgeting.

One of the programme components with direct contribution to extremely vulnerable groups is the support to poor men and women suffering from HIV/AIDs.

The HIV/AIDS Campaign component under the training, capacity building and outreach programme of TGNP seeks to contribute to a comprehensive care for all people with HIV/AIDS who need support, through

- Ensure moral, social and economic support to poor men and women who are HIV/AIDS positive and need the support
- Access to antiretroviral (ARV) treatments

- Establishment of centers for free and correct information and comprehensive services for both poor women and men,
- Create situation that reduces the vulnerability of marginalized groups,
- Empowerment and awareness creation and
- Continue doing research and disseminating information on HIV/ AIDS

Geographical Coverage of direct interventions

Direct intervention by TGNP are in Dar es Salaam and in other five districts: Moshi rural, Arusha Municipality, Songea, Zanzibar, Kinondoni and Kisarawe

Funding and Implementers

The TGNP programmes are continuous and obtain funds from various donors including DANIDA, European Union (EU) and HIVOS. TGNP works closely with central government and civil society organisations in implementing their programmes. Among the Ministries collaborating with TGNP are: Ministry of Health, Ministry of Education and Culture, Ministry of Community Development and Gender, and Ministry of Agriculture and Food Security, President's Office-Ministry of Regional Administration and Local Government and the Ministry of Water and Livestock Development.

Gaps of scale, scope, and policy

It was noted that, most of the programmes that provides support to women do not provide adequate support to rural women. For those programmes which support rural women, such as the African Women Initiative, only a few selected districts are reached. However it is worth noting that there are other locally based social support programmes targeting women in both urban and rural areas. These could not be captured in this study, which was based on organisations in Dar es Salaam with a national outlook.

In terms of policy, although the gender policy is in place in Tanzania, under the auspices of the Ministry of Community Development, Gender and Children it is not well disseminated to the public and to local organisations. Plans and strategies to operationalise the policy are yet to be rolled out at districts and grassroots levels.

Recommendations

The following recommendations are aimed at scaling up the good qualities of the social protection programmes for women reviewed above, these are:

- **Scale up women empowerment** programmes such as those managed by TNGP to increase their access to and control of assets. This can be realised through increasing women access to education, health services, and improving the overall well being.
- **Scale up citizens advice system**, as provided by the Legal and Human Rights Center legal clinics, especially for poor women, so that they can exercise their rights and improve their access and ownership of assets.

- **Scale up the AWI programme** to national level and undertake mass dissemination of basic maternal and child health care, hygiene and measures to prevent the spread of HIV/AIDS and other STDs.
- **Increase access to credit** for poor women. Study and assess the current barriers facing poor women's access to banks, propose changes and lobby for their implementation
- Raise awareness and **push for adherence to new legislation**, which protect young and poor women, for instance the Sexual Offences Act, and the Inheritance Act.
- Encourage and facilitate **the building of more girls secondary schools** and improve access to these by young mothers and orphans.

8. Risk management strategies for protecting persons with disabilities

8.1 Introduction

One of the basic characteristics of persons with disabilities is their limited mobility, which reduces ability/opportunities for participating in income generating activities to increase their wealth. Although there are a considerable number of legal provisions meant to protect persons with disabilities, in actual fact, persons with disabilities are restricted in their access to education, employment, and provisions of other public services by physical barriers²⁹.

With these limitations accessing basic needs particularly food, health services and education can be constrained and can increase vulnerability. Some social protection programmes categorise their support by type of disability. And although different types of disabilities may influence the extent of a disabled person's vulnerability, the PPA did not attempt to categorise types of disability. The PPA did, however, identify the following impoverishing forces.

8.2 Impoverishing forces

The key impoverishing forces likely to face persons with disabilities include:

Social Cultural

- Some depend on their relatives who may also be poor
- Some relatives may have a negative perception to the person.

Governance and access to services

- Poor access to education and health services
- Low education or no education at all
- Un-conducive learning environment for disabled

Economic

- Have few or no assets
- Limited job opportunities

Health

- Physical disabilities demanding extra care, sometimes medical.

8.3 Social Protection programmes for the Disabled

8.3.1 Introduction

Of the programmes included in this study, three focus directly on support to persons with disabilities. These are the advocacy and support programmes offered by The Federation of the Disabled Organisations, support offered to people who are blind and lame by BAWATA and the home based care programme run by CCBRT.

²⁹ Tanzania Human Rights Report 2002, pg.42.

8.3.2 Support to disabled people under The Federation of Disabled Organisation (Chama cha Walemavu Tanzania – CHAWATA)

The Organisation and its mandate

An umbrella organisation known as Federation of Disabled Organisation (CHAWATA) runs an advocacy programme focusing on the rights and welfare of people with disabilities. This federation is made up of several member organisations who represent particular types of disability. These are:

- Tanzania Association of the Blind,
- Tanzania Association of the Deaf (CHAVITA),
- Tanzania Albino Society
- Tanzania Association of the Deaf and Blind association and
- Tanzania Association of the Mentally Handicapped people

In 1992 these associations formed CHAWATA (the Federation of Disabled Organisations) as an umbrella organisation to strengthen the different associations.

The Programme objectives and components

The main objective of CHAWATA is to sensitise and advocate for the rights and welfare of peoples with disabilities. CHAWATA networks with branches in all the regions of Tanzania mainland and implement various projects. The objective of their projects is mainly on capacity building to build self-confidence and enable persons with disabilities to be more independent. The activities include

- Provision of credit facilities,
- Support to women handcraft,
- Support to welding activities,
- Support to batik making, weaving etc.

Beneficiaries

Mainly people with physical disabilities.

Budget, funding and implementers and duration

CHAWATA solicits and obtain funds from different donors and charitable organizations. Its' own members implement activities in their programmes.

8.3.3 Support to people who are blind and lame by BAKWATA

Programme Objectives and components

The aim of this programme is to support persons with disabilities especially those who are blind and lame and are involved in street begging activities.

Specific programme activities

The programme provides two types of training.

- Training on financial management to give the beneficiaries skills needed to manage grants provided to them through the programme.

- Formal education by facilitating the beneficiaries' attendance to the three special schools located in Dar es Salaam, Tanga and Kigoma towns.

Programme beneficiaries

Beneficiaries are identified through the respective mosque administration, by their respective Imamu and listed for the support. Once identified they access support from the Bakwata central office in Dar es Salaam or in the respective region.

Policy guidance

The programme is not guided by any specific national policy. However in executing the programme activities Bakwata consults the Ministry of Education and Culture, Ministry of Community Development, Gender and Children and HAKI-ELIMU for specific advice.

Budget, funding and implementers

Information on the amount of budget set aside for the activities was not provided. Neither were the funding sources mentioned..

8.3.4 Home based care programme (CCBRT)

Programme objectives, components and activities

The main aim of the programme is to provide services to disabled people at their homes and within their communities, using locally available human and material resources. The programme objective is to enable people with disabilities:

- To take care of themselves and to be as personally independent as possible (the individual factor);
- To have social relationships, and to take part in the activities of the community (the social factor);
- To contribute towards their own and their families' livelihood (the economic factor).

The main activities carried out under the programme are as follows:

- Training members from the community in providing support to persons with disabilities
- Counselling and training of disabled people and their families,
- Organising self-help groups of disabled people,
- Supporting integration of disabled children into the regular school system.
- Supporting the provision of general care,
- Assisting family members to adapt themselves to the situation of the disabled person they have to support and the disabled persons adapting to his or her family situation. This may often include advice on such matters as vaccinations, going to school, getting suitable work, and becoming part of the community itself.
- Supporting the provision of education and health services to the disabled persons
- Early detection and referral that includes training, therapy and follow up by Community Rehabilitation Workers.

The main implementers of the programme at the local level are the Community rehabilitation workers. After receiving training from specialists, such as special educators, physiotherapists and medical doctors, the local community rehabilitation worker (CRW) visits up to five disabled people a day, at their own homes, assessing needs in the fields of mobility, hearing, vision, education, skills acquisition, etc. The beneficiaries may be referred for eye surgery or a mother with disabilities may need help in learning special skills to improve her performance in parenting and in domestic tasks.

On the other hand, the community worker does receive regular visits from CCBRT specialists and supervisors. In addition to providing material and moral support to the community worker, and to monitor progress, the CCBRT staff together with the community worker, study the situation prevailing in the community and formulate suitable action plans.

Programme beneficiaries, budget and funding

The main beneficiaries for the programme are persons with disabilities and their families. Mostly disabled adults and children, including those visually impaired, physically disabled (cerebral palsy, polio, hydrocephalus and spina bifida), intellectually impaired (primary or secondary), epileptic or people with multiple disabilities. The programme is implemented by CCBRT in collaboration with other NGOs who also contribute in funding the programme activities. The main donors are: The Christian Blind Mission International (CBMI), an NGO and The European Union. Others are Canadian International Development Agency, Lions International and Lions Germany, the World Health Organization, United Nations HIV/Aids Programme, etc. Figures on the number of beneficiaries attended and the budget so far was not made available.

Geographical coverage and scope

So far 17 Community Rehabilitation Workers (CRWs) are engaged in Dar es Salaam in collaboration with the CCBRT Disability hospital. In Kilimanjaro, the programme collaborates with the Kilimanjaro Christian Medical Center. Fifteen workers have been trained. Since May 1995, the programme identified 5,000 persons with disabilities and some 2,400 individuals and families received different types of assistance.

Policy guidance

There is no comprehensive policy guiding these programmes, and that has partly led to policy and operational problems and lack of co-ordinated support efforts. There has yet to be sufficient debate on which is the most effective approach: to isolate them from the community or to integrate them into their respective families and communities. Efforts in the provision of special facilities for people with disabilities are hardly linked and coordinated.

Program sustainability

When considering sustainability, the community integration approach scores more highly than the approach which isolates disabled people into special facilities. Integration and less dependency is more effective than segregation and life-long dependency. Also,

programmes that are set up for just two to three years may cause a lot of frustration. They may create hope in the lives of disabled people, but once the project disappears, and special institution is closed, the often-poor family may have to cope with the changed attitudes and expectations from the disabled member which they cannot be fulfilled. On the other hand, community care system take time and resources to establish and sustain. Drawing from the reviewed programmes the following recommendations can be made.

- **Scale up advice and advocacy systems**, such as those carried out by CHAWATA , in order to make the disabled able to realise their rights and improve their access to assets and to basic services
- **Carry out mass dissemination** and awareness raising programmes to mainstream the rights of people with disabilities into societal development practices, for instance ensuring provisions for disabled persons in public buildings, so as to facilitate their integration into the public.
- Scale up programmes which **facilitate access to credits** by persons with disabilities. There is a need to review the current banking practices with respect to conditions for credits and lobby for changes if necessary
- **Scale up vocational training** programmes to offer persons with disabilities, skills in managing grants and in running income generating activities
- **Build more facilities**, such as schools, play grounds etc, for the persons with disabilities, with the purpose of integrating them rather than isolating them from the rest of the society.
- **Scale up the CCBRT community care system** to cover the whole country, recognising the need for extra work in re-inventing the community in some urban areas, where the community spirit is or has disappeared.

9. Social Protection programmes for the Elderly

9.1 Introduction

Within Tanzania a person whose age is 65 years and above is officially considered as elderly. According to the Household Budget Surveys (1991/92 and 2000/01) the percentage of elderly people as share of household members has increased from 2.7 to 3.7 per cent for Tanzania mainland for the last decade. For the rural areas the change has been from 2.9 to 3.9 per cent. Corresponding change for urban areas other than Dar es Salaam is from 1.9 to 2.8 per cent while for Dar es Salaam it is from 1.1 to 2.2. The pattern is that the share of elderly members in households is increasing in both urban and rural areas, and there are more elderly people in rural as compared to urban areas.

Aging, or the processes of growing old is associated not only with physical change, such as less strength and ill health, but also with social changes, such as low status and isolation. These characteristics may make some elderly more vulnerable to poverty in terms of income as well as access to basic needs, unless the persons has significant assets or support from relatives.

Impoverishing forces which poor elderly people face include material deprivation, social isolation and sense of powerlessness, ill health and low nutrition, and lack of care and support. These may lead into a decline in social well-being and security. Diminishing strength, often accompanied by stigma may affect the kind of work elderly people can do.

In deed, the problems of the elderly are massive, particularly taking into account the high levels of poverty, the ageing structure of the population, and the lack of formalised social security. The increasing importance of household dependency on cash remittances may also shed some light to this issue. For instance about 8 per cent of households in mainland Tanzania depend on remittances³⁰.

Impoverishing forces however are likely to vary from urban and rural areas. In some cases, rural communities have values that are likely to offer more respect and probably support to the elderly than in urban areas. Whatever the case not all elderly people are vulnerable to poverty. This depends on the available support mechanism they have individually or in their households or communities. On the other hand respect seldom lasts or exists for elders with little formal education, poorly cared for, sick and demented. In acute cases, especially noted in the regions of Rukwa, Tanga, and Shinyanga, the well being and lives of elderly women are at higher risks due to allegations of witchcraft. It is worth noting, however, that PPA found significant inter-community variability in social respect and care for the elderly.

³⁰ The National Household Budget Survey, 2000/01

9.2 Impoverishing factors

Factors impoverishing old persons as identified by the PPA are as outlined below.

Life-cycle:

- Ill health,
- Social marginalisation,
- Diminished personal security due to old age.

Economic:

- Lack of assets or resources that could provide them with means of survival as their human capital or capability to work diminishes.
- Poor households that have generated little savings over the adult life
- Additional burden placed on old people to care for sick or orphaned children

Health:

- Ill health that old people suffer as a result of their age
- Poor nutrition reduces their physical strength,

Social cultural and governance

- Social change associated with ageing and isolation
- Exclusion from decision making, which tends to increase their insecurity.
- Discrimination against the elderly in the delivery of basic services, in particular health
- Lack financial resources to purchase health services limits their access to such services

9.3 Social Protection and Risk management strategies

9.3.1 Introduction

Of the earmarked social protection programmes studied it was only the Help Age International (an NGO) that focuses directly on the impoverishing forces facing the elderly. Compared to children, youths and women the elderly are the least supported, yet are the most vulnerable because unlike children who may grow up into independent persons the elderly do not improve with time. In the following sections the social protection run by HelpAge International is outlined.

9.3.2 Sensitisation and Advocacy to Support old people by HelpAge International

Programme objectives and components

The main aims of the programme is to enable the elderly to help themselves and each other, in order to reduce the risk from increased exposure due to socio-economic changes, deterioration of cultural values and morals, natural disasters, and the HIV/AIDS scourge.

Programme activities

The programme aims are achieved through the following activities:

- Sensitisation and advocacy
- Counselling the elderly to enable them realise their capacities and help each other.
- Raising community awareness on the need to support the elderly

Beneficiaries

In addition to its general programme covering the whole country, HelpAge is currently implementing a special programme in Magu district in Mwanza region, focusing on community integration and attitude change about poor old women.

Budget, funding and implementers

HelpAge works with the Government and CBOs as partners in implementing its programmes.

9.4 Gaps of scope, scale, and policy recommendations

The existing programmes under HelpAge, and other small-scale initiatives, by the Government, and other partners are not likely to be able to deal with the impoverishing forces facing the elderly to the required proportion, mainly because of their limited scale and scope. For instance not much is done to improve the economic status of the elderly and their respective households. Again the socio-cultural and governance related impoverishing forces are not sufficiently touched upon by the existing initiatives.

In the policy front, it was only recently, in December 2002 when the Cabinet approved the National Ageing Policy, but it is yet to be operationalized. As such, there have been no significant efforts to incorporate the needs of the elderly poor in national as well as district level development plans. The representation and voice by poor elders in the decision-making bodies at all levels is said to be weak. Likewise there are not enough resources made available to support the needs of the elderly. On that basis the following recommendations are made

- **Scale up the counselling efforts to raise awareness** in the community on the need to respect and support the poor elderly people
- Disseminate **information on the rights** of the elderly to community members and to the elderly especially to the poor elderly so that they become aware of their rights and can improve their access to basic services
- Raise awareness on the need to **integrate rather than isolate** the elderly from their households and the community, so as to benefit from community care system.
- Consider comprehensive mechanisms for **subsidising or exempting** the elderly in the community from cost sharing in health services to enable them to access these services
- Establish an **elderly persons social security** that is suitable to the economic and socio-cultural context obtaining in Tanzania.

10. Risk Management Strategies for Persons living with long illness

10.1 Introduction

Various diseases are known to affect human body and weaken the ability of those who suffer to pursue various livelihood activities, care for others, and socialize. In Tanzania, common diseases are malnutrition related, diarrhoea, malaria, tuberculosis, high blood pressure, sexually transmitted diseases, and HIV/AIDS. In recent years, HIV/AIDS have become the most damaging disease, killing large number of people and disrupting the well being of communities, including the creation of a large number of orphans.

Since there are no figures, which can quantify the number of people living with long illness, the nearest approximation could be the Household Budget Survey which shows the percentage of individuals reporting illness or injury in the past four weeks before the survey was carried out. The Survey shows that, during 2000/01, about 27 per cent of the Tanzania mainland population reported to have been ill or injured. About 28 per cent of the rural people fall into this category. Figures for Dar es Salaam and the other urban areas are 19.4 and 23.5 respectively. By any means this is an enormous figure as more than quarter of the population falls into this category and some of these could be vulnerable to poverty, as they can not work.

In households where people live with long illness, caretakers experience heavy burden and report tremendous degree of fear and stress. Adult patients suffer both from illness and fear of their children becoming vulnerable, as they cannot fend for them.

10.2 Impoverishing factors

People living with long illness are faced with various impoverishing forces the severity of which depends on the length and the extent to which the illness reduces the physical and mental abilities of the person and the capacity of the household members and relatives to support that person. This means for poor, farmers and the unemployed long illness can be devastating. The PPA has outlined the following as the key impoverishing forces likely to face the poor people living with long illness.

Economic:

- Poor economic status of households increases the chances of their further slide into poverty when burdened by a member being ill for a long period, as paying for care and health services may erode any reserves.
- Poor economic status often pushes young women to engaged in commercial/transactional sex, which often increases their chances of contracting HIV/AIDS and thus falling into the category of person with long illness.

Social Cultural and governance

- Cultural beliefs and practices including promiscuity and polygamy, stigma, deliberate infection of others, etc, which expose people to risks of infection, isolation, and marginalisation.
- Lack of information, knowledge and skills related to nutrition, health, and protection that would reduce the risk of diseases

Health:

- Poor nutrition and health services that weaken the health status of the members of poor households, exposing them to the risks of contracting diseases and living with ill health.

10.3 Social protection and risk management for those living with long-term illness**10.3.1 Social Protection Programmes under TACAIDS**

The Tanzania council for HIV/AIDS was established by the government to coordinate and monitor multi-sectoral responses in dealing with HIV/AIDS. To carry out these functions, it is structured into four directorates:

- (i) Policy and planning directorate which is charged with the coordination of private and public sectors in their efforts to deal with HIV/AIDS. The directorate deals with government ministries, parastatals, NGOs and private institutions
- (ii) District responses directorate, which coordinates and facilitates HIV/AIDS response activities undertaken under by district councils.
- (iii) Advocacy directorate responsible for awareness creation on HIV/AIDS
- (iv) Monitoring and evaluation directorate responsible for measuring progress towards the goals of the spelt out within the TACAIDS Strategic Framework

In March 2003, TACAIDS inaugurated the national Multi-Sectoral Strategic Frame (NMCF) on HIV/AIDS. The framework translates the National Policy of HIV/AIDS by providing strategic guidance to the planning of programmes, projects and interventions by various stakeholders in the fight against HIV/AIDS. It identifies goals, objectives and strategies for the period 2003-2007 and spells out the basic approaches and principles to guide the national responses. The framework shall therefore become a guide to all future programmes and interventions by different stakeholders.

The NMSF has nine goals, which address overall impact of the national responses as well as achievement in different thematic area like prevention, care and support and mitigation of socio-economic impact. The goals are:

- Reduce the spread of HIV in the country
- Reduce HIV transmission to infants
- Political and government leaders consistently give high visibility to HIV/AIDS in their proceedings and public appearances
- Political leaders and programmes, projects and interventions by other public and private organisations, address stigma and discrimination and take human rights of persons living with HIV/AIDS into account
- HIV/AIDS concerns are fully integrated and prioritised in the National Poverty Reduction Strategy and the Tanzania Assistance strategy
- Reduce the prevalence of STDs in the population
- Increase the knowledge of HIV/AIDS transmission in the population

- Increase the number of persons living with HIV/AIDS who have access to a continuum of care and support from home/community to hospital levels
- Reduce the adverse effects of HIV/AIDS on orphans

10.3.2 Service Health and Development for People living with HIV/AIDS (SHDEPHA)

The programme which is rather active in Arusha aims at providing support in terms of health services and home based care counselling and training to people who are HIV/AIDS positive and to encourage them to live positively. In order to realise this, the following activities are carried out under the programme.

- Care of terminally ill people
- Provision of home based care
- Provision of medical treatment of opportunistic diseases
- Supporting orphans and people affected by HIV/AIDS
- Raising public awareness on HIV/AIDS and related issues.

10.3.3 Other programmes supporting persons with long illness

Other programmes supporting care and services to persons living with long illness include the Tanzania Aids Management Association (TAMATA) and the Walio Katika Mapambano na AIDS Tanzania – WAMATA. These organisation offer both ex ante and ex post interventions. Under ex post are the following activities

- Support to those caring for AIDS patients in Tanzania by providing them with tools such as reading materials and leaf lets.
- Carry out activities related to management and counselling of AIDS patients and their families.
- Conducting research on management and care of AIDS patients and organise and run courses for care takers.

Under the ex ante interventions are the activities which are likely to prevent the spread of HIV/AIDS. These include information dissemination through educational programmes, counselling and where necessary provide treatment and support to infected and affected people. Supporting income generating activities, peer education, and prevention activities at work places are also carried out under these programmes. Other programmes offering support to persons with long illness are:

- The African Medical and Research Foundation (AMREF), which runs a programme providing support and care to people living with AIDS. AMREF works through advocacy, home based care, counselling, training towards behaviour change and capacity building.
- The Agency for Cooperation and Research in Development (Accord) which also provides care to terminally ill people and in general to people affected by HIV/AIDS.

In addition to these national level programmes there are several regional and or district level programmes also targeting at persons who are terminally ill. These are for example

- Programmes run by the Evangelical Lutheran Church Tanzania mainly in Arusha, Kiota Women Health and Development Organisation in Kinondoni Dar es Salaam,
- The programme run by the Diocese of Central Tanzania based at Dodoma,
- The society for women and AIDS in Africa Tanzania Branch (SWAAT) also based in Dodoma,
- The Singida Anti-AIDS Group (SAAG)
- The Kikundi Cha Huduma za Ukimwi Mbeya (KIHIMBE) and
- Kikundi cha Wanawake Kilimanjaro kupambana na Ukimwi KIWAKKUKI – Moshi,

Gaps of scope and scale and recommendations.

The goals discussed under these programmes are rather comprehensive in addressing the impoverishing forces with respect to persons living with long illness for instance HIV/AIDS. The programmes especially the framework provided by TACAIDS has considered issues related to prevention, care and support at the same time taking into account ex ante and ex post factors. Since information on budgets and the duration of the programmes was not made available to the study team, it is however difficult to assess the scale of the programmes in relation to the magnitude of the problem of persons living with long illness in Tanzania. Nevertheless the following recommendations are made.

- **Scales up** the programmes and related initiatives to support persons living with long illness particularly through the home based care system.
- Support programmes which build the **capacity of local authorities** and other institutions which can support parents, relatives and guardians caring for people living with long illness.

11. Risk management strategies for persons addicted to drugs and or alcohol

11.1 Introduction

In the last few years, the number of people who are addicted to drugs, alcohol, and other controlled substance has increasingly become a concern. In Tanzania people who fall into this category include adults engaged in excessive and regular alcohol consumption and young people who are especially at risk of drug abuse in urban areas. These young people often live and work on the streets in towns, and earn a living from begging or sex work. Most alcoholics are adult males who increase the chances of violence and thus the vulnerability of women and other family members as a result of their habit. For those in the school going age, some may continue with their studies but with difficulties or may drop out altogether. In whatever age or gender, they tend to be seriously exposed to risks of adverse health and behavioural consequences.

11.2 Impoverishing forces facing persons addicted to drugs and or alcohol

People's experiences as expressed in the PPA reports indicate that drug abuse and alcoholism are serious concerns. There is no comprehensive survey that had been made to estimate the number of children and young people at risk of drug abuse. Studies carried out to date have been qualitative rather than quantitative. However, in the year 2001, Save the Children (UK), along with a local partner organization, made contact with over 600 heroin users, 25 % of whom were under the age of 18. This was estimated at the time, based on interviewing experiences, to be around 10% of the total number of heroin users in Dar-es – Salaam. A Rapid Situation Assessment of drug use carried out in five zones; Mbeya, Mwanza, Arusha, Dar-es-Salaam and Zanzibar, revealed widespread use of cannabis in particular but a growing incidence of heroin use in Arusha, Dar-es-Salaam and Zanzibar.

However, no clear presentation of the risk factors or impoverishing factors directly related to this problem was made by the PPA. Other studies have documented the reasons for people to engage in drug abuse and alcohol addiction, factors driving these habits, and risks they face.

The studies suggest that the initial low-level involvement with drugs may result from peer pressure, drug availability or other risk factors in an individual's social or family environment. Subsequent escalation to and maintenance of higher levels of drug abuse is likely to result from biological, psychological or psychiatric characteristics of the individual user. In some cases, vulnerability may be inherited in the form of heightened susceptibility to a certain type of drug. In most cases, however, escalation will be caused by psychological traits or psychiatric conditions, some of which may also be inherited. Recent scientific research shows that characteristics of the individual, rather than of the drug, play a dominant role in vulnerability to drug abuse. These suggest that, for social protection measures to become effective, they should target on changing the behaviour of the individuals rather than on confiscating the substance or alcohol abused.

Poverty and lack of employment / idleness are also important risk factors for youth to engage in substance abuse. Lack of parental guidance and positive role models are also risk factors.

11.3 Social protection and risk management strategies for those with substance abuse and addictions

11.3.1 Introduction

Social protection programmes for people addicted to drug abuse and alcohol that are examined in this study are three. These include the support extended to out of school children and young people by an NGO known as Save the Children, the programme to reduce vulnerability of young people to drug abuse by AMREF and several small projects under the Global Initiatives.

11.3.2 Support to school children and young people by Save the Children

Programme objectives, components and activities

The programme aims at a harm reduction, youth-friendly, and pragmatic approach to drug use while respecting the rights of young people. The programme intends to make this approach to be adopted by other actors including the government, as the prevention and treatment approach to drug use amongst young people. It is also expected that in future the government shall include this approach into The Drug Demand Reduction Plans and Policy documents.

The programme operates with national and area specific objectives.

Under the national objective, the programme supports the Inter-ministerial Anti-drug Commission in developing a child-friendly and supportive drug control policy, which incorporates harm reduction. This is basically an advocacy in nature.

For the area specific objectives the programme focuses on the following activities:

- Preventive measures and treatment of substance users
- Support to parents and guardians in counselling and in providing care to the substance users
- Research on the treatment of put of school and young substance users, with intention to generate knowledge and evidence of the impacts from harm reduction approach among the out of school youth in Temeke municipality in Dar es Salaam.

Potential beneficiaries

These are out of school children and young people from 7 to 18 years old, at risk of causing themselves and their communities harm through the use of alcohol, tobacco or illicit drugs. Currently the project concentrates its efforts in Temeke municipality in Dar

es Salaam city, where about 2,000 males and 1,000 females³¹ who shall be considered for preventive activities. For treatment about 450³² young drug users from within Dar-es-Salaam city, shall be considered. There is no clear indication of the number of parents or guardians who will be supported.

Budget, funders and Implementers

Save the Children is seeking funding for a two-year project on urban at risk children in relation to substance abuse. The budget for the proposed project is UK £300,000 for the two year period.

11.3.3. Reducing Vulnerability of Young People to Drug Abuse by African Medical and Research Foundation (AMREF)

Programme objectives, components and activities

AMREF operates in various parts of Tanzania aiming at, among others, to reduce the vulnerability of young people to drug abuse.

Among its project areas are Bunda district of Mwanza, and Kinondoni municipality in Dar es Salaam, both of which are part of the Global Initiatives of the United Nations Drug Control Programme (UNDCP) and the World Health Organisation (WHO).

The Bunda Project

Through the project an initial local situation assessment was done in Bunda. Among the results from the assessment are:

- There is high availability of substances in the district At least 21 types including, local brews /spirit “gongo” and cannabis group –‘bhang’ were found. Others were tobacco and alcohol.
- Youths start using substances between the ages of 10 and 15 years.
- Youths between 15 and 24 use cocktail of ‘gongo’ bhang and locally grown plants called Nyamikuburo or Nyanunda’ believed to be more potent than ‘bhang’.

Objectives and activities under the Bunda Project

The main objective of the Bunda project is therefore to reduce the vulnerability to substance abuse in young people (10 – 24 years) of the district through primary prevention initiatives such as increasing awareness on substance abuse problems. This will involve development of educational materials on substance abuse prevention for youths and for the community at large. Other activities will include strengthening of capacity among groups of youths, teachers, health workers and leaders regarding the control of substance abuse, and increase their knowledge on the situations leading to drug

³¹Estimates from numbers previously worked with, in the PUCR Project and numbers recorded in the PUCR Evaluation, Partnership Approaches to Social Protection for Poor Urban Children at Risk, Boyd, G. 2001

abuse and establishing a networking mechanism for advocacy on substance abuse problem among young people in Bunda district.

Potential beneficiaries of the Bunda Project

The primary focus of the project is young people aged 8 - 24 years while the adult population becomes secondary beneficiary.

Budget, funders and implementers

The project is implemented through a community based Youth Sexual and Reproductive Health groups (YSRH), commissioned to organize and provide capacity building services to health workers and youth peer educators. Among the areas focused by the programme area:

- Training in issues related to adolescent, sexual and reproductive health and life skills
- Training in vocational skills (tailoring and carpentry) for out of school youths;
- Support to the establishment of income generating activities for young people in agriculture, brick making and fishing)
- Advocacy on good practices in youth sexual and reproductive health

The Kinondoni Municipality Project

Initial studies under the programme in Kinondoni suggest that out-of school youths are at greater risk than in-school youths of involvement in substance abuse. Common psychoactive substances involved are tobacco, glue, gas and petrol. Use starts between 9 and 12 years for boys and 13 years for girls. Adolescents often graduate to cannabis, alcohol and eventually heroin. School dropouts who are engaged in activities such as prostitution, football, drama and those who work as porters are the main users of cannabis.

Risk factors for substance abuse are: stress, lack of interpersonal skills, having nothing meaningful to do, influence from media, limited information on the consequences of substance abuse and availability of substance abuse in the locality.

Objectives and activities of the Kinondoni project

The Kinondoni project focuses on the Adolescent Sexual and Reproductive Health (ASRH) aiming at reducing substance abuse among out of school youth. The area covered includes six wards in the municipality. The main activity under the project is by running a peer educators group which implements activities related to substance abuse prevention. Specific activities included in the project are:

- Training of peer health educators;
- Training in life skills;
- Running a community participatory theatre;
- Organising recreational activities for young people;
- Provision of clinical services on reproductive health with support from the Ministry of Health;
- Counselling services for individuals or groups of young people.

Potential beneficiaries

The project targets out-of-school youths aged between 10-24 years.

11.3.4 Other Programmes under the Global Initiatives

A number of local organisations involved in reducing vulnerability to drug abuse are supported by the Global Initiatives of the United Nations against drug abuse. These include:

- Elimu Ya Malezi Ya Ujana (EMAU), focusing on counselling and guidance of youths in Temeke, Ilala, and Kinondoni in Dar es Salaam;
- Kimara Peer Educators and Health Promoters Trust, which is involved in HIV/AIDS prevention through peer education and community information sites in the Northwest Kinondoni municipality;
- Youth Cultural and Information Centre (YCIC), which is involved with disadvantaged children and youths between ages of five and twenty-five, and working to provide information and create opportunities for local communities to develop action to prevent substance abuse growing and spreading among out-of-school young people in Jangwani, Miburani and Kigamboni areas of Dar es Salaam; and
- Masjid-Taqwa, which undertakes prevention work based on religious teachings and conducted in schools and in the community in Mchangani and Mlandege areas of Zanzibar Island;
- The Zanzibar Association of Information Against Drug Abuse and Alcohol (ZAIADA), which organises and provides training of trainers on substance use, awareness rising among, civic leaders, parents and school children, and related activities in the Stone Town area of Zanzibar.

Gaps of scale and scope

Although the focus of the programmes is mainly on drugs abuse and alcohol addiction, the scale is rather limited in terms of the number of potential beneficiaries targeted and most activities are urban based, especially in Dar es Salaam. The problem could be rising in other urban areas and in some rural areas as well.

The problem of drug abuse and alcoholism is related a multitude of social processes. However, these social processes have not been sufficiently addressed to halt the growing number of drug addicts, especially the youth.

This study did not review programmes which address alcoholic substance abuse, and related issues of domestic violence and vulnerability resulting from alcoholism. It is, however, known to be an issue of concern raised especially by women in the 1995 PPA and the public consultations for the PRS (2000).

Recommendations

The following recommendations are made:

- **Scale up** programmes and other initiatives to support the vulnerable youth in prevention and rehabilitation to other areas of the country, especially in small towns.
- Build up **capacity of district councils** to support parents and guardians with children and young people who need treatment and rehabilitation
- Scale up **awareness** raising activities among school age children on the consequences of drug abuse
- Facilitate **access to credit to youth**, both in urban and in rural areas to enable them engage in productive activities.
- Build more secondary schools to increase the number of primary school graduates joining secondary school

12. Vulnerable youths and risk management strategies

12.1 Introduction

Youth groups considered to be most vulnerable to both basic needs and income poverty include the unemployed, those with unreliable income and females. Most lack ownership and control of resources that they can use to generate income, and as a result depend on others or are forced to engage in illegal and dangerous activities. Young girls, especially in rural areas face the risks of exposure to early marriages, usually exacerbated by lack of opportunities for employment or further education, and also by some cultural practices.

12.2 Impoverishing factors

Factors impoverishing the these youth groups all along the economic, governance, health, and social cultural as outlined below:

Economic:

- Limited access to capital and lack of access to productive asset, leading to idleness and engagement in drug abuse, prostitution, and theft, which make them even more vulnerable to poor health and to extreme poverty.
- Poor economic status

Health:

- Poor access to health services, leading to heavy burden of diseases such as HIV/AIDS, STDs, etc
- Poor or non attendance of antenatal clinics of young mothers

Governance:

- Non-conducive learning environment in school, leading to high drop outs
- Inadequate provision of health facilities with essential drugs and supplies to young people
- Inadequate or poor access to basic services to the rural areas, leading to massive migration of young people to urban areas
- Lack of education and skills among the youth to engage in income earning activities, and also on how to prevent themselves from infectious diseases such as HIV/AIDS

Social cultural:

- Unplanned, unwanted pregnancies and early pregnancy resulting from some cultural practices
- Youth not involved in decision making at household and community levels or have little power to influence decision making within the household and community
- Predatory behaviour of older males seeking younger women

12.3 Social protection and risk management strategies

Except a Muslim youth programme by BAKWATA, no substantive programme directed specifically to youth only was studied, other than those at the Ministry of labour, Youth and Sports Development presented in chapter ten, and those by UNICEF focusing on children and young people as presented in chapter three.

Gaps of scale and scope

The youth, particularly those unemployed and female young people are exposed to risks of impoverishment because of a number of factors. Yet, very limited efforts are being made to address the problem of skill development and employment creation for the massive number of young people, both in urban and in rural areas.

Even when plans are being made for youth development, there is little presentation and voice by youths at community, district and regional, and national levels. In addition, most policies, plans and strategies for development that are geared to address the problems of youths rarely reach the rural community adequately.

Recommendations

- Facilitate **training of youth on entrepreneurship and business skills**, including credit management
- Strengthen the efforts which enhance **gender participation** for all age groups, and raise awareness and contribution of youth in the decision making process
- Improve **access to credit services** to enable the youth to engage in income generating activities
- **Awareness raising** and social mobilisation to stakeholders and community as a whole to change attitudes towards the role and rights of children and young people.
- Develop an effective mechanism to **support children from poor households** in the rural areas who are unable pursue further studies such as secondary schools even if selected, because they can not meet school financing needs.

Appendices

Terms of Reference (ToR) for Vulnerability Study

Background

Vulnerability is an important aspect of poverty reduction efforts as it engages the analysis of poverty more dynamically, extending policy concerns to the likelihood of individuals, households, and communities to becoming impoverished even if they are not necessarily poor. The PRSP recognizes the need to pay attention to the vulnerable groups, promising to provide specific interventions to the targeted groups such as the orphans and the handicapped.³³ Despite various initiatives to contain vulnerability, there is no sufficient information regarding vulnerability in Tanzania, especially with respect to the identification of the vulnerable groups, their location, characteristics, risks faced by different vulnerable groups, coping mechanisms available and used by the vulnerable groups, and the nature and character of effective support to enhance risk coping capacity of the vulnerable.

The Poverty and Human Development 2002 provides a conceptual framework for understanding vulnerability, built around the theoretical framework that considers both the ex ante and ex post conditions and risk management, therefore linking poverty to vulnerability.³⁴

The R&AWG commissioned a Participatory Poverty Assessment (PPA) as required under the poverty monitoring master plan³⁵ around issues of vulnerability. Preliminary results of the PPA attempt to describe the types of risks faced by various groups, their sources, and response options available to them.

It is recognized that a great deal of initiatives is being done, albeit on a small scale and to specific locations to support vulnerable people, families and communities in Tanzania. However, it has not been established whether these initiatives indeed target the appropriate vulnerable groups, whether they are appropriate given the type, extent, and the timing of risks, and whether they mitigate or increase risks.

Tasks

Against the above background, the R&AWG intends to commission further work in its programme to address vulnerability, specifically in the following areas:

1. To identify the vulnerable groups in the country, including their characteristics and specific groups that are extremely vulnerable/destitute, taking into account the conceptual framework of vulnerability and the available data.
2. To carry out an analysis of the results of the PPA and other recent studies on vulnerability, focusing on the identification of factors causing vulnerability and

³³ PRSP 2000, pp 26

³⁴ Ex-ante relates to before risk materialize while ex-post relates to after the risk materialize

³⁵ United Republic of Tanzania *Poverty Monitoring Master Plan*, Dar es Salaam, December 2001

response options and risk management, including systemic factors (both *ex ante* and *ex post*) by each specific group

3. To carry out an assessment of the existing major social protection and risk management programmes and strategies, based on documented research and records available in the Prime Minister's Office, Office of Emergency Preparedness, the Ministry of Labour, Youth Development and Sports, Department of Social Welfare, other institutions of government and various bilateral and multilateral development agencies and non-governmental organisations: USAID, WFP, Save the Children Fund (UK), Caritas, DfID, ILO, UNICEF, World Bank, and others;

The assessment should include the effectiveness of programmes in terms of appropriateness given the type and intensity of risks and needs of individuals, households, and communities.

4. To identify major gaps of scope and scale and develop comprehensive policy recommendations aiming at directing social protection efforts towards effective risk management of the vulnerable, providing for survival to the destitute groups, and enhancing the capacity of the poor individuals, households, and communities from sliding into deeper poverty or to jump out of poverty.
5. To consider and recommend a set of potential indicators of vulnerability in the context of PRS progress monitoring.

Human capacity requirement

This is a challenging area that requires a careful diagnosis of the concept of vulnerability and its policy implications in the context of the PRS. It is therefore proposed to commission a team of three individuals, of which at least one of the team members should be conversant with the social protection and risk management programmes or one capable of identifying and reviewing such programmes, and one member familiar with the recent PPA process. Another member of the team could be drawn from the Secretariat or from the R&AWG. The Secretariat would be responsible for facilitating the study, including quality assurance, with the guidance of the R&AWG.

Appendix two: List of Institutions and Officials interviewed.

1. The Prime Minister's Office
2. Ministry of Labour, Youths Development and Sports
3. Ministry of Community Development and Gender
4. TACCAIDS
5. Tanzania Red Cross
6. HAKI-Elimu
7. Chama Cha Walemavu
8. SATF
9. TASAF
10. UNICEF
11. DfID
12. Save the Children
13. Help Age International
14. The Commission for Human Rights and Good Governance
15. HAKI –Ardhi
16. The CCBRT Disability Hospital
17. Legal and Human Right Center
18. BAKWATA
19. Foundation for Civil Societies
20. CREW Tanzania
21. SHIDEPHA
22. AMREF (Global Initiatives Website)
23. TGNP

Appendix 3. Guide Questions for interview with Programme Officers

0. Understanding the Programme

0.1 What is the Mission of the Programme

0.2 What are the objectives of the Programme

1. Different vulnerable groups and their characteristics

1.1 Who are the beneficiaries of the programme?

1.2 What is the size of the group in Tanzania, quantitatively? (Provide statistics)

1.3 What are the entry criteria for an individual or group of individuals to qualify for the interventions?

1.4 Description of the target group as vulnerable groups? What are the main social characteristics? Are they found in a specific location?

1.5 Describe the factors making them vulnerable...risks facing them, for instance:

1.5.1 Distance to services (water, dispensary, primary school, police post, justice, etc.,)

1.5.2 Restrictive legislation and bylaws,

1.5.3 Lack of knowledge about policies and laws on people's entitlements,

1.5.4 Prices, which are unpredictable,

1.5.5 Access to natural resources including fertile soils, water for irrigation, fisheries, pastures and forests,

1.6 What are the main needs of the beneficiaries?

1.6.1 Short term needs

1.6.2 Long term needs

2. The Risk management and social protection programmes

2.1 What is the nature of support offered by the programme? For instance:

2.1.1 Is it ex-ante or post-ante,

2.1.2 Does it involve capacity building

2.1.3 Awareness rising for the target group to know their entitlements?

2.2 What is the size of the programme in terms of:

2.2.1 Budget,

2.2.2 Beneficiaries coverage,

2.2.3 Geographical coverage,

2.2.4 Duration and sustainability

2.3 What is the main government policy framework on which the programme is based

2.3.1 when was the policy formulated

2.3.2 by which Ministry or government institution

2.3.3 how comprehensive is the policy with respect to specific types of vulnerability

- 2.1 How do you monitor your programme's performance?
 - 2.4.1 System of monitoring and evaluation in place
 - 2.4.2 What indicators do you use and with what success and limitations