SOUTHERN NEW HAMPSHIRE UNIVERSITY

AND

OPEN UNIVERSITY OF TANZANIA

MASTERS OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT
(Msc CED 2007)

ENHANCEMENT OF YOUNG VULNERABLE CHILDREN'S WELFARE:
A CASE STUDY OF KIMARA WARD

A Project Submitted in Partial Fulfillment of Requirements for Master of Science in Community Economic Development in the Southern New Hampshire University at The Open University of Tanzania 2007

Prepared by;

NZAMWITA, CECILIA ADRIAN

SOUTHERN NEW HAMPSHIRE UNIVERSITY

AND

OPEN UNIVERSITY OF TANZANIA

MASTERS OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT
(Msc CED 2007)

ENHANCEMENT OF YOUNG VULNERABLE CHILDREN'S WELFARE: A CASE STUDY OF KIMARA WARD

NZAMWITA, CECILIA ADRIAN

DECLARATION

I **Nzamwita, Cecilia Adrian** hereby declare that, this project paper is for the fulfillment of the Master of Science Degree in Community Economic Development (CED) and that it is based on my own efforts and solely done by me except where quoted for learning purposes. This paper has never been presented to any other Institution for similar purposes.
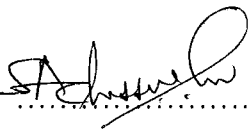
Nzamwita, Cecilia Adrian

Date: 9 - 02 - 2007

SUPERVISOR'S CERTIFICATION

I, **DOCTOR SIMON A. C. WAANE** certify that I have thoroughly read this project report entitled **"Enhancement of Young Vulnerable Children's Welfare: A Case Study of Kimara Ward"** and accept it as a scholarly work for submission to the Open University of Tanzania/Southern New Hampshire University for the award of Master Degree of Science in Community Economic Development.

Signature: .... Date: 13. 08. 2007

DECLARATION

I **Nzamwita, Cecilia Adrian** hereby declare that, this project paper is for the fulfillment of the Master of Science Degree in Community Economic Development (CED) and that it is based on my own efforts and solely done by me except where quoted for learning purposes. This paper has never been presented to any other Institution for similar purposes.

_____

Nzamwita, Cecilia Adrian

Date: _____

COPYRIGHT

DEDICATION

This work is dedicated to my beloved husband *Samweli A.Y. Kilua* for his encouragement, prayers, love, moral and material support he gave and to my lovely daughters *Rita* and *Anita* for their tolerance as they missed my presence, care and love when I was doing this work. It is also dedicated to my beloved parents; my mum *Fransisca* and father the late *Adrian* who laid the foundation of crave for knowledge in this world.

ACKNOWLEDGEMENT

to Mr. Michel Adjibodou and Felician Mutasa; my instructors for their endless efforts, counseling and guidance they extended to me throughout my study.

I would like to extend my sincere gratitude to my CED mate Ms. Tumaini Mwamyalla for the advice and material support she accorded me during the whole course of my studies. Also special thanks should go Ms. Patricia Magogo for her moral and material support during my career development in "Community Development".

I would like to appreciate the consideration of my employer (Permanent Secretary of PMO-RALG) during my study that allowed me to attend lectures in Dar es Salaam for a period of one week in each month. Special thanks should go to Mr. Richard Musingi and Martin Kitilla my department leaders and Engineer Hilary Lyimo for their encouragement during the period of study.

Above all I thank God in Jesus Christ, who through His perpetual grace has granted me the strength, excellent health and most of all life to enable the successful completion of my studies.

I remain entirely responsible for contents of this project paper. Therefore any queries or further elaboration on the contents should be addressed to me.

ABSTRACT

Enhancement of young vulnerable children's welfare is a project initiated by Kimara community under the facilitation of Kimara Peer Educators and Health Promoters Trust Fund (KPE). KPE works to improve and sustain the livelihood standards of people in Kinondoni Municipality, Dar es Salaam, where Kimara is located, by reducing incidence of HIV/AIDS/STIs transmission. The project is aimed at contributing in the enhancement of young vulnerable children's welfare age between 0 – 8 years.

Basically, welfare enhancement of this special group in the community depends on the economic ability of the caretakers to provide basic needs/rights for survival, protection, growth and development. The needs include: nutritious food, shelter, clothes, play materials, play ground, attending pre-primary and primary schools, and psychosocial support. Therefore, the project purpose is to have the monetary incomes of the caretakers in Kimara ward enhanced to be able to fulfill the above specified needs of the children. The fulfillment of these needs will enable this crucial age cohort to have a good foundation that will enable them become productive citizen in the future.

EXECUTIVE SUMMARY

This Project paper consists of six main parts. These are; community needs assessment, problem identification, literature review and implementation. Other parts are monitoring, evaluation and sustainability, conclusion and recommendations.

This proposed project is intending to serve the community of Kimara ward at large. It has only one potential direct beneficiaries who are the teen mothers residing in Kimara ward. The other indirect beneficiaries of the project include the young children, aged between 0 – 8 years, living in difficult conditions because of the poverty of their parents or guardians. The last beneficiaries will be the grandmothers whose stress of caring for young children in difficult conditions will ultimately be reduced. It is hoped that it will subsequently reduce the existing high degree of child mortality (infant and under five), malnutrition and numbers of homeless children.

The project was formulated based on the real felt existing problems in the community of Kimara as shown by the Community Needs Assessment (CNA) conducted between October – December, 2005. Also, the various literatures consulted showed that the magnitude of the problem is huge and on increase. The literatures observed that, the question of having many children who are not cared for properly is an undesirable situation. For instance, according to UNICEF (2004), globally it is estimated that there were about 13 million children who were vulnerable (orphans and vulnerable due to

poverty). Out of these 13 million, 12.3 million were believed to be living in the Sub Saharan Africa. According to estimates by the Ministry of Community Development Gender and Children (MCDGC 2005), Tanzania has about 2.5 million vulnerable children. In addition, the National Census Report of 2002; it is estimated that 10% of children below the age of 18 years in Tanzania are vulnerable.

Various institutions/organizations have the stake in addressing this problem. Care and support from different organizations have been given to vulnerable children mainly directed to school going age children leaving young children (0-8 years) uncared and unsupported in the hands of poor parents/guardians. The young vulnerable children remain invisible to community and organizations.

Failure to address young vulnerable children needs/rights threatens the future of children as potential productive citizens. Therefore, the project's overall objective is to contribute to the enhancement of this special cohort's welfare in Kimara Ward. Specifically, the project aims at enhancing the incomes of the teen mothers through training in various vocational, and life skills and the provision of start-up kits to teen mothers. As a result, it is assumed that the empowered (trained and equipped) teen mothers will be employed or self-employed that will earn them income they need to take care and support their young children and themselves. Also, it is assumed that the needs and rights of the young children for survival, protection, growth and development will be fulfilled as a result of the enhanced incomes of the teen mothers. Vocational education will go hand in hand

with life skills training. The life skill training to teen mothers is expected to provide them with the necessary skills and knowledge they need to avoid unwanted pregnancies and HIV/STIs infections. Further, the KPE will be supported and strengthened to enable it to undertake the vocational training to the teen mothers.

Furthermore, the identification of causes and effects of young vulnerable children in Kimara ward is already done. The basic needs/rights that the young vulnerable children in Kimara community are missing are adequately stipulated in the research conducted in 2006 in the area. What remains to be done is to undertake the proposed vocational training education to teen mothers who are going to make these children access their needs/rights.

Conclusion and Recommendations

Generally the Study Project has been successful in unveiling some of the serious problems faced by the Kimara Community, their causes and effects. The underlying community problems have been well documented and discussed with community members, KPE management and local government officials of Kimara Ward. Responsibilities and duties remain to KPE in collaboration with Kimara Ward leaders to undertake vocational training education to teen mothers. The proposal for implementing the project was done by CED student and agreed by the KPE management team.

Implementation of this project is of five years. In the first two years, the project will be running with funds from development partners who will show an interest in supporting the project. In the remaining three years, the project will be running by using its own funding sources to be identified.

TABLE OF CONTENTS

List of tables

List of figures

LIST OF ABREVIATIONS

AED	Academy for Education Development
AIDS	Acquired Immunodeficiency Syndrome
CED	Community Economic Development
CBOs	Community Based Organizations
CRC	Convention on Rights of the Child
CRS	Catholic Relief Services
CSOs	Civil Society Organizations
CNA	Community Needs Assessment
EOTF	Equal Opportunity Trust Fund
ESAURP	Eastern and Southern Africa University Research Programme
FBOs	Faith Based Organizations
FDC	Focal Development College
HBS	Household Budget Survey
HIV	Human Immune-Deficiency Virus
IMF	International Monetary Fund
KPE	Kimara Peer Educators and Health Promoters Trust Fund
MCDGC	Ministry of Community Development Gender and Children
MCDWC	Ministry of Community Development Women and Children
MPEE	Ministry of Planning, Economy and Empowerment
MLYDS	Ministry of Labour, Youth, Development and Sports

MDGs	Millennium Development Goals
MVC	Most Vulnerable Children
NACP	National AIDS Control Programme
NGOs	Non Government Organizations
NSGRP	National Strategy for Growth and Reduction of Poverty
OVC	Orphans and Vulnerable Children
PLHAs	People Living with HIV/AIDS
PMO-RALG	Prime Ministers Office, Regional Administration and Local Government
SACCOS	Savings and Credit Cooperative Societies
SADC	Southern African Development Cooperation
SATF	Social Action Trust Fund
STIs	Sexual Transmission Infections
TDHS	Tanzania Demographic Health Survey
TACAIDS	Tanzania Commission for AIDS
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programme on AIDS
VC	Vulnerable Children
VETA	Vocational Education Training Authority
WAMA	Wanawake na Maendeleo means "Women and Development"

WCDO   Ward Community Development Officer

WEO   Ward Executive Officer

CHAPTER ONE

COMMUNITY NEED ASSESSMENT

This chapter explains on how community needs were assessed. It has three main parts including here; community profile, community needs assessment and survey methodology.

1.1   Community Profile

Kimara Ward is in Kinondoni Municipality with an area of 42.7 km2. The Ward is located along Morogoro Road, 15 kilometers from Dar es Salaam City Centre. Income per individual is approximately 1,500/= Tshs (Kinondoni Municipal Report, 2004).

The Ward is divided into five Sub-Wards known as 'mitaa' including: Baruti, Kimara Baruti, Matangini, Mavurunza and Kimara B (mostly known as Temboni). The total population of the Ward is about 66,288; 33,053 males and 33,235 females (National Census Report, 2002). The population of the Ward is generally increasing due to availability and affordability of land and building a house or renting houses/rooms. Also, the area is not surveyed which makes it easy for low and medium income earning population to move into the area.

1.2   Community Needs Assessment

A team comprising one CED student, local government officials, community members and KPE staff conducted needs assessment (CNA) in the area. The team listed the needs identified in preferential ranking and resources they have towards solving the identified existing needs. It was noted that the mostly felt need was poverty eradication among the community members. Other listed needs which are poverty- related include; adequate supply of water, reduction of HIV/AIDS incidence, improved care and support to vulnerable children, improved transport services, access to loans with less and affordable conditionality, ability to run profitable business, and availability of market premises.

The people of Kimara community would like to have the above needs addressed so as realize their socio-economic development. The questions being asked by stakeholders are on the resources available at community level, central and local government and private organizations in the area together with other development partners. As the resources are scarce to have the above-mentioned needs addressed adequately, it is obvious that the community should prioritize their needs. The team facilitated the community in prioritizing their needs based on the possible potential impact and consequences of fulfilling and not fulfilling them. The needs were ranked according to their attached priority and required amount of inputs to make a significant change in the development of the Ward. Improvement of the situation of vulnerable children was highly ranked due to its potential of ensuring future productive citizens in the community of Kimara and Tanzania at large. Also, it was learnt that the resources

needed to make positive change is not much and mainly is within the ability of the community. Further, it was noted that there were many development partners with a stake in this area, hence making it easy to secure funds for running various projects of vulnerable children in Kimara.

Furthermore, the team brainstormed and listed required needs of all children as food, shelter, clothes, education, play materials and playgrounds. Since the vulnerable children miss in one way or another the aforementioned needs for their survival, protection, growth and development. This called for the CED student to explore further the reasons for the existence of the vulnerable children in the world, region, and country and in Kimara. In addition, what mitigation measures have been taken to eradicate or reduce existing incidences of vulnerable children in any community. However, communities are not homogeneous due to differences in traditions and beliefs; the causes that can affect children from community A cannot necessarily be the same as those of community B. This necessitated conducting research on the Kimara community to assess whether various causes of VC from findings done by other practitioners are similar to those of Kimara.

1.3   Survey Methodology

In the process of CNA, 22 respondents were selected deliberately to reflect their responsibilities in the community. A combination of complementary data collection

tools including interviews, observation, focus group discussion and questionnaire was employed. Each tool was applied to different group of respondents depending on the relevance, appropriateness and the effectiveness of the tool in extracting information from the respondents.

Further, the discussions were held to identify and understand community needs that affect directly or indirectly the totality of people's lives in the area. These needs were ranked according to the availability of resources to address them. Both community and KPE capacities to effect positive changes were listed and it was revealed that they could manage to handle project of young vulnerable children in the area and that, many development partners had a stake in the plight of OVCs. These preferential rankings are shown below.

Table 1.1:   Preference Ranking

Socio-Economic Factors Kimara Community Needs	GP 1	PG 2	GP 3	TOTAL SCORE	RANK
1. Improved Transport	7	5	4	16	ii
2. Reduce Income Poverty	5	4	2	11	iv
3. Reduce HIV/AIDS	4	3	6	13	iii
4. Many young VC of 0-8 years	6	7	5	18	i
5. Improved adequate supply of water	4	3	6	13	iii
6. Improved health facilities	2	4	4	10	v
7. Having planned premises for business and market centre	1	3	6	10	v

Source: Research Findings 2006

Furthermore, the causal and effects relationship in the young VC were identified using the problem tree.

However, a detailed research was done with household leaders, local government authorities and KPE staff aimed at getting suggestions of proper interventions for improving the needs of the young VC in the area (see Appendix 3). The research used interviews, observations and Focused Group Discussions (FGD) to 24 households and 12 local leaders and KPE staff respectively. The respondents comprised of household leaders, children from these households, Ward Executive Officer (WEO) and Ward Community Development Officers (WCDO), Chairpersons of the five Kimara sub-wards and KPE staff.

a) Interview

Interview was conducted to 24 household leaders visited during the study. The aim of using this technique was to gather first hand information from the leaders who are the main caretakers of the children. In gathering such information, researcher developed 11 interview questions for guiding data collection. The guide was designed to identify the main issues and needs of the community. The guide enabled obtaining of the information regarding the household economic activities, age of respondents, age of a mother at first giving birth, number of dependent children per each house, number of

children below eight years, children attending pre-primary and primary school and such other information.

b) Observation

While administering other methods of data collection, the researcher also employed observation to learn and understand the socio-economic and geographical environment of the vulnerable children in the study area. Several factors essential for the growth and development of children were observed. The observed factors included whether children are taken care by their parents, nutrition status, accessibility to social services such as shelter, clothes, and schools for their education, health facilities, clean and safe water, and play ground/materials. It was observed that children from the visited households had either limited or no access to any of the above mentioned social necessities for the survival, growth and development of children.

c) Focus Group Discussion

This method was employed to get information from 12 local government officials and KPE staff. The Focus Group Discussion (FGD) was specifically chosen to be used for such respondents due to its strengths in extracting information from the knowledgeable people (on the issues on question) like these local government leaders and the KPE staff. This tool enabled the researcher to obtain information on the causes of vulnerability and the available options to mitigate the undesirable situation to the young children aging 0-8 years old in the ward of Kimara.

Research from the household leaders revealed that the mothers of a good number of young VC are teenagers. The following table and its figure shows the age of the mothers at first giving birth as given by interviewee from households.

Table 1. 2:   Age of Parents at First Giving Birth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15-19	13	54.2	68.4	68.4
	20-24	6	25.0	31.6	100.0
	Total	19	79.2	100.0	
Missing	System	5	20.8		
Total		**24**	**100.0**		

Source: Research Findings (2006)

Figure 1:   Age of the Parents at First Giving Birth

Age of parent at first giving birth
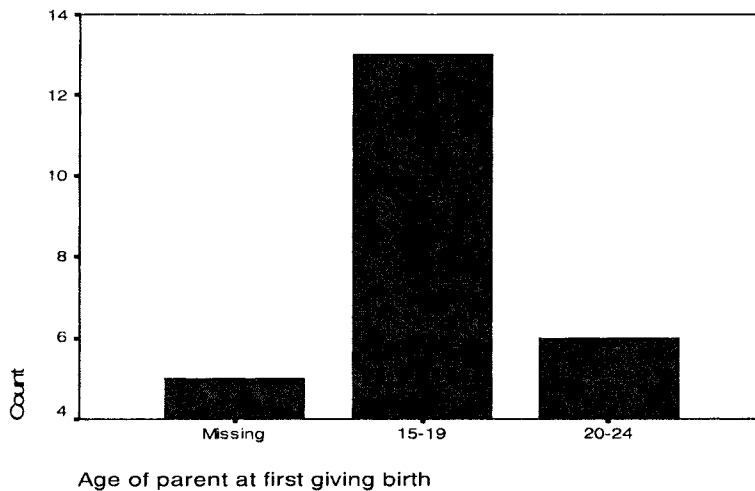
The findings above are consistent with the demographic situation of Tanzania. Nearly two out of every three Tanzanians are under the age of 25 and one out of every three is between the ages of 10 and 24. It is projected that the number of young people aged 10-24 will increase from 12.2 million in 2005 to 21.1 million in 2025 under the high fertility scenario and 19.6 million under the declining fertility projection (MPEE, December 2006).

Teenage pregnancy in Tanzania is high. According to TDHS 2004-2005, about 52% of 19 year olds were already mothers or pregnant at that age. Consequently they give birth to children whom they cannot support properly who grow to become young vulnerable children cared mainly by grandmothers or themselves in difficult conditions. For instance, research conducted in Kimara (2006) revealed that 58 percent of young children's caretakers were grandmothers aged between 49 -75 years, 37.8 percent cared

by single mothers of 20-45 years old and only 4.2 percent were cared by a single father of 28 years old.

However, the researcher conducted Focus Group Discussion with local leaders and KPE staff in trying to see what interventions could be undertaken to improve the welfare of the young vulnerable children in the area. The following table illustrates some of the measures suggested by the local leaders and KPE staff.

Table 1. 3:   Percentage Distribution of the Respondents on Intervention

Measures of Eradicating Young Vulnerable Children in the Area

Serial no	Response on measures of intervention as per local officials and KPE staff	Number	Percentage
i.	Government to provide soft loans and business skills training to the people especially youth	10	83
ii.	Government to make amendments to the Marriage Act of 1971	6	50
iii.	Government and other private organizations to provide vocational training skills, and life skills to the youth and teenage mothers	12	100
iv.	Provision of education on HIV/AIDS to reproductive age group	8	67
v.	Government not provide loans during elections campaigns only	4	33
vi.	Every ward to have a centre for most vulnerable children	4	33
vii.	Community members are given skills on business, credits and establishments of CBO/SACCOS.	6	50
viii.	Parents to reduce excessive intake of alcohol.	6	50

Source: Research findings (2006)

CHAPTER TWO

PROBLEM IDENTIFICATION

As a result of the analysis conducted during CNA in chapter one, the Researcher was able to identify that the community is facing a problem of having many young vulnerable children and very little is being done to address their needs. This problem has been the focus of the Researcher for about the past eighteen months while pursuing the course of Master Degree of Science in Community Economic Development offered in collaboration between the Open University of Tanzania and Southern New Hampshire University in America.

2.1   Problem Statement

The problem of having vulnerable children "orphans and children in acute poverty (vulnerable)" is currently debatable news all over the World, Tanzania inclusive. Globally, it is estimated that about 13 million children are Orphans and Vulnerable. Young vulnerable children are most affected socially as they are brought to grandmothers and left without further contact with their parents/relatives (Speak for the Child, AED and USAID). It is estimated that 12.3 million vulnerable children (out of 13 million globally) are believed to be living in the sub Saharan Africa (UNICEF, 2004). More than 50% of them are below 9 years old; 35% are 5-9 years and 15% are 0-4 years old (UNICEF, 2003).

According to the National Census report of 2002, about 44 per cent of the population in Tanzania is under the age of 15 years. The report estimated that about 10 per cent of children below the age of eighteen years are vulnerable (either orphans or living in hardship due to the poverty of the guardians).

HIV/AIDS has been responsible for the increase in vulnerable children in the world (UNICEF, 2003). Tanzania was estimated in 2000, to have almost 2,000,000 HIV/AIDS orphans, the highest total of any country in the SADC countries (ESAURP, 2002). Furthermore, research findings (2006) from Kimara Ward revealed that, the number of children per households visited was between 1- 4 (87.5%) and 6 - 7 (12.5%) respectively. This creates high child dependency ratio that places a heavy burden on working group and constraints the provision of basic needs and social services.

These children are deprived of their human rights, which they need for growing and development to become responsible adults. The rights as contained in the UN Convention on the Rights of the Child (CRC) which Tanzania is a signatory are: all children have a right to quality early childhood care and this should include access to health, nutrition, education, water and environmental sanitation in homes and communities, freedom from abuse and violence as well as enjoying growth and psychosocial development. However, the research conducted in the area of study revealed that, out of 24 children with an age of attending early child school, only 4 were attending pre primary school. The main reason for this low percentage as given by

caretakers was lack of money to provide the children with school requirements (see the table and figure below).

Table 2.1:   **Number of Children Attending Pre Primary School**

		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	yes	4	16.7	17.4	17.4
	no	19	79.2	82.6	100.0
	Total	23	95.8	100.0	
Missing	System	1	4.2		
Total		**24**	**100.0**		

Source: Research Findings (2006)

Figure 2:   **Reasons for Children not Attending Pre Primary School**

If not attending school
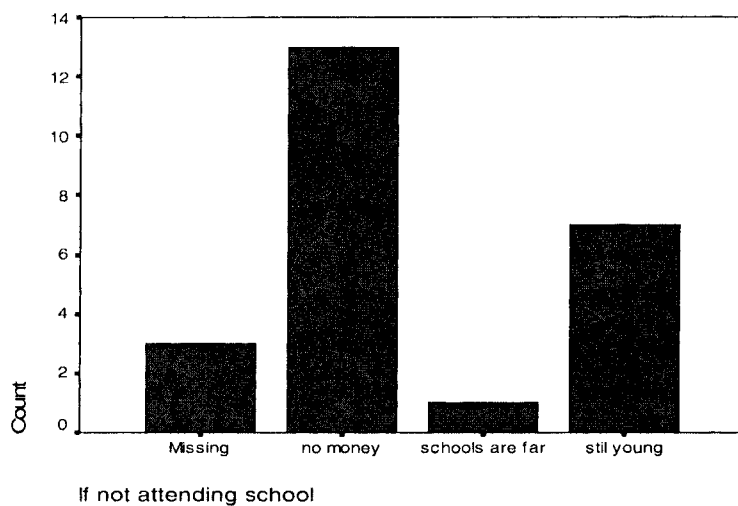
It is within this context that the project has been designed to specifically address the needs of the young VC aging between 0-8 years. The project is intended to sensitize and mobilize the Kimara community, organizations and other stakeholders to consider starting programmes and projects for the care and support of young VC.

2.2   Target Community

The project will benefit the community of Kimara. This community comprises different groups namely; elderly people, adults, youth, children (early children of 0-8 years and school on going of 9-18 years), political leaders, local government officials and religious leaders. The teen mothers will be the direct beneficiaries of the project. Depending on the outputs of the project, the benefits are expected to trickle down to young vulnerable children and their grandparents. It is assumed that the increased income of the teen mothers will enable them to address the various needs and rights of children. Also, the enhanced capacity of the teen mothers to take care of their children will reduce the burden of the grandmothers who have been taking care of these children as a result of the inability of the teen mothers to provide the required care due to economic difficulties.

Thus, daily income of the caretakers generated from various incomes generating activities e.g. the selling of charcoal, fruits, vegetables, buns, and chapatti, water and other businesses as seen in tables and figure shown below.

Table 2.2:   Type of Business or Activities of Children's Caretakers

IGAs	Frequency	Percent	Cumulative Percent
Charcoal	3	12.5	12.5
Buns making	2	8.3	20.8
Chapatti	1	4.2	25.0
Vegetables	6	25.0	50.0
Water building activities	3	12.5	62.5
Attending garden	1	4.2	66.7
Hair saloon	2	8.3	75.0
Casual worker	2	8.3	83.3
Local brew seller	1	4.2	87.5
Fruits	1	4.2	91.7
No business at all	2	8.3	100.0
Total	**24**	**100.0**	

Table 2.3:   Income of the parent or Care taker per day

		Frequency	Percent	Cumulative Percent
Valid	500-1000	9	37.5	42.9
	1100 -1500	6	25.0	71.4
	1600 -2000	4	16.7	90.5
	2100 -2500	2	8.3	100.0
	Total	21	87.5	
Missing	System	3	12.5	
Total		**24**	**100.0**	

Source: Research findings (2006)

Figure 3:   Income of the Children's Care takers Visited

Income of the parent or care taker per day
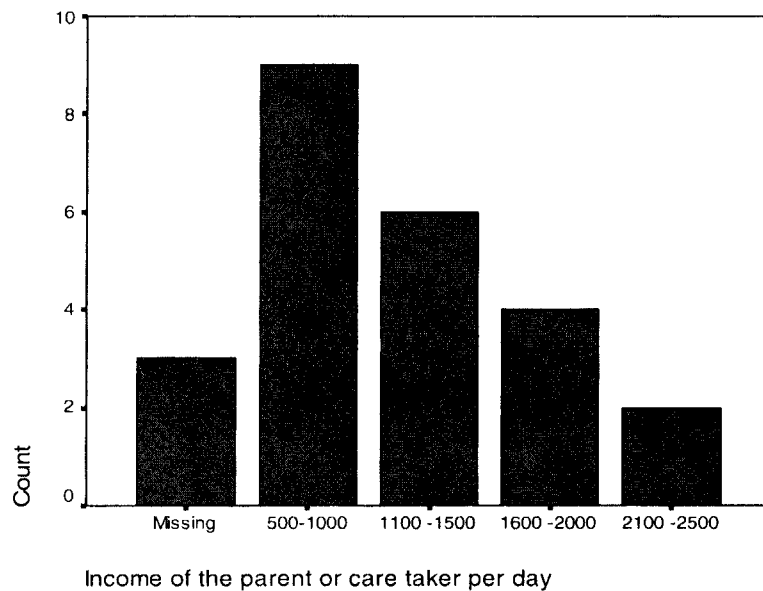
Since the goal is to improve the life of young vulnerable children by empowering the teenage mothers economically and socially, community participation in the process was viewed fundamentally important. In this view, members of the Kimara community participated right from the outset, with most of the decision being made at the community level. It is expected also that the Kimara community will continue to participate in the forthcoming critical stages of the project including the implementation, monitoring and evaluation.

2.3   Project Stakeholders

The project stakeholders include the beneficiaries and all others who in one way or another affect the project or will be affected by this project. The stakeholders include the

teen mothers, young vulnerable children, grandparents and community leader. Others are Kimara community, KPE, Central government particularly PMO-RALG, MCDGC, Non-Governmental Organizations (NGOs) dealing with vulnerable children, Community Based Organizations (CBOs), Faith Based Organizations (FBOs) and development partners.

The expectations of the above key players from the project include;

Firstly, enhanced growth and development of the children through psychosocial stimulations, nutrition improvement and health status, children interactions and later education provision enabled; increased incomes of the teen mothers; reduced economic burden and psychological stress of the caretakers and teen mothers engaged in gainful and viable economic activities.

Secondly, the KPE will be able to provide resources (material and non material) for execution of the project and thereby improve their capacity to provide vocational education.

Thirdly, the Government will realize its NSGRP commonly known as MKUKUTA 2010, Millennium Development Goals (MDGs 2015) and National Development Vision 2025 priority in good life by every citizen.

Fourthly, women empowerment; economically and socially, and children's rights will be enhanced.

Fifthly, the project makes networking among NGOs, CBOs and FBOs will be established and promoted.

Sixthly, the development partners will provide the necessary funding and technical assistance for the execution of project.

2.4   Project Goal

The goal of this project is to enhance the welfare of young children in Kimara Ward by improving the incomes of their teen mothers thereby contributing towards their care, support and enhanced children's rights.

2.5   Project Objectives

2.5.1   General Objective

This project is aimed at increasing the incomes of teen mothers in Kimara Ward.

2.5.2   Specific Objectives

   i)   To provide vocational skills training to teen mothers

ii)   To provide start-up kits to teen mothers after their training in vocational skills.

iii)   To provide life skills training to teen mothers

iv)   To strengthen the capacity of the KPE in handling and provision of vocational skills to the teen mothers.

2.6   The Host Organization

2.6.1   *Kimara Peer Educators and Health Promoters Trust Fund*

Kimara Peer Educators and Health Promoters Trust Fund (KPE) is an independent, voluntary, Non Governmental Organization (NGO). The organization started in 1993 and was registered in 1996 under the Trustees' Incorporation Ordinance (Cap. 375). KPE is a community based and located in the low-income periphery of Dar es Salaam about 15 kilometers from Dar es Salaam City Centre, along Morogoro road.

The organization was established in response to the high incidence of HIV/AIDS in the Ward, which brought a number of problems to the community such as; deaths of reproductive age people, prolonged illness of the productive people, orphans and poverty among the people. KPE took up for itself the mandate of reaching grassroots communities who are least served and likely to be infected and affected by HIV/STIs

2.6.2 The Vision of the Organization

Kimara Peer Educators vision is to have a **"community that is knowledgeable and responsible in HIV/AIDS issues".**

2.6.3 Mission Statement of the Organization

Kimara Peer Educators exists in order to sustain and improve livelihood standards of people in Kinondoni Municipality by reducing incidence of HIV/STIs transmission through;

- Information giving/dissemination using peer education,

- Training of peer trainers, counseling,

- Voluntary counseling and testing for HIV,

- Empowering people living with HIV/AIDS on Income Generating Activities (IGAs),

- Offering direct support and counseling to people affected and/or infected by HIV/AIDS in Kinondoni Municipality.

2.6.4 Objectives and Core Activity Areas of the Organization

- Increased awareness of HIV transmission, sexual and reproductive health inclusive of working with young people.

- Enhanced confidence and acceptance in the community of people infected/ affected by HIV/AIDS including PLHAs and vulnerable children.

- Improved living conditions and prolonged life span of people infected or affected by HIV/AIDS.

- Enhanced participation in voluntary counseling and testing for HIV and other STIs by young people.

- Facilitation of ownership of HIV/AIDS programmes at grassroots level.

- Strengthen, collaboration and networking with other NGOs/CBOs dealing with HIV/AIDS for knowledge and experience sharing.

- Enhanced information sharing, site based study visits, facilitation skills plus meaningful involvement of men in HIV prevention, care and support.

- Striving towards expanded program sustainability through income generation ventures.

"See organization structure of KPE - Appendix 2

CHAPTER THREE

LITERATURE REVIEW

This chapter gives definitions of the concepts and causes of vulnerable children. It also reviews similar researches done by different researchers in different localities and policy issues relates to child development.

3.1 Theoretical Literature Review

When discussing the word *'child'*, different people from different communities define the word differently. In the case of this project, I prefer the definition of a child as stipulated in Child Development Policy of 1996 of the United Republic of Tanzania and United Nations Convention on the Children's Rights of 1989 as "a child is any person aged under 18 years". Therefore, a child is regarded as a person aged between 0 and 18 years.

Vulnerable children are defined as children living in acute poverty, those with irresponsible or uncaring or abusing parents, children working hard or working to earn money, or children with no known family; the abandoned and street children (Whitehouse, 2002). In contrast, UNAIDS&UNICEF (2004) defines vulnerable children as children whose survival, well being, or development is threatened by HIV/AIDS or by income poverty.

According to these two definitions, vulnerable children are categorized into two groups; orphans and children living in hardship environment/difficult life.

Orphans are those children who have lost one or both parents through death. UNAIDS, UNICEF, USAID (2004), differentiate orphans by maternal, paternal and double orphans to explain children under 18 years whose mothers, fathers or both mothers and fathers have died. Orphans are regarded as a significant category of *vulnerable children*

Vulnerable children are mainly differentiated as follows; orphans where there are double and single orphans, children with poor parents due to income poverty, children with parents but not known where these parents stay, children who are heading households, children caring parents affected by HIV/AIDS, street children, disabled children, children working in estates or mining, children working as house maids or bar maids and those children engaged prostitutions and children trafficking (Ministry of Community Development Gender and Children Report - MCDGC 2006).

The plight of Vulnerable children is a world wide hotly debated phenomena, the term started to gain popularity in the eyes of many people from 1980s due to economic hardship brought by economic reforms though during that period there were few cases of vulnerable children mainly cared by family members. From 1990s to date the number of vulnerable children continues to increase every day in the communities, country, region

and world. This rapid increase in numbers is associated mainly with five reasons; high population of young children and high fertility rate among Tanzanian women, the HIV/AIDS pandemic, Structural Adjustment Programmes in many countries which started to mushroom in the 1980s and continues to date, income poverty and erosion of traditional values and ethics.

High populations of young children and fertility rate per woman have for a long time continued to be a demographic feature of Tanzania. For instance, the National Census Report of 2002, about 44% of the population in Tanzania is under the age of 15 years. This creates high child dependency ratio that places a heavy burden on working group and constraints the provision of basic needs and social services. The report also proves that, Tanzania population will continue to grow with a high fertility rate of 5.6 and 5.7 children per woman respectively (MPEE, December 2006).

Consequently, vulnerable children will keep on increasing as a result of high fertility rates among women. This also implies an increase of young vulnerable children born by teenage mothers, which result into increased economic and social pressure at the household level and community in general (MPEE, December 2006)

The outcome of HIV/AIDS as a killer disease emerged in early 1980s and continues to date. HIV/AIDS has caused the emergence of many unsupported children as either their parents have died or are very ill and unable to work in productive activities. The children

become helpless, heads of the households or are taking care of the indoor sick parents. According to research conducted in Lake Zone by ESAURP (2002), 45% of children interviewed were living alone without parents or guardian except, possibly, an older sibling.

Vulnerable children have been denied their right to get the required food, good shelter, clothes, education, plays and play materials for growth, intellectual development and socialization. They are given adult's responsibilities of taking care of themselves, their parents or the younger ones. Sometimes older children without parents are distributed among relatives living in different areas while the younger ones are brought to grandmothers and left with them without further contact and they grow up not knowing their elder brothers or sisters (AED & USAID, 2002).

A statement issued by the Tanzania Social Welfare Department in 1994 stated that "due to the increasing number of children orphaned by AIDS, it has made difficult to care for such orphans, even in the families and communities where there were strong feelings and love for children" (NAPC report, 2003). It was also observed that, the fear associated with HIV/AIDS was making relatives of the diseased children reluctant to take care of these children, fearing that they might be infected with HIV (Gillian, 1999). Structural Adjustment Programme imposed by World Bank and International Monetary Fund (IMF) to developing nations, including Tanzania, from 1986 to date contributes to the increase of vulnerable children in these developing countries. Rural communities

which depended on agricultural activities as their mainstay, failed to produce as before due to cut-off of agricultural subsidies including agricultural inputs. Agricultural produce were reduced since they failed to get money for buying inputs. The little produced (outputs) was sold to get manufactured products during harvesting season and this resulted in insufficient food to these rural populations. This contributes to the high rate of rural-urban migration with the notion of finding reliable employment and better life. For instance, urban population in Tanzania increased from below 1 million in 1967 to 2.4 million in 1978 and about 4.2 million people in 1988 to 7.9 in 2002. The population of urban areas grew by about 4.5% per year between 1988 and 2002; this is higher than the overall rate of population growth (MPEE, 2006).

In urban areas and cities life became tough, getting good employment was difficult for a person without any qualifications; the rural migrant usually worked on temporal basis, mostly in informal sectors and was paid low wages which was just for subsistence. Their children were affected more as many completed primary school without any adequate arrangements for their future or dropped from the school. Many of them were regarded as a source of extra income source for the family and were required to work rather than receive schooling. In the case of girls, they ended up with unwanted pregnancies or infected and affected with HIV/AIDS thus increases of vulnerable children seen now in urban areas.

Vulnerable children are also associated with income poverty by community members including their parents. In practice, poverty has increased in many developing countries including Tanzania. The Household Budget Survey 2000/2001 revealed a high prevalence of poverty in Tanzania with 18.7% of the population affected by food poor and 35.7% cannot meet basic needs. The situation is worse in Africa where a large proportion of the population are women with limited access to income since a good number of them lack or have low formal education to enable them be employed or self employment.

According to studies conducted in Kampala, Uganda in 1997, some children preferred to live in the streets, due to poverty, rather than in their respective homes for they were not certain of getting their daily meals at their homes, but in the streets they were assured of their survival through doing various activities such as car washing, carrying parcels, selling ice-creams, eggs or groundnuts and even through pick pocketing. With the little money they got, they could afford to buy food enough for a day (the East African Newspaper, January 2000).

The erosion of traditional values and ethics has also contributed to an increase in vulnerable children; a good example is the erosion of traditional African way of life before western acculturation. Togetherness of African people is sacrificed for modernization. Individualism in the name of creating nuclear families is now the norm; the practice of extended families is disappearing. Even the people with high income are

rarely seen caring for vulnerable children of their relatives. For instance, Tanzanians contribute a lot of money for wedding and other ceremonies. When requested to contribute to the needs for vulnerable children very few appear willing to do so, if they do, their contributions are very minimal.

This reality has been observed in the Tazama Newspaper of October, 2006, where the vulnerable children cared for by Friends of Don Bosco – Kimara Suca were expelled from schools as they had not completed paying their school fees. As a result their caretakers requested all well-wishers to contribute some money to pay fees for these children. Unfortunately, no one volunteered. Thereafter the caretakers decided to print t-shirts and send them to the local church for sale to their believers for Tshs 3000/= each. None were bought. However, one church leader decided to sell those t-shirts for a church building campaign where each t-shirt was sold for Tshs 10,000/= and the money was used for building the church rather than paying school fees for the children. This shows how the responsibilities of taking care of vulnerable children are left to few caretakers instead of our communities.

It has also observed that, broken marriages, temporary marriages, marriages at teen's age and excessive drinking of alcohol by parents, contributes significantly to the increase of vulnerable children in our communities. According to Radio One Presentations every Monday (morning hours) on the topic of children living in difficult environments,

several children who were interviewed during such sessions admit that excessive drinking by their parents is one of the reasons for their plight.

According to Scottish study on the plight of vulnerable children and young people (www.scotland.gov.uk): (i) all children and young people deserve the best possible start in life. They deserve to be cared for and to be protected from harm. Many children and young people will experience pressures on their lives from their family or peers and wider community. (ii) It is important that action is taken to address the underlying issues that can increase a child's vulnerability and potentiality leads to their involvement in high risk activities. The preventive work is not solely about supporting all children and young people for seeking through early intervention, to prevent a range of negative outcomes. (iii) The key successful prevention is early identification and sound assessment. Practitioners need to understand and be able to identify, the risk factors that may increase a child or young people's vulnerability.

3.2   Empirical Literature Review

From their last infant immunization to their first day of school, young children tend to be invisible to the community. Orphans are likely to be even more invisible. Young orphans are often brought to grandmothers from other districts, and left without further contact with the rest of the parents/relatives. No records are left; no birth certificate follows them, no record of immunization. Local Administration and local nurses do not know them (AED&USAID, 2002).

Many programmes see themselves as assisting young children by assisting adults, households or communities. Children under 5 years may seem like a poor "investment risk". Under 5 mortality has always been high in developing nations, and is expected to increase radically under the onslaught of AIDS (AED&USAID 2002). However, a study by UNAIDS, UNICEF, USAID "Child on the Brink 2004" estimates that in every day, about 1,700 children become infected with HIV. There are an estimated 2.1 million children under age 15 (estimated range 1.9-2.5 million) living with HIV in the world today. In 2003, about 630,000 children under 15 (570,000-740,000) became infected.

Orphans and vulnerable children need a number of services to ensure their rights and well being (UNICEF 2003) notably: Education is vital for children's futures and is important for their psychosocial development. Also, addition to that, essential health care and nutrition services including immunization, vitamin A supplementation, de-worming, growth monitoring. Safe water and sanitation are vital for VC and their families. Birth registration is critical for all children, including orphans, both in terms of identification as well as to ensure access to public services and welfare. Children whose births are not registered risk being denied many of their rights. In sub-Saharan Africa in 2000, more than two out of three births went unregistered. A number of countries badly affected by HIV/AIDS have low levels of birth registration; 6 per cent in the United Republic of Tanzania, 10 per cent in Zambia, and only 4 per cent in Uganda. Weakness in registration systems can also result in deaths not being registered.

HIV/AIDS is recognized world wide as a threat to children and their families. AIDS is a leading cause of death for people ages 15 to 49. In 2003, 2.9 million people died of AIDS and 4.8 million people were infected with HIV. While most of the estimated 37.8 million people living with HIV/AIDS in the world are adults, the pandemic's devastating effects on families and communities reach down to the most vulnerable among us- our children. Millions of children have been orphaned or made vulnerable by HIV/AIDS. The most affected region is sub Saharan Africa, where AIDS has orphaned an estimated 12.3 million children. This orphan population will increase in the next decade as HIV positive parents become ill and die from AIDS (UNAIDS, UNICEF AND USAID - 2004).

However, causes of VC, the death(s) of parents from AIDS was universally acknowledged amongst key informants in the research as the main causative factor for the increasing presence of orphans in many communities. Other factors contributing to vulnerable children include the death of parents by other causes, poverty, unwanted pregnancies, especially amongst teenage girls, and desertion by one or both parents e.g. to remarry or seek employment in larger urban centres (Whitehouse 2002). Whitehouse (2002) also explained how community leaders found that orphans were not perceived as an issue in the communities. It was regarded as the issue for individual families to manage.

According to Tanzania Demographic Heath Survey (1996), 8.5% of all children under the age of 15 years are orphans – having lost either one or both of their parents. The

proportion of children who are orphaned rises as they get older. While 2% of children under 2 years of age have lost a parent, this increases to 14.5% of children aged 10 – 14.

Institutional care has traditionally been considered the highest-cost option for providing care to orphans and children with chronically ill caregivers. In Benin, the Ouidah Orphanage provides care through primary schools at a cost of approximately $1,315 per year per child, whereas the Adi Keith Group Home for Orphan in Eritrea places children in a group home in the child's home town with a caregiver and assistant at a cost of $1,943 per year per child (Prywes et al., 2004 in USAID report 2005). In South Africa, registered residential care is reported to vary from approximately $5,700 to $7,512 per child per year (Desmond and Gow, 2001 in USAID report, 2005). Subbarao and Coury, determined through a literature review that costs per child per year for residential care in Sub- Saharan Africa ranged from $471 in Ethiopia to $1,350 in Eritrea (Subbarao and Coury, 2004 in USAID report, 2005)

According to the 2002 National Census Report, it is estimated that about ten per cent of all children below the age of eighteen years in Tanzania are orphans and vulnerable. Other studies estimate that up to four million children are most vulnerable in Tanzania. Their vulnerability is the consequences of lack of basic rights including access to education, health care, clean and safe water, security and protection also inability to access basic needs/services such as care, inadequate food intake, inadequate community support, absence of a common social security system covering OVC and uncoordinated efforts to address the causes of vulnerability. HIV/AIDS has exacerbated the

vulnerability of most children, their households and communities (The Executive Summary of the Costed OVC/MVC National Action Plan-April 2005).

Even if households provide equal treatment to all children, it is not the case that orphans and non-orphans in the population will experience the same investment levels (Anne et al. 2002). If household resources determine children's school enrollment and if resources are shared equally within households, we would expect children in the same households to receive equal educational investments. This is the reason for differential enrollment of orphans and non-orphans by comparing the investments made in orphans relative to those made in non-orphans living in the same household.

The Household Budget Survey, 2002, identified that only 50% of children aged 7 to 13 from the poorest households were in school compared to 66% from better off households. The proportion of children studying from the poorest households fell during the 1990s, the time when the prevalence of HIV/AIDS peaked. This risk creates a continuous cycle of deprivations, since the survey also shows that income in adulthood is strongly related to the level of education received during childhood.

According to Children on the Brink, 2004, in Tanzania, the school attendance rate for children whose parents are alive and who live with at least one of them is 71%, but for double orphans it is only 52%.

Also, for the children without parents and from low income households, a chance to pass to, or to complete, secondary school, even if bright is very slim (Whitehouse 2002).

Even with the abolition of school fees for primary education, many families still struggle hard to afford school uniforms, exercise books or other school contributions. Some children are regarded as an extra income source for the family and directed to work rather than receive schooling. Others work to get money for school needs and some without these needs deliberately stay away or risk humiliation from some teachers (Whitehouse 2002).

Further observation by children on the Brink Report shows that, while children can lose their parents at any age, the proportion of children who are orphans generally increases with age, and older orphans outnumber younger orphans (12-17 years 55%, 6-11 years 33% and 0-5 years 12%) (UNAIDS, UNICEF & USAID 2004).

According to surveys conducted in many countries in Sub-Saharan Africa, the caretakers of vulnerable children are always single mothers or grandmothers followed by other relatives. For instance, a survey in Mwanza, Tanzania shows that, among all households studied, 65% were headed by women and 35% by men, On average, female heads of household were looking after proportionally more orphans than male -2.8 compared with 2.4 (Whitehouse 2002).

However, the survey conducted in Kimara Ward (2006) reveal that 58% of young vulnerable children are taken care of by grandmothers of 49 – 75 years of age, 37.8% by single mother of 20 - 45 years and 4.2% by father. Addition to that, 63% of those caretakers earn income between 500/= to 1500/= Tshs per day.

Female household heads are considered economically vulnerable, are also carrying a greater burden of dependant children. A households interviewed in Mwanza, the majority (70%) have income equivalent to around one US dollar per day i.e. 1000/= Tshs per day (Whitehouse 2002).

Female-headed households take more orphans than male-headed households. In Zambia, for example, female headed households are twice more likely to be taking care of double orphans than male headed households. In South Africa households that have assumed responsibility for orphans, there are on average two double orphans in each female-headed household, while in male-headed households the average is one. In Namibia, the proportion of double and single orphans being taken care of by grandparents rose from 44% in 1992 to 61% in 2000 (UNAIDS, UNICEF & USAID 2004).

All children are most vulnerable during the first five years of life (UNAIDS, UNICEF & USAID, 2004). In the first one to two years of life, young children need to feel emotionally close to at least one consistent and loving caregiver for their health development and, in fact, for their survival. In addition, to the fulfillment of basic physical needs, the child needs touching, holding, emotional support, and love from this consistent caregiver. When a young child loses such a caregiver, he or she is at risk of losing the ability to make close emotional bonds – to love and be loved – as well as at increased risk of illness and death.

Child trafficking has become a billion-dollar a year business, with an estimated 1.2 million children falling victim annually for exploitation in agriculture and domestic service has recently emerged as a problem in sub-Saharan Africa (UNICEF, 2003). Trafficking of girls into prostitution has a long-standing concern in South-East Asia. An estimated 300,000 children thought to have been coerced into military service, whether soldiers, porters, messengers, cooks or sex slaves, with 120,000 in Africa alone.

3.3   Policy Review

3.3.1   *National Guidelines for Orphans' Support and Child Development Policy*

In 1994, Tanzania Government through the Ministry of Labour, Youth Development and Sports (MLYDS) issued the National Policy Guidelines for the Care and Support of Orphans. Due to some shortfalls (strategies, service delivery methodologies and supervision), the Government in partnership with UNICEF is amending this policy. The proposed amended policy will include other children who need special protection. The Policy Guideline is intended to provide direction for integration efforts of communities, government institutions, NGOs, CBOs for the care and support of orphans and other children who need special protection (ESAURP, 2003).

The Government of United Republic of Tanzania endorsed the implementation of the Child Development Policy in October 1996. In line with this policy, other two policies to support implementation were indorsed by MCDGC (by then was MCDWC); Community Development Policy and Women and Gender Development Policy. The

goal of the Children Development Policy is to ensure that every child gets his/her basic rights for survival, protection, development, participation and non-discrimination. The specific objectives of this policy includes; definition of the child in the Tanzania context, enabling communities understand and fulfill the basic rights of the child, give direction on the child survival, protection, development, participation and non discriminatory issues and enable the communities to understand the source of problems facing the child so that they can easily find ways of solving them.

Further, the Policy shows that children in Tanzania constitute more than 46 percent of the population and that on average a household in Tanzania has at least 6 children. Therefore, children are an important segment of society. In recognition of this, Tanzania has implemented plans and taken certain steps aimed at promoting child development. These includes provision and strengthening of maternal and child care, immunization, preventive health, implementing water projects, environmental sanitation, feeding posts, daycare centres, pre schools, establish and care for playgrounds and provision of primary education for all.

3.3.2   United Nations Convention on the Rights of the Child

Convention on the Rights of the Child launched by United Nations in 1989, Tanzania signed this convention the same year. The convention addresses children's rights, among them are; Article 2 paragraph 2 States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents,

legal guardians, or family members. Article 28 States Parties recognizes the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, in particular: (a) Make primary education compulsory and available free to all; (e) Take measures to encourage regular attendance at schools and reduction of drop-out rates. Article 7 paragraph 1; the child shall be registered immediately after birth and shall have the rights from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for his or her parents.

3.3.3   The National Policy on HIV/AIDS

The National Policy on HIV/AIDS (2001) has been developed by the Tanzania Government with the main goal of providing a framework for leadership and coordination of the National Multi-sectoral Strategic Response to the HIV/AIDS epidemic. This includes formulation by all sectors to have appropriate interventions, which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protecting and supporting vulnerable groups, and mitigating the social and economic impact of HIV/AIDS. It also provides a framework for strengthening the capacity for institutions, communities and individuals in all sectors to arrest the spread of the epidemic. HIV/AIDS being a social, cultural and economic problem, its prevention and control will very much depend on effective community-based prevention, care and support interventions (NAPC report, 2003).

The National Policy on HIV/AIDS calls different organizations to start up projects that are long term, which can be implemented and sustained by orphans and their guardians in their local environment. The policy stipulates that sending orphans to orphanage centres be the last resort when other options have failed.

Furthermore, it states clearly roles and responsibilities of different stakeholders in handling and supporting orphans from the national to the family. In addition, it instructs respective authorities at national, regional, district, ward and village level (NAPC report 2003).

Much of the support given to vulnerable children especially orphans is short term and does not build capacity for the community to continue supporting them; it creates more dependency to community members and children. For instance, a survey done in four regions in Tanzania (Kagera, Mara, Mwanza and Shinyanga) in May 2003 by ESAURP shows the current levels of support to orphans as; International Organizations are spending about 25,000/= Tshs per orphan per year. CSOs are spending about 11,000/=Tshs per orphan per year and out of this 43% goes to administrative and related costs. Only 57% is used directly on orphans' development. Thus, there is a big difference between local CSOs and International Organizations considering that the 25,000 Tshs spent by the latter excludes administrative costs. This leads one to believe that there may be some foul play by organizations management, what can this money buys in terms of student's requirements for a whole year.

3.3.4 The Tanzania Commission for AIDS

However, the Tanzania Commission for AIDS (TACAIDS) was established in 2001 and mandated to provide strategic leadership and coordination of multi-sectoral oral response, as well as monitoring and evaluation including, research, resource mobilization and advocacy. Also, existing guidelines on orphan support within Tanzania are clear about the ideal solution for children left without parents but are less clear about how to care for children who are not wanted or 'unknown' or otherwise find themselves without supportive adults to care them. This includes both the short-term 'emergency' responses and for on going care and support. The attitude of the communities is that unknown/unwanted child is the issue of the government or NGOs to solve or own families (Whitehouse 2002).

he Tanzania Government through the local levels has policies and services for education and health care. However, communities and individual families, especially the poorest are burdened with vulnerable children due to meager resources they have. Even if primary education is free to every child and heath facilities free to vulnerable like orphans, still it becomes difficult to get them as these due to failure to buy school requirements like uniforms and writing materials, and traveling to obtain these services long distances etc.

3.3.5 Tanzania Development Vision and National Strategy for Growth and Reduction of Poverty

Tanzania Development Vision launched in 1999 i.e. vision 2025 recognizes good life for every citizens. As children are an important segment in any development, a number of strategies addressing children's rights have been designed towards the attaining of vision. The National Strategy for Growth and Reduction of Poverty (NSGRP) of 2005 to 2010 popularly known as MKUKUTA focuses on economic growth through three clusters; (i) growth and reduction of income poverty, (ii) improvement of quality of life and social well being and (iii) governance and accountability. All the mentioned clusters have stipulated goals to achieve, directly or indirectly, emphasize the achievement of children rights including vulnerable children.

3.3.6 United Nations Millennium Development Goals

In addition, Tanzania is among 147 countries that have signed the Implementation of the eight UN Millennium Development Goals (MDGs) on September 2000 to be achieved by 2015. However, each goal cut across the special rights of the children in one way or another. The implementation of the goals automatically brings child development. For instance; eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal heath, compact HIV/AIDS, malaria and other diseases. All these goals have a direct positive impact to the child development including children living in hardship

environment/situations. The last two goals; ensure environmental sustainability and develop a global partnership for development contributes also indirectly to child development.

Though we have good policies, programmes and strategies, still very little has been done to improve life of the vulnerable children. A good number of the implementers do not know the existence of all these policies or understand what is inside the respective policies, programmes and strategies. The dissemination of all these workable materials doesn't reach the majority in rural areas. The realizations of benefits remain very little until every citizen is aware of these initiatives and are sensitized to take charge in implementation. This has prompted the Hon. Excellence J.K. Kikwete, the 4th President of the United Republic of Tanzania, during his first speech to the Parliament of the United Republic of Tanzania on 30, December, 2005 and his first visit to MCDGC on 07 March 2006 to emphasize the need for the implementation of sustainable programmes to solve the needs of increasing VC in the country and awareness creation to all children stakeholders.

The incidence of having vulnerable children associated with many reasons, but it is my opinion that, poverty becomes a leading cause of this vulnerability. In interventions to solve the problems of vulnerable children material and non-material assistance and education will be of paramount importance. We are not in a position to have interventions that eradicate vulnerable children in our localities as individuals differ in

material possession and literacy levels. But still we can start and run programmes/project, which reduces, to high degree, the difficulties faced by vulnerable children. Interventions for economic growth of the poor families where vulnerable children are living and human development as a way forward for mind sets changes will realize a workable solution to solve or intervenes the high incidences of VC.

CHAPTER FOUR

PROJECT IMPLEMENTATION

This chapter explains how this project is going to be implemented. It is divided into three major parts: the first part is about expected outputs and products lists down the tangible and intangible deliverables of the project. The second part concerns the project planning which include the implementation plan, project inputs, staffing pattern and the project budget. The third and final part of this chapter is about project implementation which explains how the activities are going to be executed and reported. The Gantt chart is also provided to ensure proper managing of the project.

4.1 Expected Outputs and Products

The project is expected to produce the following outputs over the period of 5 years of its life:

- Teen mothers trained on various vocational skills education

- Teen mothers provided with start-up kits

- Teen mothers trained in life skills

- Institutional capacity of KPE in relation to the delivery of the vocational education improved

4.2   Project Planning

a)   Implementation Plan

Several activities have been earmarked for execution in order to achieve the above project results/outputs. These include; planning, identification of target group/teen mothers, preparation of curriculum, training and monitoring and evaluation. The matrix provides people responsible, timeframes and resource requirements to implement the activities is attached as Appendix 5.

b)   Project Inputs

To achieve the intended objectives of this project, the following inputs are necessary:

- Finances
- Time
- Materials and equipment
- Training premises
- Tailor made curriculum
- Trainee participants
- Facilitators
- Project staff: project coordinator and administrator

c)   *Staffing Pattern*

i)   Project Organization Structure

See Appendix 6

ii)) *Project Board*

This project will have a Board of 5 members whose roles are to advise and oversee the overall direction of the project implementation. The board will also be responsible for recruitment of the project manager i.e. the Project Co-coordinator. In turn the Project Coordinator will recruit the Project Administrator. The Board will consist of KPE Director, Ward Community Development Officer, Parents and development partner representatives, and vocational training expert. The Board will meet quarterly to receive and discuss the quarterly reports and monitor project implementation.

iii) *Staff Members*

a)   The Project Coordinator

The Coordinator will be responsible for the overall coordination and management of the project. The Coordinator will ensure are the availability of the required inputs and in the correct quantities, at the right time in order to enable project activities to take place as planned (see job descriptions appendix 4).

The Project Coordinator will be expected to work closely with the Ward staff, particularly the Community Development Officer to ensure that the project management

skills and knowledge is passed to the Ward for sustainability purposes. Also, because the project will have only a staff of two, it obvious that the project staff alone will not be sufficient to carry out the project without support from the community. The qualifications of the Coordinator will be a University degree in Community Development, Sociology or any other degree in social sciences.

b) Project Administrator

The Administrator will be providing the backstopping services to the project. He/she will be responsible for administrative matters of the project including assisting the Coordinator to discharge her/his duties, office management, procurement, handling of correspondences and other administrative duties of the office (Job description appended). The qualifications of the Project Administrator would be a Diploma in Office Management or Human Resources Management.

c) Others

Other members of the staff, including vocational training experts, will be recruited as needed on contract terms depending on their experience.

d) *Budget*

KPE will provide training premises and fixed asserts. Teen mothers will meet once in a month at KPE office for counseling and guidance on HIV/AIDS, STIs and economic

empowerment. So far two donors have already shown an interest in supporting this project. Initially they will finance the procurement of the needed assets, training and operational costs.

4.3   Project Implementation

The project staff and other temporary hired staff will implement most of the project activities. The identification of the teen mothers, sensitization of the community about the project and the tailoring of the curriculum will be among the first few activities to be implemented. Each activity will be implemented within a specified period as shown in the attached appendix table.

a)   *Project Implementation Report*

So far, the feasibility study on the real situation of the teen mothers has been done. It was noted that the level of poverty of the people has detrimental effects on themselves and the survival and development of their children. The arrangement for the implementation of the project to support the families on vocational skills has started. Various activities like the identification of stakeholders to contribute on financing of the project, borrowed curriculum and identification of colleges for outsourcing expertise have started and are in different stages. The collection of the opinions of the parents and community members on selected courses for offering the targeted teen mothers has also been done.

As shown above, the project is in its infancy stage with initial project activities at various levels of implementation. The implementation report will be generated quarterly and at the end of each year of the project; an annual report will be produced. The implementation report will compare the actual implementation with the planned activities in the project document. Each activity will be measured in terms of the amount of finance, time and other inputs that will have been used to implement the activity and produce the output. This implementation report will provide useful information to the project management to take correct informed decisions to ensure the smooth implementation of the project.

b)   *Project Implementation Gantt chart*

The attached Gantt chart (see Appendix 7) shows the activities that will be implemented and their respective time allocated for each activity. It also provides the room to report on the time that will actually be used to implement the activities. It shows both the start and end time for each activity. The actual spent time for each activity is generated and the variance is explained. This is useful information that the project management should use to ensure that the project is implemented within the planned time. This is important for many reasons including the fact that the prices of different project goods and services increase overtime and therefore a delay in project implementation may result into increased project costs.

CHAPTER FIVE

MONITORING, EVALUATION AND SUSTAINABILITY

This chapter concerns the monitoring, evaluation and sustainability of the project. Monitoring part shows the process and methods that will be used to measure the degree of the progress of the project against the identified milestones. The evaluation part focuses on the changes made by the project to the lives of the teen mothers, children, elderly mostly grandmothers and Kimara community in general. Lastly, the sustainability of the project entails the building of the necessary capacity of the Kimara community to ensure that the project benefits are generated even after the closure of the project. This includes the sensitization of the community members to generate funds and run project on their own.

5.1   Monitoring

5.1.1   Monitoring Methodology

As part of project monitoring, the Project Coordinator will produce a monthly report to be used internally in the project. This report will provide all necessary information about trainees including class attendance, topics covered, number of tests done by trainees/product produced, number of trainees who are in practical/field attachment, time used against time planned and human, financial and material resources utilized for the various activities. Therefore, the project will monitor the inputs, the outputs and the

outcomes of the project. Other research methods include self-administered questionnaires, interviews and observations for monitoring the development of the running project. The project management will also be producing quarterly and annual reports that will be widely shared with the project Board Members and stakeholders. These reports will form the basis for evaluating the progress of the project against the planned activities in the respective quarter and year. The report will also generally measure the overall progress of the project towards the achievement of the project results and objectives. The quarterly report will detail the key reasons for the reported project progress and would indicate the possibility of the project to achieve its set targets. The comments of the Board, general community and other stakeholders will be considered in preparing and adjusting of the forthcoming quarterly and annual work plans. Both quarterly and annual work plans will indicate monthly milestones that will enable the community and the project management to measure whether they are on track or not by comparing monthly achievements and the milestones.

In collecting information on going of the project, various scientific methods including the following will collect the needed data for monitoring purposes:

a) **Interview**

The interview will be mostly applied to gather the qualitative information about the monitored indicators. The information regarding the quality of the training, training methods, training programme, timing of the training and teaching methodology will be

collected by interview with the trainees and the community at large. Also, this method will be used to collect community's satisfaction about the progress of the project and how is being handled and managed. The information on community participation in different stages of the project and other quality aspects of the project will be collected by this way of interview.

b) Observation

The observation method will be used for collection of both qualitative and quantitative information. This method will enable the project to countercheck the quantitative and qualitative information produced by other methods like the questionnaire. Therefore, the numbers reported by other methods will be verified by the observing the reported items. Also, the responsible people of the project will as well verify the quality and other specifications of the items like inputs and outputs. Therefore, the observation will complement other methods by informing the project and the community that the right things quantitatively and qualitatively are done and achieved by the project.

c) Focus Group Discussion

Besides interview and observation, the FGD will be used to complement the other methods. This will be used for the purposes of initiating discussion on the progress of the project and solicit various ways to improve the implementation and management of the project. This method will be used to all segments of the respondents including the trainees (target group), community leaders, the staff of KPE and the rest of the

community. This method will also be used to check the understanding of the community on the project and the extent to which they are aware of the progress of the project. FGD is expected to provide information on the utilization of the outputs and services produced by the project. Thus, FGD has the potential to also inform the project and the community at large on the limited or lack of utilization of the services and outputs produced by the project. Therefore, FGD will be used for the main purposes of collecting the qualitative information on the progress of the project.

d) Questionnaire

Questionnaires will be administered to the people who are involved to the day to day running of the project including the trainers, trainees and other people providing services to the project. This will be intended to generate information, mostly quantitative according to the targets in the approved work plans and budgets. Information on the costs, attendance, and equipment procured and delivered, trainees completing their training, number of causes and such others will be collected by the questionnaire. Also, the initial qualitative explanation on the reasons for variation between the approved targets and the realization within a specified period of time will be collected by the questionnaire. Most of the information that will be collected by the questionnaire will further be qualified by the discussion by various stakeholders during the FGD and interviews. Also, the reported numbers will be verified by the way of observation.

5.1.2 Monitoring Process

Monitoring is a continuous process of routinely gathering information at all stages of a project with a view of ensuring that the project implementation is on track and that the project purpose is achieved. Monitoring will provide information about the progress of project implementation that will enable the project management to make timely decisions to correct any notable deviations. A number of factors will be monitored throughout the project implementation. This includes the project inputs, outputs, the effects, outcomes and impact of the project. Throughout the implementation of the project, data on the use of time and finances will be collected and will be compared with the planned time and budget as contained in this project document. This is to ensure that the project implementation is done within the available resources (time, finances) at the disposal of the project. This data will be collected and analyzed monthly. The monthly data will build up to make quarterly data which will be the necessary input to the annual data collection and analysis process. Therefore, there will be monitoring reports for each month, quarter and eventually annual report which is intended to provide the project management with necessary information to make informed decisions to ensure that the project targets, objectives and goals are realized.

Likewise, the project will collect and analyze data related to the project outputs. The collected data will be compared with the planned number of outputs in order to measure the extent to which the project is on track in achieving the planned levels of deliverables. The data collection on the outputs will be on three levels: the first level will be the

number of outputs produced compared to the planned number of outputs. This is intended to check if the required number of the outputs is produced to achieve the stated project objectives. The second level will entail the type of the outputs produced compared to the planned outputs. This is intended to ensure that the correct outputs are produced to realize the project purpose. The final data to be collected will be on the delivery of the outputs. This will compare the time the outputs are delivered with the planned time. The interest here is to see if the outputs are produced and made available at the right time before it is too late.

Therefore, a lot of data will be collected each quarter and will entail, *inter-alia*, the number of the teen mothers participating in the vocational training, number of teen mothers participating in life skills and the time the trainings begin and end. The data collection will also include the number of teen mothers provided with start-up kits, the time the trained teen mothers are provided with the start-up kits and the kind of training and start-up kits given to the teen mothers.

The project will also monitor the outcomes of the project. The outcomes are realized when the outputs are produced and utilized. This means that the project outcomes will only be realized when the trained teen mothers get employed or use the start-up kits for self-employment. Also, the project outcomes will only be realized when the trained teen mothers use the knowledge and skills that they will have acquired through the training on life skills and HIV/AIDS. Therefore, it is important here to note that the outcomes are

not automatically realized by carrying out the project activities but involves aspects of the vocational skills learned. It is on these grounds that this project will be monitoring the outcomes of the training of the teen mothers and equipping them with the working gears. Therefore, the project will be interested and will collect the data on the number of teen mothers employed after the training, the number of teen mothers using the given working gears for self-employment in commercially viable undertakings. Also, the number of teen mothers registering increased income will be collected, analyzed and compared with the baseline data.

To monitor the impact, the project will collect data on various impact indicators including the number of teen mothers who afford to fulfill the basic needs of the young vulnerable children. Other relevant studies and reports on the welfare of the young vulnerable children conducted national wide or carried out by other agency in Kimara or country-wide will also be used to measure the progress attained in realizing the goal of having the children' welfare enhanced.

5.1.3   Management Information System

The Management Information System explains what, when, how and who to collect the information to aid the management to make timely decisions on the project implementation in order to ensure that the project objectives are achieved. This management information system is set up in three levels to comply with the existing

management levels in the project. The levels include the lower, middle and top management levels, which have different roles to play and so, have different needs of information. These three levels of the management include the implementers who are at the lowest level of the project hierarchy, the middle management, which include the project coordinators and other similar positions in the host organization and the top management which include the Executive and Deputy Director of KPE. The kind, frequency and amount of information flow along the hierarchy will depend on these levels.

The collected data will be analyzed by using a simple spreadsheet that tries to compare between the planned and actual. The degree of variance is established and the necessary actions to correct the deviation will be taken. The implementing officer collects the data and feeds into the spreadsheet. The report is generated and submitted to the Project Coordinator who takes decisions depending on the authority conferred to him/her. Other information that might require the attention of the top management is passed to higher levels for appropriate decisions to be taken. The information that flows to the higher levels of the project includes the exceptional information about the project. The information is gathered through personal interview, observation, questionnaires and provision of outline monthly reports. The selection of these methods will be based on the merits in producing accurate information. Sometimes more than one method will be employed in getting the required information.

Table 5.1   Summary of Monitoring

No.	Goals	Objectives	Monitoring Techniques	Time Planned
1.	Income of the caretaker enhanced	Teen mothers trained on vocational education	-# of teen mothers attending classes Qualifications of the instructors The curriculum used	Monthly Annually After every 2 years
		Teen mothers equipped with start-up kits	# of trained teen mothers receiving kits	Annually
2.	Teen mothers assisted to avoid HIV/STDs infections	Tee mothers trained on life skills	# of teen mothers attending life skills	Monthly
3	The institutional capacity of KPE strengthened	KPE staff trained on the delivery and management of the vocational education	# of staff trained Type of courses offered	Annually Annually
		KPE financially assisted to cover running costs of the programme	Amount of money received by KPE for institutional capacity building in a year	Annually

5.2   Evaluation

5.2.1   Evaluation Methodology

Both *summative* and *formative evaluation* will be used in evaluating the project progress

and achievements. The data will be collected according to the selected indicators as

shown in the project document.

Similar methods used for monitoring will also be employed during the evaluation. The evaluators will make use of the interviews, observation, focus group discussion and questionnaire to collect information needed to provide feedback to the achievements of the project. These methods will be used in the same way that will have been used in monitoring of the project. The information to be collected should be sufficient for the evaluators to assess the project relevance, effectiveness, efficiency, impact and sustainability. The collected information should as well inform the project on the possibility of the project to achieve its intended goal at the completion of the project.

5.2.2 Process Evaluation

Before the actual implementation of the project begins, baseline data conducted to establish the existing situation. This will take stock of all the indicators (input, output and outcome) so that it will be possible to measure the contribution of the project in changing the situation in Kimara. The Midterm Evaluation will be conducted after two years of project implementation. This Midterm Evaluation aims at ascertaining the extent to which the project implementation will be on or off the track. It will provide the feedback on the progress the project will have by then made in achieving the project goals.

The Final Project Evaluation will be instituted immediately after the project completion. This evaluation at the end of the fifth year of the project will try to look back and assess

the extent to which the project implementation will have achieved the set targets and objectives.

The Impact Assessment will be done five years after the project completion. This evaluation will only assess the expected and non-expected impact that the project will have created. Therefore, this evaluation will assess the extent to which this project will have contributed to the enhancement of the welfare of the vulnerable children.

All evaluations mentioned above will assess the relevance, effectiveness, efficiency, sustainability and impact of the project. The relevance will assess the extent to which the project will have addressed the true needs of the target group. The project effectiveness and efficiency will see to it that the project achieved its set objectives and at a minimum possible costs respectively. The sustainability will assess the extent to which the project will have created and built the required capacity for continued delivery of the project benefits even after the completion and closure of the project.

There are number of performance indicators that the project will be measuring it against. These performance indicators differ depending on the type evaluation. However, generally, the following performance indicators will be used throughout the project life:

- The amounts of money spent to train and equip one teen mother in a year.
- The time spent to train one teen mother in a year.
- The number of teen mothers trained in each year

- The number of trained teen mothers provided with start-up kits each year

- The number of trained teen mothers getting employment each year

- The number of trained teen mothers getting self-employed each year

- The number of trained teen mothers recording an increased income in a year

- The number of teen mothers who afford to provide their young children with the basic necessities in a year

- The number of grandmothers recording reduced burden of taking care and supporting the young grandchildren in a year

5.3   Sustainability

The project is said to be sustainable if and only if the project benefits continue to be produced even after the project completion and closure. The project sustainability is ensured as shown hereunder:

5.3.1   Sustainability Elements

The project requires financial resources to produce its benefits to the target group. The training, the start-up kits, the project coordination and monitoring and evaluation activities require money. The fact that the community of Kimara and the target teen mothers are poor, it is obvious that the end of the donor funding will substantially affect the project viability in the future. Also, the inability of the community leadership to manage and coordinate the project will threaten the sustainability of the project. The

level of awareness of the Kimara community and unavailability of the people with skills and knowledge of managing such project, and who are willing to volunteer to assist in the running of the project, is limited. All these factors together have great potential to negatively affect the viability of the project in the future and unless this project address es those factors adequately, the project will not continue to have benefits after its completion.

5.3.2 Sustainability Plan

Having understood well the factors that may affect the viability of this project in the future, this project is proposing a mechanism that will ensure that the project benefits are delivered even after the end of the project. This sustainability plan will have three components: the first component will address financial factors; the second one on community and leadership factors.

(a) *Financial Capacity Building of the Beneficiaries*

To ensure that the community generates enough funds to run the project in full capacity, the target group (i.e. teen mothers) will be mobilized into a group/association and will be sensitized to open up a bank account. This idea will be thrown to, discussed and decided upon by the teen mothers to put some amount of money in this bank account after every agreed period, preferably monthly. This resource mobilization will start the moment the trained teen mothers get employed or self-employment. This strategy will be employed

to ensure that the group has adequate resources particularly after the project phase-out to ensure that it can meet its various project needs like replacing the machines, buying new technology, hire business development services and any other business goods and services. This resource mobilization will also ensure that more and more teen mothers in Kimara are trained and provided with the start-up kits.

(b)   Community Empowerment to Manage the Project

To ensure that there is sufficient management of the project after the end of the project, it is planned that the community leadership will be closely involved throughout the project implementation to give them room to learn various projects management skills. The project has also set a specific budget to send the Ward Community Development Officer for short course training on project planning and management. It is expected that this trained Ward Officer will assume the responsibility of Project Coordinator after the project is completed. This Officer is expected to get support from the Ward Executive Office that will have been involved in the project management since day one of the project.

(c)   Community Contribution

This project also recognizes that the residents of Kimara have tremendous contribution in ensuring that the project continues to deliver its benefits. The contribution of the community is expected at two levels: the first level of support anticipated from the community of Kimara is the financial support. Kimara is a heterogeneous community,

despite the fact that it is a poor community; it also has people with financial ability who can financially contribute to the project. Such people will be identified and sensitized to contribute money to enable the project train more teen mothers and equip them with necessary skills that will probably result into improved living standard for the young children. The second level of expected contribution from the community of Kimara will be support in-kind. Community leaders and teen mothers will highly need the entire community at their backs to have the project moving forward.

5.3.3 Institutional Plan

The KPE will be required to accept funding for the implementation of the above sustainability elements. Because the stakeholders would like to see that the project benefits are continued even after the termination of funding. It is assumed that the stakeholders will accept this sustainability strategy. As explained before, in this text, the project will be institutionalized within the KPE. This project has been identified and prepared within the existing institutional framework of KPE. This means that the project will be part and parcel of the project portfolio of the KPE.

The fact that this project is also housed within the existing offices of KPE makes its easy to be institutionalized within the KPE. The two staff members that will be recruited by the project will only adds up to the existing staff of the KPE. Even the salaries and salary related benefits for these two staff would be harmonized with those of similar jobs

within KPE. The involvement and the capacity building of the community leadership also ensure that the required capacity is built for the continuity of the project of project after the funding has come into an end.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

This final chapter of this project provides conclusions and recommendations. The conclusion recaps some key information about the project identification, implementation and monitoring and evaluation design of the project. The recommendations on the other part provide the ever-important advice to the implementing/host organization, community leadership and the community at large.

6.1 Conclusions

This project idea was conceived out of my interest to work with and for children particularly the young ones living in difficult situation. My exposure to the real situation that has been facing young children intensified and anchored my interest in young vulnerable children. For years now and even before joining the CED programme, I have been seeing and reading a lot about the support given by individuals, companies, government agencies and the like to the vulnerable children. I realized that most of these institutions and individual have been concentrating to school going age children and the support has been limited to the provision of uniforms and other school items, food and shelter for those living in specific centres. The needs of the non-school going age children have been completely neglected and so I decided to initiate a project around this area when I joined CED programme as my contribution to help the community also respond to the needs of the young children living in difficult situations.

This project has gone through three different stages. The first stage, which took place in the first semester, concerned the development of the project proposal. This indicated my intention to conduct further investigation and eventually a project under the area of the young children living in difficult situations. The proposal, inter alia, showed the project idea, the proposed location of the project, proposed research methodology to investigate the problem and such other things.

In Semester Two, the project moved to its second stage of formulation. In this stage, a thorough research on the problems facing young children living in difficult circumstances was conducted in the community of Kimara. The report was then prepared and presented to the class and comments from other students and lecturers were obtained and incorporated. The final report of the research was then released. The major findings of the research included the observation that most of these children were born by very young girls below 20 years, the income per day of these teen mothers ranged from 500/= to 1500/= Tanzanian shillings and the fathers of the most of these children either denied involvement or disappeared for the fear of increased responsibility of taking care of the mother and the child. Also, a lot of these teen mothers decided to leave their young ones with their parents (i.e. grandpa to children) who were already too old to assume the responsibilities of caretakers. This further exacerbated the situation of the young children.

Thereafter, the project was prepared based on the findings of the research. The project was formulated to contribute to the enhancement of the welfare of the young children living in difficult situation in Ward. Ideally, it was initially thought that the project would be implemented for only one year and would therefore be implemented between February 2006 and January 2007. But this did not work because it was later learnt that in order for the project to make meaningful impact, it should be implemented for more than three years. This will provide time to first train as many teen mothers as possible but would also provide room to train the community leadership and the community at large on managing the project. Also, the project required the donors to kick-start the project implementation that requires sometime tracing one. Therefore, with the consultation of the KPE and the community, it was decided that donors be found and the project be implemented for a period of five years. There are already potential donors who have shown the interest in funding this project and this project document will be submitted to them for consideration.

6.2   Recommendations

It is highly recommended to the KPE to perceive and take this project as theirs like any other project they have and have been having. This kind of perception would create synergy and allow the KPE to enjoy the benefits of economies of scale. It is important for the community to be highly involved in the implementation of this project as they have been involved in the design. The role of the community leadership is critical in

ensuring the success of this project, it is therefore highly recommended here to involve the community leadership in the implementation and management of the project. Finally, this project design has taken into consideration the local conditions of Kimara, so it is recommended that the implementation team referred to this project when doing the implementation to ensure the success of the project.

Bibliography

AED & USAID (2002), Speak for the Child: A program Guide with Tools, Supporting Families and Communities to Improve the Care and Development of Young Orphans and Vulnerable Children.

Anna Whitehouse (2002), "A situation Analysis of Orphans and other Vulnerable Children in Mwanza Region, Tanzania". Supported by Catholic Relief Services (CRS)

Tanzania, in Partnership with Kivulini Women's Rights Organization, Mwanza.
Anne Case, Christina Paxson and Joseph Ableidinger (July2002), Orphans in Africa. Center for Health and Wellbeing Research program in Development Studies; Princeton University.

CEDPA (2004), Project Design for Program Managers.

Costed OVC/MVC, National Action Plan – April 2005.

Convention on the Rights of the Child, 1989

ESAURP (2002), Children Neglected. HIV/AIDS Orphans Study: Identification and Need Assessment, Policy Initiatives- Report No.4

Ministry of Community Development Women Affairs and Children (June 1996), Community Development Policy

Ministry of Community Development Women Affairs and Children (September 1996), Children Development policy.

Ministry of Community Development Gender and Children (2006), Stakeholders' Meeting on Sustainable Support on Orphans and Children living in difficult environment. Meeting Report.

Ministry of Labor, Youth Development and Sports (Social Welfare Department), Need Assessment on Early Childhood Cognitive and Psychosocial Development.

Ministry of Planning, Economy and Empowerment (December 2006), Tanzania: Population, Reproductive Health and Development.

National AIDS Control Programme (NACP) 2003, Report No.18

NORAD, the Logical Framework Approach. A handbook for Objective Oriented Project Planning.
The Community's toolbox: The idea, methods and tools for participatory assessment, monitoring and evaluation in Community forestry.

Sebalda Leshabari. Rapid Situational Assessment For Development of Interventions For Quality Care of Orphans in Buguruni and Vingunguti Wards in Ilala District Dar Es Salaam, Tanzania.

UNAIDS, UNICEF & USAID (July 2004), Children on the Brink; A Joint Report on New Orphan Estimates and a Framework for Action.

UNICEF (2003), The State of the World's Children 2003. For Every Child Health, Education, Equality, Protection. ADVANCE HUMANITY.

Lesotho, UNICEF &USAID (November 2003), strengthening National Responses: Southern Africa Workshop on Orphans and Other vulnerable Children. Workshop Report; Maseru, Lesotho.

USAID (April 2005), A Costing Analysis of Community-Based Programs for Children Affecting by HIV/AIDS: Results from Zambia and Rwanda.

Tanzania Development Vision 2025 Document.

Tazama News letter, October 2006.

The East African, 2000.

http://www.scotland.gov uk/library5/social/veyp-01

http://www.ms.dksw47718.asp