

**SOUTHERN NEW HAMPSHIRE UNIVERSITY**  
**&**  
**THE OPEN UNIVERSITY OF TANZANIA**

**MASTER OF SCIENCE IN COMMUNITY ECONOMIC  
DEVELOPMENT (2007)**

**Support to Most Vulnerable Children Through Building a Day Care  
Centre.**

*A case of Kabalenzi Village – Ngara District*

**“Submitted in Partial Fulfillment for the Requirements of a Master of  
Science in Community Economic Development”**

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## **Abstract.**

Community needs assessment in Kabalenzi village in Ngara district revealed a problem of increasing number of most vulnerable children in the village and limited support provided to them. Responding to this problem, members of the community started a day care center which operated in a temporary building where children were looked after during the day and return to their families in the evening. As well this center also provided children with services of justice, resources and welfare.

This project is about support of Most Vulnerable Children through building permanent structures for a day care center. Out of the objectives of supporting these most vulnerable children in Kabalenzi village, one objective of building permanent structures for a day care center through community participation is examined. The community of Kabalenzi village participated in collection of local (non industrial) building materials (stones, aggregates, sand, water) and supplied labour to this project under the supervision of Kanazi Youth Aid organization. Up to December 2006, one classroom, one office, one store and two pit latrine, were constructed. Ngara council contributed Tshs. 13, 486,000 (80%) out of Tshs. 16,782,400 which was used for construction of a day care center and the Community contributed Tshs 3,296,400.

From the research findings, it has been revealed that the day-care center can provide a sustainable solution to MVC problems. The researcher recommends that the day-care centers should be established in every village of Ngara district and possibly the whole country, whereby MVC services can be centrally coordinated hence many MVC can be reached.

## **Executive Summary.**

Ngara District is one of seven administrative Districts of Kagera Region. The district is located about 400 km away from the Regional headquarters and 1,600 km from Dar es Salaam. It is located in the North West of Tanzania bordering Rwanda to the North and Burundi to the West. With the population of **334,939** people, Ngara has an area of **3,740** sq. km. The district is divided into **17** wards and sub divided into **72** villages. The majority of the local population is engaged in small scale crop cultivation and livestock rearing.

Support to most vulnerable children project in Kabalenzi village has several objectives but in this case the focus is on building a Day Care Center in that permanent structures of two classrooms , stores and toilets were expected to be constructed by July 2007,(the time of completion of this project.) Primary beneficiaries of this Project are children with the age of 4 to 6 years. Other beneficiaries are Kanazi Youth Aid (CBO) Kabalenzi village and Ngara district community at large.

According to 2002 Tanzania census, the village of Kabalenzi had a population of 1,834. For year 2005 the village is estimated to have a population of 2,443 whereby 1,249 were male and 1,194 female. Population of the children between 0-18 years old were 1,276 among them 164 (13%) were most vulnerable children and 95 out of 413 house hold in the village were headed by children of age between 6 – 14 years. 13 (5.8%) out of 219 under five children weighed were found to be severely malnourished .

This situation made Kanazi Youth Aid (CBO) conceive a project of a establishing a Day Care Center to facilitate the care of most vulnerable children in the village by providing the food , health care, security and teaching them writing , reading and

arithmetic. The center faced many problems including the bad state of the building where the day care centre activities were taking place. Thus, the project goal was to improve this situation by building a day care center and increase the support provided to this center. To achieve this goal target objectives of the study were to facilitate the project proposal writing, organizing the community of Kabalenzi village for thorough participation in building a day care center and facilitation for designing coordination and monitoring system for project implementation. The project was estimated to cost Tshs 19,760,220/= whereby Tshs 1,861,980 was expected to be contributed by the community.

Literature on day care center program is reviewed theoretically and empirically whereby community participation on the day care center program examined. Also the Tanzania policy on day care center was revisited.

Up to the end of December 2006 constructions of one classroom, one staffroom, one store and a pit latrine were completed. The Community participated fully in the construction of structures for a day care center by clearing the site, collection of stones, fine aggregates, sand, timber, burnt bricks and water, which were estimated to cost 4,625,860 Tanzania Shillings. On the other hand, Ngara District Council, contributed total amount of 12,378,500/= Tanzania Shillings to cover procurement of cement, iron sheets, iron bars, nails, timber, electrical materials and payment of labor charges.

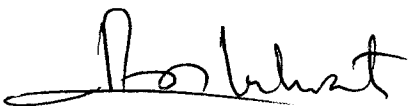
On monitoring, evaluation and sustainability of the project the method which has been used is community participation in all aspects of monitoring and evaluation. Monitoring of day to day activities was performed by project management team Evaluation was planned to be into two phases of midterm review and impact evaluation at the end of the project.

To conclude, it is obvious to say that the project objectives have been achieved. For example the permanent structure for the day care center has been completed though there is a shortage of one classroom according to the law requirement. Also the project has been implemented within the located budget and timeframe. Actual variations between estimated cost and actual costs for the project are within acceptable limits. As well the community under study had interest in participating and supporting MVC but the problem was awareness of the community on the significance of the problem and their role on solving the problem. There is a need of increasing efforts on community mobilization and sensitization to participate fully in this noble cause.

**Declaration**

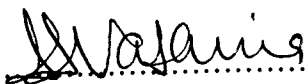
I **Ruchius D,Bilakwata** declare that this project is my original work, except where acknowledgement has been done. The project has not been submitted for any degree in any other University before.

All rights of this paper are reserved. No part of it may be produced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording on any information storage and retrieval system, without prior permission in writing from the publisher or both Universities, out or and SNHU.

Signature.....  
Date.....12/9/2007

**Supervisor's Certification**

I, **S. Nasania Scholastica** certify that I have read this project assignment and accepted it as a scholarly work. I therefore recommend it to be awarded as masters of Science in Community Economic Development

..........

**Nasania Scholastica**

Date.....11- OCTOBER- 2007.....

**Dedication**

This project report is dedicated to my children Rutta, Lilian, Abela and Rose who were fountain of my aspiration towards accomplishment of this project report.



## **Acknowledgement**

No social work is done in isolation. This project and the project paper are a result of inputs of numerous people, of-which I can not mention all as I might run into a long list. But it will be very selfish if I do not mention the key persons who made particular contributions as follows:

My sincere thanks go to Mrs. Scholastica Nasania, the Dean of Students, Saint Augustine University and my supervisor for critical review of the project document and for her support, encouragement, attention, and guidance.

I heartedly recognize the contribution of Mr. Michel Adjibodou, the Director of the CED Program (Tanzania), my lecturer in project development for his unfailing technical and moral support and his patience throughout eighteen month of the course. My thanks also are extended to Mr. Felician Mutasa, a co- lecturer in project development for his valuable inputs into this work.

I am grateful to the District Executive Director, Ngara District Council, Mr. K.C.M. Tingirawanyuma for funding my course and giving me an opportunity to attend my class sessions without any problem.

Further more I recognize the willingness of the Kabalenzi village Government and Kanazi Youth Aid leaders to make this project possible in their area of (jurisdiction). Their friendship and co operation has made my post graduate studies more enjoyable, and it has been a great pleasure to have worked with them. My greatest gratitude goes to all Kabalenzi community members who as individuals and in groups voluntarily participated in the field work.

**Finally, many thanks go to my father Mzee Peter D, Bilakwata and my mother Roozalia Bilakwata, my wife Mwanne and all members of Bilakwata family who in one way or another assisted me morally and materially in the course of this study.**

## **Abbreviation**

AIDS	-	Acquired Immune Deficiency Syndrome
CADA	-	Child Care and Development Association
CBO	-	Community based organization
CSPD	-	Child Survival Protection and Development
FBO	-	Faith Based Organization
FGD	-	Focused Group Discussion
HIV	-	Human Immune Virus
KAYOA	-	Kanazi Youth AID
MVC	-	Most Vulnerable Children
NDC	-	Ngara District Council
NGO	-	Non Government Organization
OUT	-	Open University of Tanzania
SNHU	-	Southern New Hampshire University
TEMAP	-	Tanzania Education Master Plans
UKICHWA	-	Umoja wa kikundi cha waliojikubali
UNICEF	-	United Nations children's Fund

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# **CHAPTER ONE**

## **COMMUNITY NEEDS ASSESSMENT.**

After learning that one of the prerequisite of obtaining the Masters degree in Community Economic Development (CED) from the Southern New Hampshire University in Collaboration with the Open University of Tanzania was to initiate and implement any Community based project in any community organization, I thought about Kanazi Youth Aid (KAYOA) a CBO dealing with prevention and mitigation of HIV/AIDS in the District. The CBO was just initiated by Youth in Kanazi ward and has active members in Development but they have little capacity in implementing their programs. The CBO was approached and agreed to conduct Community Need Assessment. The needs assessment was conducted to collect information on the most problem facing the community. It was intended to answer the question; what was the real problem and how was it addressed in the community. The CNA also elaborates how communities and other stakeholders in the project area recognized it as a true need and accepted it as their own.

### **1. I Community Profile.**

The project area is located in Kabalenzi village, Kanazi ward found in Ngara district. Ngara district is one of seven administrative Districts of Kagera Region. The district is located about 400 km away from the Regional headquarters and 1,600 km from Dar es Salaam. It is located in the North West of Tanzania bordering Rwanda to the North and Burundi to the West. With the population of **334,939** people, Ngara has an area of **3,740** sq. km. The district is divided into **17** wards and sub divided into **72** villages. The majority of local population is engaged in small scale crop cultivation and livestock rearing. Generally the economic situations in the whole district seem to be low because:-

- It has no industries or any viable commercial activities
- The majority of indigenous people cannot secure formal employment because they are not educated.

A few years ago, from 1994, Ngara District hosted more than 600,000 refugees from Rwanda and Burundi. The refugee influx in the area occurred simultaneously with other factors like the construction of tarmac road from Isaka (Tanzania) to Kigali (Rwanda) and Bujumbura in Burundi. Another consequence of above two events was commercial sex which brought in short and long term negative impacts in the area.

Among the negative effects include, high rates of HIV/AIDS infections, hiking commodity prices fluctuation and fast depletion of natural resources. Given the lack of knowledge on the disease, traditional beliefs and practices such as widow inheritance and polygamous marriages still prevailing in the area the prevalence of HIV/AIDS Infection increased resulting from casual sex, rape and commercial sex. The impact of these factors has been the increased loss of dependable manpower and increase the number of orphans.

The trends of HIV/AIDS prevalence among blood donors in the district was 2.85% in 1988, ten years later it was 18% ,in 2003 it was 27.4% and up to September in 2005,the prevalence recorded at 12%. HIV/AIDS has raised the morbidity and mortality rates, raised orphan hood population who have no guardians and also lack community support.

The available data shows that Ngara district had total of 82,973 children aged 0-18 years by the year, 2004. Out of that number, 5,669 children were the most vulnerable and 5,437 among them were orphans. This was a result of identification of most vulnerable children process conducted in the year 2005 by the district council under support of UNICEF



Kabalenzi Village is one of six villages in Kanazi Ward. It is sub divided into 4 sub villages namely Narukingiye, Mugweli, Kabalenzi Kati and Murubanyi. The village is bordering Shanga village to the Northwest, Mukirehe to the East, Kanazi village to the south. The distance from Ngara district Headquarters is 7 km and it is about 2 km from the tarmac road which connects Ngara and Bujumbura(Burundi).

According to 2002 Tanzania census, the village of Kabalenzi had a population of 1,834, and in 2005 the village was estimated to have a population of 2,443 whereby 1,249 were male and 1,194 female. For the year 2005 in Kabalenzi village the population of children aged 0 – 18 years is estimated to be 1,276 and 164(equal to 13%) of those children are most vulnerable children. The next five years, the number of most vulnerable children is estimated to be 1,830. The children are deficient food, clothes, beddings and sanitation. The community care is overwhelmed and breaking down because of HIV/AIDS

**Table 1. below shows Kabalenzi village population data**

AGE GROUP	POPULATION CENSUS 2002			ESTIMATED POPULATION 2005		
	Male	Female	Total	Male	Female	Total
0- 4	152	160	312	169	178	348
5- 9	143	162	305	159	180	340
10-14	134	115	249	149	128	277
15-19	77	91	168	86	101	187
20-24	53	82	135	59	91	150
25-29	60	69	129	67	77	144
30-34	50	53	103	56	59	115
35-39	34	44	78	38	49	87
40-44	35	33	68	39	37	76
45-49	22	26	48	25	29	53
50-54	16	36	52	18	40	58
55-59	18	23	41	20	26	46
60-64	9	33	42	10	37	47
65+	49	55	104	55	61	116
<b>TOTAL</b>	<b>852</b>	<b>982</b>	<b>1834</b>	<b>949</b>	<b>1094</b>	<b>2443</b>

Kanazi Youth Aid (KAYOA), 2004 a community based organization was formed with the main purpose of providing basic social services to most vulnerable children resulting from HIV/AIDS and refugee influx in Kanazi Ward. Also the CBO is intended to develop a community based response for the care and support of most vulnerable children, whereby the families will be offered a range of social and material support while stronger emphasis is put on developing sustainable self-reliance of the families.

### **1.2 Community Need Assessment Process.**

The community need assessment was conducted by following the below mentioned process and steps:

Community Economic Development(CED) student went to the Community Based Organization and discussed with them on their organizations activities and told them about his interest of working with them as a technical assistant. After that, a letter was written to the organization requesting to work with them. They replied to the student that they have accepted the request. Then CED student arranged with the CBO members to have a discussion on major challenges facing them that the sought needed to be solved. During the discussion several problems were mentioned by the CBO members, one of them being increasing number of Orphans in the area due to HIV/AIDS.

In order to get details of identified problem, the process went through the structured discussions with community members and other stakeholders including community leaders as well as district officials from council departments of social welfare, community development, education, health and planning .

### **1.2.1. Tools used.**

In this project, the researcher used triangulation (multiple) methods in data collection.

The use of more than one data collection technique often helps the researcher to obtain adequate and relevant information that create comprehensive understanding of the topic under the study. For this study, Focus Group Discussion (FGD), interview, questionnaires and review of secondary data instruments were employed in collecting data.

#### **❖ Focus Group Discussion (FGD)**

Focus group discussion was applied to understand people's knowledge attitudes, feelings towards their problems and is prioritized.

A public meeting was organized and attended by most of the community members. During the general community meeting, group members and community in general listed, prioritized, suggested and agreed to the solutions of various social economic problems that the community of Kabalenzi was facing. The process was as follows;

Community members were divided into 6 groups of young Females, young Males (under 18 years), men, women, old people, widowers and disabled people. All six groups were provided with guided questions to discuss regarding the major problems facing their community.

#### *○ Focus Group Discussion (FGD) results*

Group discussions were followed by group presentations whereby each group comes up with the range of problems. The first five problems included the bad state of Day care centre building, inadequate shallow wells for water, no dispensary in the village, shortage of primary school classrooms and

deforestation. Pair wise ranking was employed to prioritized community problems and results were as follows:-

**Table 2 Pair – wise ranking results for Kabalenzi village**

Type of Project	Day are center	Shallow wells	Dispensary	Primary school classrooms	Tree planting
Day care center		Day care center	Day care center	Day care center	Day care center
Shallow wells	Day care center		Shallow wells	Shallow wells	Shallow wells
Dispensary	Day care center	Shallow wells		Primary	Dispensary
Classrooms	Day care center	Classroom	Dispensary		Tree planting
Tree planting	Day care center	Tree planting	Dispensary	Tree planting	

### Results

Day care center 8 points

Shallow wells 4 points

Dispensary 3 points

Tree planting 3 points

Primary school classrooms 2 points

**Total 20 points**

As shown in table 2 above, pair wise ranking indicated that day care center score 8 points out of 20(40%), followed by shallow wells with 4 points (20%), Dispensary and Tree planting scored 3 points each (15%) and the last was Primary school Classrooms which scored 2 points (10%)

## ❖ Interview

The method was used for collection of data at household level and also was applied to CBO members, government officials, and village and ward leaders. Kothari (1990) defined interview method as a way of getting information personally from the interviewee, the interviewer has to be on the spot and has to meet people from whom data have to be collected. This method provided a chance for clarification; furthermore, since it contains a privacy element it also let the respondents provide the required information freely. It also took into consideration some of the respondents' illiteracy as well as failure of understanding and interpreting written information. Instrument was an interview guide. Each interviewed group had a different interview guide depending on the required information.

### ○ *Interview results*

Based on the survey instrument prepared for the household survey, the following data was obtained directly from household members interviewed: services provided to most vulnerable children i.e. how many meals do they get per day, health care to MVC, their shelter status. Other data include the causes of vulnerability of children and difficulties facing MVC.

More details of interview results are provided in section 1. 4.0 on research findings.

## ❖ Questionnaires

Questionnaires were given to different groups in the community. Open and close –ended questionnaires were used. This was due to the reason that there are some survey items that need respondent to explain much and for such items open- ended were suitable. A total of 80 questionnaires were prepare and distributed to respondents. Since they were

not many, it was easy to distribute questionnaires and collect them on time. The questionnaire contained 20 research questions and was distributed to the following categories.

MVC Care takers 10 questionnaires

KAYOA 10 questionnaires

Village leaders 10 questionnaires

Kabalenzi community 20 questionnaires

Government Officials 20 questionnaires

NGOs,CBOs, FBOs 10 questionnaires

- ***Questionnaire results***

The research questions aimed at capturing the insight of respondents and were designed in such a way that, the answers gave the real picture of the problem under the study and hence the researcher is in the position to comment on the ways to intervene.

The research findings, section 1.4.0 provides details of questionnaire results.

- ❖ **Review of secondary data.**

Secondary data was collected from documentary sources such as books, journals and reports from Ngara District Council headquarters and Kabalenzi Village Executive Officer's office. Secondary data was mainly focused on the records of efforts and plans for support to the most vulnerable children.

- *Review of secondary data results*

The data and information obtained during the secondary data review include:

Study area population and social service statistics. Number of MVC in the study area. Other data obtained during the review of secondary data review include, village three year plan from 2004/05 to 2006/07 generated from

***Opportunity and Obstacles for Development (O&OD)*** process. From the plan it was learnt that, the Tanzania government had endorsed O &OD to be the community participatory planning methodology. The overall development goal and objectives of the village plans are established in the Tanzania Development Vision 2025, launched in 1999. The aspiration is that Tanzania will have developed ‘from least developed country’ to a ‘ middle income country’ by the year 2025. The vision emphasizes the need for empowering local governments and communities and promoting broad - based grassroots participation in the mobilization of resources, knowledge and experience with a view to stimulating initiatives of all levels of society.

According to Kabalenzi village three year plan document, there are several opportunities in the village which are not fully utilized. Opportunities include fertile land, people, political stability and a river. Also the plan mentioned ignorance among the community, HIV/AIDS morbidity and high number of orphans to be the obstacles which are hindering the utilization of the available opportunities.

### **1.3.1 Area of the study**

The area of the study is Kabalenzi village found in Kanazi ward, Ngara District. The area chosen is relevant and convenient to the researcher due to the fact that Kabalenzi village is leading with many most vulnerable children compared to other villages in the district, This made it possible for the researcher to get useful and relevant information for the problem under study.

### **1.3.2 Research Design**

This research is a case study approach; the objective was to assess how the most vulnerable children are supported to access the human basic needs and education opportunity in Kabalenzi village, Ngara district. In addition, this study was done for the reason of assessing how the KAYOA has met its tasks of assisting most vulnerable children in attaining their needs.

The representative information and data was drawn from the sample of MVC, Most vulnerable children caretakers, Community members. The study employed structured and semi structured interview to gather relevant and useful information from village leaders, District Government Officials, CBOs and FBOs dealing with most vulnerable and vulnerable children.

### **1.3.3 Validity**

The study took a reasonable representative sample of 100 out of 2,672 people (5% of total population) and those specific individuals with more skill and knowledge on MVC issues were interviewed.

### **1.3.4 Sample and Sampling Procedures**

#### **1.3.4.1 Sample**

The study sample was made up of the respondents from predetermined groups that were expected to provide relevant information. Simple random and purposive sampling was used to get 100 respondents from different groups in the study area whereby 80 respondents were given questionnaires and 20 respondents were MVC interviewed to get their insights on how they get services. Those who were provided with questionnaire, 48 were male and 32 were female.



The sample size of the study was chosen taking into consideration of the information that was to be collected. 20 respondents were MVC who were interviewed face to face, as they could not fill the questionnaires and are the ones who suffer the consequences of the problem, thus be in a position to give the true picture of the problem to the researcher. These were randomly chosen out of 127 registered MVC in the village.

#### **1.3.4.2 Sampling Procedures**

Ten respondents were chosen among KAYOA members to give information on their experience and capacity to provide services to MVC in the study area. Focus group discussion with 30 respondents from within government officials, NGOs and FBOs of different parts of the district was held by the researcher to get more ideas and useful information. Further more, 40 community members representing the Kabalenzi community and MVC care takers were a good source of information to the researcher.

#### **1.3.4.3 Administration**

The researcher administered the whole process of data collection from questionnaire preparation, distribution, and collection of filled questionnaires, interviews, data analysis and interpretation himself. In that way the administration of the research was simple though tiresome to the researcher. This was possible because large number of respondents (75%) were of one village which was chosen as project pilot area. Other respondents (25%) were the District government employees, NGOs, CBOs, and FBOs found in Ngara district.

#### **1.4.0 Research findings**

The rating of the closed ended questions was done using percentage ratios. Each similar response was accorded a percentage calculated by taking the sum total those responded

with similar answer divided by total number of individuals who responded. For the open-ended question, each question was evaluated separately, and the views were then grouped with those that had similar ideas. The frequency in similar response were recorded and ranked into those that were most represented opinion to the least. The mostly ranked opinions were then taken to represent the views of the group, and were recorded as the opinions of the entire group.

The data collected was analyzed qualitatively using descriptive statistics whereby, consideration was frequency of occurrences, preference and opinion of respondents. Data was assembled and tabulated in logical order and researcher applied frequency ratio and percentage for interpretation to get a meaningful outlook.

This was done purposely aiming at summarizing the collected data and organizing them in such a manner that they answer the research questions as well as meeting the research objectives.

**1.4.1.1The profile of respondents**

Out of 80 individual targeted 70 individuals responded back, which represents 87.5%.

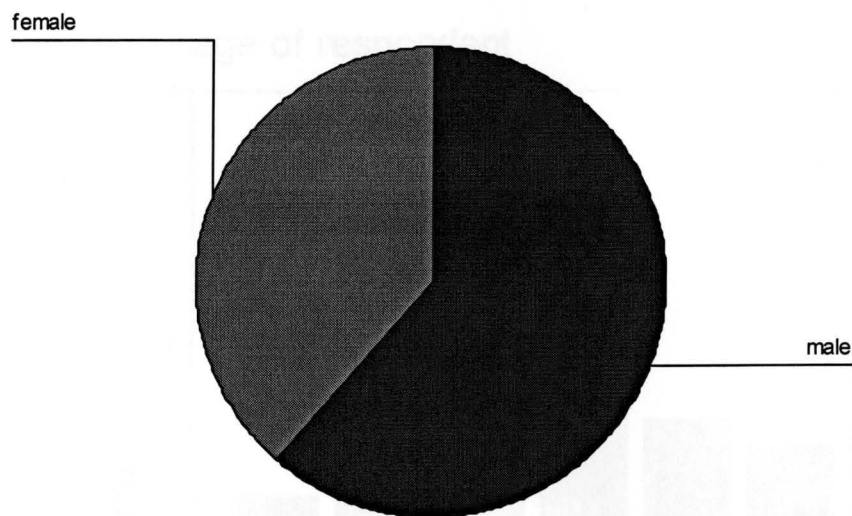
Out of 70 respondents, 43 were males (61.4%) and 27 females (38.6%);

**Table 3: showing gender of respondents**

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	43	61.4	61.4	61.4
Female	27	38.6	38.6	100.0
Total	70	100.0	100.0	

**Pie chart 1 shows on gender distribution**

gender of respondents



**Age of respondents.**

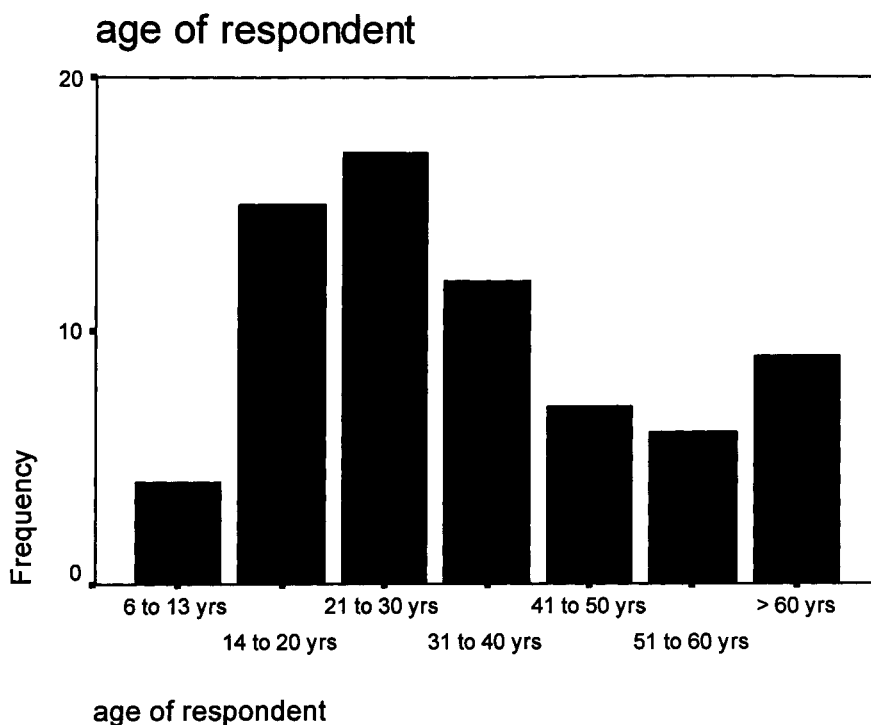
Majority of respondents were aged between 6 years to 30 years (51.4%) and minority were of age 51 to 60 (12.9 %)

**Table 4: showing age of respondents**

Age	Frequency	Percent	Valid Percent	Cumulative Percent
6 to 13 yrs	4	5.7	5.7	5.7
14 to 20 yrs	15	21.4	21.4	27.1
21 to 30 yrs	17	24.3	24.3	51.4
31 to 40 yrs	12	17.1	17.1	68.6
41 to 50 yrs	7	10.0	10.0	78.6
51 to 60 yrs	6	8.6	8.6	87.1
> 60 yrs	9	12.9	12.9	100.0
Total	70	100.0	100.0	

## Chart 2 Shows the Age of Respondents.

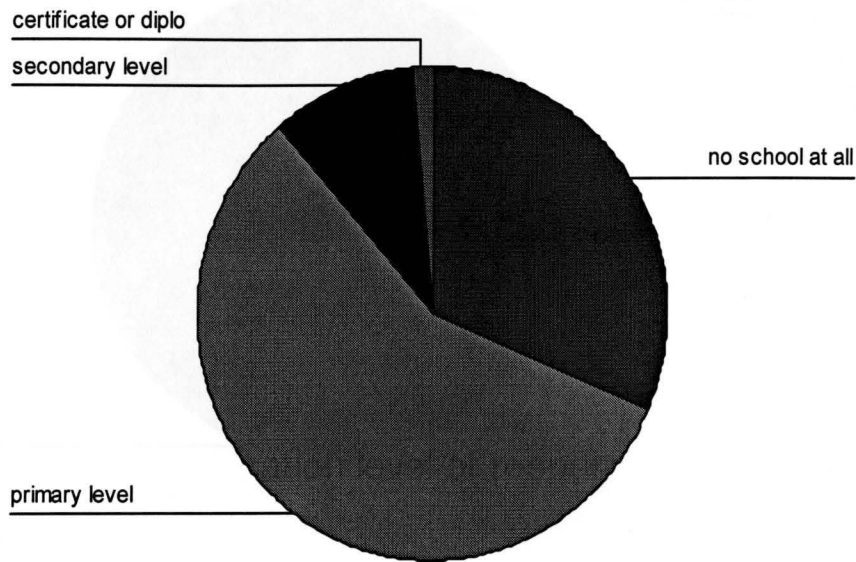
Chart 2



Education status of Kabalenzi community ranges from those who did not go to school to those who attained ordinary diploma level. Majority of the surveyed population had primary school education (57.1%), followed by secondary education (10%), and only one respondent 1.4% attained ordinary diploma level, with big percentage of population who did not go to school (31.4%). Chart 3 below shows the education level of respondents

Chart 3

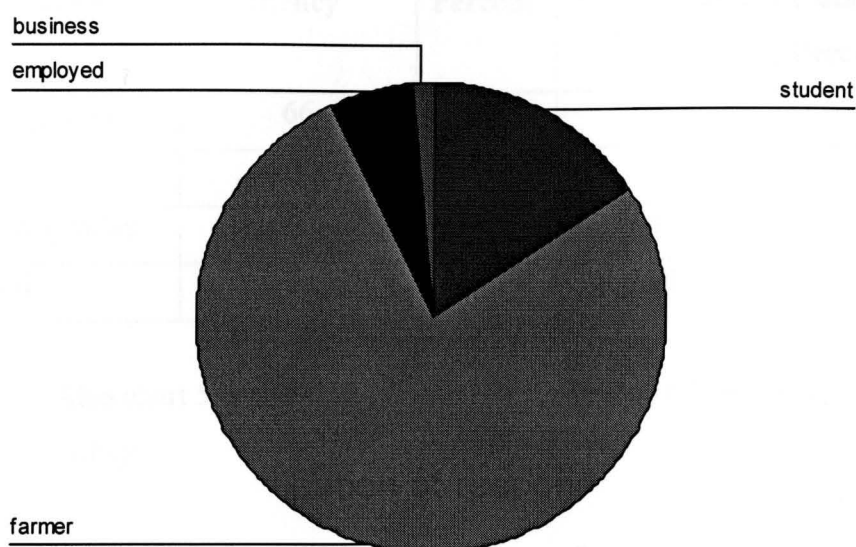
### education level of respondent



The marital status of Kabalenzi community shows that 52.9% of surveyed population are married, 34.3% single, and 12.9% are both widow and widowers.

Employment status revealed that, majority of the respondents (54) equal to 77% were farmers, followed by students 15.7% (11). 4 of respondents were employed in government institutions and only one 1.4% of respondents was engaged in retail trade (shopkeeper). The pie chart (Figure) 4 shows occupation of respondents

## occupation of respondent



### 1.4.2 Perception of Community on Problems facing MVC and Support to the MVC

Table 5 shows the indicators of MVC as perceived by the community.

Category	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	68	97.1	97.1	97.1
Agree	2	2.9	2.9	100.0
<b>Total</b>	<b>70</b>	<b>100.0</b>	<b>100.0</b>	

For the community perception on what they consider to be Indicators for MVC in the area, 97% strongly agree that malnutrition, shelter and lack of basic necessities for schooling were three indicators of MVC. Survey results showed that 94.3% strongly agree that lack of shelter, inadequate of food intake and poor health care were three major difficulties facing MVC in their area.

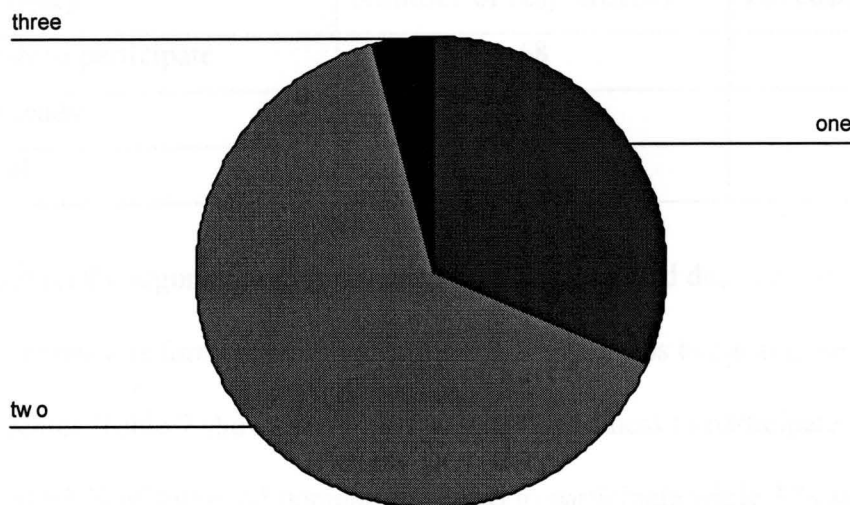
**Table 6 shows the response on three major difficulties facing MVC**

Categories	Frequency	Percent	Valid Percent	Cumulative Percent
Strong agree	66	94	94.3	94.3
Agree	1	1.4	1.4	95.7
Missing value	3	4.3	4.3	100.0
<b>Total</b>	<b>70</b>	<b>100.0</b>	<b>100.0</b>	

Also chart 5 is showing the maximum of meals taken per day in Kabalenzi village.

**Chart 5**

meals per day



### **Social Factors Increasing Vulnerability**

The results from the survey reveal that orphanage is the major social factor which increases Vulnerability on children in the area. About 91% of the resurveyed population

mentioned orphanage, 6% mentioned separation of parents and 3% did not answered that question. Appendix 4 elaborates more on social factors increasing vulnerability

**Support to MVC in Kabalenzi Village**

During the community meetings and FDGs majority of population requested improving the Day - care center environment by building permanent structures of two classrooms, one staff room, one store, kitchen and two pit latrines, one for the girls and the other for the boys. Their concern was that at the center more contribution from the community can come out and can be coordinated easily.

Readiness of the community to participate in building permanent inters for a day care center.

**Table 7: Willingness of the Community to Participate in Day Care Center Building work**

Category	Number of respondents	Parentage
Ready to participate	68	97%
Not ready	2	3%
Total	70	100%

Based on the argument of community to have a standard day care center, the surveyed population was further requested to state their readiness to participate fully in building the center. Table 7 shows the willingness and readiness to participate in the project. About 97 % of surveyed population agreed to participate while 3 % said they are not ready.



### **Ownership of the Day Care Center**

The researcher asked about the preferred ownership of the day care center in the study area. The findings show that 41.25% of respondents opted ownership to be in hands of the community and CBO (KAYOA).

The following table clearly shows the community feelings on who should own and govern the MVC Day Care Center in Kabalenzi

**Table 8: Preferred Ownership of Day Care Center**

No	Who should own	Response	Percentage%
1	Community	10	14
2	Government and community	16	23
3	Community and CBO	32	46
4	Government and CBO	12	17
Total		70	100

**Source:** Field data, 2006

According to research questions, the researcher asked the respondents whether the community has been fully involved in solving problems facing MVC in their area. Fourty two, (60%) respondents agree that there was no purposive community involvement in fitting against the problems facing MVC.

The result from the interview with district officials (District Social Welfare Officer, District Community Development Officer and District Planning Officer), showed that community mobilization and sensitization to participate fully in supporting MVC was

still low. They substantiated that the community still believes in government / donor dependency.

According to KAYOA members and community leaders, various effects to support MVC in Kabalenzi village have been done by the Government, NGOs, CBOs and community at large. For example 42 out of 127 MVC have been provided with blankets and utensils. Twenty (20) MVC have been provided with school materials such as uniforms and exercise books.

## CHAPTER TWO.

### PROBLEM IDENTIFICATION.

In the early days of the AIDS orphan crisis, there was a rush by well meaning non-governmental organizations to build orphanages. Given the scale of the problem, though, this response was unsustainable, as the cost of maintaining a child in such an institution is much greater than other forms of care. Most people now believe that orphans should be cared for in family units through extended family networks, foster families and adoption, and that siblings should not be separated. Studies in Sub-Saharan Africa have repeatedly demonstrated that growing up in a family environment is more beneficial to a child than institutional care, which should be considered a temporary option or a last resort.

Ultimately, though, the extended family can only serve as part of the solution to mass orphan hood if adequately supported by the state and community, as well as other sectors of society.

The community ought to be supportive of children when they are orphaned, making sure that they are accepted and have access to essential services, such as health care and education. This means improving existing services and reducing the stigma surrounding children affected by AIDS so that they do not face discrimination when trying to access these services. This chapter is about situation analysis of MVC problem in Kabalenzi village and measures taken by the community to tackle the problem.

#### **2.1. Statement of the Problem.**

The world is currently facing a challenge of increasing number of children living a miserable life. This problem is very critical in most of the developing countries. In Tanzania this problem is growing year after year. These children have been given many names including street children and most vulnerable children (MVC). These children also

lack opportunities for quality health, good nutrition as well as good education. As well they face difficulties to get their basic needs like food, clothes and housing.

Ngara district, like many other districts in Tanzania, has experienced an ever-increasing number of most vulnerable children. The government has made necessary efforts to intervene but still it remains a big challenge.

Kanazi Youth Aid (KAYOA) is a local Community Based Organization (CBO) based in Kanazi Ward in Ngara district. The CBO has noted this problem too and therefore developed the interest of backing the government efforts to support the most vulnerable children through mobilizing the community to participate fully in (reducing) the problems facing the children. The major area of interest is to ensure that those children, especially those with age of 4 – 6 years access to basic education, food and health services by building a standard day care center at Kabalenzi village in Kanazi ward.

### **2.1.2 The Current Situation in Kabalenzi Village**

The collected data shows that the village of Kabalezi is leading other villages of Ngara in having a large number of most vulnerable children. Table 8 shows the current number of MVC in all 17 wards of Ngara district.

**Table 9 Number of most vulnerable children in Ngara district as on December, 2005**

NO	WARD	NUMBER OF VILLAGE	FEMALE	MALE	TOTAL	%AGE
1	MURUSAGAMBA	5	147	235	382	6.7
2	MUGANZA	3	99	111	210	3.7
3	BUGARAMA	5	91	297	388	6.8
4	BUKIRO	4	99	78	177	3.1
5	RULENGE	6	193	236	429	7.6
6	KEZA	2	67	150	217	3.8
7	NYAKISASA	3	110	141	251	4.3
8	RUSUMO	3	91	77	168	3.0

NO	WARD	NUMBER OF VILLAGE	FEMALE	MALE	TOTAL	%AGE
9	NTOBEYE	3	100	176	276	4.9
10	KIRUSHYA	4	149	296	445	7.8
11	MUGOMA	5	99	104	203	3.6.
12	MABAWAWE	5	231	232	463	8.2
13	KABANGA	6	283	230	513	9.0
14	<b>KANAZI</b>	<b>6</b>	<b>211</b>	<b>376</b>	<b>587</b>	<b>10.4</b>
15	KIBIMBA	4	88	98	186	3.3
16	NGARA MJINI	4	173	164	337	5.9
17	NYAMIAGA	4	211	231	442	7.8.
	<b>TOTAL</b>	<b>72</b>	<b>2,887</b>	<b>3,232</b>	<b>5,669</b>	<b>100</b>

Source: Ngara District Council Planning Office (2005)

From the table above, it can be seen that Kanazi has the largest number of MVC in Ngara district.

#### **Most Vulnerable Children in Kanazi ward by December 2005.**

**Table 10: Number of MVC in Kanazi ward**

No	Village	Female	Male	Total	% age
1	Remela	23	65	88	15.0
2	Mukibogoye	31	64	95	16.2
3	Mukarehe	43	54	97	16.5
4	<b>Kabalenzi</b>	<b>49</b>	<b>78</b>	<b>127</b>	<b>21.6</b>
5	Mukirehe	36	56	92	15.7
6	Kterere	29	59	88	15.0
<b>TOTAL</b>		<b>211</b>	<b>376</b>	<b>587</b>	<b>100.0</b>

Source: Ngara District Council Planning Office (2005)

The statistics showed that by December 2005, children aged 6 – 14 years were struggling to survive on their own. About 95 households out of 413 in Kabalenzi village were headed by the children. Also these children are taking care of sick family members. The most vulnerable children who are heading the families and those who are depending on their grand parents developed many problems including malnutrition, chronic illness, hence drop out from primary schools. Nutrition status of under five for example, for the

period of January to June 2005 indicated that out of 346 children weighed in the village, 219 were found in grey and 20 (5.8%) children out of 346 children weighed found in red (severe malnutrition) compared to district average of 1.9% severe malnutrition. In January 2006, about 25 children (31%) who were eligible to be enrolled into standard one were not registered due to lack of basic necessities for schooling such as uniforms. Drop out rate at the primary schools in the village was at 2%. Currently KAYOA in collaboration with the community is running a day care center with 51 total children , 28 being males and 23 females. At this center, children are taught how to read and write, health care and security, provided with porridge, clothes, physical exercises including playing football and netball. The center is operating in one temporally building with one room (see a picture of a building on appendix 5) which does not meet the regulations/standards/ conditions of a Tanzanian day care center.

The above data gives a clear picture of the problem in Kabalenzi village and hence the need for KAYOA intervention in collaboration with the Kabalenzi community in improving the standard of living of the most vulnerable children by building a day care center.

## **2.2 Target Community**

This project is aiming at improving the welfare of most vulnerable children in Kabalenzi village. The primary beneficiaries of this project are most vulnerable children specifically with the age of 4 to 6 years. Secondary beneficiaries are the rest of Kabalenzi community and Ngara district people as a whole.

Participatory Rural Appraisal (PRA) has been employed to enhance community participation in the project. The communities are the central part of all steps of the project development whereas the external experts were facilitators of the process from CNA,

implementation and evaluation. This has enabled the community to develop their own desired project model, monitoring tools, and selection of their (day-care) center management structures. Furthermore communities participated fully in construction of structures for a day care center by clearing the site, collection of stones, fine aggregates, sand, timber, burnt bricks and water, which were estimated to cost Tanzania Shillings.

**4,625,860**

### **2.3 Stakeholders**

Apart from Kanazi Youth Aid, there were other stakeholders who have vested interest in the success or failure of the project. To keep this in mind as key issue in development, the CBO in collaboration with the technical assistant made analysis of the environment which helps to reveal the opportunities and obstacles for the project.

In short if the stakeholders needs and/or expectations are not being adequately met by the project effects can be as shown in table 11 for the stakeholder analysis summary below and the plan for stakeholders involvement.

**Table 11 stakeholders analysis**

<b>Stakeholder</b>	<b>Participation</b>	<b>Evaluation</b>	<b>Impact of participation</b>	<b>Rate</b>	<b>Plan</b>
Kanazi Youth Aid	Active participation	High	Contributing resources to the project	Positive	Capacity development of the organization and make them participate throughout the project implementation period.
Kabalenzi Community	Active Participation	High	Contributing resources to the project	Positive	Sensitization to so as to participate more and create sense of ownership to the community
Village Government leaders	Moderate Participation	Medium	Their active participation can contribute the overall performance of the project	Positive	Sensitization and involve them for every step of the project implementation
NGOs, & CBOs	Active participation	High	Contributing resources to the project	Positive	Capacity development in terms of skills
Faith organizations	Active participation	High	Contributing resources	Positive	Capacity enhancement
Private Sector	Low participation	Low	Contributing resource for the project	Negative	Sensitization and involve them through representation in the project implementation team.



Stakeholder	Participation	Evaluation	Impact of participation	Rate	Plan
Political parties	Low participation	Low	The project can fail due to lack of resources by influencing other	Positive	Sensitization and make them to participate actively.
UN - Agencies	Active participation	High	Contributing to the project resources	Positive	Involve them more in the project implementation
Government Employees	Active participation	High	Contributing resource in terms of skills	Positive	Sensitize them and involve them positively.

All above stakeholders contributed in building a day care center as described above and made the project successful. Moreover Ngara district Council as overseer of all development activities in the district supplemented the effort of Kabalenzi community by contributing total amount of **12,378,500/=** Tanzania Shillings to cover purchasing of cement, iron sheets, iron bars, nails, timbers, electrical materials and payment of labour charges.

#### **2.4. Project goal**

The intended goal of this project was to improve the service delivery to the most vulnerable children with the age of 4 to 6 years. This involves provision of health services good nutrition as well as good education opportunities for Most Vulnerable Children. After the completion of building permanent structures for a day care center, it is expected that more children will be enrolled and the community will increase its support to the most vulnerable children.

The general and specific objective is aimed at enhancing access of basic needs for most vulnerable children in Kabalenzi village. Therefore the following are main objectives that are addressed by the project;

#### **General Objective**

To increase access to social basic needs ( basic education, food, shelter and health services) for most vulnerable children in Kabalenzi village through building standard structures for day care center by June, 2007

#### **Specific Objectives.**

The specific project objectives of this project include:-

- To facilitate the project proposal writing and submit the proposal to potential partner from September 2005 to March 2006
- To organize the community of Kabalenzi Village for fully participation on the building the day care Center from January 2006 to February 2006.
- To construct the day care Center buildings during the period of January 2006 to June 2007.

## **2.5 Purpose of the study**

The main assignment of the study was to mobilize the Kabalenzi community to participate and build their morale to assist the most vulnerable children found in their village. This was done by empowering the KAYOA and motivating the community of Kabalenzi to take their own initiative to participate in planning and implementation of the project through assisting them (facilitating) in designing the project, mobilizing resources (internally and externally) and to determine feasible management of the identified project, that is the building of standard structures for a day care center.

## **2.6 Host Organization**

Kanazi youth Aid (KAYOA) was the principle host of this project with financial and technical support from district council and other reliable sources, which provided technical support such as Ministry of Health and Social Welfare, Land and Human Settlement.

Kanazi Youth Aid (KAYOA) is a local Community Based Organization (CBO) based in Kanazi Ward in Ngara district. The CBO was established in June 2003. The main objective of the Organization is to provide basic social services to most vulnerable children resulting from HIV/AIDS and refugee influx. Kanazi Youth Aid has been

mobilizing the community in the village to develop a community based responses for the care and support of most vulnerable children, whereby the families with MVC have been offered a range of social and material support whilst stronger emphasis is put on developing self – reliance of the families.

## **CHAPTER THREE**

### **LITERATURE REVIEW**

This chapter reviews the most recent literature on the support for most vulnerable children. It consists of texts, review list of different academic backgrounds, government journals, relevant policies, websites and other relevant sources of information. The researcher visited a large number of references and the following are the few referred to. The chapter is divided into three parts that is the theoretical, empirical and policy literature reviews. Where as the theoretical literature deals with conceptual issues, the empirical examines studies that have been done on support of most vulnerable children and day care center world wide and policy literature review goes through different policy issues concerning support of most vulnerable children and day care center in Tanzania.

#### **3.1.0 The Theoretical Literature.**

Different scholars have been defining various terms differently depending on education background, environment, and experience on related phenomenon.

The Tanzania Day Care Centers Act Number 17 of 1981 defines “**child**” as a person of the age of between two and six years. Also defines “**day - care center**” as any premises used as an approved school, a children’s home or a nursery school, where fifteen or more children are received to be cared for and maintained during day time in the absence of their parents or guardians;

UNICEF (2005) defined **Most Vulnerable Children** as “children living in difficult circumstances, these include orphans, children with disabilities, neglected/abused children, out of school children, children engaged in child labor, children with disabilities and children living in the streets.

Drew (1994); Examined different levels of support to orphaned children, He concluded that community-based responses should be the primary levels of response and lists steps needed to establish a community orphans support program.

Foster et al (1995). Tried to analyse the emergency of most vulnerable children and how they are affected and suggested some solutions to be taken into consideration to reduce the magnitude of the problem. An orphan enumeration survey of 570 households was conducted in and around Mutare, Zimbabwe in 1992; 18.3% (95% CI 15.1-21.5%) of households included orphans; 12.8% (95% CI 11.2-14.3%) of children under 15 years old had a father or mother who had died; 5% of orphans had lost both parents. Orphan prevalence was highest in a peri urban rural area (17.2%) and lowest in a middle income high density urban suburb (4.3%). Recent increases in parental deaths were noted; 50% of deaths since 1987 could be ascribed to AIDS. Orphaned household heads were likely to be older and less educated than non- orphaned household heads. These people added that the majority of orphaned children are being cared for satisfactorily within extended families, often under difficult circumstances. Care giving by maternal relatives represents a departure from the traditional practice of caring for orphans within the paternal extended family and an adaptation of community-coping mechanisms. There was little evidence of discrimination or exploitation of orphaned children by extended family caregivers. The fact that community coping mechanisms are changing does not imply that extended family methods of caring are about to break down. However the emergence of orphan households headed by siblings is an indication that the extended family is under stress. Based on this argument, therefore emphasis needs to be placed upon supporting extended families in the community by utilising existing community-based organisations.

Makufa et al (1995).stated that, Orphan concerns included feeling different from other children, stress, stigmatisation, exploitation, schooling, lack of visits and neglect of support responsibilities by relatives. Many community members do recognize their limitations due to object poverty and hence no support to this group. They added that Extended family networks are the primary resource for orphans, though some relatives exploit orphans or fail to fulfil their responsibilities. They argued that Interventions are suggested which support community coping mechanisms by strengthening the capacities of families to care for orphans. Outside organisations can develop partnerships with community groups, helping them to respond to the impact of AIDS, by building upon existing concern for orphan families.

WHO (1997); Suggested that there is a core set of ten skills that children and adolescents need to master: decision making, problem solving, creative thinking, critical thinking, effective communication, interpersonal relationship skills, self-awareness, empathy, coping with emotions, and coping with stress. This publication presents conceptual and practical frameworks for life-skills program development. The author suggested that life-skills should target all children s as well as adults.

WHO (1997): Continued to state that “Young people from problematic backgrounds, referred to in this article as children and youth in especially difficult circumstances," are more vulnerable and thus more likely to begin, continue, or escalate their risk taking. The article states that there are between 10 and 30 million street children worldwide, with the largest populations in Latin America, Asia, Africa, and Central and Eastern Europe. The article discussed street youths' vulnerability to substance use and abuse; between 25 and 90 percent of street children use substances of one kind or another. Finally, the article describes WHO's Programme on Substance Abuse, which was developed to assess the

nature and extent of the problem of street children and substance abuse in individual communities in order to develop and implement appropriate responses.

Brazelton (2001) pointed out that, a child experienced in the first months and years of life determined whether he or she will enter school eager to learn or not. By school age family and care givers have already prepared the child for success or failure. UNICEF ( 2002 }in its paper “Break the cycle of poverty” concludes that if Tanzania’s development vision and poverty reduction strategies are resting on the optimal development of our human resources, including the high percentage of poor and vulnerable children then investment must start in the formative years of early childhood development, conception to 8 years. It is not enough just to decrees that all children should be sent to school at the age of seven, unless there is also a concerted campaign to improve the nutritional status of children from early age UNICEF (2000).

### **3.2.0 The Empirical Literature.**

#### **3.2.1 Community Participation on Day Care Center Program**

Day Care Center Programs have been or implemented in several countries regardless the level of development of the country or state concern, even before occurrence of HIV/AIDS pandemic Kipkorir and Njenga (1997) pointed out that in other countries like Kenya and Zimbabwe, Day Care Center Programs are known as Early Childhood Development/Education. In many countries Day Care Center Programs have been the work of community initiatives rather than government responsibilities. Tanzania is one of the poorest country in the World where most of the population live in small villages. The combination of poverty and HIV /AIDS wreaks havoc in village communities with



resources to fight back. The most vulnerable are the children on whom the future depends.

Day Care center in Tanzania started as nutritional rehabilitation units for under fives children. According to Newell (2002). UNICEF introduced Day Care centers in Tanzania under Child Survival Protection and Development (CSPD) program with the main objective of the child nutritional rehabilitation and growth monitoring.

A review done by the UNICEF (1991) proved that the community based program were doing very well and the rate of malnutrition among the children under five years had extremely gone down. As a result then, many day care centers were formed under the community – based approach. Then these centers which were formed have been used for pre – schools.

Besides achievement attained through this approach, there are still some hindering problems including lack of knowledge and skills for those who are taking care of the children. Most of them lack proper knowledge and skills on how to take care of these centers. The other factor is Community awareness on the importance of these centers.

### **3.2.2. Examples and Experience of Child Care Centers**

Africa Bridge a local NGO (2003) currently works in South West Tanzania focusing on 8 villages of Idweli Ward. The total number of orphans in these villages is 995. The capacity of families to care effectively for these children is severely limited by their resources. With funding and support from Africa Bridge, the villagers of Idweli in Tanzania started the construction of the Children's Center in January 2004. This is in line with the KAYOA objectives to support the MVC in Kabalenzi village by building a day care center.

According to Philippe Krynen of PARTAGE Tanzania (1998), an international NGO based in Bukoba District, argues that in order to support the over increasing large number of orphans, he created an overarching structure of day care center in each village of Bukoba district, where children are looked after by day and return to their families in the evening, aimed at reducing malnutrition.

Salih (1998) pointed out that, in Zimbabwe Community mobilization and participation is central to Day Care Center project approach.

In the areas of Marondera (1999 where the project works with farm laborers, this is made much more difficult due to the transience of the population. In all areas, efforts at community mobilization find that while the government meant well in committing to provide early childhood support services after independence, this undermined by the lack of awareness and willingness of the communities to participate in Early Childhood Education / Development provision.

In Chinyika (2000) the project hired a coordinator to focus upon community mobilization and parents' education. This innovation emerged from Kushanda's realization that the expectations in Marondera that project staff and pre- schoolteachers could establish and run pre-schools as well as mobilize and educate communities were unrealistic.

### **3.3.0 Policy Review.**

Tanzania Education policy (1995), a child is defined as "any person below the age of eighteen". The current Child Development Policy, which identifies children as younger than eighteen, has sections for children under six. Guidelines for the implementation of the policy issued with the revised policy in 2001 have divided children in to age groups: 0 – 2, 3 – 6 and 7 – 13 years with guidelines on policy, responsible parties, activities,

requirements, and outcome indicators. The current child Development Policy takes into account goals set at the World Summit for Children in 1990 which considers five rights of children which include survival rights protection rights development rights, Participation rights and, the rights not to be discriminated against.

Community, parents and guardians who are bringing up children in different situations frequently violate these basic rights of children because of lack of awareness and understanding. The Child Development Policy identifies measures to promote children's rights. Different government ministries, institution, parents, guardians, communities and children have been allocated responsibilities towards ensuring that these rights are not violated.

For the purpose of this paper development right is discussed.

National Policy on HIV/AIDS (2001): stated that the necessary support and protection from HIV/AIDS shall be given to Orphans and children in special institutions including street children and those with disabilities that are at risk of HIV infection. The policy added that, Orphans in sibling headed households shall need support from both the central and local Government and the community to minimize the impact of HIV/AIDS on their lives. Such support shall address the rights of children.

NMSF:(2003-2007) The strategic Framework indicated that, there are a rapidly increasing proportion of children under 15 years who are orphans; by 2000, 1.1% had lost both parents, 6.4% had no father and 3.5% had no mother. The Multisectoral strategic frameworks do suggest that different interventions to support this group should be undertaken. These strategies have a priority to serve, care and support this group (Impact mitigation as a result of HIV/AIDS).

## **Development Right.**

The child development Policy advocates for the establishment of pre-schools and day care centers and improvement on these services as well as a system of educating parents on the importance of pre-school education. The Tanzania Education Master Plans (TEMAP) has exiting policies but la ck strategies on how to implement them.

Globally nearly, all countries of the world have read, signed and ratified the convention on the Rights of the Child. The convention sets out the basic things which all children should have or be able to do, if Children are to live a safe, healthy, happy and just life. The convention stated the basic things as “Rights”. According to the convention these rights include the “Rights to enough food, safe water, good education and health services care; the right to be protected from harm, abuse or war; and the right to information, to be heard and to participate.”

The Legal document emphasize that “The state has the obligation to protect every child from doing work that is threatening to her or his healthy, education or development (Article 32 UNCRC)

In article 12 of the UNCRC, it has been said that “Every child has a right to express her/his opinion, and to have that opinion taken into account, in any matter or procedures affecting the child” In the International documents on children’s rights, one of the most important rights is the right to be heard, the right to express an opinion and have that opinion taken seriously. Children have the right to be involved in all matters concerning them and protect them from harmful environment.

This shows that the project is in line with government policy.

The above literature offers different approaches and intervention for the problems facing MVC in different communities. Therefore the researcher has benefited a lot through literature review and hence learns how to intervene the problems of MVC in the study area.

# **CHAPTER FOUR**

## **PROJECT IMPLEMENTATION**

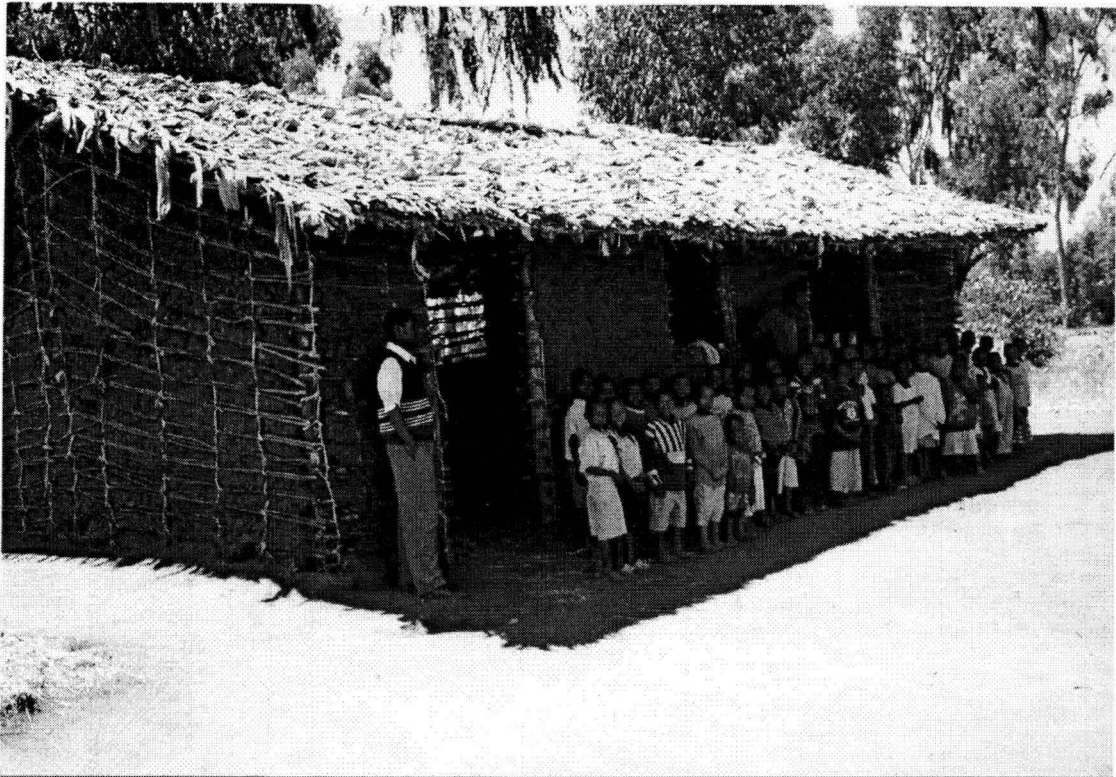
Community Needs Assessment that was conducted in November 2005, revealed the problem of inadequate support to MVC in Kabalenzi Village including bad state of the day care centre building. The community and CBO members in collaboration with the researcher identified solutions to intervene the identified problem. Project implementation had four major implementation areas namely community sensitization, community capacity building and building day care centre structures as well as fund raising from stakeholders. This Chapter is elaborating more on the implementation process of the project.

### **4:1 Product and Outputs**

The benefits that have been gained by the community are of two main groups namely; software and hardware. Software includes capacity building of the CBO members and village government on community sensitization and formation of project implementation team.

The hardware support includes building permanent structures for a day care center so as to change the learning environment.

The following pictures shows the situation of the building which had been used as center.



Out of the planned two classroom, one staff room, one store and two ventrated pit latrine buildings planned for the center, only one classroom is not yet started other building were completed.

#### **4:2 Project planning**

The project planning focused on resources, time frame and responsible person to enhance the success of the project. The project addressed three specific objectives that contributed to its overall goal. The planning process has been done at all levels of project design; that is from the communities; stakeholders and project expatriates.

The project was scheduled for a period of twenty three months (September, 2005 to June, 2007). Three objectives were planned as shown in the following tables and achievements of these objectives have been indicated in project implementation status.

The following was planning table for three objectives

**Objective I:** To increase the number of community members who are supporting MVC

up to 75% by June 2007

No	Activities	Time frame																		Resource needed	Responsible Person
		2006												2007							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
1	Meet with the community and formation of implementation team																			Transport Flip chart mark pen	Technical Assistant and CBO secretary General
2	Community sensitization and mobilization																			Transport,	VEO, Village govt Implementation team





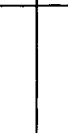






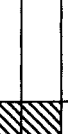








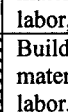
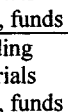
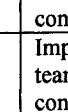
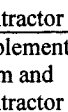
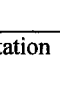

**Objective II:** To facilitate the designing of the co ordination and monitoring

system for project implementation from January 2006 to February, 2006

No	Activities	Time frame																		Resource needed	Responsible Person	
		2006												2007								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			
1	Training of the implementation committee on co ordination and monitoring of the project implementation																				Transport Flip chart mark pen	Technical Assistant and CBO secretary General
2	Designing the monitoring and coordination system of the project.																				Notebook, flip charts mark pens	Village Executive Office implementation team, Technical Assistant



**Objective III:** To construct the day care center structures during the period of January, 2006 to June, 2007

No	Activities	Time frame																		Resource needed	Responsible Person	
		2006												2007								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			
1	Site clearance																			Hoe, pangas axe	Village Executive Office implementation team	
2	Collection of local building materials																			Transport Fund	VEO, Executive officer implementation team	
3	Fund mobilization																			Receipt book	VEO,	
4	Construction of foundation for all three buildings																			Local building materials, labour materials funds	Implementation team and contractor	
5	Construction of walls																			Building materials labor, funds	Implementation team and contractor	
6	Roofing																			Building materials labor, funds	Implementation team and contractor	
7	Plastering																			Building materials labor, funds	Implementation team and contractor	
8	Wiring																				Building materials labor, funds	Implementation team and contractor
9	Painting																			Building materials labor, funds	Implementation team and contractor	

### Project Cost Estimate

Based on the standard plans acquired from the District Social Welfare Officer (Note that these are the standard plans from the Ministry of Health and Social Welfare) with the assistance of the District Engineer, the Construction of two classrooms, one staff room, one store and two ventilated pit latrines, was estimated to cost 20,760,220/= Tanzania Shillings whereby Tshs 4,898,240/= was expected from community contributions in kind

and cash and Tshs 17,861,980/= was expected to be contributed by the Donor. The project cost apportionment was expected to be as shown in the table bellow.

**Table 11: Project Costing**

<b>ACTIVITY DESCRIPTION</b>	<b>TOTAL COST</b>	<b>COMMUNITY CONTRUBUTION</b>	<b>SUPPORT REQUIRED</b>
FOUNDATION WALL	3,448,900	628,900	2,820,000
BRICK WALL	2,787,000	1,647,000	3,140,000
DOORS AND WINDOWS	1,678,600	-	1,678,600
ROOFING	4,560,000	-	4,560,000
FLOOR AND PLASTER	802,500	97,500	705,000
PAINTING	373,100	-	373,100
ELECTRICAL WORK	389,700	-	389,700
OTHER WORKS	597,400	597,400	-
LABOUR CHARGE	3,927,440	1,927,440	2,000,000
TRANSPORT CHARGE	1,463,720	-	1,463,720
CONTAGENCE	731,860	-	731,860
<b>TOTAL</b>	<b>19,760,220/=</b>	<b>4,898,240</b>	<b>14,861980</b>

Detailed cost analysis is attached as appendix 6.

After project costing, the next step was to solicit funds for project implementation. About four development partners were approached by KAYOA-namely UNHCR – Ngara sub office, Royal Germany Embassy, JAICA – Dar es Salaam office and Ngara district council. Three partners replied that they had no budget for that time and encouraged the CBO to submit its application for the following financial year. The CBO received positive results from Ngara District council that the project can be funded up to 13 million Tanzanian shillings.

#### **4.3 .0 Project Implementation Status**

Project implementation had four major implementation areas namely community sensitization, community capacity building and building day care centre structures as well as fund raising from stakeholders.

#### **4.3.1 Community Sensitization**

This was an initial stage of project implementation where the community was facilitated to identify their problems, ranked them, and designed ways that they thought would be suitable to solve their problems. The stage of community needs identification had been completed and implementation schedule took the same time as it was planned. Sensitization started from the community to district level where district council was fully occupied on technical and consultancy. Extension officers were involved from community development, health and social welfare as well as district planning departments who were experts in community resource mobilization, project design and management.

#### **4.3.2 Community Capacity Building**

Capacity building was done to different project management structures such as CBO members, project implementation team as well as village government. A training to project implementation team covered construction skills and management, book keeping and resource mobilization and care taking skills. CBO members and village governments were also trained on project management skill, as participatory project development, book keeping and elementary auditing.

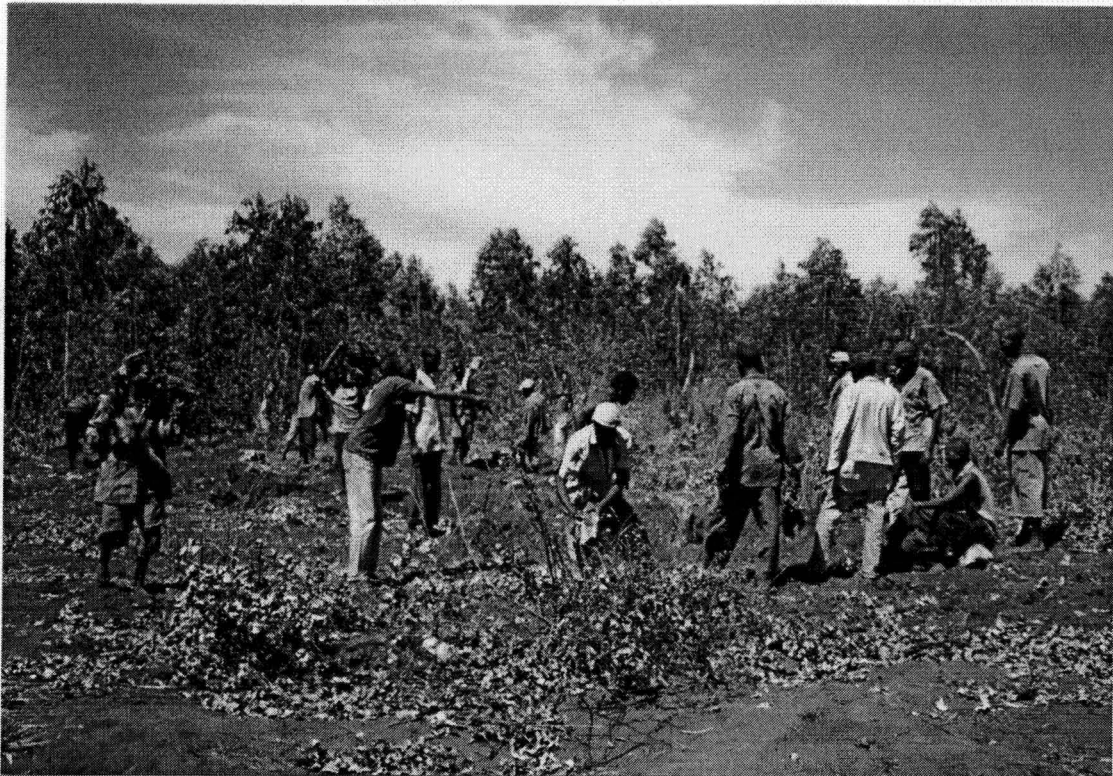
#### **4.3.3 Construction of Day Care Centre Structures**

Community participated fully in construction of structures for a day-care center by clearing the site, collection of stones, fine aggregates, sand, burnt bricks and water, which were estimated to cost **4,625,860** Tanzania Shillings. On the other hand, Ngara District Council, contributed total amount of **12,378,500/=** Tanzania Shillings to cover

purchasing of cement, iron sheets, iron bars, nails, timbers, electrical materials and payment of labor charges.

Photo 2 below shows community of Kabalenzi village clearing the site for the day care center. This is one among many activities performed by the community in the process of building their day care center.

Photo 2



After the community completed the collection of non – industrial materials, the village government of Kabalenzi entered a contract with a registered building company called Gwaho Company (T) LTD for construction of the Day Care Center structures in full contact terms.

Up to the end of December 2006 constructions of one classroom, one staff room, and one store and pit latrine were completed. The construction of all structures took about 6

months that is from April 2006 to October 2006. The handing over ceremony was done in mid December 2006.

The photo 3 bellow shows a new building for the centre.



A new Kabalenzi Day Care Centre.

#### **4.3.4 Report Writing and Community Feedback**

This was follow-up stage where community feelings upon the project was assessed and documented. Also, any concern regarding technical, knowledge and skill was assessed and where a problem raised technical support was provided according to the magnitude. The community would acquired knowledge and will use it for future. This was done to ensure sustainability and discourage dependency for support to the community.

## **CHAPTER FIVE**

### **MONITORING, EVALUATION AND SUSTAINABILITY**

Monitoring, evaluation and sustainability are important to any project. A project has to be monitored throughout its implementation to check whether it is on track and it has to be evaluated to determine its relevance, effectiveness and impact to the target population. Project planners have to ensure that projects will have a capacity to continue functioning, supported by its own human, material and financial resources. The Support to Most Vulnerable Children project under KAYOA (CBO) was monitored throughout its implementation and was evaluated once. This chapter is going to explain how the Project monitored and evaluated by stakeholders. Furthermore it will explain how the project will be sustainable.

#### **5.1 Monitoring**

##### **5.1.1 Participatory Monitoring Defined.**

Monitoring is a continuous process of gathering information on all aspect of the project. The process is vital since it helps to understand the current situation, identifies the problem and finds solution, discovers trends and patterns so as to keep activities on schedules and measures progress towards objectives, formulates or revises future project goals and objectives, makes decision about human, financial and material resources (CEDPA; 1994).

Project monitoring started even before the beginning of implementation of the project where community situational analysis was understood, analyzed and community designed

ways of solving their problems as regard to support to most vulnerable children to access the basic social need.

### **5.1.2 Monitoring Methodology.**

For this project monitoring was done at two levels, that is Project implementation team (which was selected by the Kabalenzi Community) and project staff (in this case a contractor) monitored time schedule, materials prices and make availability of local building materials in time, ratio of materials and quality of the work. The second group for monitoring was project implementation team, District Engineer and the researcher. Appropriate research methodologies were applied in collecting data in the monitoring process. Data collected during monitoring was utilized to assess the progress of the project and take appropriate measures where necessary. Methods of data collection which were applied include *interview, focus group discussion, observation and documentary review (secondary data)*. Data collection was guided by the monitoring plan and its key results as elaborated in table 12.

The following table elaborates more on the monitoring plan and its key results: -

**Table 12: Monitoring matrix**

<b>Monitoring question</b>	<b>Direct indicators</b>	<b>Indirect indicators</b>	<b>Data collection tools</b>	<b>Responsible for monitoring</b>
1. Are the community members aware of project?	Coverage and number of sensitized	Their participation to the project	Interview, Group discussion	Community mobilizes
2. Have the community members participated in the community needs Assessment?	Contribution of views and ideas	Community meeting for needs assessment	Questionnaire for community assessment	Organization Chairperson
3. Are the members of the organization trained on project management	Training report	Practical uses of skills and knowledge acquired	Interview	Organization Chairperson
4. Are the members of the organization participating in collection of local building materials for the Day Care Centre?	. Amount of building materials collected( number of trips of stones sand and aggregates)	Monthly reports	Observation Photo picture	Village Executive officer
5. Are community members participating in clearing the site for the Day Care Centre?	Area being cleared for the Day Care Centre site. Time used for site clearing	Monthly reports	Interview Observation Photo picture	Village Executive officer, Project implementation team chairperson
6. Are the community members conveying the meetings to discuss and prepare project report?	. Number of meetings conducted	Minutes of the meetings	Interview	Village Executive officer, Project implementation team chairperson



## **Monitoring methods**

The study involved the uses of different monitoring methods as discussed below:-

- **Observation**

Observation method was applied to check physically the current situation of the project. The researcher, District Engineer and Project implementation team made a frequent site visit to monitor the day to day activities such as availability of building materials, checking the quality of work (value for money). After observing the real situation they had a chance to discuss with the contractor and some of implementation team members and advise them accordingly.

- **Focus Group Discussion (FGD)**

The researcher used focus group discussion to dialogue with different stakeholders in the project area. In every follow up he had time set for FGD. The major issues that were monitored and will continue to be monitored are as follows:

The cost effective of utilization project resources such as time, people, funds, tools and equipments essential for the implementation of activities.

Implementation of each and every activity according to the planned work plan and also follow-up of project progress in general. There were 13 planned activities as a whole.

The effectiveness of the project strategies applied so as to revise them if need may arise

- **Review of secondary data**

Monitoring also was conducted through reviewing monthly and quarterly reports, whereby project implementation team prepared reports and presented them to the village government monthly and to the Village Assembly quarterly. The method was necessary not only to know what records were kept by the communities but also it was used to

assess how project progress is documented as well as the quality of the records kept. It was a time where weaknesses observed were corrected and appropriate information management system based on the information required was designed.

### ❖ **Monitoring Results**

During the implementation of this project five monitoring visits were done in every after two-month starting from May 2006. The organization convened meetings in every month as it was supposed to be. Members fully participated and reports were produced, discussed and forwarded to the District Executive Director copy to project technical adviser. Minutes of the meetings were found well kept. It was also found that leaders at village and ward level were sensitised about the project and as a results, the project (construction of a day care centre) completed in time. The study observed that ward leaders visited the project site twice.

The following table summaries the project monitoring information.

The following table summaries the project monitoring information.

**Table 13: Summary of monitoring information matrix.**

<b>Category of information</b>	<b>What to monitor</b>	<b>What record to keep</b>	<b>Who collect data</b>	<b>Who uses data</b>	<b>How to use information</b>	<b>What decision can be made</b>
Work plan activities	Timing of activities Availability of resources and personnel	Monthly work Plan Work schedule	Project Implementation team Extension officers Village Executive Officer	Project Implementation team Stakeholders (community, and District Council)	Ensure staffs, committees and other resource are available and all works are done as scheduled if not reasons must be clear to all stakeholders	Reschedule or implementation must be done as planned activities
Community meetings	Attendance of community members Community needs, views and suggestion during implementations Community	Community minutes	Project Implementation team Village government Stakeholders	Village government Project Implementation team Stakeholders	To implement what community have proposed To consider community suggestion on project implementation and apply the suggestions	Support their request or re discuss with to find alternative support

Category of information	What to monitor	What record to keep	Who collect data	Who uses data	How to use information	What decision can be made
	contributions Community problem to wards participating in the project					
Community capacity building	Number of Planed training conducted Type of training Training participants	Training reports List of trained beneficiaries Training needs	Training facilitators Participants	Stakeholders Communities	Use of knowledge and skill to run project activities Implement project objective activities	Hand over the role of project activities to communities and trained community members

Category of information	What to monitor	What record to keep	Who collect data	Who uses data	How to use information	What decision can be made
Community assessment	Knowledge, attitude and skill before and after the	Number of intervention before	Project implementation	Project implementation	To identify the impact of the	Facilitate the communities to benefit more from the

	inception of the project Work performance of trained committees Benefit of the project and problem encountered	and after project inception Social economic activities before and after project inception	team Stakeholders Communities Extension officer	team Stakeholders Communities	project and people perception on the project	project and increase or change intervention technique in order to facilitate more project effect  Introduce multiple water uses projects
Building day care centre structures	Collection of building materials Contribution from community. Ratios of building materials (sand and cement)	Quantities of building materials on the site Amount contributed as per time schedule Quality of work (value for money)	Project implementation team Stakeholders Communities Extension officer	Project implementation team Stakeholders Communities	To identify gaps between what was planned and actual on the site  To increase mobilization speed to the community for cash contribution	To evaluate project performance To regulate any situation that was observed as problem to clients.

Cost and expenditure	<ul style="list-style-type: none"> <li>• Budget amount of funds vs its expenditure</li> <li>• Actual cost per each activity</li> <li>• Source of funding</li> </ul>	<ul style="list-style-type: none"> <li>• Available budget</li> <li>• Expenditure</li> <li>• Receipts</li> <li>• Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders finance department</li> <li>• Project implementation team</li> <li>• Community</li> </ul>	<ul style="list-style-type: none"> <li>• Project implementation on team</li> <li>• Community</li> <li>• Stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• To make a decisions on project expenditure vs budget planned</li> </ul>	<ul style="list-style-type: none"> <li>• To evaluate project cost and to secure fund if the budget does not meet the planned activities</li> </ul>
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## **5:2 Evaluation**

Evaluation is another vital part of the project implementation. It is the process of gathering and analyzing information so as to determine whether the project is carrying out its planned activities and objectives (formative evaluation). It also measures the extent to which the project has achieved its prescribed outcome/impact (summative evaluation).

Formative evaluation involves gathering information during the early stage of the project; with focus on finding out whether efforts put are unfolding as planned, uncovering any obstacles, barriers or unexpected opportunities that have emerged, and identifying mid-course adjustments and corrections which can help insure success of ones work. With regard to the summative evaluation, this is a method of judging the worth of a project at the end of the project activities. The focus is on outcome or impact of the project.

Project evaluation was done periodically, and mid term evaluation was also done in four months after project completion. A periodic evaluation was defined as the project impact before and after building permanent structures of the center. And a mid term evaluation was done through community meetings, focus group discussion. The evaluation focused on progress in work plan, implementation process of planned activities, effectiveness of the project, effect of the project and cost effectiveness of the project.

### **Evaluation Methods**

The objective of the research during evaluation was to collect data that would be used to assess the extent to which the intended goal and objectives of the project were achieved.

Participatory evaluation was applied, whereby different stakeholders who participated in the project implementation were involved. The following methods of data collection were used:

#### ❖ **Meeting**

The researcher first called a meeting with community members for evaluation. Participants attended meeting were 102 and it took two days. The evaluation started by the researcher explaining to participants the overall objective of the meeting and invited participants to express their feelings about the project.

Open discussion to all participants and focus group discussions were the methods. The methods were very useful and assisted in exploring more information concerning the project.

#### ❖ **Site Visit**

During the evaluation participants had a time to visit the site. Participants visited inside and outside of day care centre buildings which includes one classroom, one store and staff room and the pit latrine. Further more participants visited boundaries of the day care center. Site visiting was a good method because participants had time to dialogue and remind themselves on what went wrong on their part. After site visit open discussion was convened for participants to discuss and document the lessons.

#### ❖ **Interview**

The researcher also interviewed some of community members to learn more about the projects success. This was done immediately after ending evaluation meeting and it aimed at supplementing for some information collected.



The aim of interviewing them was to get their views about the project. All of them had a comment that the project has brought changes for the community members as they are thinking for improving the living conditions of most vulnerable children.

#### ✓ *Evaluation results*

This project has undergone a participatory evaluation; both internal and external stakeholders gave their views in regard to its performance. A *formative evaluation* was done in April 2006, and a *summative one* in mid January 2007. The evaluation of the project was based on three issues: i) the level of participation of the local community in the project activities - planning, decision-making, implementation, monitoring and evaluation; ii) the capacity of local community in sustaining the project activities; and iii) to explore major project achievements at community level.

The main objective of the project is to improve the service delivery to MVC. However, project goals and ultimate benefits are inherently for long-term.

Progresses implies plan, this means implementation of all activities as they were planned in a work schedule. All activities planned during eleven months of project implementation were met as scheduled (February to December 2006). Project implementation process was carried out as it was scheduled. Activities such as community sensitization, capacity building, fund raising and inventory support were done and made the project to meet its objectives. Project effectiveness was partly achieved since the project managed to build one classroom instead of two, one staffroom, and one store and pit latrine. The project has started to show significant impact through increased number of children enrolled as well as community material support to MVC has increased compared to the time before intensive sensitization and building permanent structures for the center.

### **5.3 Sustainability**

Sustainability of this project was observed in three aspects of Institutional, financial and political sustainability.

Institutional sustainability was promoted through involvement of the community from the planning stage to completion stage of the project so as to build the sense of ownership and control of the project. Enhancement of interpersonal relationship, ensuring equal representation in decision making and ensuring that the project is addressing the different roles, responsibilities and need of the CBO members and community at large.

On financial sustainability issues like monetary community contribution, on the agreed rate and period, user fees for the able parents and asking the District authority to contribute to the running expense of the day care center were used and emphasized. The day care centre project has already opened bank account in which all collections are deposited. The account is run by the Day care Center committee which was selected after completion of first phase of day care center development that is building of permanent structures. The committee members meet every month to check the income and expenditure of the center and give a report to Village government committee which is responsible for community sensitization to contribute to the project fund account. Also the CBO is in preparation of establishing a café (income generating activities) for the day care center that will help the CBO to cover some cost of the Center.

Politically the village government and CBO have enacted a by law which is used to enforce those who are economically capable but are not willing to contribute to the operation and maintenance of the project.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS.**

This study examined the support provided to Most Vulnerable children, aiming at improving their standard of living. The study was conducted at Kabalenzi village, Kanazi ward in Ngara district. The study employed a case study approach that provided a live example of using a day care center as a means of community participation and coordination of support provided to the MVC. The following paragraphs conclude the findings and suggest some recommendation for supporting MVC

#### **6.1 Summary**

From the research project findings and analysis, the followings conclusions can be made:-

- The problem of MVC within the community is alarming and very big. The root cause of this being orphanage caused by HIV/AIDS pandemic together with poverty level of the community. This problem should not just be looked at and left to exist forever taking into consideration its growing pace/rate.
- All development stakeholders including local government, central government, local and International NGOs as well as CBOs and community at large should come together to fight against the problems which are root causers of MVC in Ngara district and nationally at large. This will help children to achieve their full potential in physical, emotional, cognitive and psychosocial development.

- In spite of limited resources, KAYOA played a commendable job in relation to supporting MVC in Kabalenzi Village. The CBO identified MVC, mobilized the community to establish the day-care center in a temporary building and coordinated the community to contribute food and utensils for the center. Also the CBO members are voluntarily teaching the MVCs at the center. In addition KAYOA has introduced to the community the idea of building permanent structures for the center. The problems are the resources to do this. There is therefore a need to support the CBO in this noble cause.
- The establishment of a Day Care Center in each village is important to cater for the problems facing children and to make sure that no child is left out.

## **6.2 Conclusion**

To conclude it can be said that the project objective has been achieved. For example the permanent structure for the day care center has been completed though there is a shortage of one classroom compared to the law requirements. Also the project has been implemented within the located budget and timeframe. Actual variations between estimated cost and actual costs for of the project are within acceptable limits. Moreover it has been revealed that the community under study had interest in participating and supporting MVC but the problem was awareness of the community on the significance of the problem and their role on solving the problem. There is a need of increasing efforts, community mobilization and sensitization for participation in this noble duty.

## **6.3 Recommendations.**

### **6.3.1 Recommendation for Policy Makers.**

From the research findings, it has been revealed that a Day Care Center can provide a sustainable solution to MVC problems. The researcher comes out with the recommendation that day care centers should be established in every village of Ngara district and expanded national wide. This is due to the fact that MVC services can be centrally coordinated and many MVC can be reached. .

As well, it is recommended that people should be involved in every step of any community project. Community should participate from the stage of problem identification, planning, implementation, monitoring and evaluation. The process can be successful through empowering the extension workers in terms of equipping them with participatory methodology skills and knowledge, working tools such as transport facilities and establishment of community participatory monitoring and evaluation systems.

### **6.3.2 Recommendations for Further Research**

It is recommended that further research should be done to find out to what extent does the community poverty level contributes to the increased number of MVC in the community; this was not done by the researcher due to resource limitations.

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