

# The Tanzanian National Plan of Action for Most Vulnerable Children

## A Human Capacity Needs Assessment

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September 2006



*The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government*

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## **ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-Based Organization
CDO	Community Development Officer
CDW	Community Development Worker
CMAC	District Committee for Multi-Sectoral Aids Coordination
DSW	Department of Social Welfare
EO	Education Officer
FBO	Faith-Based Organization
GoT	Government of Tanzania
HCA	Human Capacity Assessment
HIV	Human Immunodeficiency Virus
IFI	International Financial Institution
ME&VT	Ministry of Education and Vocational Training
MCDGC	Minister of Community Development, Gender and Children
MH&SW	Ministry of Health and Social Welfare
MLE&YD	Ministry of Labour, Employment and Youth Development
MPEE	Ministry of Planning, Economy and Empowerment
MV	Most Vulnerable
MVC	Most Vulnerable Children including orphans
MVCC	Most Vulnerable Children Committee
MVCC SWW	Most Vulnerable Children's Committee Social Welfare Worker
NACP	National AIDS Control Programme
NGO	Nongovernmental Organization
NSC	National Steering Committee
NTC	National Technical Committee
OVC	Orphans and Vulnerable Children
PEPFAR	President Emergency Plan Fund for AIDS Relief
PLWHA	People Living With HIV/AIDS
PM	Prime Minister
PSS	Psycho-Social Support
PMO-RALG	Prime Minister's Office of Regional and Local Government
RAAAP	Rapid Appraisal, Analysis, and Action Planning

TACAIDS	Tanzania AIDS Commission
UNICEF	United Nation Children's Fund
USAID	United States Agency for International Development
VMAC	Village Multi-Sectoral Aids Committee

## **EXECUTIVE SUMMARY**

Tanzania faces a crisis in its ability to provide needed services to HIV/AIDS orphans and vulnerable children. Traditionally Tanzania's orphans have been absorbed into extended families in their home villages. However, the increase in the HIV/AIDS orphan population is overwhelming village capacity.

This report provides an assessment of the human capacity and other needs that will be required to implement the Tanzanian National Plan of Action for Most Vulnerable Children, which depends upon the success of village-level "most vulnerable children's committees" (MVCCs), and upon the ability of a public/private infrastructure to respond to the MVCCs and coordinate implementation of the plan at all levels. The Plan, which has yet to be officially adopted, has been piloted in target villages in 21 of the country's 126 districts.

## **METHODOLOGY**

After a literature review and identification and analysis of all relevant documents, the Human Capacity Assessment (HCA) team set priorities for interviews. The team interviewed key government personnel and NGO workers from three districts, representing urban and rural settings, where the plan had been piloted with varying success. In the same three districts, the HCA team interviewed members of five MVCCs together with other interested villagers. At the national level the HCA team interviewed representatives from key ministries and NGOs. Central government interviews examined policy, coordination and resource allocation. Field interviews examined the MVCC program at the district and village levels.

## **SUMMARY OF OBSERVATIONS**

The HCA team's analysis found components of the Plan in place in the pilot districts and villages; however, the components are not functioning reliably or as a system. Thus, while the human capacity (MVCCs) to coordinate the Plan is present at the village level, the MVCCs are not adequately supported and have great difficulty in fulfilling their role. Specific observations include the following:

- MVCCs reported that they had only irregular contact with any NGO or Government of Tanzania (GoT) service providers, and that whatever funding, goods or services were provided were sporadic and unreliable.
- It does not appear that any district has a program to train, support or strengthen the pilot MVCCs in the villages where they have been created, nor is there any significant evidence of attempts to coordinate efforts between the districts and villages. No district reported significant or consistent transfers of funding, goods, services or knowledge from the district to an MVCC.

- Where NGOs are present, the MVCCs and NGOs report that the way resources are distributed is based upon a supply-driven, top-down process. There is no systemic attempt to coordinate supply and demand.
- GoT has provided minimal funding and goods, few services, sporadic expertise and some coordination, but it has not promoted the Plan. National coordinating groups have seldom met, and when they have, meetings have suffered from inadequate preparation.
- The Department of Social Welfare (DSW), the government agency charged with driving the Plan, is understaffed and lagging behind in the government's decentralization efforts and lacks the influence and resources needed to promote the Plan.

### **ANALYSIS OF NEEDS**

On the current rollout schedule, only 5.85% of Tanzanian villages will be covered by the Plan at the end of 2011. However, if the national government will take key actions and make the National Plan a priority, the HCA team believes the strengthening of human capacity required to improve and accelerate implementation of the Plan can occur in 18 months. Within this timeframe, each district can hire one social welfare worker to be the district MVCC Advocate, and three to four social workers to support the village MVCCs (ratio of 1:30 or less) with case management and psychosocial training and support. During that same 18 months, existing National Facilitators, bolstered by the existing field staff of the ministries of Education and Vocational Training (ME&VT), Community Development, Gender and Children (MCDGC) and Health and Social Welfare (MH&SW), can organize the rest of the country to establish an MVCC in every village.

For the Plan to succeed, the government's urgent undertakings should be to:

- *Create the MVCCs* (i.e., approve and roll out the Plan)
- *Support the MVCCs* with trained, qualified and dedicated staff
- *Reorganize and decentralize the DSW* so that it will conform to the rest of Tanzania's government
- *Direct funders and NGOs to coordinate service delivery* with the MVCCs' needs assessments.

### **PRIORITY RECOMMENDATIONS**

The implementation of the National Plan is a large undertaking. Moving the process ahead requires many actions, the most important of which can be summarized as follows:

- Immediately take extra steps to coordinate the Ministries and their resources to approve and accelerate a rollout of the Plan through the MVCCs.
- Begin a longer-term plan to develop a government infrastructure to build the human capacity to support the implementation of the Plan through an emergency recruiting, hiring and training process for about 600 social welfare workers.

- Reorganize DSW and enhance its resources so that it can develop policy and monitor services for MV children, and monitor and coordinate rollout of the Plan.
- Develop the human capacity necessary to implement the Plan by training district officials in their roles and responsibilities for MV children and helping them develop a government infrastructure to support MVCCs, coordinate NGOs and ensure their service delivery and response to MV children.
- Support the MVCCs by providing training in their villages to enable them to become effective case managers and provide psychosocial support to children and families in the absence of that service from NGOs; empower them to make service demands on the district government and NGOs and to report the quality of services being provided.
- Use the national NGO implementing partners group more effectively to 1) examine whether the resources designated for the MV children are reaching them, 2) evaluate training to determine whether it results in higher quality services for children or better implementation of the Plan, 3) coordinate training so that attendance does not degrade delivery of health and child welfare services and 4) map the location of NGOs, their services across Tanzania and the number of children served by them.

## **FOREWORD**

This report provides an assessment of the human capacity and other needs required to implement the Tanzanian National Plan of Action for Most Vulnerable Children (NPA). Field observations were completed in June and July of 2006. Details of the field observations appear in Appendices A and B. A description of the methodology appears in Appendix C. Priority recommendations are presented in the body of the report. The full recommendations are set forth in Appendix D. Background information concerning the crisis of HIV/AIDS orphans in Tanzania appears in Appendix H.

## **INTRODUCTION**

Tanzania faces a crisis in its ability to provide needed services to HIV/AIDS orphans and vulnerable children. Traditionally Tanzania's orphans have been absorbed into extended families in their home villages. However, the increase in the HIV/AIDS orphan population is overwhelming village capacity.

The Tanzanian National Plan of Action for MV Children, which has yet to be officially adopted, has been piloted in target villages in 21 of 126 districts. The Plan depends upon the success of village-level "most vulnerable children's committees" (MVCCs), and upon the ability of a public/private infrastructure to support and respond to the MVCCs.

The plan assigns roles to the national, district and local levels of government.

- The national level of government 1) develops policy, 2) introduces the Plan and 3) coordinates the efforts of GoT, international funders and NGOs to roll out the Plan and deliver services to MV children.
- The district level of government 1) implements national policy, 2) creates, supports and empowers village MVCCs, 3) develops annual MV Children's plans and maps of needs based on the MVCCs' input and 4) directs resources from public and private sources to the village level.
- Local level MVCCs 1) identify the MV children in their communities and inform the district level of need, 2) monitor the MV children's status and 3) coordinate local delivery of services by GoT and NGO service providers. The MVCCs also serve as the *de facto* system of last resort, taxing the community for the benefit of MV children and dedicating village plots to be cultivated for the benefit of MV children.

### **SUMMARY OF OBSERVATIONS**

The litmus test for any social service system is whether it delivers essential services to the intended beneficiaries. In three of the districts where the Plan has been piloted, the Human Capacity Assessment (HCA) team interviewed key personnel from district government and from the NGOs working in the districts. In the same three districts, at the local level, the HCA team interviewed five MVCCs together with other interested villagers. At the national level the HCA team interviewed representatives from key ministries and NGOs.

The HCA team's analysis found components of the Plan in place in the pilot districts and villages; however, the components are not functioning reliably or as a system. Thus, while the human capacity (MVCCs) to coordinate the Plan is present at the village level, the MVCCs are not adequately supported and have great difficulty in fulfilling their role. Specific observations include the following:

***Local Level: The MVCCs are organized, but need funding, goods and services, as well as expertise from the NGOs and GoT***

The village MVCCs are the most consistent and reliable part of the system. At least one MVCC has had to reorganize, but all five appeared to fulfill two of the three essential MVCC functions, i.e., to identify MV children, and to monitor outside progress. All MVCCs reported failure in their third essential function, i.e., to coordinate services.

- All MVCCs reported that they had only irregular contact with any NGO or GoT service providers.
- All MVCCs reported that whatever funding, goods, or services were provided were sporadic and unreliable.
- All MVCCs reported that there was scarce outside support to coordinate.



Most of the MVCCs' coordination efforts seem to be raising funds and food from their own communities. Some support for education comes from the ME&VT or NGOs to schools without MVCC involvement.

***District Level: GoT offers minimal funding and goods, no services and little or no expertise***

The district level seems to be mostly reactive to intermittent stimuli from the national level, and unresponsive to the local level. In the sample districts, the NPA is supposed to be piloted, yet:

- It does not appear that any new village MVCCs have been created in the districts where UNICEF and Axios established the initial pilot committees.
- It does not appear that any district has a program to train, support or strengthen the pilot MVCCs in the villages where they have been created.
- No district produced significant evidence of coordination efforts. Only one district could produce a consolidated plan for MV children. Almost all of the NGOs answered “no” when asked if they’d ever met together before (despite the fact that the districts claimed to have regular NGO forums).
- No district reported significant or consistent transfers of funding, goods, services or knowledge from the district to an MVCC.

From the point of delivery perspective, relevant district-level activity ended with the first step of implementation, i.e., when the pilot village MVCCs were created.

***District Level: NGOs deliver insufficient goods and services on schedules determined externally; they are not responsive to the MVCCs***

It is unknown how many NGOs bypass government and the MVCCs altogether. Where NGOs are present, the MVCCs and NGOs report that resources distributed are based upon a supply-driven, top-down process. Goods are delivered when they become available. There is no systemic attempt to coordinate supply and demand. It does not appear that the NGOs coordinate with the MVCCs except to assure that goods and services (as predetermined by funders) will be delivered to a child who has been identified as an MV child.

***National Level: Provides minimal funding and goods, few services and sporadic expertise. While it offers some coordination, it has not promoted the National Plan of Action for MV Children***

The National Plan of Action for MV children is intended to be an emergency plan. Pilots were initiated three years ago, yet the Plan has not been officially adopted. The Plan's National Steering Committee has never met, and its National Technical Committee, which is supposed to meet every three months, has only met twice in two years. Diverse ministries are developing uncoordinated individual ministry plans for MV children.

The national-level NGO Implementing Partners Group meetings are not well planned. Agenda have not always been circulated prior to the meetings, and position papers have not been circulated. These meetings, therefore, consist of *ad hoc*, disorganized discussions. Meetings focus on members' reports of past and present activities, rather than on coordinated planning issues.

***National Level: DSW lacks the national clout or the local presence to drive the NPA***

DSW does not command the respect necessary to mobilize and drive a national campaign.

- DSW has not been reconfigured or reconstituted within the 30-year memory of current staff.
- DSW has been left behind in the decentralization process. This means that while the district level of government employs and directs Community Development Officers, Education Officers and Agricultural Officers, the central government is the employer of the Social Welfare Officers, even those placed at the district level. As a result, while the rest of the central government program implementation is directed from the District Executive Officer's desk in each district, social welfare is administered by a staff of eight persons in Dar es Salaam.
- DSW is understaffed at the national and district levels.

**ANALYSIS OF NEEDS**

The national government has not pushed itself, the NGO community or the district governments to produce the NPA nor to implement it. Responsibility for the plan has been assigned to an understaffed agency that has not been revamped or reorganized for 30 years and that is not synchronized with the rest of government under the 1998 Local Government Reform Programme. In sum, implementation to date has not reflected the urgency of the problem. On the current rollout schedule, only 5.85% of Tanzanian villages will be covered by the plan at the end of 2011.<sup>1</sup>

However, if the national government will take key actions and make the National Plan a priority, the HCA team believes the strengthening of human capacity required to improve and accelerate implementation of the Plan can occur in 18 months. Within this timeframe, each district can hire one social welfare worker to be the district MVCC Advocate, and three to four social workers to support the village MVCCs (ratio of 1:30 or less) with case management and psychosocial training and support. During that same 18 months, existing National Facilitators, bolstered by the existing field staff of the ministries of Education and Vocational Training (ME&VT), Community Development,

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<sup>1</sup> The plan has been piloted in 21 out of 126 districts. Current plans are to introduce it over the next five years into 20 more villages in each of another 20 districts. There are an estimated 14,000 villages in Tanzania. Forty-one districts times 20 villages equals 820 villages; 820 divided by 14,000 equals 5.85%.

Gender and Children (MCDGC) and Health and Social Welfare (MH&SW), can organize the rest of the country to establish an MVCC in every village.

Tanzania has a minimal social services delivery system. GoT must rely on NGOs and foreign donors to provide services, but GoT cannot delegate essential governmental functions of planning, monitoring and evaluation. GoT must have a governmental social services program that can identify MV children, report their needs and direct the flow of resources and regulate quality of services. The MVCCs are an integral part of that system.

The MVCCs are an institutionalization of the villages' traditional absorption of orphans. The MVCCs take their job seriously. They assess and monitor children and tax communities when resources are not forthcoming from the district and NGO service providers. They raise community consciousness. The act of creating an MVCC is a benefit to the vulnerable children in the community. The only shortcomings of the MVCCs are that these grassroots actors are not empowered and do not realize that they are the most important cog in the wheel. The MVCCs do not make demands on local government or NGOs. It remains to be seen how the service providers would respond if such demands were made.

If the GoT will approve and rollout the National Plan, devote staff to support the MVCCs with training and professional expertise, empower the MVCCs to command the attention of the NGOs and the district governments and empower DSW to lead and direct policy, the NPA should succeed.

For the Plan to work, the government's urgent undertakings should be to:

- *Create the MVCCs* (i.e., approve and roll out the Plan)
- *Support the MVCCs* with trained, qualified and dedicated staff
- *Reorganize and decentralize the DSW* so that it will conform to the rest of Tanzania's government
- *Direct funders and NGOs to coordinate* service delivery with the MVCCs' needs assessments.

### **Roll Out the Plan**

In the next five years the crisis of MV children is expected to spike. For the National Plan to have a meaningful impact, the GoT must approve and implement it with some degree of urgency.

The Department of Social Welfare lacks the capacity for a rapid rollout. They cannot roll out the plan nationally as they are now constituted, nor can they be bulked up rapidly enough to achieve the needed rollout.

An effective rollout will require a one-time substantial effort from the government and a lot of support and effort from the NGOs and funders. The existing pilots were created by a team of 20 national facilitators over a period of years.

The MCDGC, DSW and MH&SW and the ME&VT must work closely together to design an implementation strategy for developing an MVCC in every village where there

is a school and a school committee (14,000 villages). Each of these three ministries has a presence in the districts with Community Development Officers (CDOs) (1,700 nationally), Education Officers (Eos) (126) and Social Welfare Officers (SWOs) (48).<sup>2</sup> ME&VT also has a presence on the ground in the form of teachers and school committees in 14,000 villages.

Both MCDGC and ME&VT have continuing training programs for their field staff. MCDGC will train one half of its field staff in 2007. Each national facilitator had three weeks of training. If this human capacity within MCDGC, ME&VT and MH&SW was mobilized and trained as national facilitators for the National Plan of Action, working MVCCs could be created in every village within 18 months.

### ***Undertake an Emergency Hiring of Social Workers to Support MVCCs***

Trained staff is needed at every level with responsibility for MV children and for carrying out the National Plan of Action.

The missing links are fulltime staff who bring the policy to life at the district level and carry it to the front line in the villages, keep the MVCC agenda at the top of the district agenda and provide outreach, support and troubleshooting for the village MVCCs.

In the district government offices, this should be a social welfare worker who has no duties other than being an MV Children's Advocate.<sup>3</sup> This would require 126 MV Children's Advocates to be hired and trained.

In the villages, the MVCCs need social welfare expertise to assist them in their essential functions: to assess needs, to monitor soft services for children (i.e., psychosocial services), and to develop MVCCs' case management capacity. It would be desirable to put social workers in every village, but that is unsustainable. It is sustainable to place one social welfare worker into every village for one week each year to train and support the volunteer MVCCs. (14,000 divided by 30 equals 467 social workers nationwide. That equals 3.7 social welfare field staff in each district, 467 divided by 126). This means the districts must hire approximately 600 social workers, counting the 126 district advocates.

DSW estimates that there are sufficient qualified social workers in Tanzania today that it would not be difficult to find and hire 500 to 600 social workers. If an emergency hiring program started now, the district MVCC Advocates and the social worker MVCC support staff could be in place by the time the rollout is completed 18 months from now.

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<sup>2</sup> Due to the limitations of our interviews, we were unable to speak with the right level person at MH&SW. It may well be that a number of health workers in the field might also be enlisted for the rollout effort.

<sup>3</sup> The social welfare officer positions have not been filled because of a governmental hiring freeze, but this is only part of the dilemma. If there were a social welfare officer in each district, this position would be responsible for probation, counseling, day care centers and other areas for which DSW is responsible. There would not be sufficient time to dedicate to the National Plan and to MVC.

### ***Reorganize and Decentralize the Department of Social Welfare***

Tanzania needs a better-functioning social service system, which requires more trained social workers and increased financial resources to support MVC.

DSW should be reorganized and revamped as a matter of urgent government reform. There is a plan in place to decentralize social welfare to the district level,<sup>4</sup> but decentralization is stalled.

Plan implementation calls for a reallocation of human resources. Within the DSW, positions must be re-written to dedicate job responsibility to supporting the MVCC and MVC. Layering new responsibilities over old will make implementing the NPA more difficult.

While the district governments, MCDGC and ME&VT are assisting in the rollout, DSW can build itself into a more responsive agency that will support the MVCCs.

### ***Increase the flow of resources to children***

If all the structural entities and delivery system mechanisms were in place, there would still be inadequate resources getting to the children and their caretakers. The implementing partners can play an important role in looking at these areas and in coordination to ensure that services get to their intended destinations. Training and services need to be better and more efficiently delivered and coordinated, and the implementing partners need to discuss these important issues at their monthly meetings. Partners must determine whether resources are inadequate or are adequate but not reaching the children. This is a time to consider whether humanitarian assistance is called for rather than or in addition to development assistance.

## **PRIORITY RECOMMENDATIONS AND ACTION ITEMS**

The implementation of the National Plan is a large undertaking. Moving the process ahead requires many actions, the most important of which can be summarized as follows:

- Immediately take extra steps to coordinate the Ministries and their resources to approve and accelerate a rollout of the Plan through the MVCCs.
- Begin a longer-term plan to develop a government infrastructure to build the human capacity to support the implementation of the Plan through an emergency recruiting, hiring and training process for about 600 social welfare workers.
- Reorganize DSW and enhance its resources so that it can develop policy and monitor services for MV children, and monitor and coordinate rollout of the Plan.
- Develop the human capacity necessary to implement the Plan by training district officials in their roles and responsibilities for MV children and helping them

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<sup>4</sup> Report of the Study on the Need to Mainstream Social Welfare Services into the Local Government Structure (2005).

- develop a government infrastructure to support MVCCs, coordinate NGOs and ensure their service delivery and response to MV children.
- Support the MVCCs by providing training in their villages to enable them to become effective case managers and provide psychosocial support to children and families in the absence of that service from NGOs; and empower them to make service demands on the district government and NGOs and to report the quality of services being provided.
  - Use the national NGO implementing partners group more effectively to 1) examine whether the resources designated for the MV children are reaching them, 2) evaluate training to determine whether it results in higher quality services for children or better implementation of the Plan, 3) coordinate training so that attendance does not degrade delivery of health and child welfare services and 4) map the location of NGOs, their services across Tanzania and the number of children served by them.

The chart on the following page presents a 36-month action plan for NPA implementation and human resources development.

## Thirty-Six-Month Action Plan for NPA Implementation and Human Resources Development (Results Framework)

Objective	Action	0 to 6 Months	6 to 18 Months	18 to 36 Months
<b>Develop policy and political will</b>				
<b>Create an enabling environment for children's issues. Raise the profile of MVC and MVC issues and obtain political support at the highest levels. Empower the MVCC.</b>	Enlist appropriate high-level GoT representatives (e.g., Permanent Secretary of Health and Commissioner of DSW) to elevate MVC concerns to the Prime Minister level	X		
	Develop a high-level government and media message that care for MV children is a high government priority and that care for MVC is a demand-driven process emanating from the MVCCs	X	X	
	National Technical Committee will meet monthly	X	X	X
	National Steering Committee will meet quarterly and provide quarterly progress reports to the Prime Minister and the press. Agenda will be prepared and distributed one week before each meeting. The public will be invited to attend.	X	X	X
	MVCCs will report and DSW will track and regularly report the number of MVC who are not receiving services. DSW reports will be public.	X	X	X
<b>Increase coordination and decrease duplication among ministries concerned with children's issues</b>	Sort the overlapping roles of the various Ministries that are providing services for MVC. The concerned ministries are unable to do this. This will need facilitation from the PM level.	X		
	Design a results time frame to guide the work of the Technical Committee	X		
	Establish a planning and proposal-generating secretariat to meet regularly and prepare agenda for the National Technical Committee monthly meetings	X		
	Develop an NPA National Facilitators' training module to enable the CDOs and EOs to assist in the rollout of the NPA in new districts and villages	X		

Objective	Action	0 to 6 Months	6 to 18 Months	18 to 36 Months
	Incorporate the National Facilitators' training module into all MCDGC and ME&VT zonal and refresher training programs for CDOs and EOs from districts where there are villages without MVC Committees	X		
	Consider inviting SWOs and EOs to participate in the NPA related training at the MCDGC zonal training scheduled for FY 2006/2007	X		
	Abolish sitting fees for government employees	X		
<b>Enact policy to protect MVC and to ensure that their basic needs are being met</b>	Pass a Child Act	X		
	Determine the policies that need to be developed pursuant to the Child Act		X	
	Develop a Child Abuse and Neglect Procedure		X	X
	Develop a case management training module for social workers to deliver to the MVCC in the villages	X		
	Develop a psychosocial support training module for social workers to deliver to the MVCC in the villages	X		
<b>Improve the efficiency of the DSW.</b>	Hold a DSW management retreat to assess the department and reorganize it as indicated	X		
	Plan a new reporting structure with levels of supervision within the DSW	X		
	Assign a substitute for the Deputy Commissioner with full authority to act in his absence	X		
	Establish a dedicated DSW staff person to liaise with the large donor programs, to be part of their decision-making body and to report to the Deputy Commissioner	X		
	Establish a dedicated DSW staff person to be responsible for only MVC coordination issues and for working to accomplish the goals of the NPA	X		
	Hire and empower an administrative secretary/office manager for DSW	X		
<b>Delivery: Develop a social services delivery system</b>				



Objective	Action	0 to 6 Months	6 to 18 Months	18 to 36 Months
<b>Develop the structure</b>	Train the DEO in every district on the NPA and their role and responsibilities with regard to MVC and the process of establishing MVCCs	X	X	X
	Establish an MVCC in every village	X	X	X
	Employ a designated full-time MVC Advocate (Social Welfare Worker) in each district		X	X
	In each district train core personnel (SWOs, CDOs, EOs, CMACs) as National Facilitators	X		
	Develop a short and long term plan for service delivery	X		
	Adopt an emergency funding, recruitment, training and hiring plan for MVCC SWWs	X		
	In each district hire at least one MVCC social welfare worker (MVCC SWW) for every 30 villages or sub-wards in the district		X	X
	MVCC SWWs spend five to seven days per year, exclusive of travel time, in on site visits to each MVCC with on-going training and support		X	X
<b>Enhance the service delivery system by developing a competent workforce</b>	Develop short-term pre-service training for new hires on NPA, current issues, case management, psychosocial support, community outreach, responsibilities to the MVCC and MVC	X	X	
	Provide continuing education training for those already in the system covering the NPA, community outreach, case management, psychosocial support, responsibilities to MVCC and MVC		X	X
	Develop mobile training modules for MVCCs and provide training for them in their villages	X		
	MVCC SWWs deliver ongoing training to MVCCs in their home villages on case management, MVC identification and donor coordination and psychosocial support		X	X
	Do a staff audit for SWO to determine the quality and level of training of existing staff	X		

Objective	Action	0 to 6 Months	6 to 18 Months	18 to 36 Months
	Develop training for SWO—long term and short term	X		
	Institute a University track on child welfare		X	
	Review the current job descriptions and duties and conform them to the new responsibilities in the mainstreamed department	X		
	Conduct a wage survey to keep SWO and SWW at appropriate salary levels and retained in their positions.		X	
<b>Empower and Support the MVCC system</b>	Deliver a strong message from the President/Prime Minister to the government and the press that MV children are a national priority, that the government's response is to be driven by demand from the villages as assessed and reported by the MVCCs	X	X	X
	Each NGO files an annual plan (prospective) and annual report (retrospective) with the District. These plans and reports must be signed off by the MVCC (and VEO?) in the villages where the NGO works.		X	X
	Disaggregate district MVC plans from the annual district plan and file copies with the DSW as well as the district	X	X	X
	Develop a results table to measure the impact that the focal/coordinator person from the district is having with MVCC/MVC		X	X
	Allocate district and national funds to be placed at the discretion of the village level MVCCs in the MVCC accounts		X	X
<b>Services: A continuum of monitored, evaluated quality services will be delivered to MVC from the district and village levels</b>				
<b>Assess all children annually</b>	The MVCC will assess every village no less frequently than once per year and update their reports to the district. This will be completed at the beginning of the district budget cycle.	X	X	X
<b>Monitor monthly the well-being of all MVC and all children who do not live with their parents</b>	An MVCC member will visit each household containing a child not living with her/his parents no less frequently than once per month	X	X	X

Objective	Action	0 to 6 Months	6 to 18 Months	18 to 36 Months
<b>Determine the specialized services that are needed and at which level they should be available</b>	In consultation with the assigned SWW each MVCC will determine what services are needed for each child in every village. These determinations will be forwarded to the district and to the NGOs working in the community.		X	X
<b>Develop and apply standards for services</b>	Family home care and support		X	X
	Psychological support and child-rearing, (recreation, spiritual support)		X	X
	Primary health care		X	X
	Education and vocational training		X	X
	Food and nutrition		X	X
	Household economic strengthening		X	X
	Legal services and protection (birth registration, wills and protection of inheritance, protection from abuse and exploitation)		X	X
	Standards for kinship and foster care		X	X
	Guidelines for the supervision and support of the services		X	X
<b>Monitor services for compliance with standards</b>	SWW and MVCC, using the case management model will monitor compliance by service providers. MVCC will report no less than annually to the district on NGO and government compliance or non-compliance.	X	X	X
<b>Use data system to track individual children and the services they receive</b>	DEOs will direct district staff to input village MVCC annual assessment reports into the DSW Data Management System	X	X	X
	The DSW Data Management System will be supplemented by data from the ME&VT database	X	X	X
	DSW will review each district's disaggregated MVC district plan together with the data management system reports from that district to assess the quality and sufficiency of the district plan, to identify trends, and to develop national policy and planning	X	X	X

Objective	Action	0 to 6 Months	6 to 18 Months	18 to 36 Months
<b>Coordinated programs and funding</b>				
<b>NGO/Donor Coordination</b>	Donors will coordinate with the goal of providing needed services for MV children	X	X	X
	Implementing partners will review administrative costs and maximize the resources hitting the ground for children	X	X	X
	Implementing Partners group will meet monthly and discuss issues and problems preventing their goal	X	X	X
	A secretariat composed of FHI, Global Fund, Jali Watoto and UNICEF will plan relevant agendas with Deputy Commissioner or his delegate for the Implementing Partners meetings	X	X	X
	The secretariat for the Implementing Partners will prepare and circulate an agenda three days before each meeting	X	X	X
	Each Implementing Partner will deliver a progress report of one page or less to the secretariat for circulation together with the agenda	X	X	X
	Minutes of each Implementing Partners meeting will be forwarded to the members and to the National Technical Committee within one week after the meeting	X	X	X
	Implementing Partners will coordinate training activities to avoid duplication and to minimize the time that health and social service staff is absent from their posts	X	X	X
	Implementing Partners will discontinue sitting fees to government employees for training events	X		
<b>International/bilateral donors coordination</b>	Each international/bilateral donor will assure that each recipient of funds complies with requirements to register with the district, to coordinate with the district plan, and to coordinate with the MVCC and to obtain village MVCC approval for plans and annual reports. MVCC	X	X	X
<b>TACAIDS to focus MVC goals on resources for MVC</b>	TACAIDS will work together with the National Steering and Technical Committees to assure that the CMACs and VMACs are active partners in the NPA	X	X	X

Objective	Action	0 to 6 Months	6 to 18 Months	18 to 36 Months
	TACAIDS will enlist the CMACs and VMACs to assist in the rollout of the MVCCs in all districts where they do not currently exist	X		
	The district MVC Advocate will have a place on each CMAC agenda to present issues of MVC	X	X	X
	TACAIDS matching funds will be directed to the village MVCCs	X	X	X
<b>Increase resources for MVC</b>	National government will allocate funds for district and village level MVC programs		X	X
	District councils will increase funding for MVC		X	X
	District councils will allocate some funding to be administered by the village MVCCs		X	X
<b>Improve coordination within the government</b>	Publish the portions of the strategic plans, action plans and budgets of each of the different ministries that pertain to MVC programs as an annual compliance plan whereby all of the government and the public can see each year what the government's implementation of the National Plan looks like	X	X	X
	Empower the Deputy Commissioner for DSW to convene the National Steering Committee, the National Technical Committee, and the Implementing Partners regularly. Consider reassigning this duty to a higher level	X	X	X
	Hire a full-time MVC Advocate social worker in every district.		X	X

## **APPENDIX A: FIELD OBSERVATIONS**

### **Governmental Structure and Process**

#### **How It Works (or Is Supposed to Work)**

The United Republic of Tanzania is a multiparty state led by the president of the union (consisting of the Mainland and the Zanzibar archipelago) and has a population of approximately 37 million. The President appoints a prime minister to head the cabinet, which is composed of 23 Ministries. The country is divided into 26 regions and 126 districts. It is further divided into wards, sub-wards and villages. Sub-wards and villages are the most local level of government.

The DSW is the agency that has primary responsibility to develop a system of social services for OVC. DSW is a Department of the Ministry of Health and Social Welfare. It was a department of the Ministry of Labor, Youth and Sports prior to the government's January 2006 reorganization.

Most but not all of the Ministries have been devolved to the district level pursuant to the partially completed 1998 Local Government Reform Programme. The coordinating body for devolved agencies is the Prime Minister's Office for Regional and Local Government (PMO-RALG). This body interprets national level law and policy into budget, staffing and financial planning for implementation by the district level commissioners, directors, extension staff and district councils. PMO-RALG is the critical link to interpret national policy into local action. DSW has not been devolved, although the rest of the MH&SW has. This puts DSW at a severe disadvantage when it comes to converting national policy into local actions.

The District Executive Officer (DEO) is the head of district government. In theory the DEO reports to the district council, which, according to the plan for devolution of government, will one day have power to hire and fire the DEO, but at the present time, the DEO is appointed by the Prime Minister (PM), who retains the right to hire and fire. The District Council has power to raise some funds locally, but also submits budget requests to PM office. The DEO controls budget and staff within the district. Funds from the central administration and funds raised by taxes within the district are controlled by the DEO. Extension officers, who implement the policies set by the central ministries, are hired and fired by the DEO. In practice, the DEO is firmly in control of the district administration and cedes only nominal authority to the District Council.

The Village Executive Officer (VEO) is the sole paid staff at the village level. The VEO is hired and fired by the DEO. As at the district level, there is a village council, which has limited power to raise and administer funds.

The Most Vulnerable Children's Committee (MVCC) is the cornerstone of the Tanzanian National Plan for OVC. The MVCC is a village committee elected/appointed by the community in a public village meeting. The MVCC model has been piloted in 17 districts by UNICEF and four more by Axios. Where they have been created, the MVCCs identify the most vulnerable children (MVC) in their community and report their numbers to the district level. As the National Plan is conceived, the MVCC are

*Tanzania National Plan for MVC:*

intended to function as low level case managers, assessing the need for services and coordinating government and NGOs who deliver services. In practice the MVCCs observed by the HCAs also were a resource of last resort for MV children services when NGO services were absent. Current plans are under way to implement MVCCs in another 20 districts over the course of the next five years to bring the total number of districts in the NPA to 41; however, it should be noted that only a fraction of the total number of villages in each district is being included in the Plan.

## **National**

### *Scope of Inquiry*

The Department of Social Welfare in the MH&SW is the government partner in this study. Commissioner Kameke and Deputy Commissioner Donald Charwe were the first persons interviewed. Over a period of approximately a week, the HCAs also interviewed representatives from the Ministries of Labor, Employment & Youth Development; Health & Social Welfare; Education & Vocational Training; Community Development, Gender & Children; and Planning, Economy & Empowerment. A representative of the Civil Service Administration was also interviewed. HCAs also attended a meeting of the National Technical Committee for the National Plan for OVC. Outside of government, the HCAs attended a regular monthly meeting of the Implementation Partners Network and interviewed representatives from UNICEF, from USAID, from FHI and from PACT.

### *Observations*

Most of the government representatives interviewed were not familiar with the National Plan for OVC. Contrary to the HCAs' expectations, the National Plan for OVC has not been officially adopted. The National Steering Committee (NSC), the high-level policy-making group described in the Plan whose role is to "ensure transparency, efficiency and partnership in the efforts to respond to the needs of MVC"<sup>5</sup> has never met.

The National Technical Committee (NTC), whose meeting the HCAs attended, had met once before in November 2004. Even the attendees at the National Technical Committee meeting professed unfamiliarity with the Plan, although when questioned, for instance, concerning the MVCC structure, they were able to discuss it.

According to the Deputy Commissioner Charwe, the failure to adopt the Plan was because of questions concerning the costing. Now, Mr. Charwe says, these have been resolved. Mr. Charwe committed to the National Technical Committee that the National Steering Committee would be convened in late September 2006, to formally adopt the National Plan. In a later private interview with the HCAs, he assured the HCAs that it would be adopted at that time with no dispute.

Ministry representatives with whom we met had little knowledge of the NPA. Some had heard about it but had not seen it. There appears to be little coordination or

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<sup>5</sup> The Costed MV Children Action Plan, p.14.

collaboration. Ministries that have existing responsibilities for children have been developing their own policies for MV children and reviewing and updating their existing policies without benefit of the NPA and without regard for what other ministries may be doing. There is a sense that each ministry is protecting the area which they have carved out and that they have little knowledge about what the other responsible partners are doing.

There continues to be confusion about the role of the MCDGC and the MH&SW (DSW) both at the district and the national levels. Each of the Ministries has been charged with responsibility for MV children and each attempts to carry out what it sees as its responsibility.

#### National Steering Committee for MVC

In the National Plan there are several Ministries that are charged with and have an impact on children. Many of these ministries' names were changed in the recent reorganization. They are referred to here by their current names: the Ministry of Community Development, Gender and Children (MCDGC), the Ministry of Education and Vocational Training (ME&VT), the Ministry of Justice and Constitutional Affairs (MJ&CA), the Ministry for Home Affairs (MHA), the Ministry of Labor, Employment and Youth Development (MLE&YD), Prime Ministers Office (PMO), the Ministry of Finance (MF) and the Ministry of Health and Social Welfare (MH&SW). Delegates from these ministries are supposed to comprise the National Steering Committee to coordinate and guide policy for MVC.<sup>6</sup> According to the National Plan, it is to be convened by DSW no less than twice a year. As noted, this group has never met.

#### National Technical Committee for MVC

“The National Technical Committee is composed of experts from sectoral and line ministries dealing directly or indirectly with MV children, including representatives from both local and international NGOs. The committee is responsible for implementing instructions from the Steering Committee.”<sup>7</sup>

The technical committee has several other functions among which is to prepare and propose plans for submission to the NSC. According to the NPA, the technical committee is intended to meet every three months.<sup>8</sup> In fact, this committee has met only twice and those two meetings were 19 months apart. At the meeting, many members voiced dissatisfaction with the progress being made on the NPA. However, it appeared that little took place outside the National Technical Committee meeting and the different representatives appeared to know little about the NPA.

#### The Tanzania Commission for AIDS (TACAIDS)

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<sup>6</sup> The full charge to the National Steering and Technical Committees is set forth in the National Plan at §2.2.1.

<sup>7</sup> NPA §2.2.1.

<sup>8</sup> Ministry of Labour, Youth Development & Sport, National Framework for Management and Coordination of the OVC Programme in Tanzania.



TACAIDS operates under the umbrella of the Prime Minister. It is charged with development and coordination of a national multi-sectoral response to AIDS. It began in 2001 working closely with the President's Office for Regional and Local Government (subsequently reorganized in the Prime Minister's Office, PMO-RALG) to coordinate all sectors and to organize District and Council Multi-Sectoral Aids Committees (CMAC). These CMACs were later expanded to include MV children committees at district level for each district that was organized under the Plan. Most often the CMAC are coordinated by Community Development Officers and also include representatives of youth and persons living with aids (PLWA). The TACAIDS system was further expanded to similar committees at the ward and village levels, Village Multi-Sectoral Aids Committees (VMACs).

Sitting allowances have been the norm in Tanzania for training and participation, but they have become controversial. Critics contend that government employees shirk their duties in order to supplement their salaries with sitting allowances. TACAIDS has discontinued allowances, and this may hurt attendance at CMAC and VMAC meetings. In any event the HCAs received anecdotal reports that the VMACs and CMACs were largely inactive.

Within the context of its multi-sectoral AIDS committees, TACAIDS has attempted to establish a system of care for OVC. TACAIDS uses the child development policy of the MCDGC. Consistent with this, district level CMACs are convened by the Community Development Officers (CDOs).

TACAIDS has the skeleton of an organization that could support MV children, but it needs to be bolstered. It was TACAIDS' idea to start a trust fund for MV children whereby funds contributed by the district level MVCCs will be matched by TACAIDS. The matching fund is minimally funded and generally unknown in the communities and TACAIDS has made no disbursements.<sup>9</sup>

The MVCCs, at both the district and village levels, are composed of the members of the CMAC or VMAC, respectively, plus additional members with special interests in or relations to OVC. (Anecdotally, the HCAs were informed that the VMACs are largely moribund, but the MVCCs built upon the same foundation are much more vibrant.)

GoT, Global Fund and World Bank fund TACAIDS.

Ministry of Health and Social Welfare (MH&SW), June 19, 2006,  
George Kameka, Commissioner, Department of Social Welfare; June  
19, 2006, Donald Charwe, Deputy Commissioner, Department of  
Social Welfare; June 22, 2006, Roseline Mboya, Principal HR  
Development Officer

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<sup>9</sup> The MVCC committees at the village level are self-imposing fees per person/household to support MVC. TACAIDS should at least match this effort by providing a match to the amount the MVCCs raise. This should be based on the percentage of households that contribute rather than on amount alone. The poorest villages should not be penalized for their poverty, but rather rewarded for their attempts to raise funds and support their children.

MH&SW is charged with the planning and implementation of health policies of Tanzanian citizens. The Department of Social Welfare is a department within this Ministry. DSW is headed by Commissioner Kameke, who reports to the Permanent Secretary of Health. DSW has little exposure in the MH&SW because it has recently been moved from the Ministry of Labor, Employment and Youth Development<sup>10</sup> (after the last election), and the MH&SW needs to be educated about its important role and function.

Although the DSW is now a part of MH&SW, its physical location is not within the MH&SW building, DSW resides in poor accommodation and lacks technological equipment such as computers, internet access for its staff, adequate printers, fax machines and other office equipment. USAID funding is available to enhance this situation through one of its funded projects, but it has not yet happened.

The DSW has three divisions and is charged with planning, providing and coordinating the provision of social services for 1) elderly and disabled, 2) probation and 3) family and children. The family and children division is responsible for the most vulnerable children.

The social welfare function is one of the last government services that is yet to be devolved to the district level. A plan of devolution has been prepared, but not implemented.<sup>11</sup> Unlike most of the government, the national level DSW has program responsibilities in addition to the policy and regulatory functions usually associated with the national level of government. DSW is understaffed with a national office staff of ten members, including secretaries. The national level staff members do case work and counseling and act as the negotiator of last resort on cases of divorce, family conflict and adoption.

The number of social welfare officers in the field is debated. It is widely repeated that there are currently 48 social workers at the district level. The 2005 Report of the Study on the Need to Mainstream Social Welfare Services into the Local Government Structure reports that 59 social workers were working in the districts, out of a total of 274 trained social welfare officers employed by the government, of whom 33% are due to retire. (The non-district social workers work in institutions and in central or regional government.) According to DSW there are large numbers of trained social workers available in Tanzania who would be available for hire and DSW states that when it has posted positions in the recent past large numbers of qualified applicants have applied. According to the Institute of Social Work in Dar es Salaam, the Institute has graduated 1,420 social workers since its inception in 1994. This fact would tend to support DSW's assessment, although the Institute indicates that many of its graduates may have found work in neighboring countries.

Though we met with a representative from the MH&SW, Ms. Mboya, it was not the right level for our purposes. This would have been the appropriate meeting had our intention been solely to enhance the DSW staff and system. We found little to add to

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<sup>10</sup> Formerly Labor, Youth Development and Sports.

<sup>11</sup> Report of the Study on the Need to Mainstream Social Welfare Services (2005).

our knowledge of how to improve coordination between health programs and MVC/social welfare programs.

Ministry of Planning, Economy and Empowerment (MPEE), June 21, 2006, Manual Masanja, Principal Economist

Mr. Masanja from the Ministry of Planning, Economy and Empowerment chaired the meeting of the National Technical Committee. In an interview Mr. Masanja explained the relationship between the NPA and the budget cycle.

In June of each year, as the cabinet ministers and the Prime Minister's Office for Regional and Local Government (PMO-RALG) are finalizing the budget for the fiscal year, the department heads within the ministry are beginning the budget and planning process for the following year. During July and August, each sector develops its strategic plan. These strategic plans go into sector action plans that are submitted to the government. The government's Budget Guidelines Committee issues budget guidelines in October/December, and budget requests for each ministry are formalized.

Government submits its proposed budget to Parliament, and Parliamentary review and action takes place from January to April. Final budget approval takes place in June through August. Spending starts in July. Funds are forwarded through PMO-RALG to the DEOs. The DEOs have their own budget process with the District Councils.

Coordination is supposed to occur in each ministry's budget (e.g., each ministry will have its own budget lines for MV children needs within each sector), but the priority placed upon any particular issue (e.g., MVC) is highly variable from one ministry to the next.

Ministry of Community Development, Gender and Children (MCDGC), June 22, 2006, Alice Rugumyamheto, Director, and Henri Challi, Deputy Director, Department of Children Development

The Department of Children Development in the Ministry of Community Development, Gender & Children is responsible for the national child development policy. At the time of our HCA interview, the child development policy had just been revised to address MV children issues as part of the strategic planning exercise that every ministry undertakes at the beginning of the annual budget cycle. This revision, however, had been undertaken without departmental access to the NPA. The HCAs were unable to examine the revised policy since it is only available in Kiswahili.

Each district is staffed with a Community Development Officer (CDO) and additional Community Development Workers (CDWs). The Ministry has over 1,700 CDWs in the field. In districts where there is no SWO available, the CDOs serve as "focal persons" for the District MVCC. The HCAs observed that DSW and social workers in the field seem threatened by the prospect that CDOs may attempt to substitute for social workers. The CDOs also take the central role with the CMACs, which at times causes dissension with district health officers who may see AIDS coordination as their role. This lack of clarity of roles and perceived turf conflict may result in CDOs being underutilized. Repeated past reports, studies and assessments over the last few years

have urged that MCDGC and DSW coordinate national child development policy and the NPA. This has not happened.

MCDGC has a system in place for continuing training for the CDOs. One half of the total was trained in FYE 2005/6 and the balance will be trained in FYE 2006/7. The MCDGC will continue training one-half of the CDWs each year.

MCDGC has a document, Final Report on the Assessment of Institutional Framework of the Department of Children Development, which attempts to delineate the relations of the Department of Children Development with other agencies, including DSW, but it appears that only MCDGC has signed off on it.

At the National Technical Committee meeting, numerous participants (UNICEF, TACAIDS, MCDGC) questioned DSW as to why the MVCCs were not being rolled out more rapidly to the districts. (Current plans indicate that at the end of five years only 41 of the 126 districts will have MVCCs and in those there will be incomplete coverage.) In response to a direct inquiry by the HCA, Ms. Rugumyamhete and Mr. Challi indicated that they strongly believed that the CDWs in the field could assist with the rollout if they were requested to do so.

Ministry of Education and Vocational Training (ME&VT), Amos G. Mwakalinga, Director of Policy and Planning

Mr. Mwakalinga was unfamiliar with the NPA. The ME&VT has its own criteria to identify MVC. ME&VT provides tuition assistance to 12,000 secondary school MV children who have been identified by Village Education Committees and Village Councils.

At the primary school level there are no tuition charges, so the ME&VT program provides no special tuition assistance to younger MV children; however, the Ministry is encouraging the teachers to maintain registers of children who are not in school or who are in need and to share those registers with the community. Mr. Mwakalinga stated that this service referral mechanism could be formalized and teachers could be trained in its use during regular refresher courses offered by the ministry. These courses are not required but are encouraged by a responsive system of promotions.

There are 14,000 school committees across Tanzania. These school committees are composed of teachers and community members. They have been trained to manage school funds for operating, no-capital, non-salary costs of the local schools. These committees were established over a period of approximately three years. Training was provided by the Primary Education Program.

ME&VT maintains a database of all children in the system, updated annually. Each District Education Officer enters his/her own data. School registration is completed in February, and the national data entry is complete by the end of March each year.

Mr. Mwakalinga stated that the philosophy of ME&VT is that community problems effect education and therefore school committees and educators must get involved in community problems. There are training programs for the educators, and they have received training in the area of financial management.

Teachers and schools administer and distribute the school fees and exercise books that are provided by many donors. Duplication is minimized because donations go through one central person or organization. Since payment is made direct from the NGO service provider or from ME&VT to the school, the MVCC are oftentimes unaware of the activity.

#### Minister of Labor Employment and Youth development (MLE&YD)

The Ministry of Labour, Employment and Youth Development was formerly known as the Ministry of Labour, Youth Development and Sports. This Ministry is the previous home of the Department of Social Welfare. It continues to be responsible for the overall youth development plan. It has overall responsibility for all youth development; it is not targeted to MV children in particular. The Youth Development Policy sets forth national policies on youth employment, international labor standards and out of school youth. These policies are being updated and will address MV children as part of the overall policies. They would benefit by more input from the NPA. MLE&YD see themselves responsible for “youth mapping”, i.e., where are the youth groups such as street children, and what are they doing. They include entrepreneurship in their purview and would like a national plan on economic activity.

#### **District**

##### *Scope of Inquiry*

HCA's visited three district governments, selected by the Department of Social Welfare in consultation with the USAID Mission. The criteria for selection were 1) districts where MVCCs had been created and 2) demonstrating a range of circumstances, i.e., urban and rural, perceived as working well and perceived to be working poorly. The districts selected were Temeke, a municipal district in Dar es Salaam, Makete, a remote rural district in the western mountains of the country, and Mwanza, a semi-urban environment adjacent to Lake Victoria in the north of the country.

In Temeke, Municipal HCA's met with the district MVCC composed of the Municipal Economist, Jane Mwabeza, acting Deputy DEO; a community development worker, Regoma Chammi, who is the MV Children Coordinator; Farida Chilumba, Social Worker; and Sonje Halima, the Education Officer.

In Makete, the DEO was away from the office. HCA's met with Domenic Msgati, the Human Resource Officer, in his place and subsequently with the District Facilitation Team for MVCC, composed of Leonce Panga, SWO; Jackline Thomas, CDW; Peter Nkunga, Forester (and National Facilitator); Peter Nganyanze, CDO; Adrehem Kayombo, EO; Murbima Sigalla, Human Nutrition Officer; and Esther Ngogo, Reproductive and Child Health Officer. In a subsequent meeting, HCA's met with Martin Gowele, CDO.

In Mwanza City HCA's met with Emmanuel Kalobelo, Acting City Director; Patrick Karangire, City Planning Officer; Illuminate Murito, CDW and focal point for MVC; and Anna Mgussa, Regional SWO; Saidi Totiki, City SWO.

### *Observations*

All districts with MVCCs operating prior to 2006 are part of an initial pilot effort by DSW and funded by UNICEF or Axios. There are 21 such districts, each of which currently has a district MVCC, and in each of these districts some but not all villages have MVCCs. Some districts are more organized than others.

Each district is supposed to receive and maintain annual MV children identification records from the local (village or sub-ward) level. These are records of the MVCCs annual assessments of all children in the village identifying the MV children in the community and the unmet needs that render the child vulnerable. These documents are supposed to inform the district and the NGO service providers of the unmet needs in the community. These documents should be reflected in the district's annual plan for MVC. When the HCAs asked to see the district copies of the village reports, in one case the records were unavailable, in one case the report had been constant for three years, i.e., the same number of children, none added, none subtracted for three years, and in one case the district produced a substantial stack of documents in Swahili that were represented to be *monthly* reports. They were in different handwriting with columns for prior totals, columns to add and subtract children and to block them by sex and age group. They appeared to be what they were represented to be.

As noted, the village annual assessments of MV children are intended to be used to develop an annual district plan for MVC. In each district we visited we asked to see the district plan. In one case we were unable to see the plan because it was unavailable. In the one case we did see the district's overall aggregated plan for all sectors, and we were able to see isolated entries indicating what a particular sector intended to do, but we could not tell if there was actually a comprehensive plan for MVC. One district presented a district plan for MVC.

All three districts we saw had extension officers with skills and knowledge that would be valuable to the MVCCs at the village level, but there was little downward reach to the villages. District council meetings were held and information was shared among the district extension officers. It did not appear that information was shared with the village. Except for forwarding occasional commodities or education funds, it was not apparent that the district was supporting the village MVCC effort at all. Nor did it appear that the district was making any particular effort to create new village level MVCCs beyond those that had been created in the initial organizing effort by UNICEF and Axios in 2003.

Staff at the district level unanimously asked for more training on any number of things, from entrepreneurship to psychosocial support. In every case district extension officers (SWOs, CDOs, EOs, et al.) listed areas where they needed additional knowledge. Yet it was not apparent that the MV children were receiving any benefit from previous training, and thus there was little or no indication that additional training would result in improved service delivery to the children either.

Trained staff is not sharing their knowledge with the MVCC. There are dramatic examples of this lack of movement of informational resources from district to village.

For instance, in every district the HCAs' inquiries to the district MVCCs concerning the services being delivered to the villages met with responses that related to the transfer of commodities, food stuffs, building materials, educational supplies and tuition payments. In no case did the district extension officers indicate that they were visiting the villages, meeting with the village MVCCs and imparting the benefits of their knowledge, their training and their skills. This was repeatedly demonstrated by the village MVCCs plea for assistance with psychosocial support of MV children. The SWOs, who have the training to be of some assistance here, do not assist. In a direct inquiry to one agricultural officer concerning assistance to village MVCCs, the agricultural officer enumerated quantities of seed (maize, wheat, and beans) and fertilizer that had been allocated to five wards with high numbers of MVC. On the following two days, in two separate villages, when the HCAs asked the MVCCs what they needed, the MVCCs responded that they needed training 1) in preservation of potatoes from the MV children food plots and 2) in animal husbandry for MV children entrepreneur programs. It was a dramatic demonstration that the information resources that exist at the district level do not reach the community that needs them. It leads inexorably to the question: why should district extension officers receive more training when there is no indication that past training has benefited children?

Apparently sitting fees are paid when staff attends training and the eagerness for training might signify an attempt to enhance salaries. We received feedback from one NGO that government staff were so often absent from posts for training that it was affecting the level of service that citizens received.

## **Local**

### *Scope of Inquiry*

In Tameke Municipal the HCAs met with the sub-ward (equivalent to a village) chairman and eight members of the MVCC. In Makete the HCAs met with two villages. In Ndulama they met with the VEO and eight members of the MVCC and two MV children. In Ivalolina they met with 19 mostly elderly woman villagers who amongst them were the caretakers for 45 orphans, with the VEO and three members of the MVCC, and with three members of the VMAC and a group of three volunteers who assist the VMAC. In Mwanza the HCAs visited two sub-wards. In Nyakato they met with the WEO, eight members of the ward MVCC, four members of an *mtaa* MVCC, and with five orphans from a local residential facility maintained by an NGO. In Mahudhurio the HCAs met with the chairman and four members of the ward MVCC, with the chairman and three members of the *mtaa* MVCC, and with 18 other community members, including caretakers and children.

### *Observations*

At every village we found that MVCC existed and were identifying children. (In one, the committee stated that it had recently been reorganized. In that community some community members professed not to have known of the committee's existence, but after some discussion the critics acknowledged the work the MVCC had done.) In each village that we visited, almost all the MVCC members came to meet with us. They had

lists of children and the services that each needed. They knew the demographics of the village and could tell how many vulnerable children there were and how many children in total were in the village. They knew for the most part, how many children had graduated from the MV category and moved on to a more stable situation. They agreed that all of the committee knows all of the MV children personally.<sup>12</sup> They reported that they had regular systems for visiting the MV children.

They generally had a village plan for MV children support which consisted of two components, 1) a two to five hectare plot cultivated by or for the benefit of the MV children and 2) a community contribution by those households that could afford to pay it.<sup>13</sup> Some MVCCs, with prompting from District officials in attendance, acknowledged receipt of some funds from the District Council, however, DSW sources opined that this was actually funding from the Ministry of Education that was being passed through the districts.

No MVCC in any village reported any social service to MV children from NGOs other than the delivery of commodities—food, seed, school supplies, school uniforms, building materials. They speculated that some of the churches might offer soft social services to MV children who were their parishioners, but the HCAs were unable to confirm that. The MVCC generally reported fewer NGOs working in the community than were reported by the Districts or by the NGOs themselves. There is no clear answer for this, but it was suggested that because many of the NGOs are paying for school materials, school uniforms, or school fees, and because those funds are paid directly to the schools, the MVCCs might never know of the payments.

The MVCCs give the lists of MV children to the NGOs and in some cases they even go with the NGOs to disburse the goods when there is a product that is given by the NGOs to the MV children and families. The goods to be distributed are too often a specific isolated item like a bag of flour that will not be replenished, or a once yearly contribution of a school uniform. There is no systemic approach from outside the community to supplement the MVCC efforts and to meet the full gamut of children's needs that have been identified by the MVCCs.

There is no system of support or supervision for the MVCCs. They have received little training (some received only one day of training). They have no support or resource persons to turn to for help when they run up against problem situations. They unanimously requested training, but—allaying the HCAs' unspoken fears that what was actually wanted were sitting fees—they wanted training to be done in their villages with the whole committee, including the children, present.

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<sup>12</sup> The numbers of MV children were between 260 and 300. In the villages we visited this represented from 35-40% of all children in the community. This is higher than the estimated average for the country.

<sup>13</sup> One community reported a levy of nine US cents per household per month, another reported aggregate village contributions of \$20 USD per month. Generally the MVCCs agreed with the NPA ("Costed Plan") that it takes about \$1 USD per day to feed, clothe, shelter and school a child.



The MVCCs are doing a remarkable job but with very few resources. They have identified the children but often have nothing to give to them. The MVCCs have systems in place to raise food and to raise money from within the community, but there are scant resources that reach the MVCC from outside the community and they are left with only their home-grown solutions.

The MVCC have not been empowered to demand, monitor and evaluate services in the way the NPA intends. They do not request services from the NGOs or the districts. The plan that they develop for the district is merely a report of the needs of the children but not a strategy for developing needed services. They have little meaningful participation in the NGOs' or districts' planning process; they do not review the budgets for assistance to the MV children in their community, nor have they been empowered to monitor and report on NGO or district level performance. Yet the MVCC member-volunteers all seem genuinely committed to the MV children and willing to make personal sacrifices for the children. They seem eager to get services for the children.

### ***Nongovernmental Actors***

For clarity's sake we differentiate the local, district and village level, service delivery NGOs from the national and international NGOs and funders.

#### **Funders/Donors and Umbrella NGOs: the Implementing Partner Organizations**

##### *Scope of Inquiry*

On the central, national level we met individually with UNICEF on two occasions. We met with FHI and PACT (Jali Watoto, Global Fund IV and Youthnet were represented) and we attended a meeting of the Implementing Partners group where Africare, COPE, FHI, PACT, SATF, UNICEF, World Vision and several others were in attendance.

##### *Observations*

The implementers group is still searching for its identity and purpose. Leadership recently was assumed by the Deputy Commissioner of DSW, and he is transitioning into that role. The participants come from far off places at great cost in terms of time and energy. An agenda is planned but the agenda is lackadaisical compared to the urgency in the field. This public/private forum with powerful ties both to the top decision-makers in GoT and with substantial control over the funding of the NGO service providers in the field could be a strong force to develop coordinated policy, to promote quality control, and to create a coordinated nationwide service delivery system. It is not fulfilling those roles. There are real problems of coordination that need attention from this group and should be addressed.

#### **Direct Service Delivery Organizations: the Local NGOs**

##### *Scope of Inquiry*

We met with local service delivery NGOs/CBOs/FBOs (referred to collectively as NGOs) in the two of three districts, Makete and Mwanza. In Makete we met individually

with TAHEA (Tanzania Home Economics Association) and collectively with CARE Tumaini, MASUPHA, IDYDC, METF, Mvima (a coalition of 19 small NGOs and CBOs), and Sumasesu. In Mwanza district, some NGO/CBOs were present at the village MVCC visits—in Nyakato, From the Heart Orphans, a residential care facility for 19 children, and Nyakato AIDS Outreach (funded by CARE Tumaini), and in Mahudhurio, a residential care facility. And, in Mwanza we met collectively with Hyryma Children’s Centre, the Foundation of New Life for Street Children & Orphans (FONELISCO), Hope for Orphans and Mentally Retarded Children (HOMERC), Shaloom Care House (Archdiocese of Mwanza), Mwanza AIDS Orphans Ministry, and Upendo Daima Organisation.

### *Observations*

NGOs were as frustrated as the MVCCs at being constrained in how they provided services to MV children. For instance, they were following top-down program mandates to provide specified services to a specific number of children in specific locations. These donor-specified categories may not correlate to the local needs. The NGOs’ complaints suggest that a lot of effort is wasted in coordinating the services they are providing with a menu from the donor and that services are not provided to children in a holistic manner that lessens the stress on the families served.

We found that the NGOs were not in touch with one another in the localities and most indicated that they had never come together to meet as a group prior to our request for a meeting. This is contrary to the model. Each district supposedly has a forum for NGOs but the NGOs seemed distinctly hazy about what it was and whether they participated. In Makete NGOs specifically stated that the district would represent that there was an NGO forum, but that it did not meet or even exist. In Mwanza, although the acting DEO stated that the NGO forum met quarterly, the NGOs who were present at our meeting denied ever having met together before.

The NGOs we met, with the exception of two NGO residential care facilities who came to the MVCC meetings in Mwanza, were all registered with the districts and they professed to coordinate their services with the districts although the extent of coordination was unclear. They acknowledged that there were other NGOs/CBOs/FBOs working in the districts that were not registered and that this was a problem.

In a few cases NGOs professed to obtain the names of MV children from the village MVCC and to work with the MVCC to make deliveries of commodities, but this appeared to be the limit of the coordination effort between the NGOs and the MVCCs. There was no NGO who claimed to be driven by the MVCC needs assessments. For the most part, the NGOs indicated that their priorities were driven by their funding stream. This was particularly true of the NGOs who had Global Fund funding.

A few NGOs acknowledged receipt of nominal amounts of money from the district councils. DSW suggested that these funds are pass-through funding from ME&VT for secondary education tuitions or are Global Fund funding for MV children in residential care facilities.

With few exceptions, the NGOs were delivering hard goods, food, building materials, clothing, or money. There were very few soft services being delivered and if the residential care facilities and church schools are excluded, the HCAs are unaware of any counseling or psychosocial support being delivered by the local NGOs/CBOs/FBOs with whom they met in the three visited districts.

## **APPENDIX B: PERSONS INTERVIEWED**

### **USAID-Point of contact and Supervisor**

Elizabeth Lema

USAID –OVC Program Management Specialist

### **Ministry of Health and Social Welfare (MH&SW)**

June 19, 2006, George Kameka, Commissioner, Department of Social Welfare

June 19, 2006, Donald Charwe, Deputy Commissioner, Department of Social Welfare (also interviewed on June 30, 2006, and July 9, 2006)

June 22, 2006, Roseline Mboya, Principal HR Development Officer

### **Ministry of Planning, Economy and Empowerment (MPEE)**

June 21, 2006, Manual Masanja, Principal Economist

### **Ministry of Community Development, Gender and Children (MCDGC)**

June 22, 2006, Alice Rugumyamheto, Director, and Henri Challi, Deputy Director, Department of Children Development

### **Ministry of Education and Vocational Training (ME&VT)**

June 23, 2006, Amos G. Mwakalinga, Director of Policy and Planning

### **Minister of Labor Employment and Youth Development (MLE&YD)**

June 21, 2006, Joyce Shaidi, Director of Youth Development

### **Public Service Commission**

June 23, 2006, Emmanuel Mlay, Acting Director of Establishment and Assistant Director of Employment Rationalization

### **National/International NGOs and International Organizations**

UNICEF, Winnie Koroso, June 21, 2006; Projectus Rwelumbiza and Ricardo Mukonda, June 23, 2006

MVC Implementing Partners Meeting, June 23, 2006

FHI, June 23, 2006

PACT, June 23, 2006

Youthnet, June 23, 2006

### **Temeke Municipal District**

#### **Tameke District Government, June 20, 2006**

Jane Mwabeza, Municipal Economist, acting Deputy DEO

Regoma Chammi, Community Development Worker (MV children coordinator)

Farida Chilumba, Social Worker

Sonje Halima, Education  
Officer

**Tameke Ward MVCC**, June  
20, 2006

[Nine members of the  
MVCC]

**Makete District**

**Makete District  
Government**, June 26, 2006

Domenic Msgati, Human  
Resource Officer

Leonce Panga, SWO

Jackline Thomas, CDW

Peter Nkunga, Forester  
(and National Facilitator)

Peter Nganyanze, CDW

Adrehem Kayombo, EO

Murbima Sigalla, Human  
Nutrition Officer

Esther Ngogo,  
Reproductive and Child  
Health Officer

Martin Gowele, CDO,  
June 28, 2006.

**Ndulamo Village MVCC**,  
June 27, 2006

Lilic E. Tweve,  
Chairperson

Hosenti Mahenge  
Secretary

Jackson S. Sanga, Member

Grinard S. Mahenge,  
Member, MV child

Sosteni S. Mahenge

Grolia Mahenge

Julieta S. Sanga

Laidon Simioni Mahenge

Mwakirishi Wawazazi

Baton Songa

Festo J. Mahenge

Anna Myamba

**Ivalililo Village Caretakers  
Group**, June 27, 2006

Lyambu Mahenge

Anna Chaula

Ekelila Mbilinyi

Salesya Mahenge

Tuponile Sanga

Rebeka Mahenge

Grace Mahenge

Leisa Mahenge

Tuleni Mahenge

Modestus Mahenge

Angelina Mbilinyi

Stenala Sanga

Eda Mahenge

Imalisa Mbilinyi

Ononziata Sanga

Agatha Ilomo

Philimon Mbilinyi

Stelen Sanga

Bona Sanga

**Ivalililo MVCC**, June 27, 2006

Philimon Mbilinyi,  
chairperson

Jokobina Chaula

Majestus Mahenge

**Ivalalilo VMAC**, June 27, 2006

Donati Mbilinyi  
Yelusina Luvanda  
Fredy Chaula  
Patrice Mbilinyi  
Ombi Sanga  
Esta Luvanda

**Makete NGOs**, June 28, 2006  
(except as noted)

TAHEA (Tanzania Home  
Economics Association),  
June 27, 2006: Josiphine  
Ferla, Beatus Magotta,  
Hamida Mukassa

CARE Tumaini: Tumsifu  
Nkwama, Fred Kosamu

MASUPHA (Makete  
Support for People with  
HIV/AIDS): Aida  
Chengulo, Ippa Kyando

IDYDC: Phillotheous  
Njuywi, Daimon  
Kiminga, Daniel Musyani,  
Salimi Luaga

METF: Samuel M. Mbilingi

Mvima (a coalition of 19  
small NGOs and CBOs):  
Edward Masevella

Sumasesu: Egnatio Mtawa

**Mwanza District**

**Mwanza District  
Government**, July 3, 2006

Emmanuel Kalobelo,  
Acting City Director;

Patrick Karangire, City  
Planning Officer

Illuminate Murito, CDW  
and focal point for MVC

Anna Mgussa, Regional  
SWO

Saidi Totiki, City SWO

**Nyakato Ward**, July 3, 2006

Mathias Masegenghe,  
WEO

**Nyakato Ward MVCC**, July 3,  
2006

Erica Stephen

W. Kunaga

N.S. Mazumu

Mama Masui

Fidelos Mapunda

Masegighe Matuar

Eva Andrea

Atuman Abdalah

**Nyakato mtaa (street)  
MVCC**, July 3, 2006

Fulko Mapunde,  
chairperson

Mossa Majubu

Dickson Lukas

Lussi Fulasisi

**Children** from From the Heart  
residential care center, July 3,  
2006

Debora Samuel

Eloza Manyika

Janet Christoph

Nimows Salvatory

Linus Dejungo

**Manudhurio Ward/Village**,  
July 4, 2006

Gervas Selestine

Paulina Ramadhani  
Samuel Mihayo  
Agnes Anthon  
Agnes Kwidika  
Makoye Sabuni  
Mbuke Paschal, child  
Joyce Philipo, child  
Elizabeth Kulwa, child  
Godfrey Williams, child  
Neema Juma, child  
Thimos John, child  
Amos Marco, child  
Amil Muhamed, child  
David Datus, child  
Augustine Ilunde  
Damali John  
Maria Malwai  
Philipo Mikei  
Monica Laurent  
Anna Buganda  
Getrude Paschal  
David Boushuwandame  
Mary Paschal  
Mlouke Paschal  
Scholastica Magerga  
Gandesia Magerge  
Kado Nyander  
Paschal Buganda

**Mwanza NGOs, July 4, 2006**  
(except as noted)

In Nyakato, July 3, 2006,  
From the Heart Orphans,

a residential care facility  
for 19 children, and  
Nyakato AIDS Outreach  
(funded by CARE  
Tumaini)

In Mahudhurio, a  
residential care facility

Hyryma Children's  
Centre: Beatus Rinda

Foundation of New Life  
for Street Children &  
Orphans (FONELISCO):  
Joseph Mabinga Elias

Hope for Orphans and  
Mentally Retarded  
Children (HOMERC):  
Paulo Sebastian Bushesha

Shaloom Care House  
(Archdiocese of  
Mwanza): Fulgence  
Marco, Letisa  
Kokutangilira

Mwanza AIDS Orphans  
Ministry: Yasinta Simon  
Sugwejo

Upendo Daima  
Organisation: Ysoph  
Mtobela

## **APPENDIX C: THE HUMAN CAPACITY REPORT**

### ***Purpose***

In support of the NPA, USAID Africa Bureau commissioned The Capacity Project to undertake a human capacity study to assess the human resources necessary to implement the NPA and ultimately to ensure that children are receiving needed services. The study was to consider staff and training /education needed to implement the NPA and to look for better uses of resources that already exist in Tanzania to implement the NPA. <sup>14</sup>

The Human Capacity Assessors (HCAs) are firmly committed to the idea that good and efficient services delivery are always accomplished best by good democracy and good governance. Good governance and democracy, in turn, demand that we take a hard look at the coordination possibilities for existing resources before considering the addition of more resources. Accordingly, most attention has been directed to examining better ways of using the large amount of funding resources that Tanzania already receives.

### ***Methodology***

A research methodology was developed prior to the fieldwork.

The first preparatory step was a literature review of the NPA and RAAAP along with other known documents. Additional documents identified in the course of the first literature review were requested. Documents were analyzed and key players—governmental and nongovernmental agencies involved in the NPA or involved with children—were identified. These key players were prioritized for interviews. Interviews were conducted at the national, district and local levels with key governmental and private organizations. Central government interviews were planned to examine policy, coordination, and resource allocation. Field interviews were planned to examine the MVCC program at the district and village levels. Sites for field interviews were identified in collaboration with USAID Cognitive Technical Officers (CTOs) Susan Monaghan and Elizabeth Lema, and with GoT counterpart, Deputy Commissioner Charwe of the Department of Social Welfare. Logistics staff was hired to arrange a schedule of interviews prior to the Human Capacity Assessors' (HCAs) arrival in country. A detailed methodology is published as a separate document, HRAssessment Tool. A list of contacts is in Appendix. D.

### ***Applying the methodology: the lessons learned***

If one objective of the study is to look at how to utilize the resources of the national level ministries for children, then the right level of partner is the one who can direct the ministries based on the assessment results. There are types of decisions that cannot be made by consensus: they are ones where the interests of the entities conflict. One cannot usually expect one entity to decide to limit itself in favor of another organization.

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<sup>14</sup> See Appendix A, SOW



Thus the MCDWC is probably not going to agree to subordinate itself to DSW or vice versa.

Get a clear mandate for the assessment from the partner. The partner needs to have authority to direct cooperation with the assessment. HCAs need to have access to the appropriate people and organizations and to have their cooperation in the field.

Be aware of holidays or events that may limit your ability to conduct interviews. In the case of PMO-RALG, all personnel who might have been able to assist us were caught up in the processes of budget finalization. Had we been warned that all of the ministers and their chief lieutenants would be unavailable from June 1 to August 15, we might well have rescheduled the assessment

One of the most important planning activities is locating the correct people to interview. It is essential to have a person on the ground doing scheduling and this person and the researchers must have a similar understanding of the terms of reference for the study. The logistics person must not have conflicted loyalties between the goals of a government agency and the goals of the study. This person must be able to command appointments with the level of person needed for the interview process.

We did not always have interviews scheduled ahead of time. In cases where they were scheduled they were not always with the person who had useful information. DSW which provided logistics for the HCA was focused on developing an emergency response which was within its manageable control. That is, DSW wants to respond to the crisis by building the internal resources of DSW. Coordination of other ministries for a synergistic output to MVCC is not easily within the control of the DSW and accordingly, it was not the focus of the interviews arranged by DSW.

Attending a meeting of the MVCC would have added some important information, but this is difficult since the presence of the HCAs (plus a translator and other officials) dramatically impacts the social dynamic of the meetings. It would be good though to observe some real interface of the MVCC with the children. Children were sometimes present at the local meetings with the MVCC, but they did not express their opinions or seem to be a functioning part of the MVCC. This should be explored as it is an important element that must be addressed for children.

## APPENDIX D: RECOMMENDATIONS

### ***Develop Policy/Political Will***

**Create an enabling environment for children's issues. Raise the Profile of MV children and MV children's issues and obtain political support at the highest levels. Empower the MVCC.**

- Enlist the USAID Mission Director, US Ambassador, Commissioner of DSW and Permanent Secretary of Health to elevate MV children concerns to the Prime Minister level.
- Develop a high-level government and media message that care for MV children is a high government priority and that care for MV children is a demand-driven process emanating from the MVCCs.
- Until the NPA is implemented in every district, the National Technical Committee will meet monthly. Representatives from each ministry or agency or NGO who participates in the National Technical Committee will be consistent. Agenda will be prepared by the secretariat and distributed one week before each meeting. Each ministry or agency or NGO who participates in the National Technical Committee will deliver a written progress report of one page or less to be circulated together with the agenda. Monthly reports will be submitted to the National Steering Committee within one week after each meeting.
- Until the NPA is implemented in every district, the National Steering Committee will meet quarterly and provide quarterly progress reports to the Prime Minister and the press. Agenda will be prepared and distributed one week before each meeting. The public will be invited to attend those portions of the meetings which do not involve issues of confidentiality.
- MVCCs will report and DSW will track and regularly report the number of MV children who are not receiving services. DSW reports will be public.
- Develop an emergency plan to hire, train and deploy SWOs and SWWs at the district level.

**Increase coordination and decrease duplication among ministries concerned with children's issues**

- Sort the overlapping roles of the various Ministries that are providing services for MVC. The concerned ministries have demonstrated that they are unable to accomplish this on a consensus basis. This will need facilitation from the PM level. At a minimum this will involve MH&SW and MCDGC. It probably also should involve ME&VT and MLE&YD. The MCDGC's Final Report on the Assessment of Institutional Framework of the Department of Children Development should be examined as a possible template for this task.
- Design a results time frame to guide the work of the Technical Committee.
- Establish a planning and proposal-generating secretariat to meet regularly and prepare agenda for the National Technical Committee monthly meetings. This secretariat should include, at least, ME&VT, MH&SW (DSW), and MCDGC.

- Develop an NPA National Facilitators' training module to enable the CDOs and EOs to assist in the rollout of the NPA in new districts and villages.
- Incorporate the National Facilitators' training module into all MCDGC and ME&VT zonal and refresher training programs for CDOs and EOs from districts where there are villages without MV children Committees.
- Consider inviting SWOs and EOs to participate in the NPA related training at the MCDGC zonal training scheduled for FY 2006/2007.
- Abolish sitting fees for government employees. Each ministry within the National Steering or Technical Committee should promulgate a rule which requires staff to attend appropriate trainings and conferences. Funds previously allocated to sitting fees (defined as any emolument in excess of actual transportation, food or housing costs supported by receipts) are to be paid into the general funds for use by the ministry as salary supplementation, promotions, and/or performance enhancements for employees who can demonstrate that they are successfully using their skills to serve MVC.

**Enact policy to protect MV children and to ensure that their basic needs are being met**

- Pass a Child Act.
- Determine the policies that need to be developed pursuant to the Child Act.
- Develop a policy and reporting system for child abuse and neglect.
- Develop a case management training module for social workers to deliver to the MVCC in the villages.
- Develop a psychosocial support training module for social workers to deliver to the MVCC in the villages.

**Improve the efficiency of the DSW**

- Hold a DSW management retreat to assess the department and reorganize it as indicated.
- Plan a new reporting structure with levels of supervision within the DSW.
- Assign a substitute for the Deputy Commissioner with full authority to act in his absence.
- Establish a dedicated DSW staff person to liaise with the large donor programs, to be part of their decision-making body and to report to the Deputy Commissioner.
- Establish a dedicated DSW staff person to be responsible for only MV children coordination issues and for working to accomplish the goals of the NPA.
- Hire and empower an administrative secretary/office manager for DSW.
- Request in writing the necessary equipment for a modern DSW including computers, internet connectivity and printers.

**Develop a government infrastructure to support the social services delivery system**

**Develop the structure**

- Create an MVCC in each village to ensure that children receive services.

- Train the DEO in every district on the NPA and their role and responsibilities with regard to MV children and the process of establishing MVCCs.
- Hire one designated full-time MV children Advocate, preferably a social worker, in each district to advocate and coordinate MVCC activities in the district. This person will chair the district MVCC and will attend all district council meetings.
- In each district train core personnel (SWOs, CDOs, EOs, CMACs) as National Facilitators. Each district's MVCC National Facilitators, with supplementation from the existing National Facilitators group, will establish a timeline to complete the rollout of MVCC in every district and every village within the next 18 months.
- Develop a short and long term plan for service delivery.

#### **Provide dedicated staff focused on the NPA**

- Adopt an emergency funding, recruitment, training and hiring plan for MVCC SWWs.
- Develop a district plan to reassign existing staff to support MVCC and MVC until a mid or long term plan for recruiting, hiring and training SWW can be implemented for the NPA.
- Within 18 months each district will hire at least one MVCC social welfare worker (MVCC SWW) for every 30 villages or sub-wards. The MVCC SWWs will support the MVCCs with case management and psychosocial training and skills and form the support link between the district, the ward and the village level.
- These MVCC social welfare workers will spend at least 5-7 days per year in each of their assigned villages supervising/supporting, training, and assisting the MVCC. They will deliver the case management and psychosocial support training modules to the village committees.
- Organize a schedule for MVCC SWWs that allows 5-7 days per year, exclusive of travel time, for on site visits to each MVCC with on-going training and support.

#### **Enhance the service delivery system by developing a competent workforce**

- Develop short-term pre-service training for new hires on NPA, current issues, case management, psychosocial support, community outreach, responsibilities to the MVCC and MVC.
- Provide continuing education training for those already in the system covering the NPA, community outreach, case management, psychosocial support, responsibilities to MVCC and MVC.
- Develop mobile training modules for MVCC SWW to deliver to MVCCs and provide training for them in their villages.
- Develop training for MVCCs on case management, MV children identification and donor coordination.
- Develop training for MVCCs on psychosocial support for MVC.

- Do a staff audit for SWO to determine the quality and level of training of existing staff.
- Develop training for SWO -long term and short term.:
- Institute a University track on child welfare
- Conduct a wage survey to keep SWO and SWW at appropriate salary levels and retained in their positions.
- When mainstreaming occurs, review the current job descriptions and duties and conform them to the new responsibilities in the mainstreamed department.

### **Empower and Support the MVCC system**

- Deliver a strong message from the President/Prime Minister to the government and the press that MV children are a national priority, that the government's response is to be driven by demand from the villages as assessed and reported by the MVCCs.
- Develop trained MVCC SWWs to supervise and support the MV children and to be a middle management link providing information and status reports from the MVCC and MV children to the district and national level and carrying information from the national and district level to the MVCC. The MVCC SWWs will deliver training and support to the MVCC, will coordinate requests for training or support from the MVCC to other extension officer experts, will assist the MVCC to complete reports and articulate demands for service to the district and NGOs.
- Provide on site village-level MVCC training from social welfare workers hired by the district.
- Provide case management training and support to empower the MVCC to make service demands on the district government and NGOs and to empower the MVCC to assess and critique the quality of service being provided.
- Require each NGO to file an annual plan (prospective) and annual report (retrospective) with the District. These plans must be signed off by the MVCC (and VEO?) in the villages where the NGO intends to work.
- Disaggregate district MV children plans from the annual district plan and file copies with the DSW as well as the district.
- Develop a results table to measure the impact that the focal/coordinator person from the district is having with MVCC/MVC.
- Allocate district and national funds to be placed at the discretion of the village level MVCCs in the MVCC accounts. These amounts may be minimal at the outset and increased over time as the MVCC develop increasing capacity to manage funds.

***Deliver a Continuum of Monitored, Evaluated Quality Services to MV children from the district and village levels***

**Assess all children for safety and well-being and develop a case plan to address the needs of each MV child**

- Assess all children no less frequently than once per year and update the reports to the district. This will be completed at the beginning of the district budget cycle.
- Perform monthly monitoring for well-being for all MV children and all children who do not live with their parents. An MVCC member will visit each household containing an MV children or a child not living with her/his parents no less frequently than once per month.
- MVCCs determine in consultation with the assigned SWW the services that are needed for each child in every village. These determinations will be forwarded to the district and to the NGOs working in the community.

**Develop standards for services**

- Develop the following standards.
  - Family home care and support
  - Psychological support and child-rearing, (recreation, spiritual support)
  - Primary health care
  - Education and vocational training
  - Food and nutrition
  - Household economic strengthening
  - Legal services and protection (birth registration, wills and protection of inheritance, protection from abuse and exploitation)
  - Standards for kinship and foster care.
  - Guidelines for the supervision and support of the services.

**Services will be monitored for compliance with standards**

- SWW and MVCC, using the case management model will monitor compliance by service providers. MVCC will report no less than annually to the district on NGO and government compliance or non-compliance.

**Data system will track individual children and the services they receive**

- DEOs will direct district staff to input village MVCC annual assessment reports into the DSW Data Management System.
- Separate data systems containing child data should be coordinated to provide the best information for MV children. Supplement the DSW Data Management System with data from the ME&VT database and other data bases which have relevant child information.

- DSW will review each district's disaggregated MV children district plan together with the data management system reports from that district to assess the quality and sufficiency of the district plan, to identify trends, and to develop national policy and planning.

### **Coordinated Programs and Funding**

#### **NGO/Donor Coordination**

- Donors will coordinate with the goal of providing needed services for MV Children.
- Implementing Partners group will meet regularly, discuss issues and problems preventing their goal and establish a firm link with the NTC..
- A secretariat composed of FHI, Global Fund, Jali Watoto and UNICEF will plan relevant agendas with Deputy Commissioner or his delegate for the Implementing Partners meetings.
- The secretariat for the Implementing Partners will prepare and circulate an agenda three days before each meeting.
- Each Implementing Partner will deliver a progress report of one page or less to the secretariat for circulation together with the agenda.
- Minutes of each Implementing Partners meeting will be forwarded to the members and to the National Technical Committee within one week after the meeting.
- Implementing Partners will coordinate training activities to avoid duplication and to minimize the time that health and social service staff is absent from their posts.
- Implementing Partners will discontinue sitting fees to government employees for training events.
- Implementing partners will review administrative costs and maximize the resources hitting the ground for children

#### **International/bilateral donors coordination**

- Each international/bilateral donor will assure that each recipient of funds complies with requirements to register with the district, to coordinate with the district plan, to coordinate with the MVCC and to obtain village MVCC approval for plans and annual reports. MVCC
- Ensure that a similar and focused philosophy is guiding them.
- Focus on MV children receiving resources.

#### **TACAIDS to focus MV children goals on resources for MVC**

- TACAIDS will work together with the National Steering and Technical Committees to assure that the CMACs and VMACs are active partners in the NPA.
- TACAIDS will enlist the CMACs and VMACs to assist in the rollout of the MVCCs in all districts where they do not currently exist.
- The district MV children Advocate will have a place on each CMAC agenda to present issues of MVC
- TACAIDS will find new ways to financially support the MVCC and MVC
- TACAIDS matching funds will be directed to the village MVCCs.

### **Increase resources for MVC**

- National government will allocate funds for district and village level MV children programs.
- District councils will increase funding for MVC.
- District councils will allocate some funding to be administered by the village MVCCs.

### **Improve coordination within the government**

- Pull together the portions of the strategic plans, action plans, and budgets of each of the different ministries that pertain to MV children programs and publish them as an annual compliance plan whereby all of the government and the public can see each year what the government's implementation of the National Plan looks like.
- Assign one coordinator with authority to pull all stakeholders together.
- Various ministries and organizations have advocated for coordinating bodies at each level of government and rudimentary bodies have been organized, i.e., the National Steering Committee, the National Technical Committee, the District MVCCs, etc. This is an important step in the development of a system. But there must be a link from one level to the next in the form of dedicated staff whose responsibility is to implement the system. At the national level this person is the Deputy Commissioner for DSW. He must be empowered and directed to convene these bodies regularly. If they continue to be ineffectual, this duty should be reassigned to a higher level.
- At the district level a full-time district MV children Advocate should be established to oversee the district plan and its implementation, to carry out the policies developed at the national level and to train district and lower levels on those policies.



## APPENDIX E: HUMAN CAPACITY DEVELOPMENT NEEDS

<b>CHILDREN AND YOUTH</b>	
<b>Planning</b>	Planning with youth to provide specified needs.
<b>Developing</b>	Develop training modules in the areas that youth need such as economic development, nutrition, health care and HIV/AIDS prevention.
<b>Supporting</b>	MVCC and NGOs support youth in their plans through the case management approach and the provision of training.
<b>MVCC</b>	
<b>Planning</b>	Plan with MVCC focus groups the areas of education they need.
<b>Developing</b>	Develop training in requested areas such as PSS, economic development, entrepreneurship and case management
	Develop distance learning modules that can be delivered to the entire MVCC committee within the village.
<b>Supporting</b>	Support MVCC through the district level supervision and help that will be initiated. Provide five to seven days per year of on-going training /problem solving to MVCC.
<b>DISTRICT LEVEL ADMINISTRATIVE STAFF</b>	
<b>Planning</b>	Plan an organizational structure that can provide support/supervision to the MVCC at the rate of one staff to 30 villages.
	Plan action steps to establish the structure that will support MVCCs and most vulnerable children.
<b>Developing</b>	Use shared training on NPA for EOs, SWOs, and CDOs.
	Incorporate the National Training Facilitators' training module into all ME&VT and MCDGC zonal training scheduled for 2006-2007.
	Develop a National Facilitators Training and train the EOs and CDOs to rollout the NPA in new districts and villages.
<b>DISTRICT SOCIAL WORKERS</b>	
<b>Planning</b>	Assess the needs of the current cadre of DSO and plan an in-service education curriculum to meet the needs of the present

	situation in Tanzania, including a more proactive approach to clients.
<b>Developing</b>	Develop continuing education on new methods of social work, the NPA and roles and responsibilities toward the MVCC and MVC.
	Train the DEO in every district on the NPA and their roles and responsibilities for MVCCs and the establishment of MVCCs.
	In every district, train core personnel (CDOs, SWOs, EOs) as National Facilitators.
<b>NEW SWOs</b>	
<b>Developing</b>	Develop a short course (one month) to ready new SWOs/SWWs for work in public service, including information on the NPA, roles and responsibilities of the social worker, an out –reach approach and other relevant material.
<b>Supporting</b>	Assess the wage and benefits of government SWOs compared to other wage earners and plan steps to remedy inequities
<b>DSW</b>	
<b>Planning</b>	Plan a position/unit to focus on the implementation of the NPA.
	Determine the policies that need to be developed pursuant to the Child’s Act.
	Plan a SWO staff audit to determine the quality and level of training of existing staff.
<b>Developing</b>	Develop training materials on organizational effectiveness, supervision, leadership, and case management for the national staff.
	Support an international exchange where DSW can observe a case management model which is serving children well.
	Fund a mentor for the deputy commissioner to help with NPA implementation.
	Develop a policy and reporting system for child abuse and neglect
	Develop a case management and PSS training modules for social welfare officers/workers to deliver to MVCC in the villages.
	Develop short and long term training for SWOs and SWWs.
	Institute a University track on child welfare within the Institute for Social Welfare and /or other social work training programs.

	Develop short term training for new hires on NPA, current issues, case management, PSS, community outreach and responsibilities to the MVCC and MV children
	Develop and provide continuing education for those already in the system covering the NPA, current issues, case management, PSS, community outreach and responsibilities to the MVCC and MV children
	Develop mobile training modules for SWW to deliver to the MVCC and provide training for them in their villages
<b>Supporting</b>	Develop service standards
<b>MINISTERIAL LEVEL: MH&amp;SW</b>	
<b>Planning</b>	Review current SWO job descriptions and conform them to the new responsibilities in a mainstreamed department
	Adopt an emergency funding, recruitment and hiring plan for social welfare officers
<b>Developing</b>	Support an international exchange for relevant ministries to see a case management model

## APPENDIX F: RESOURCES TO SUPPORT THE NATIONAL PLAN FOR MV CHILDREN

The following chart is a placeholder taken from the Tanzanian National Plan dated April, 2006. This chart is being updated by DSW and contractors and will be replaced when a new chart has been completed.

**TABLE 9.1: CURRENT FINANCIAL CONTRIBUTIONS TO NATIONAL MVC RESPONSE**

	Financial contributions in Millions of US \$					
	2005	2006	2007	2008	2009	2010
Domestic (A)****	46.0	50.7	55.7	61.3	67.4	74.1
Total External (B)	159.76	175.1	191.1	207.6	200.6	193.7
UNICEF	4.76	~4.7	~4.7	~4.7	~4.7	~\$4.7
Global Fund Round 4	3.1	6.9	11.6	16.6	19.9	-
PEPFAR	4	~5	~5	~5	-	-
TMAP World Bank*	~\$9.9M	~\$17.5M	~\$17.8M	~\$18.3M	-	-
Community Support**	138	141	152	163	176	189
Total resources available (A+B)	205.76	225.8	246.8	268.9	268	267.8
Total need (C)***	345	352	379	408	440	472
<b>Unmet need (C)-(A+B)</b>	<b>139.24</b>	<b>126.2</b>	<b>132.2</b>	<b>139.1</b>	<b>172</b>	<b>204.2</b>

*This table contains rough estimates of the total amount of funding needed to cover all of the services that should be provided to MVC.*

## **APPENDIX G: BACKGROUND: TANZANIA'S MOST VULNERABLE CHILDREN**

### ***HIV/AIDS impacts children and makes them vulnerable.***

HIV/AIDS impacts all Tanzania, and as each sick or dying person declines, the conditions of those around them decline as well. Children are among the hardest hit. It is estimated that 12% of all children in Tanzania are orphans<sup>15</sup>. The National AIDS Control Programme (NACP) 2004 report mentions AIDS as the leading cause of orphan-hood and vulnerability for children in the country.<sup>16</sup> An even greater number are vulnerable from a lack of access to education, health care, clean and safe water, security and protection, the inability to access care, inadequate food intake, inadequate community support, absence of a common social security system covering orphans and vulnerable children (OVC) and uncoordinated efforts to address the causes of vulnerability.<sup>17</sup> These children are called “most vulnerable children”.

### ***There is an existing crisis***

Though the number of children in vulnerable situations is uncertain, there is general consensus that the number is near two million and escalating.<sup>18</sup> The rapid rate of increase in the number of orphans and vulnerable children in the country necessitates action and a system of delivering services to the most vulnerable children (MV children) and to the families and community members who care for them. Even in districts where the National Plan of Action (NPA) has been implemented there are children that do not have adequate food and where care takers do not have bedding, or school fees for their “adopted” children. In places where the NPA has not been implemented, conditions may be even worse. All projections are that the situation will become more dire. This is an emergency situation.

### ***There is no existing social services delivery system***

Tanzania lacks a system for delivering social services to OVC. In the past traditional communities have absorbed orphans into extended families. Villages have provided for their own, but as the numbers of orphans have increased, these traditional villages have approached saturation levels.

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<sup>15</sup> Ministry of Labour Youth Development and Sports, Report of the study on the need to mainstream social welfare services into the local government structure, p.2.

<sup>16</sup> Three groups of orphans are generally distinguished, i.e. maternal orphans, paternal orphans and double orphans. (i) Maternal orphans are children under 18 whose mothers, and perhaps fathers, have died (including double orphans); (ii) Paternal orphans are children under 18 whose fathers, and perhaps mothers, have died (including double orphans); and (iii) Double orphans are children under 18 whose mothers, and fathers, have both died.

<sup>17</sup> RAAAP Report 2004.

<sup>18</sup> NACP, 2004.

A patchwork of Non Governmental Organizations (NGOs), faith-based organizations (FBOs) and community-based organizations (CBOs) has developed, and these entities<sup>19</sup> try to provide social services. This system has definite limitations. The NGOs do not have a means to coordinate services; neither do they have a mandate to coordinate; neither do they necessarily conform their services to national priorities; they may respond to funding sources rather than to the communities where they operate.

As social problems escalate, there will be an increasing demand for coordinated services and for people trained to help solve problems. Responsibility belongs to the government to develop a system from the ground up. It is a difficult and costly endeavor and there is little time.

### ***The Tanzanian National Plan for Orphans and Vulnerable Children***

The National Plan of Action for OVC that Tanzania has devised to deliver social services for her most vulnerable children inextricably ties itself to democracy and good governance. Social services for vulnerable children will only be successful if there is a responsible and responsive governmental structure to deliver them.

As United States Agency for International Development (USAID) administrator, Ambassador Tobias has stated,

“Citizens must understand that their governments are responsible for their health and safety, for educating a critical mass, and for creating the conditions needed for economic growth. We must support citizens to make demands of their governments, and reject excuses for failure.”

The Government of Tanzania (GoT) and most notably the Department of Social Welfare (DSW) have developed a plan of action to meet the escalating crisis head on. The NPA builds on what already exists in the villages and sub-wards of the country. It takes the traditional village care system, which is a community response model, and formalizes it as the centerpiece of the government’s response.

It begins with the people who are in contact with vulnerable children and their problems. These villagers are to be organized into Most Vulnerable Children’s Committees (MVCCs). These MVCCs in turn will make the demands for services and resources on behalf of the children. And, finally, the government and NGO/donor communities will develop and fund those services in reply to the MVCC demand. This is a model to be supported.

The MVCC model is an attempt to build a grassroots system to coordinate resources from the community, from the central government, from NGOs, and from external donors to provide basic services to children. Resources are pouring into Tanzania from international donors, international financial institutions (IFIs), NGOs, FBOs, and CBOs to provide humanitarian assistance and services for children. The tricky part is getting the resources to the MV children.

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<sup>19</sup> Sometimes collectively referred to simply as NGOs.