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IDENTIFICATION OF ACADEMIC CHALLENGES FACING MOST VULNERABLE CHILDREN IN ZANZIBAR: THE CASE OF WEST DISTRICT

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

2015

CERTIFICATION

I, **Dr. Magreth S. Bushesha** certifies that I have read and hereby recommends for acceptance a dissertation titled **"*Identification of Academic Challenges Facing Most Vulnerable Children in Zanzibar: A case study of West District*"**, submitted in partial fulfillment of the requirements for the degree of Master of Arts in Social Work of the Open University of Tanzania.

Dr . Magreth S. Bushesha

(Signature)

Date

DECLARATION

I, **Hassan Juma Muhsin**, do hereby declare that the content of this dissertation are the result of my own study and findings, and to the best of my knowledge, this work has never been presented for a similar or any other degree award in any University.

_____

Signature

_____

Date

ACKNOWLEDGEMENT

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ABSTRACT

The main goal of this study was to identify educational challenges facing Most Vulnerable Children in Zanzibar, The study was guided by four research objectives; To explore, analyze and understand challenges affecting Most Vulnerable Children which influence low educational performance, to identify factors that influence poor performance among Most Vulnerable Children in Primary schools, to gain a deeper and comprehensive understanding of factors that obstructs MVC to access quality Education and to discover the relationship exist between Child living in difficult circumstances and low academic achievement. Different sources of literature review such as books, journals and theories and empirical literature studies were used. The study was conducted in West District of Zanzibar City covering 5 schools. The study utilized purposeful sampling to select 80 participants. Data were collected using in-depth interviews, questionnaire, group discussion and document analysis. Owing to the participants' vulnerability and the sensitive nature of this study, confidentiality was maintained at all levels. In relation to the objectives of this study, the research findings indicated that, Most Vulnerable Children face many challenges in their learning such as, stigma and discrimination, chronic illness, they can't afford school fees, trauma, hunger and their teachers have inadequate knowledge and skills to teach them. The study however demonstrated that support was critical in enhancing learning and social integration of Most Vulnerable Children. Also the study findings indicated that collaborative efforts are necessary to improve the learning situation of Most Vulnerable Children, therefore community, government and schools should direct their efforts and practices towards improving the Most Vulnerable Children right to education.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
DHS	Demographic and Health Survey
DSW	Department of Social Welfare
ECCE	Early Childhood Care and Education
EFA	Education for All
HIV	Human Immunodeficiency Virus
MKUZA	Mkakati wa Kukuza Uchumi na Kupunguza Umasikini Zanzibar
MoEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare
MVC	Most Vulnerable Children
NCPA	The National Coasted Plan of Action
NGOs	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV and AIDS
PSS	Statistical Package for the Social Sciences
PSS	Statistical Package for the Social Sciences
RGoZ	Revolutionary Government of Zanzibar
SNT	Social Network Theory
THMIS	Tanzania HIV /AIDS and Malaria Indicator Survey
USAID	United States Agency for International Development
UNICEF	United Nation International Children Emergency Fund

ZASO	Zanzibar Aids Association and Support of Orphans
ZDSEP	Zanzibar Demographic and Socio-Economic Profile
ZEDP	Zanzibar Education Development Plan
ZEP	Zanzibar Education Policy

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Problem

According to the World Bank (2005) an orphan is a child below the age of 18 years whose mother or father or both parents are dead. According to the Word Bank (2005), the term OVC refers to orphans and other groups of children who are more exposed to risks or who experience negative outcomes such as loss of their education, morbidity and malnutrition at higher rates than their peers. Though there has been a call to care for the orphans within their communities it is a reality that institutional care centers are essential and their numbers are increasing.

The population of Zanzibar is at 1.303,56 in 2012. The annual population growth rate stood at 2.8 percent in 2012. The total fertility rate is 5.1. Rapid population growth is associated with high dependency ratios, lower participation of women in the workforce, and increasing pressure on, the natural resource base(Tanzania Population and Housing Census 2012). Zanzibar has been facing the challenge of vulnerable children and has become an alarmingly common sight in cities around the world. Zanzibar began to see the problem of Orphans and Vulnerable children in difficult circumstances in the late 1980's.

MVC consist of children from very poor families, most of them are orphans, children living with sick parents, child who faces difficulty in accessing essential livelihood items, abandoned children, children born out of wedlock, and children with

disabilities. Currently there is no social protection framework exists to support MVC groups in Zanzibar society, despite the mainstreaming of social policy issues into MKUZA, Vision 2020 and other sectoral policies, social welfare services remain inadequate and limited, moreover, neither legislation nor MKUZA articulate social protection as an entitlement of citizens, and so do not guarantee a minimum level of well-being through social provisioning. (MKUZA 2010-2015).

A comparative study of 10 sub-Saharan countries, including Tanzania, found that orphans systematically have lower school participation than non-orphans (Case, Paxson, & Ableidinger, 2004), also assessment done by (SOS 2011) show that around (50 percent) of the Tanzanian population is under the age of 18, and a large proportion (approximately 3 million) is considered “most vulnerable”, either without parental care or at risk of losing it. Children’s wellbeing is threatened by severe poverty and the high prevalence of HIV/AIDS in the country, it is estimated that 1.3 million of Tanzania children under the age of 17 have been orphaned due to AIDS, the epidemic poses a threat to economic and social development and has exacerbated the vulnerability of children, their households, and communities, chronic poverty, social disintegration, and the HIV/AIDS pandemic have increased the vulnerability of Tanzania’s children, their basic need for care, support, and protection is not being met , in addition to that traditional safety nets provided by extended families and the community are also weak. . (Case, Paxson, & Ableidinger, 2004).

Zanzibar education system is characterized by the existence of several levels, these include primary level which is of 7 years duration, a secondary level which has two channels, one which is sub-divided into 1st cycle of 3 years and 2nd cycle of two years, and the other a full uninterrupted secondary cycle of 4 years, both these lead to a high school level of two years, this means that at the secondary level there are two parallel structures, namely the regular structure of 3-2-2 and that of biased secondary education of 4-2, the existing structure for primary and secondary education is then 7-3-2-2 and 7-4-2, the current system offers basic education of 10 years (7-3) to all students (ZEP 2006).

Access to education is one of the important basic human rights in all societies; the provision of education in Zanzibar has been one of the most critical issues of government social policy especially since after independence in 1964; however Most Vulnerable Children (MVC) including orphan and others have experienced various difficult circumstances which restrict them to attain quality education (ZEP 2006). The Basic Demographic and Socio-Economic Profile report of 2014, indicate that eighteen 18 percent of Zanzibar population had never been to school, they also show that there was a significant difference between the sexes with more females (19.8 percent) having never been to school compared with males (15.4 percent). The education of the world's children is high on the global agenda, in the context of education for all (EFA), all children should receive free and good quality education, but the reality is that millions of the world's children are orphan, vulnerable and poor to benefit from the declaration, unless there are special interventions that target

their development (Zanzibar EFA Assessment 2001 – 2014). In 1990, the World Declaration on Education for All, noted that the generally poor quality of education needed to be improved and recommended that education be made both universally available and more relevant, the declaration also identified quality as a pre-requisite for achieving the fundamental goal of equity. (Zanzibar EFA Assessment 2001 – 2014).

Zanzibar has been striving to achieve EFA since 2000, the Ministry of Education and Vocational Training developed a ten-year Zanzibar Education Master Plan (ZEMAP: 1996-2006), and later Zanzibar Education Development Plan (ZEDP: 2008/2009 – 2015/2016) which articulated issues and strategies of the EFA goals, following ZEDP a primary curriculum review was undertaken in 2009 and a new curriculum started to be implemented in 2010, making pre-primary education compulsory and part of basic education, establishment of Zanzibar Institute of Education for curriculum development and monitoring, establishment of Zanzibar Examination Board for conducting and supervising examinations and assessments, institute inclusive education and establish alternative learning programs for the dropouts and never enrolled children.

Despite widespread policies, plans, initiatives, strategies and talks on provision of quality education for all in Zanzibar, still the issue of attainment of quality education still remains a social service that is not accessed by all; Most Vulnerable Children are the group in the society which deprived this right. Quality education offers

learners the opportunity (meaning) to acquire knowledge and skills that are meaningful and relevant to life in an active participatory manner. In order to attain the state of provision quality education for all pupils especially MVC, the teaching and learning environment and conditions need to be made conducive, and certain care and support services need to be provided. (ZEDP: 2008/2009 – 2015/2016). The services include health maintenance for learners, safety and protection assurance, water and sanitation services, psychosocial care and support, food and nutrition and learner's involvement and participa tion in planning and decision making**.**

As a means of bridging the achievement gap between Most Vulnerable children and other students, this research seeks to better understand what can be done to help MVC to reach a higher level of academic achievement, also this research's will pave the way to answer the question, "What do teachers and MVC believe are the greatest educational barriers to them, and what should be done to help their students to succeed in higher academic achievement?". This question is intended to let this population have a stronger voice, in what they feel they need in order to align perceived needs and needs brought forth by research. In fact MVC are mostly invisible group in the society by the very nature of their situation, they are included among those that are classified as disadvantaged and poor, this means that there is a high tendency to focus on adult-related vulnerability while child problems are ignored, partly because children have little power and influence within a group that contains adults.

It is important for the government, communities, relief and development organizations, and civil society groups to support and educate the MVC, in educating children we can reduce poverty, improve gender equality, improve health and nutrition, reduce infant and child fatality, and lower the prevalence of HIV/AIDS transmission. The Government of Zanzibar identifies MVC as particularly disadvantaged in primary and secondary school access (MoHSW, 2008),

however there were few programs designed to deliver support to MVC, the limitations of that programs are that the support offered is neither regular nor takes a holistic view of the child's situation, the program is also reliant on external donor support that is framed within the emergency response to HIV and AIDS, not in wider context of protecting and advancing MVC and their well-being(RGoZ, 2009a). A situation analysis of MVC in Zanzibar carried out by the Department of Social Welfare estimated the number of vulnerable children to be 93,640 in 2008 (RGoZ, 2009a), the analysis further concluded that the response to MVC has been unsatisfactory with little improvement in the living circumstances of vulnerable children. The reasons identified included, lack of social protection interventions due to inadequate mainstreaming of MVC issues in government strategic plans and budgets, inadequate or no financial resources allocated to MVC responses at ministry, department and district level, inadequate human resources allocated to work on MVC issues and lack of capacity and training opportunities for existing staff.

1. 2 Statement of the Problem

A situation analysis of MVC in Zanzibar carried out by the Department of Social Welfare estimated the number of Most Vulnerable Children to be 93,640 in 2008 (RGoZ, 2009a). This means they live in low-income households, they have limited access to basic services and limited livelihood choices, they are forced into adopting negative coping strategies such as early marriage and child labour, and they lack adequate support structures in Zanzibar schools. MVC are seem to score significantly worse than other students, the gap in educational achievementamong Most Vulnerable and advantaged students is substantial. In addition to that ZASO report of (2012) indicated results that MVC attain low rates of education and face more obstacles to long-term success in life than the average children in Zanzibar.

Also the available data on child labor comes from the Integrated Labor Force Survey (ILFS) 2009 indicated that 9.2 percent of all Vulnerable Children aged between 5 and 17 years in Zanzibar were engaged in child labor, boys constituted 51.6 percents and girls 48.4 percent, the consequences of child labor was poor progress in school, also report shows that over 12 percent of MVC in Zanzibar dropped out of school temporarily and almost 1 percent were unable to attend school at all.

Child vulnerability is detrimental to academic achievements, there is an assumption that MVC are at increased risk of losing opportunities for school, since they suffer from starvation at home and school, have no proper uniforms and fail to meet payment deadlines, and these problems negatively affect their learning progress. Therefore this study was undertaken to address academic challenges, and basic

educational requirements for MVC learners in Zanzibar in order to improve their school attendance and performance.

1. 3 General Objective

The general objective of this study is to explore, analyze and understand challenges affecting Most Vulnerable Children which influence low educational performance.

1. 3.1 Specific Objectives

1. To identify factors that influence poor performance among Most Vulnerable Children in Primary schools.
2. To gain a deeper and comprehensive understanding of factors that obstructs MVC to access quality Education.
3. To discover the relationship exist between Child living in difficult circumstances and low academic achievement.

1. 4 Research Questions

Based on objectives above, the following research questions have been formulated to guide the study: -

1. In what ways do MVC experience challenges in their learning?
2. What are the factors that contribute to Most Vulnerable Children, low educational performance ?
3. How does situation of being vulnerable affect student's interactions and learning?
4. What are the obstacles do teachers faces when teaching classes with vulnerable children?

1. 5 Significance of the Study

The study results are expected to assist schools, policy makers, family, government, NGOs and all stakeholders to make evidence-based decisions, about how best to direct support and program activities and maximize positive outcomes for orphan and vulnerable children. Also the result of study expected to promote the effort of the concerned bodies such as policy makers, schools, and family, governmental and non-governmental organization to work together on orphans and vulnerable children, also to strengthen the existing programs which designed to provide care and support in order to increase the well-being of vulnerable children**.**

This study is also important for those involved in therapy and in counseling, to identify children who are at low level of psychological wellbeing, also the finding of this study will help to develop intervention necessary to improve educational well being for MVC, Furthermore this study will encourage the effort of government and education stakeholders to support and encourage MVC learning and wellbeing, in Zanzibar context efforts are being made to ensure orphan and vulnerable children have access to school. Furthermore the results from this study will be able to help social workers to better understand where their clients are in life, family and school social workers are likely to benefit the most from the results of this study, due to the clients they see and the fact that this study addresses the barriers to academic achievement for MVC specifically.

1.6 Limitation of the Study

This study involved a small sample due to lack of resources and inability to reach a larger population, this is a case study involved only MVC who went to school, other vulnerable children from a residential placement were excluded, it is therefore important to note that the study results may not be applicable to MVC in other areas, since their experiences may be different, therefore, there would be no generalizability, but rather the study had provided a snapshot of possible needs to be addressed and possible solution.

1.7 Organization of the Research

The research has been organized into five chapters, chapter one as introductory chapter, introduces the study by giving back ground information of MVC and introduce to research problems, objectives, research questions, significance, scope and limitation of the study.

Chapter two deal with the review of relevant literatures, it explores what has been written about MVC. Chapter three discusses the research methodology adopted for the study and relevant justifications, it outlines the methodology for carrying out the primary and secondary data collections and how results were analyzed. Chapter four is analysis of the findings and interpretation. Finally chapter five presents the conclusion and final recommendations drawn from research findings.

1.8 Chapter Summary

This chapter dealt with the introduction, background of the problem and formulation of the statement of the research problem. The study objectives, research questions, significance of the study, Scope (delimitation) and limitations of the study were discussed, and also organization of this research were discussed. The following chapter focuses on the literature review and the theoretical framework of the study.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

There is a substantial literature on the problems of MVC (e.g. Foster and Williamson, 2000; Guest, 2001; UNAIDS, Unicef and USAID, 2002; Unicef, 1999a), this literature includes the effects of orphan hood and HIV/AIDS on education and schooling, generally arguing that children in HIV/AIDS affected households are disproportionately likely to drop out of school temporarily or permanently for one or more of the following reasons: having to care for sick relatives, being stigmatized, bullied at school and having an increased domestic and productive work load to compensate for lost family labor. In a review of DHS data from 11 eastern and southern African countries, poverty in general appears to be a more important indicator of educational disadvantage than orphan hood in particular, although they appear to be interrelated.

(Ainsworth & Filmer, 2006; Campbell *et al*, 2010; Lloyd & Blanc, 1996). Kelly (2008) in his analysis proposes that a social welfare system be set in the school as well as a health facility to be able to meet MVC needs, the community and parents should be involved in the school planning and activities concerning basic services to children such as transport and health facilities (Kelly, 2008,). In addition to that Kelly (2008.) suggests that schools need to make special provision to enable those whose learning is interrupted due to illness or other circumstances to make up for lost time and to be able to find the lost opportunity.

2.2 Concept of Child Vulnerability

Is a state of reduced capacity to withstand social, economic, cultural, environmental and political threats both acute and chronic; the susceptibility of individuals, households, and communities to becoming poorer and poorer as a result of events or processes that occur around them, three aspects that cause children to become vulnerable are reduced capacity to cope with calamities, resilience weak points (e.g. education, health, welfare, safety, play and participation and inadequate care and services (Tanzania Institute of Social Work, 2010). According to Radeny and Bunkers (2009), a vulnerable child is a child who is less than 18 years of age and whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that prevent the fulfillment of his or her rights. Vulnerable children include children whose rights to care and protection are being violated or who are at risk of those rights being violated. Children who have been orphaned by AIDS and/ or affected by the HIV and AIDS pandemic, children living with sick parents, children living in highly affected communities and children living without adult care are also categorized under vulnerable children.

2.3 Vulnerable Children in Sub-Sahara

In sub-Saharan Africa, research has documented various vulnerabilities, such as inadequate access to quality education, poor health,and psychological problems. These vulnerabilities are associated with socio-demographic characteristics of OVC and their families (Bicego, Rutstein, & Johnson, 2003; Kikafunda & Namusoke, 2006; Oleke, Blystad, Moland, Rekdal, & Heggenhougen, 2006). In Zambia,

Zimbabwe, and Kenya, vulnerable children's failure to enroll in school, dropout, or not being at an appropriate age school grade level are primarily associated with poverty (Fotso, Holding, & Ezeh, 2009; Howard *et al*., 2006; Robson & Kanyanta, 2007a), school policies are one reason for these relationships, for instance, Zambia provides free basic education (Grades 1-7), but vulnerable children have difficulties affording the cost of school uniforms and books due to impoverishment (Robson & Kanyanta, 2007a). Kikafunda and Namusoke's (2006) study on the nutritional status of AIDS-affected children in Uganda revealed that because of poverty, orphaned children are significantly more underweight than non-orphaned children. Cluver, Gardner, and Operario (2007) found that orphans due to AIDS in urban township areas of Cape Town, South Africa, are more likely to experience psychological problems, such as depression, post-traumatic stress, delinquency, and conduct behavior, than non-orphaned children or children orphaned by other causes, the study also reveals a gender dimension of vulnerability, female orphans are at a higher risk of depression and anxiety, whereas male orphans are at a higher risk of delinquency and conduct problems.

In Uganda, Oleke and colleagues (2006) reported that orphans had varying degrees of psychological vulnerability as determined by age, sex, type of orphanage, economic conditions, and caregivers' relationship with the orphans, for instance, paternal orphans living with their biological mothers experienced more trust, love, and good care than maternal orphans living with their fathers who frequently remarried, although the researchers underscored the economic vulnerability of paternal orphans

after losing a bread earner, maternal orphans living with their fathers also can experience deprivation because stepmothers tend to favor their own children and neglect their stepchildren. Grandparents provided compassionate and less discriminative care, but they were least capable of providing for the orphans' material needs.

In collaboration with international agencies, Tanzania has been actively involved in addressing the growing needs of children orphaned and made vulnerable by the AIDS/HIV epidemic (UNICEF, 2006). The 2012 National Costed Plan of Action II (NCPA II) for the MVC is Tanzania's second updated plan as part of the global effort to support Africa's orphaned and vulnerable children (United Republic of Tanzania, 2012). Tanzania's NCPA prefers the MVC classification rather than the OVC classification, because the MVC concept recognizes that not all orphans are "most vulnerable," and even children living with a parent can be "Most vulnerable." Based on this rationale and its usage in Tanzania, the remainder of this article uses the MVC term.Tanzania's NCPA characterizes MVC as children who are orphaned, have disabilities, reside in child or elderly headed families and live with caregivers who are elderly, have disabilities or are chronically sick, or at risk of, or suffering from violence, abuse and/or neglect (United Republic of Tanzania, 2012), the number of MVC in Tanzania was estimated to be 930,000, equivalent to 5percent of the child population (United Republic of Tanzania, 2008).

This large number of MVC is attributed to the impact of HIV/AIDS, high levels of poverty, and disintegration of the traditional family care system (Tanzania

Commission for AIDS [TCAIDS] *et al*., 2008), for instance, the latter report indicates that 2.2 million people have HIV, which is equivalent to 5.8 percent of the country's population, about 10percent of children less than 18 years have lost a mother, father, or both parents due to AIDS (Research and Analysis Working Group, 2005). In addition, 40 percent of the child population is estimated to live below the national poverty line (United Republic of Tanzania, 2008).

MVC in Tanzania face similar problems and challenges as those previously described in other sub-Saharan African countries. The AIDS epidemic has increased the magnitude and number of problems experienced by MVC to levels that the traditional extended family safety net can no longer address (Freeman & Nkomo, 2006).

As a result, poverty and inadequate access to education among MVC have been documented, for instance, according to Bicego *et al*. (2003), single or double orphanage is associated with a higher risk of not being in an appropriate school grade level. Baaroy and Webb (2008) also report that 7- to 9-year-old maternal orphans in Tanzania have a higher risk of not attending school compared with their paternal counterparts, because they remain at home to nurse sick parents. MVC in Tanzania are also at risk of suffering psychological problems (Cluver *et al*., 2007; Makame, Ani, & McGregor, 2002), in a group controlled study of AIDS orphans living in the poor suburbs of Dar es Salaam, Makame and others (2002) found higher levels of internalized problems (e.g., depression, pessimism, sense of failure, anxiety) among AIDS orphans compared with non-orphans, findings also indicated that female

orphans were more likely to experience these internalized problems. A qualitative study (Whitehouse, 2002) disclosed that the main perceived needs (by study participants) of orphans and other vulnerable children include assistance to attend school (e.g., fees, uniforms, books), food, clothes, medicine, love and understanding from guardians, and advice and counseling (e.g., for loss of parents).

The TCAIDS *et al*. (2008) survey reported that MVC's households (N = 3,416) receive a variety of services, such as basic medical, emotional, social/material, and school-related assistance. However, the percentage of these households receiving such assistance is low. For instance, only 7percent of MVC receive at least one type of support; close to 4percent receive school-related assistance; 2.2percent receive social/material support (e.g., legal services, clothing, food); 2percent receive medical support; and 0.7percent receive emotional support (e.g., counseling). In Tanzania, external support services are typically provided to caretakers and/or families of MVC by community-based organizations and non-governmental organizations (Whitehouse, 2002). (Nyangara & Lema, 2009) on three community-based programs supporting MVC summarized the services received by the MVC, that is, psychosocial support, health education, home-based care for the sick, and direct material support.

2.4 MVC Access to School

Education is a basic human right for all children, as recognized in the Convention on the Rights of the Child (Committee on the Rights of the Child 1989), a child who has access to quality primary schooling has a better chance in life, a child who knows

how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life, education is also critically important to children's social integration and psychosocial well-being, school attendance helps children affected by trauma to regain a sense of normalcy and to recover from the psychosocial impacts of their experiences and disrupted lives, as well as benefiting individuals, education benefits whole nations as a major instrument for social and economic development. Particularly at the basic level (primary and lower secondary), it is a major contributor to the reduction of poverty. Education increases labour productivity, improves health, and enables people to participate fully in the economy and the development of their societies. In the world today, children and societies who lack access to quality education are disadvantaged in terms of income, health and opportunity.

For orphans and vulnerable children in particular, the issues raised above underscore the importance of education in the lives of orphans and vulnerable children and point to the opportunities it can provide. In the area of vocational training for orphans and vulnerable children, this has been found to be particularly effective in certain contexts (World Bank *et al.* forthcoming). According to DFID (2002) the cost of education, both monetary and non monetary, continues to be a burden on households and a barrier to education. They argue that the barriers of uniforms as well as indirect costs in accessing education makes households opt not to send their children to school, and they state that "orphans are the most unlikely to be schooled" (DFID, 2002, p.7). It has been analyzed further that orphaned children find it hard to attend school due to the extra costs of school uniforms, books and stationery, and because they are often

left responsible for earning money or caring for younger siblings in some instances (Oxfam, no date). They further acknowledge that cost plays a major role in the access of education but the social setup of households also contributes to children accessing education, as most of the households are low income households (Assessment of situation, coping, mechanisms and constraints, 2005).

According to DFID (2002, p.7) most orphans don't attend school due to the issue of illness in the family and them ending up taking the parental role, especially in the cases of older children in the household. This means that they start supporting the family in taking up the social economic role. It has been reviewed that due to the large scale impact of HIV and AIDS and low income families, most people cannot care for orphans, in return, HIV and AIDS has created destitute children in urban areas.

2.5 Stigma and Its Impact on MVC

In reviewing the working paper of UNICEF and USAID (2008, p.58) they quote Loundon *et al* (2007) in their findings based in India in that stigma was one of the major reasons children were dropping out from school. Also during the focus group discussions it was revealed that ostracism and humiliation by fellow peers contributed to the dropping out of schools. Through the same research it was discovered that stigma and discrimination by teachers was a major education barrier (UNICEF and USAID, 2008, p.59).

According to the International Human Rights report (2004, p.4) children affected by HIV/AIDS may be denied access to school or mistreated by teachers because of the stigma associated with HIV/AIDS. Furthermore the WFP report (2007) reviews conducted in different countries discovered evidence of discrimination of OVC affected by HIV and AIDS in relation to care, protection and access to food World Food Program describes discrimination in various forms as public ostracism by the community, taking in of OVC for exploitative purposes in terms of child labor and intra-household discrimination. The report further explains that there is some overlap in how each of these forms plays out and all were seen to have serious implications for programming in terms of the food distribution (WFP, 2007, p.10).

According to Human Rights Watch (2004) children experience discrimination in access to education based on their race, ethnicity, religion or other status. Human Rights Watch investigations in countries that include Colombia, Guinea, India, Israel, Mexico, Spain, South Africa, and Sri Lanka found that migrant children, children from rural areas, ethnic or religious minorities, internally displaced and refugee children and indigenous children. Nyblade *et al*. (2003) study in Ethiopia found that internalized stigma for People Living with HIV and AIDS (PLWHA) was often characterized by guilt and shame, resulting in the abandonment of one's aspirations and goals. "The loss of hope, combined with fear and anger sometimes resulted in suicidal thoughts and attempts." (p. 8). In addition, Anderson *et al*. (2004) study on stigma and discrimination of HIV-positive Caribbean people in the UK indicated that feelings emanating from internal stigma were characterized by depression and

alcoholism. In a study conducted in Nairobi schools in Kenya, infected orphaned children appeared depressed, did not mix freely with other children and exhibited learning difficulties in class. Teachers reported that the cause of the depression hinged on being an orphan as well as the physical and verbal abuse they experienced from peers (Ruto *et al*. 2009, pp. 137-138).

2.6 Factors Responsible for MVC's Conditions

In an attempt of explaining the major causes of orphan hood and children's vulnerability in the study in West District of Zanzibar, a number of social, economic, political factors are considered responsible for the orphan hood and vulnerability of the children. Oguonu (2005) sees poverty as a major hindrance to sustainable development which led to the increase in the number of orphans and vulnerable children as well as their deteriorating conditions. Garba (2007) blames colonization for disrupting the comprehensive traditional social welfare provisions for children, the elderly, the poor, the sick and the needy.

Colonization brought about disruption in the family structure and significant alterations were made in all the social, economic, political, educational systems, thereby making life very difficult. Disruption of traditional values and the idea of communal living and spirit of brotherhood was replaced with money-economy and excessive individualism. Mivanyi (2006) argues that in families, "individualism, in all facets of family life, is strengthening among family members." Birmingham (2007) buttresses this position, identifying some of the negative conditions brought by the process of colonization to include hunger, arbitrary government, foreign

exploitation, neglect of indigenous cultural heritage, and also, urban bias, introduction of foreign alien values that contradict the rich traditional ones, ecological neglect, and many more which have later brought about an alien inadequate formal social welfare policy.

Another factor responsible for children's vulnerability linked to urbanization is high rate of divorce, leading to single-parenthood, especially female headed households. The culture of female headed households is viewed as alien in a patriarchal society, thereby creating some problems including urban-bias and increase in the deteriorating conditions of children. Similarly, Coles (2007) identified some factors that jeopardize the efforts of maternal resources in providing subsistence needs and socialization of the younger ones.

These include kin dispersal, ecological pressures, environmental stress, economic disasters, growing burdens of labor-intensive work, increasing number of women depending on their children for current survival and future security. Most of the above mentioned factors are linked to colonization. Yet, Derefaka (2004) believes that we should not overburden colonization, instead, we should consider globalization as the major cause of Africa's contemporary problems including those associated with MVC. He argues that if a democratic culture is firmly established in a country, then the country would have become a significant player in the process of globalization. But Norman (2002) argues that there will be no successful children developmental programs without recognizing and addressing the critical role that poverty plays in the poor development of the children from the grass roots level.

Similarly, Oguonu (2005) sees poverty as a major hindrance to sustainable development in a global setup.

He believes that the increase of the poverty level within nations led to the increase in the number of orphans and vulnerable children as well as their deteriorating conditions. Lanchman *et al*. (2002) identify the challenges facing children in the 21st century as immense, and as impediments to achieving the goal of universal child protection. They went further to identify three specific constraints on child protection within the global context, as poverty, HIV/AIDS infection, and war. They emphasized poverty, which can be both financial and psychological, and can have serious negative effects in the continent, leading to many children becoming orphans and therefore vulnerable.

Gordon (2006) presents interesting yet very critical points to the discourse. He views the combination of patriarchy and capitalism to be the major causes of most problems associated with women, children and underdevelopment in Africa. He asserts that women typically face more disadvantages and exploitation than men. They must cope not only with poverty and underdevelopment, they are also limited by patriarchal attitudes and practices, some predating capitalism, others established during the colonial period. These patriarchal attitudes and practices, which privilege men, continue to saturate African societies from the level of the family up to the state. Added to this are forms of patriarchy from Western capitalist nations that dominate the global economy. The above indicates not only that patriarchy is a cause of children's vulnerability but that it must be understood within the context of Africa's

peripheral and dependent position within the global capitalist economy. It also indicates that patriarchy is entrenched in the family, state, and global systems with tremendous impact on women.

2.7 Theoretical Framework

A theory according to Sullivan (2006) is a set of statements that explains the relationship between phenomena, he further asserts that the key role of theories is to tell us why something occurred, and they help us organize the data from research into a meaningful whole. Williams and McShane (1999) strengthened the above point as they assert that theory is part of everyday life and the most important thing about theories is that wended them to live, this research employs the Social Di organization Theory (SDT) and the Social Network Theory (SNT) to explain societal responses to the state of MVC. The SNT describes the role and impact of the societal response specifically the efforts of NGOs in addressing MVC's conditions.

2.7.1 Social Disorganization Theory (SDT)

Social Disorganization Theory refers to the breakdown of the social institutions in a community. Families would be disrupted, adult-run activities for youths would be sparse and religious or worship places would be poorly attended. When such an extensive breakdown occurs, adults would be unable to control youths or stop competing forms of delinquent and criminal organizations from emerging such as gangs and vice activities. Unrestrained, youths roam the streets, sit on bridges where they come into contact with older juveniles who diffuse to them criminal values and skills. From the above characteristics, it can be perceived that if not properly

integrated into society, MVC could be found roaming the streets or found sitting on bridges since they will be having nothing to do creating features of social disorganization.

The Social Disorganization Theory is an important theory developed by the Chicago School. Although, there are different forms of the theory, this study utilizes the general characteristics of social disorganization to describe what led to the conditions of MVC in West District Metropolitan Province. Sutherland (2008) adopted the concept of social disorganization to explain the increases in crime that accompanied the transformation of preliterate and peasant societies where influences surrounding a person were steady, uniform, harmonious and consistent to modern Western civilization which he believed was characterized by inconsistency, conflict and un-organization. The mobility, economic competition and an individualistic ideology that accompanied capitalist and industrial development had been responsible for the disintegration of the large family and homogeneous neighborhoods as agents of social control.

The failure of extended kin groups expanded the realm of relationships no longer controlled by the community and undermined governmental controls leading to persistent "systematic" crime and delinquency. Such disorganization causes and reinforces the cultural traditions and cultural conflicts that support antisocial activity. Sampson (2006) concluded that if the society is organized with reference to the values expressed in the law, crime is eliminated, if it is not organized, crime persists and develops. In line with the above, and with relevance to this research, Sampson

(2006) present not only what causes social disorganization in cities according to ecology, but also alternative to deal with the problem. Sampson (2006) invented the notion of collective efficacy. They hypothesized that when people in a neighborhood trusted and supported one another, they had a basis for binding together to control disorderly and criminal behavior. Collective efficacy implied that when disruptive conduct arose, the people in these neighborhoods had the cohesiveness to act in an effective way to solve the problem. Collective efficacy is thus a resource that is activated in crucial situation.

In this regard, I decided to have a look at the Social Disorganization Theory (SDT) as a model to this study; Social Disorganization theory clearly shows that, inability of community members to achieve shared values or to solve jointly experienced problems as the result of disorganization in the society (Bursik, 1988). Social disorganization theories assume that, strong networks of social relationships are the most important tools for solving community problems; this means that a substantial portion of population organized their efforts has the potential to solve challenges facing MVC in the community, the larger the network of acquaintances lead the greater community's capacity for solving their problems. The theory suggests that, formation of community networks and supportive organization is the most effective and appropriate support system to solve the problems related to MVC.

In addition to that, what can be borrowed from this theory is that communities in West District can organize their effort so as to work together and act in an effective way to solve the problems of MVC in the area. From the foregoing explanation, we

can understand that the responsibility or 'burden' of ensuring that Most Vulnerable Children grow up under proper care and support is not a sole responsibility of the government alone, but also of their relatives and the general public, in other words, the society has a vital role to play in improving the conditions of the MVC.

2.7.2 Social Network Theory

According to Castells (2002), a social network is a social structure made of individuals or organizations called nodes, which are tied or connected by one or more specific types of interdependence, such as common interest as in NGOs, friendship, kinship, financial exchange, dislike, or relationships of beliefs, knowledge or even prestige. He further postulates that social meaning arises primarily from challenges posed by certain kinds of social structures, notably those that generate social conflict, social inequality and the destruction of social solidarity. And if there is one unitary kind of social structure then there is a unitary basis for resolving the challenges and problems associated with it. Applying this theory to the research therefore, this study consider the various factors that drift the MVC into their conditions as the challenges that are posed by the social structure especially the erosion in family values of social cohesion and failure of the extended family to provide protection to children.

For the purpose of this study, Associational tie will be utilized to describe how the community through NGOs identify and solve the problems of MVC. Feld (2007) asserts that Social networks can be built in various organizational contexts, including voluntary associations, workplace, neighborhood, and schools. By maintaining social network, the NGOs find some innovative ways to create the future. At that moment, it

can be recognized with gratitude, value, and admire highly the roles of the associations in impacting the lives of orphans and vulnerable children in the study area. With that the study can increase in the value by not only knowing the positive sides of the great works of the NGOs, but also knowing the negative to increase in value of what they do particularly the gaps in challenges in integration of MVC from the institution into mainstream society when these MVC reach adulthood.

It is worthy to note that appreciative inquiry has implications for methodology; it is hereby employed to appreciate the value for NGOs' performance in impacting the lives of MVC. In other words, the use of appreciative inquiry is limited only to show its significance vis-à-vis the social network theory to the study. In addition, the research inquires not only about the positive but also the negative aspects like problems or challenges in integrating MVC into society from institutionalized homes and also challenges facing NGOs in discharging their duties.

2.7.3 Conceptual Ideas, and Philosophical Positions on the Care of MVC

There have been heated debates as to who is responsible for the needs of children, especially orphans and vulnerable children, Fraser (1986) presents two philosophical stands on the subject matter, first, Aristotle theorized that children lacked the intellectual and emotional capacity for self government, this intellectual emotional capacity could be developed, but that must be fostered through a wise and mature adult whom the child respects: father, mother, or both. Plato, although he agreed, noted that the raising of young children was a fundamental concern of the public and of society as a whole, from these two philosophical positions we can understand that

the responsibility of child fostering begins with the parents and subsequently with members of the community or any agency charged with the responsibility.

Similarly, Nisbet (2002) contends that a community progresses when it has a fusion of feeling and thought, of tradition and commitment, of membership and volition, it may be found in, or be given symbolic expression by locality, religion, nation, race, occupation, or crusade. In addition to that another philosophical explanation is relating it to Islamic view point, Since the Zanzibar people are predominantly Muslims, and this part explores some Islamic values or conception of fostering.

Badamasiyu (2009) highlights some ofthe Islamic provisions of the rights of treating the children with equity and benevolence, it is the right of the children that they be loved, cared for and treated equal regardless of sex, she asserts that Islamic law is sensitive to and conscious of the child's dependency on the parents; the parents' role in performing its personality and far-reaching effects of socialization, more so, in the operation of parents and child relationship under the Islamic law, it is quite clear that from infancy to adulthood, it is the unparalleled tender, love and care of parents that brings the child from the state of absolute weakness and helplessness to perfect strength and independence, in many verses of the Qur'an, it is indicated that children are a trust and sole responsibility of their parents, but in the absence of the parents-when orphaned, the relatives or community take over, both relations and the communities are expected to embark on showing care and concern through providing services that will cater for the needs of the orphans, the weak, the aged, the widows, and all those that require assistance. The above explanation clearly shows that Islam

encourages fostering and taking good care of the marginalized members of the society like MVC.

2. 8 Policy Review

The Government of Zanzibar identifies MVC as particularly disadvantaged in primary and secondary school access (MoHSW, 2008), the Government had also devoted much effort to provide social assistance programs that constitute services such as primary health; primary education, water, food security and social welfare services to vulnerable groups such as people with disabilities, the elderly and children in difficult circumstance. Among the poverty alleviation strategies of Zanzibar government is to ensure all (boys and girls) children including those with disabilities, orphan and other most vulnerable are able to effectively access and complete high quality primary education (MKUZA II).

Also among the international conventions adopted by government is the expansion and provision of ECCE especially for the most vulnerable and disadvantaged children (Dakar Framework for Action of EFA, 2000). The National Costed Plan of Action (NCPAII) for Most Vulnerable Children (MVC) is aimed at guiding the implementation of actions and policies in the next five years (2013-2017) that aim to enhance the wellbeing of MVC through preventing and reducing the incidences of risks and the impacts of shocks and protect their rights. MKUZA I also explained that the government sought to expand welfare support to the most vulnerable groups and to exploit opportunities of Zakat, Infaaq and Waqf in caring for the needy and the

destitute, the strategy also involved the strengthening of families and communities to effectively support the most vulnerable and to encourage insurance schemes.

Zanzibar has a very favorable legislative environment to support Most Vulnerable Children. Since after independence in 1964 Zanzibar was one of signatories to the United Nations Convention on the Rights of the Child, a number of laws and sector specific policies have been developed to protect and enhance the development of children, these laws and policies include Constitution of the Zanzibar (1964) which stipulated that all children have the right to education, Primary education is compulsory and the State provided reasonable facilities to render effective this right for every resident within Zanzibar, by establishing and maintaining State schools at which primary education was provided free of charge. Children shall not be allowed to leave school until they have completed their basic education.

United Nations Convention on the Rights of the Child (1989), The United Nations Convention on the Rights of the Child was ratified by Zanzibar. Article 12 of the Convention affirms the right of a child to participate in "all matters affecting the child". The encouragement of parental participation is also promoted (Articles 5 and 42). Also African Charter on the Rights and Welfare of the Child (Organisation of Africa Unity Doc. CAB/LEG/ 24.9149, 1990). In Article 11, No. 5 of the Charter it is stated that: "State parties to the present Charter shall take all appropriate measures to ensure that a child who is subjected to school and parental discipline shall be treated with humanity and with respect for the inherent dignity of the child in conformity with the present Charter".

In addition to that Zanzibar HIV and AIDS Policy (2002 specifically prohibits all discrimination against children orphaned by AIDS. It states that such children are entitled to love, support and care and a nurturing environment that would enable them to realize their full potential, and that they should be cared for and supported within their communities. The Policy further requires that information on services, grants and benefits for AIDS orphans should be made freely available. Also Vision 2020 of Zanzibar includes an objective to "provide opportunities to disadvantaged children, including orphans, which will prepare them for and make them live, meaningful and happy lives. This study will offer results exploring various challenges facing MVC children that obstacle their educational achievement, the result of this study can be used in policy with reasonable level of confidence, further more the result of this study will provide framework to Department of Social Welfare (DSW) and other stakeholders to the provision of social welfare and protection services to the Most Vulnerable Children.

2. 9 Indicators to Identify MVC

MoHSW created a general classification of MVC in the National Costed Plan of Action (NCPA) 2011, for Most Vulnerable Children that includes any child under the age of 18 living in child headed households , those children living in elderly-headed households with no adult from 20–59 years-old present, those children with one or both parents deceased , those children with disabilities, those in rural areas with one surviving parent living in a house with poor quality roofing (grass and/or mud) and those children with a disability living in similar poor conditions, those in urban areas: children with one surviving parent living in a house with poor quality roofing (grass

and/or mud) or with poor wall materials or without toilet facilities; and those children with a disability living in similar poor conditions (MoHSW, 2008).

2.10 The Knowledge Gap

Most of the reviewed literatures for this study have much focused on assessing challenges facing MVC for Asia and West African countries, few of them have focused on Tanzania mainland.

The existing gap is that, currently there is no availability of information concerning educational challenges facing by MVC learners within Zanzibar context, their numbers, locations and the kind of challenges they face are not known, this is probably there is no such kind assessment done aimed at assessing academic challenges facing MVC who attend school. In the social work point of view, if this gap takes so longer to be filled in, the negative consequences will continue to be experienced by MVC, such as poor performance, school dropout, and increased number of stressors which impacting their learning. This study will however, unleash the greatest impact in filling the most fundamental existing gap and also the study aimed to provide the building blocks useful to make evidence-based decisions in MVCs integration processes.

2. 11 Chapter Summary

The chapter looked at the concepts of vulnerability, vulnerable children in Sub-Sahara, factors responsible for MVC condition, the chapter further discussed why

MVC have low school performance and dropping out from school. Also the chapter discussed the conceptual Ideas, and philosophical positions on the Care of MVC factors affecting the MVC, lastly the chapter discussed Indicators to Identify MVC and the knowledge gap.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

According to Magada and Magada (2013), research methodology refers to the process of following the steps, procedures and strategies for gathering and analyzing the data in a research investigation. These methods describe in detail how the study was conducted. According to Burns and Grove (1998:581), methodology includes the design, population, sample, methodological limitations and the data-collection and analysis techniques in a study. This is the know-how of the scientific methods and techniques employed to obtain valid knowledge. This chapter describes the research methodology to be employed in this study. Essentially, it focuses on study design, research approach, study area, population, and sampling procedures. This chapter further deals with data collection techniques, analysis and gives short account of validity of the instruments

3.2 Description of the Research Area

The research area selected was West district which seemed to have many orphans and vulnerable children, some of them attending schools while others are not, the report of Zanzibar Basic Demographic and Socio-Economic Profile 2014 indicates that incidences of orphan hood were very high at West District of about (11.3 percent) of all children below 18 years old. In addition to that study area had been chosen because, the area has dense population compare to other Zanzibar districts, it has population about 370,645(Census 2012), also the area has about 45 public a schools,

the number of school going children higher compared to other districts of Zanzibar. Also Education For All (EFA) Assessment report of Zanzibar 2013 showed that West district has highest pupils per classroom ratio, it shows the ranging from 97 in 2008 to 138 in 2009 in all years for basic education level in government schools. In addition to that this research is going to be conducted at this area because to reduce the cost of transportation, the selected area is very familiar to researcher whereby he had worked there for long time in various schools as a teacher so gain much experience about the problem.

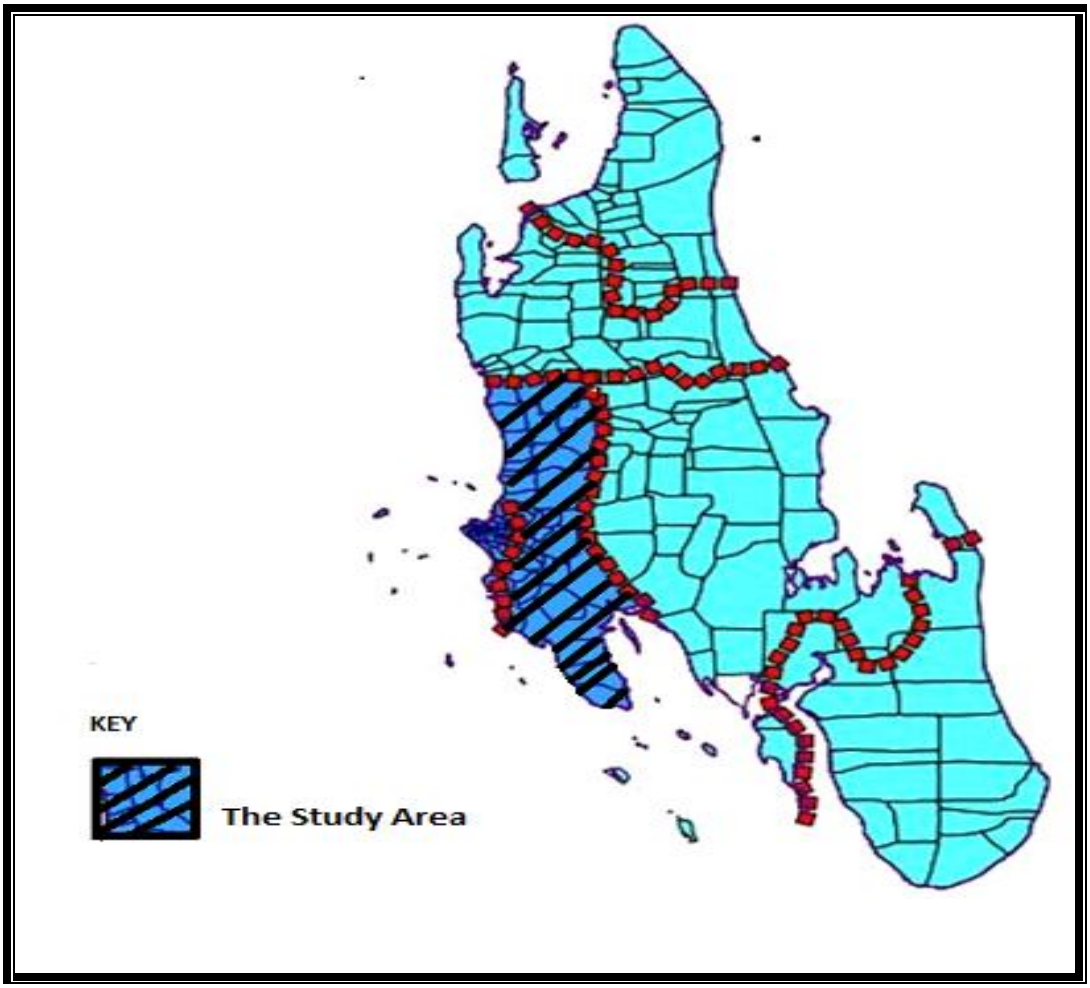

Figure 3.1 : Map of Zanzibar Showing the Study Area

Source: http://www.smole.or.tz

3.3 Research Design

Research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurements, and analysis of data (Kothari, 2004). This research used both qualitative and quantitative approaches. Quantitative design endeavors to control bias so that facts and phenomena had been understood in an objective way, this is a systematic empirical investigation of quantitative properties phenomena, and their relationship with the aim of developing and employing mathematical models. Also qualitative research design attempted to understand the viewpoint of participants by looking at firsthand experience to provide meaningful data, the research used structured , and semi structured interviews, focus group discussions, and documents analysis to gain insights into the issues related to behavior of, attitudes, opinions, beliefs, knowledge and values regarding MVC, these sources of research data not only provide descriptive data essential in qualitative research studies, but also made it possible to triangulate data for purposes of data analysis and reporting the findings of the study.

3. 4 Focus Population

A research population is the group upon which the researcher is interested in making inferences (Donald and Pamela, 2003). The study results are generalized on this group (the population). The population for this study was divided into two groups, firstly all students from five selected schools within West District living with difficult circumstances, on the other hand teacher who teach MVC were also involved.

3. 5 Sample Population

A sample is a sub-unit of the population that allows the researcher to produce accurate generalizations about the population (De Vos, 1998), in this study, the sampling procedures had been used were stratified sampling and purposive sampling. I had recruited research participants using the method of purposeful sampling; this method allowed me to select specific individuals whom I believed would offer information and insights that were central to the research objectives (Cohen et al*.,* 2007).

As Ball, 1990, cited in Cohen *et al*, 2007) further stated, "purposeful sampling is used in order to access 'knowledgeable people' i.e., those who have in-depth knowledge about particular issues, maybe by virtue of their professional role, power, access to networks, expertise or experience" (p. 115). In addition, the method is useful in selecting unique participants "that are especially informative" from "a difficult-to-reach, specialized population" (Neuman, 1997, p. 206). In their study, Marc *et al* (2005) highlighted that purposeful sampling is a useful method to investigate the specific experiences of MVC. By using the principles of purposeful sampling, I selected a total of 80 participants; this group included 60 students who believed to be vulnerable from five selected schools, twelve from each school and 20 classroom teachers, five teachers from each school. The criteria for selecting teacher participants was based on their role as classroom teachers, teaching at selected school for at least two years, possession of relevant knowledge about the subject matter and in particular issues pertaining to MVC and

related issues that would enrich the study, and their willingness to participate in the study.

3. 6 Data Collection Techniques

The study had been used both primary and secondary source of data collection, primary collection tools included questionnaire, interview and focused group discussion while the secondary data was collected from documentary sources. Questionnaire and focus group discussion had been used to collect data from the MVC learners, while face to face interview and focus group discussion had been used to collect information from teachers, focus group discussion has high face validity due to the reality and real life data that are provided and its flexibility allows the researcher to explore unanticipated issues (Polit & Hungler, 1999).

3. 6.1 Interview

According to Burns (2000) and Creswell (2005) interviewing is as popular as observation in qualitative research, interviews yield a great deal of useful information and are good ways of accessing people‘s perceptions, meanings, definitions of situations, and constructions of reality (Creswell, 1998; Wellington, 2000; Leedy and Ormrod, 2001), in this study, interviews had been used in order to investigate the experiences, perceptions and educational needs of MVC in Zanzibar, also interview will provide valuable information concerning various challenges behind teaching of orphans and vulnerable children and how teachers can be helped to better cope with the challenges that result from having Most vulnerable children in their classrooms.

A richness and depth of data can be achieved from interview techniques that you may not get through other techniques (Kane *et al* 2001). Interviews were conducted with programme implementers in offering education support (Community school, Ministry of Education), the semi structured interview used as Sarantakos (2005) pointed out, is more flexible and adaptable and therefore the most suitable for my approach. The real issues may not be answered honestly or bias towards protecting their own school interests or that of the organization would influence responses. I had chosen this method since interviews provided the opportunity to gather data through direct oral interaction with the participants especially for teacher of MVC and their head teacher. I used open ended interviews because they allow the participants great flexibility when addressing and answering questions and encourage them to express themselves in their own way (Verma & Mallick, 1999, p. 123). In their study with children, Freeman and Mathison (2009) observed that structured interviews "give freedom to interview participants to answer in their own way, using their own terms, and making their own connections to the interview topic.

3. 6.2 Questionnaire

A questionnaire is a form prepared and distributed to secure responses to certain questions; it is a device for securing answers to questions by using a form which the respondent fills by himself. In this study questionnaire were used to collect primary data from MVC students selected, after the questionnaires follow-up discussion had been conducted to explore issues that were not clear from the questionnaires, and to probe trends or tendencies that emerged from the questionnaires in order to enhance understanding of the phenomenon to be researched. 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 respondents.

3. 6.3 Focus Group Discussion

Focus groups discussions were used to examine academic challenges facing Most Vulnerable Children, a total of ten discussions were conducted with students and their teachers to explore their opinions, the researcher found that this method encouraged the interaction between the participants, and also the method provided insight into the attitudes, reactions, perceptions and opinions of the participants concerning the topic discussed, the discussion guides containing salient issues of the topic discussed was developed and used to guide discussions.

3. 6.4 Document Analysis

Documents analysis had been used to collect information available in various documents that are related to the selected topic in the study, and that was assessing academic challenges facing vulnerable children, this helped to gain valuable information, insights and identify potential trends and explain how things got to be the way they are (Fraenkel & Wallen 2001**).** Because documentary data can provide a basis for an investigation in the context of the problem being studied, they are particularly useful sources of information for qualitative case studies (Merriam, 1988, p.109). “Documents are easily accessible, free, and contain information that would take an investigator enormous time and effort to gather on his or her own” (p. 108).

Specific advantages of using document analysis include the absence of participants, and compared to other methods of data collection such as interviews and observation, the researcher "does not alter what is being studied by his or her presence" (Merriam, 1988, 108). Documents can also be checked several times to ensure the authenticity of the information (Robson, 2002). The documents selected for this study were relevant to the topic and provided meaningful insights. i reviewed a range of documentary sources, which included the Most Vulnerable Children in Tanzania, Education For All Assessment 2001 - 2013 Zanzibar, books containing MVC topics, newspaper articles and literature from related the topic. These documents provided both historical and local perspectives of education and Children Vulnerability. I also visited websites on the internet to access the current information on Most Vulnerable children, in order to determine the performance of MVC**.**

3. 7 Data Analysis

Data analysis refers to the categorizing, ordering, manipulation and summarizing of data to obtain answers to research questions, the purpose of the analysis is to reduce data to a legible and interpretable form so that the relationships of the research problems could be studied and conclusions could be drawn, interpretation refers to the assignment of significance or coherent meaning to the data, data are interpreted by giving them meaning, translating them or making them understandable (De Vos, 1998). Glesne and Peshkin (1992) claim that data analysis is the process of organizing and storing data, it is an interactive process that starts with initial interviews, observations and reading documents (p.127), it additionally allows the

researcher to establish patterns of categories, interpret themes from the patterns, and develop generalizations (Lincoln and Guba, 1985, cited in Glesne & Peshkin, 1992, p. 127). Significantly, it allows for compiling and interpreting the participants' perceptions, thereby producing rich, detailed and authentic descriptions (Glesne & Peshkin, 1992).

For the sake of this study content analysis had been used, content analysis is a technique for gathering and analyzing the content of the text in order to classify, summarize and tabulate it, the content can be words, phrases, sentences, paragraphs, pictures, symbols or ideas, the content had been analyzed on two levels: the first and basic level of analysis is a descriptive account of the data, namely what the participants actually said, with nothing read into it and nothing assumed about it, the second and higher level of analysis is interpretive, which means that it is concerned with interpreting the data and trying to understand what was meant by the response, or what was inferred or implied, it is sometimes called the latent level of analysis Data from interviews and focus group discussion and questionnaire were transcribed and those scripts that were in Swahili language were translated into English. Data were hence organized and maintained, categories and themes were developed based on the responses to the interview questions.

3. 8 Ethical Considerations and Issues of Confidentiality

As a researcher, one of my main priorities was to ensure that the highest level of ethical practice was maintained, for this reason, I sought permission from the Second

Vice President office, and later on I sought permission from Ministry of education and Vocational Training to conduct interviews with pupils and teachers at five selected schools within West District area, In addition to that, the study involved sensitive, vulnerable children and classroom teachers, therefore as a researcher, I felt obliged to protect the participants by keeping all information gained during the study confidential. Additionally, I treated each of the participants with respect and dignity that they all deserved irrespective of age or education level. Furthermore prior to the interviews, filling questionnaire and focus group discussion, I provided letters of information to seek consent to all teachers' participants. Letters of information and consent forms for the parents, which I observed, were distributed by the administrator of the school, however, I ensured that all consent forms were signed and submitted to me by all the participants, before embarking on the interviews and focus group discussion, none of the participants, declined to sign the consent forms. During the data collection process, the emotional wellbeing of MVC remained a top priority and I ensured that the process caused them the least amount of emotional stress. At the end of each session of collecting information, I utilized my counseling skills to empower and encourage them. The information I gathered from the participants was not passed on to the school administration.

3. 9 Data Triangulation

Cohen *et al*. (2007) define triangulation "as the use of two or more methods of data collection in the study of some aspect of human behavior" (p. 141); it is important in providing an increased depth of understanding and investigation since perspectives

other than just the researchers are presented (Berg, 2004). Berg (2004) summarized findings from several scholars who concluded that using more than one approach to investigate experiences, such as those in the current study can provide a way to confirm data measurements and validate findings (p.5).

In addition, Rossman and Wilson (1994) suggested the use of different sources of data to corroborate, elaborate and illuminate the topic being explored (p.304). Furthermore, the more methods contrasted with one another, the more they hold the potential to produce different sets of data and thus the greater the researcher's confidence in the conclusions, however Fielding (1986, cited in Berg, 2004) stressing the importance of applying various methods in research, stated that triangulation should not only combine different data types, but that the data should relate in order to counteract any imminent threats to validity that might be identified (p.5). This study employed structured interviews, filling questionnaire, focused group discussion and document analysis for collection of data, the combination of the emerging information obtained from the various sources formed rich data that gave a substantial picture of the realities of the participants' experiences.

3.10 Validity and Reliability

According to Sekaran (2009:207) validity ensures the ability of a scale to measure the intended concept. External validity refers to the data's ability to be generalized across persons, settings and times. Internal validity is the ability of a research instrument to measure what it is purported to measure. Does the instrument really measure what its designer claims it does? According to Remenyi (2009:181) reliability refers to the

issue of whether the evidence and the measures used are consistent. This is especially important if the findings of the research are to be applicable to other situations and not only to the original environment in which the research was conducted. Sekaran (2010:204) highlights that reliability indicates the extent to which the measure is without bias (error free) and hence offers consistence measurement across time and across the various items in the instrument. It indicates the stability and consistency with which the instrument measures the concept and helps to assess the goodness of a measure.

In order to achieve validity and reliability of the research instruments used for data collection, the test-re-test approach was used in a pilot study. A pilot study was carried out at West District schools where two teachers were interviewed and five MVCs administered with a questionnaire in the first round. In the second round, responses given by participants were markedly similar to those of the first test. The questionnaire and interview guide were then taken as reliable and used to gather valid data from which the study drew inferences and conclusion.

3. 12 Chapter Summary

This chapter identifies the methodologies used in carrying out this research, qualitative methodology was mainly used and why it was used, the chapter has also discusses the sampling method used in the gathering of data and key persons for data collection, data triangulation, validity and reliability also discussed, ethical issues were outlined, justification that goes with each point and the necessity of considering these issues.

CHAPTER FOUR

4.0 FINDINGS AND DISCUSSION

4.1 Introduction

This chapter looks at the acquired data and makes an analysis according to each instrument of data collection. The major focus of this chapter is to present, analyze and discuss the responses gathered based on objectives. The chapter starts with the social demographic characteristics of respondents and then follows up with the main objective of this research, the objective of this study was to assess educational challenges facing Most Vulnerable children in Zanzibar, the West district chosen as case study, data was collected from five selected primary schools of West district.

4. 2 Socio-Demographic Profile of Students

Table 4.1 : 1 Responses on Ages of Respondents

Age of respondents	Frequency	Percent
6-10	37	61.7
11-15	21	35.0
15 -16	2	3.3
Total	60	100.0

Source: Research Survey Data 2015

Findings presented on Table 4.1 show that, total number of students respondents were 60, male students constituted 23 (38.3 percent) while female students constituted 37 (61.7percent). Basing on educational level , the findings showed that

respondents between standard 1 to 3 had bringing a total of 16 (26.7 percent) , between standard 4 to 5 had bringing a total of 31 (51 percent), also the respondent learning between standard 5 to 6 had bringing a total of 21 (21.7 percent), generally all MVCs respondents participated in the study were in primary education. On other side, in terms of age group participants were categorized into three categories, the first age group was those respondents who had the age between 6 to 10 years amounted to a total 37 out of 60 (61.7 percent), also in the second age group had the age between 11 to 15 years consisted of about 21 (35 percent) of respondents, and the last group of respondents had the age between 15 to 16 amounted to 2 (3.3 percent).

4.3 Main Occupations of Parents/Guardians

Table 4.2 : Responses on works of MVC's parents

Jobs of Parents	Frequency	Percent
Wage jobs	9	15.0
Agriculture	21	35.0
trading	11	18.3
Laborers	12	20.0
Religious teacher	7	11.7
Total	60	100.0

Source: Research Survey Data 2015

A list of occupations was provided and pupils were asked to indicate those that applied to their parents, the main occupations pupils listed were "agriculture", "Religious teachers"," wages employment" "trading/sales" and "laborers" as the

main occupation, some of the respondents **mentioned that they live with only one parent alone, majority of them said that they live with mother alone who strives hard for their survival.** Findings presented on Table 4.2 show the different occupations held by parents or guardians of Most Vulnerable Children, agriculture was the main occupation in which (35.0 percent) of the parents were engaged, another significant group of parents engaged themselves as laborers (20.0 percent), some parents were employed in trading and sales (18.3 percent), furthermore another group of parents employed in wages jobs (15 percent) ,and the last group of the respondent parents are religious teachers (11.7 percent.

The findings are supported by report of ZBDSEP 2014, which show that (30 percent) of all people in Zanzibar are farmers followed by service and shops sales workers (17 percent); elementary occupation (12 percent), craftsmen (10 percent); fishermen (7 percent), technicians and associate professionals (6 percent); street vendors (4 percent); professionals (3 percent); legislators, clerks, small business managers, machine operators (2 percent each) and livestock keepers (1 percent). Besides, results also show the highest proportion of the elderly aged 80 years and above were engaged in farming (58 percent), the findings revealed that most of MVC are poor, they live with their poor relatives such as grandparents who had no regular sources of income, the livelihoods of these poor relatives and grandparents are based on meager income they get from daily labor, moreover, these poor relatives/parents have large family size, 4-8 children, in most cases. Hence, they face many difficulties to meet the basic needs of the children. Additionally, the 2009/10 Zanzibar

Household Budget Survey has shown that poverty rate increases with household size which implies that female headed households are more likely to be poor compared with male headed households.

4.4 Socio-Demographic Profile of Teachers

Table 4.3 : Responses on gender of respondents

Gender of respondents	Frequency	Percent
Male	5	25.0
Female	15	75.0
Total	20	100.0

Source: Research Survey Data 2015

Results on Table 4.3 shows that, there were twenty teachers from all sampled schools participated in the study, the respondents consisted of 15 female teachers (75.0 percent) and only 5 male teachers (25.0 percent), there were more female teachers than male teachers, the data indicate that in primary education, the West district area have a higher proportion of female teachers and very few male teachers, the data indicate that many teachers, particularly female teachers, prefer to be located in the relatively urbanized areas such as West district rather than rural areas.

4.5 Age of Respondents

Table 4.4 : Responses on Age of Respondents

Age of respondents	Frequency	Percent
20-35	10	50.0
36-45	8	40.0
45-60	2	10.0
Total	20	100.0

Source: Research Survey Data 2015

Table 4.4 shows that, the ages of the teachers are ranged from 20 to 50 years, the majority of them fall under category of those who have the age between 20 to 35 years old, about 10 teachers (50.0percent)their ages were ranged between 20 to 35 years , then followed by 8 teachers amounted as (40 percent) their age ranged between 36 to 45, and the last category was from the age of 45 to 60 there were only two respondent amounted as (10 percent) of total of teacher respondents.

4.6 Education Level of Teachers

Table 4.5 : Responses on Education Level of Teachers

Educational level	Frequency	Percent
B.A ED	1	5.0
DIPLOMA	12	60.0
Certificate	7	35.0
Total	20	100.0

Source: Research Survey Data 2015

Table 4.5 shows that the majority of teachers participated in the study had a Diploma in Education (60.0 percent), followed by those teachers who had obtained Teacher's Certificate (35 percent) and lastly by University graduate (5.0 percent.).

4.7 Teaching Experiences

Table 4.6 : Responses on Years of Teaching Experiences

Years of teaching	Frequency	Percent
1-10	5	25.0
11-20	13	65.0
21-30	2	10.0
Total	20	100.0

Source: Research Survey Data 2015

Result on Table 4.6 shows that, years of teaching experiences of all teachers involved in the study ranged between 1 to 30 years , teachers with a teaching experience from 1 to 10 years were five represented (25 percent) , majority of them are 13 amounted (65 percent) had taught between 11 to 20 years of experience, in addition to that the category of teachers who had experience of teaching between 21 – 30 year of experience represented by only two teachers amounted (10 percent), the data indicate that majority teachers interviewed has been relatively stable and has accumulated substantial experience and expertise in their teaching.

4.8 Source of Children Vulnerability

Teachers were asked to mention major causes of vulnerability face their students, the responses are as shown in the Table 4.7. Almost more than half of the respondents (55 percent) mentioned that poverty is the main source of vulnerability for their students Majority of respondents admitted that poverty plays a great role to course children vulnerability, child poverty has a significant influence to children vulnerability which leads poor performance at school; child poverty is reflected by lack of the basic needs required for healthy, physical, mental, emotional and spiritual development of children. In spite of the fact that there are main specific characteristics of children vulnerability, it has been learnt that many vulnerable children may have more than one area of vulnerability, or may be living under circumstances not specified.

Table 4.7 : Teachers Responses on the Sources of Children Vulnerability

Sources of children vulnerability	Frequency	Percent
Orphan	6	30.0
Chronic illness	3	15.0
Extreme poverty	11	55.0
Total	20	100.0

Source: Research Survey Data 2015

Finding of the study indicates that poverty is widespread and is overall a major vulnerability factor in preventing many children from accessing education. The

findings was in collaboration of what Demographic and Health Surveys revealed in both years 1996 and 2007, that report indicated that proportion of children in the poorest households who were out of school was higher than those in the richest households (Lewin & Sabates, 2011). Moreover, in 2007, children in the poorest households who did attend school were more likely to be overage than children from the middle and highest wealth. Additionally Oguonu (2005) who concluded research and found that that poverty is major hindrance to sustainable development in Most Vulnerable Children.

On other hand about (30 percent) of respondents as indicated in the Table 4.7 mentioned that death of parents who were considered as breadwinners is the main source of children vulnerability. During discussion the respondents emphasized that orphan children typically are deprived of their basic developmental and growth needs due to the absence of their breadwinners, as a result, children and youth become defenseless and end up dropping out of school. The finding was supported by Al-Walid Global Classroom (2009); UNICEF and USAID (2008) and UNICEF (2003) found, Also orphan hood and lack of adult care remain the main causes or characteristic of MVCs , they all pointed out that, orphan- hood has been recognized worldwide as a public crisis.

The findings presented on Table 4.7 also showed that (15.0 percent) of respondents perceived that chronic disease such as Heart Disease, Chronic Respiratory Diseases Diabetes and HIV/AIDS as the main sources of their students vulnerability, the result

supported by The National AIDS Control Program (NACP) 2004 report, which mentioned that HIV/AIDS as the leading cause of vulnerability for children in the country. An even greater number of children are vulnerable from a lack of health care, clean and safe water, security and protection, the inability to access care, inadequate food intake, inadequate community support.

4. 9 Academic Performance for MVC.

The findings presented on the Table 4.8 show responses of teachers concerning MVC's academic performance, about (30 percent) stated that MVC have average performance in the class, (20 percent) mentioned that MVC have poorer quality of performance.

Table 4.8 : Responses on Academic Performance for MVC

Responses on MVCs Performance	Frequency	Percent
Doing better	3	15
Doing Average	6	30
Poor Performance	4	20
Doing better when supported	7	35
Total	20	100

Source: Research Survey Data 2015

About (15 percent) of respondents mentioned that some of them were doing better in the class, and the majority of respondents about (35 percent) said that MVC doing

better when they are supported, they are academically focused and passionate about learning. During group discussion, some respondents said that some of their students had hearing and vision problems that affected participation and performance, also some teachers said they assisted MVC with mathematics; as a result, MVC remarked that their mastering of their subject had improved considerably. For those who were doing better presumably they receive educational supports, but for those with poor performance presumably caused by inadequate support received, or may be had poor academic background and life situation, impaired health and emotional stresses. This study established a significant correlation between school support, academic performance and learning.

4. 10 Obstacles to MVC's Education

Table 4.9 : Responses on Obstacles to MVC's Education

Obstacles	Frequency	Percent
Lack of money	52	88.7
Hunger	38	63.3
Chronic illness	5	8.3

Source: Research Survey Data 2015

MVC faces various obstacles in school which cause low academic performance, such as hunger unaffordable school fees, lack of counseling and psychological support,

chronic illness, stigma and discrimination, inadequate teaching/learning facilities, and overcrowded classes.

4. 10.1 Unaffordable School Fees and Other Educational Cost

Findings presented on Table 4.9 shows that, many teachers (91.8 percent) stated that MVC do go through a lot of challenges as a result of poverty, this lead them to be unable to meet school fees, appropriate school uniforms and other school requirements. On other side the students were given list questions regarding various challenges which thought to be the hindrance to their academic performance, the children were asked freely choose what they think the big challenges for them which obstruct their academic achievement and well being.

The responses were as shown in the Table 4.9, about 52 (88.7 percent) of students admitted that, they had difficulties paying school fees and learning materials caused by their lacking of money. During the focus group discussion, the issue of school fees came out as both the teachers and students, teachers stated that it was one of the major problems that was being faced and contributing to the large numbers of absenteeism and drop outs. This study found that MVC constitute the majority of those who are absent from and drop out of schools, they are poor in their academic performance because of their lack of basic needs, school expenses, educational materials and adequate time to study. This was consistent with Murray & Greenberg (2002) who found that the cost of education, both monetary and non monetary continues to be a burden on households and a barrier to education. They argue that the barriers of uniforms as well as indirect costs in accessing education makes

households opt not to send their children to school, and they state that “orphans are the most unlikely to be schooled”(Murray & Greenberg, 2002,). It has been analyzed further that orphaned children find it hard to attend school due to the extra costs of school uniforms, books and stationery, and because they are often left responsible for earning money or caring for younger siblings in some instances.

4. 10.2 Hunger

Findings presented on Table 4.9 shows that, most of student respondents 38 (63.3percent) believe that, lack of food and basic meals was a contributing factor in MVC poor performance and dropping out from school. Findings from group discussion reveal that a big proportion of teachers (68.1 percent) stressed that their student have to walk a long distance to school, often without having eaten any breakfast before leaving home in the morning, so that they find it difficult to concentrate on school work during the day. The data indicates that availability of food is a crucial factor noted in most areas covered by study, the responses revealed that majority of children were not getting adequate meal per day. Most vulnerable Children were unable to get three meals a day this lead them pay low attention while learning due to hunger, children may be enrolled at school but not learning because they are hungry. This finding was supported by the Irish Aid report (2008), which states that malnutrition and poor health is a large contributor to low retention and poor performance in school. This means that the shortage of adequate nutritional food leads to malnutrition which impedes proper mental and physical development

4. 10.3 Chronic Illness and Unaffordable Treatment

Finding from Table 4.9 reveals that small proportion of MVC student respondents 5 which account of (8.3 percent) mentioned that, they are suffering from chronic disease; it means that they can't learn normally because of having long time illness. Students were asked in group discussion whether they were taken to the clinic when they got ill, many children across all sites said that their parents typically did take them to health clinics, but in most time their parents did not have enough money to pay the service charge and for medicines, which might mean that some children do not get the necessary treatment and are thus not able to fully overcome their illness. The data collected from teachers interviewed show that, 5 (25 percent) of teachers said that some MVC have chronic illness such as HIV , diabetes and bones disease and their parents have failed to find treatment for them because of lack of money.

The data above reveals that health plays great role to education improvement, health and education are interdependent, healthy students are better learners, and better-educated, in the broader school environment, heath helps students develop the skills they need to be physically and emotionally healthy for life. The findings are supported by DFID *et al,* (2002), they observed that, most orphans don't attend school due to the issue of illness in the family and them ending up taking the parental role, especially in the cases of older children in the household. This means that they start supporting the family in taking up the social economic role.

The findings also supported by (Sebba & Sachdev 1997), they said that children with chronic illness have an increased likelihood of experiencing frequently or constantly many factors which may directly or indirectly place their education at risk. Some of these factors are substantial absence from school, requiring medication or medical/paramedical treatment while at school, leading to disruption of the school day and loss of socializing time with peers, having physical and other aspects of 'difference' arising from the condition, or its treatment which may generate anxiety or rejection in peers and in education staff; and living with uncertainty related to the course of the condition and to the response of others to it, it is important to note that some kinds of illness and medical conditions are more prevalent in families at socio-economic disadvantage and in minority ethnic communities (Closs and Norris 1997). The poor are more vulnerable to chronic diseases because of material deprivation and psychosocial stress, higher levels of risk behavior, unhealthy living conditions and limited access to good-quality health care (Clark *et al*. 1995).

4. 10.4 Stigma and Discrimination

Table 4.10 : Responses on Stigma and Discrimination

Stigma and discrimination	Frequency	Percent
Experienced or witnessed stigmatization	24	40.0
Had not experienced or witnessed stigmatization	36	60.0
Total	60	100.0

Source: Research Survey Data 2015

Stigma and discrimination also mentioned as a barrier which imposes big problems to Most Vulnerable Children in the process of their education acquisition. The respondents were asked to mention if they had ever heard, experienced or witnessed any kind of stigma and discrimination incidence of Most Vulnerable Children at their respective schools. Almost more than half 36 respondent account of (64 percent) reported that, they had not witnessed any stigma and discrimination incidences.

The respondents who on the other hand, were aware of stigma and discrimination incidences were about 24 which account of (40.0 percent), furthermore respondents who admitted to have witnessed discrimination of MVC were further asked to indicate the type of discrimination witnessed, almost all of them said that MVC especially who are HIV positive are despised, other type of stigma and discrimination observed by about a quarter of the respondents is " friend not shaking their hand" followed by being marginalized in the learning process. Also they further said that they experienced stigmatization done by the education administration in dealing with nonpayment students of school fees, they said that they were supposed to pay some fees but some of them could not manage because of lack of money, teacher responsible went in class to call out the names of those who did not pay and then sent them out of class and not allowed to do examination , most children feel stigmatized, this kind of treatment in the education system is causing most children turn away from school and opting to staying at home than face humiliation.

Finding from group discussion showed that, nearly two third of teachers 13 account of (65 percent) were in the opinion that MVC stigmatized because of their poor, their uniforms are poor, and they cannot afford to find appropriate uniform. In addition to that some respondents said that, creating a specific category in school of children who have difficult circumstances and ordinary students, such categorization may inadvertently lead to increased stigmatization , some of them mentioned that they feel stigmatized being called-by-names such as "Most Vulnerable Children". Similar observations by Garedew (2006) also indicated that the probability of becoming victims of violence, exploitation, trafficking, discrimination and various typesof abuse for orphans and vulnerable children's are high and adversely influence such children's physical, social and intellectual developments.

Additionally, in reviewing the working paper of UNICEF and USAID (2008, p.58) they quote Loundon *et al* (2007) in their findings based in India in that stigma was one of the major reasons children were dropping out from school. In the focus group discussions was revealed that isolation and humiliation by fellow peers contributed to the dropping out of schools, it was discovered that stigma and discrimination by teachers was a major education barrier (UNICEF and USAID, 2008, p.59). Furthermore White and Carr (2005) mentioned that stigma and discrimination have severe consequences on the physical, emotional and psychological well-being of PLWHA. Furthermore, stigma and discrimination are major barriers to HIV prevention, access to treatment, care and support, and the pursuit of an education or vocation (Parker & Aggleton, 2002). Consequently, stigma and discrimination

negatively affect how well PLWHA adapt to the disease and adjust to their status, thus making them susceptible to further stigmatization. Most PLWHAs who internalize stigma encounter difficulties in socializing with members of the family and acquaintances, which in turn further affects their psychological well-being. Similarly, AIDS stigma, as a major barrier in the fight against HIV/AIDS, negatively impacts the ability of nations to combat the disease (Piot, 2000, cited by Parker & Aggleton, 2002,).

4.11 Challenges Facing Teachers on Provision of Quality Education to MVC

Table 4.11 : Responses on Challenges Facing Teachers on Provision of Quality Education to MVC

Challenges faces teachers	Frequency	Percent
Lack of knowledge and skills	17	85
Large classes	11	55
Lack of teaching/ learning facilities	8	40
Lack of support	13	65

Source: Research Survey Data 2015

4. 11.1 Inadequate Teaching/Learning Facilities and Resources

In adequate teaching facilities and resources was also another issue which came out, in order to have a sense of the extent to how much had teachers of MVC constrained to their process of providing quality education to marginalized students, teachers were asked to respond questionnaires with a list of various constraint which

hypnotized to be the major hindrances of their teaching MVC learners effectively, the problems listed were “Lack of knowledge and skills”, “large classes”, “Lack of education facilities and material resources ” and lack of support from government and community, then teachers were asked to indicate their agreement to the given problems, the responses were as shown in the Table 4.11 Findings show that almost all teachers agreed that in their schools there is very acute shortage of teaching and learning materials including textbooks, reference books, and laboratory equipment, out of 20 teachers selected as a respondents from five schools 8 which account of (40 percent) mentioned that, their main challenges faced especially when teaching MVC with disability were lack of facilities and materials resources.

During focus group discussions participants they further described that, the physical environment and school facilities are not suitable for children with various disabilities, such as inaccessible classrooms to students in a wheel chair, overcrowded classrooms; absence of materials such as Braille and large Findings indicated that overall belief from five selected schools is that, teachers face shortage of material resources, without sufficient resources and support effective teaching and learning MVC will be impossible. The finding is supported by (ZEDP) 2008/09 – 2015/16 which indicated that in many schools have shortage of teaching and learning materials including textbooks, reference books, and laboratory equipment.

4. 11.2 Lack of Educational Care and Support

Table 4.12 : Responses on the Number of MVC Receiving Education Support

Frequency of receiving Educational support	Frequency	Percent
Never receive	54	90.0
receive once or twice a while	5	8.3
not mentioned	1	1.7
Total	60	100.0

Source: Research Survey Data 2015

Result on Table 4.11 Almost two thirds of teacher respondents 13 out of 20 which account of (65 percent) were in the opinion that lack of care and support from parents, community and government is the barrier of teaching vulnerable children who have diversity of needs. It has been recognized from focus group discussion that most parents of MVC has low education did not understand the importance of education, they therefore could neither monitor nor encourage their children to concentrate on their academic work so that high performance in examinations could be achieved.

The Table 4.12 shows that majority of student respondents about (90 percent) said that they never receive any kind of educational support from school or community, only (8.3 percent) of the students respondents admitted that they had ever received some form of support from, , NGOs and FBOs, example materials such as books,

pens, rulers and uniforms was not adequate to meet all their needs, because they were given only one or two items once in a while, the coverage of the financial and material assistance is so limited and very few children are benefiting from it, the amount of financial support provided itself is so limited, it could not enable the children to fulfill their basic needs.

This was consistent with (Bradshaw, 2006) who associated liking of school with achievement and academic motivation, however, the findings showed also that teachers provided minimal academic support due to teaching demands and workload pressures, In addition to that the Ministry of Education and Vocational Training in their report "The Basic Education Statistics in Tanzania (BEST), Regional Data of October 2010" has for 2010 only, 3 percent of all primary schools drop out in the country is due to lack of school supplies while 5 percent of secondary schools dropout is due to the same cause. This indicates that these pupils and students have been denied their right to education which leads to poverty to pupils and students as well as living in illiterate in all their lives.

Also Campbell and Catherine (2014) lack of support for school from wider communities, unsupportive context for schools and children. Teachers stated that the surrounding communities showed very little commitment or initiative to support their school. Most children in the study said that they received no or very limited support from their communities. Community members themselves said they were too constrained by their own life challenges to assist others**.** In other situation parents

discourage their children not to perform well in their studies since the parents cannot afford paying for secondary school. In these families their children do not continue with their secondary education since their parents cannot afford paying for it or they do not see the importance of education.

4.11.3 Large Classes with Overcrowded Pupils

Findings presented on Table 4.11 shows that, more than half of the respondents 11 account of (55.0 percent) believed that most of their classes were large classes, teaching MVC in large classes create difficult situation for them to understand, at the group discussion session participants mentioned that their classes number of pupils ranges between 80 -150 students, this situation indicates that there is lack of physical space in the classrooms due to overcrowding, this reduce opportunities for all learners to participate actively in the learning process.

Experience show that issues that confront teaching/learning MVC in large classes are similar to those of teaching/learning smaller classes as well, these issues include student motivation, provision of feedback, taking attendance, provision of quality instruction, classroom management, and designing quality assessment tasks. However, it is evident that these issues become more demanded when teaching large classes but very difficult to practice. Zanzibar Education For All Assessment 2001 – 2013 showed that the large class teaching approach (having more than one teacher in a class) has helped to control discipline but has not improved performance; overcrowding in classes affects the delivery of education and contributes to unsatisfactory performance of pupils.

4. 11.4 Lack of Counseling and Psychological Support for MVC

Table 4.13 : Responses on Number of Teacher Counselors

Number of teacher counselors	Frequency	Percent
Two	18	90.0
One	2	10.0
Total	20	100.0

Source: Research Survey Data 2015

Findings presented on Table 4.13 shows that a high percentage of teachers 17 out of 20 which account of (85 percent) were of the opinion that there are two teacher counselors in their schools, a male and a female, these number of teacher counselors does not corresponding to the school population, also they have huge workload such as teaching load and extracurricular responsibilities, these workloads make difficult for teacher-counselors to counsel learners during school time, also those teacher counselors were not comprehensively trained and that they have the time and a venue to provide counseling and support to children with psycho-social needs. Counseling is one of the ways of providing psychosocial support to vulnerable children. The aim of all counseling is to help people cope better with situations they are facing. It involves helping the child to cope with their emotions and feelings (building resilience) and to help them make positive choices and decisions.

The finding is in line with the findings of Nduna and Jewkes (2012) that linked structural factors with children distress. Nduna and Jewkes (2012) stated that death of

parents, poverty, unemployment, gender inequality, negative home dynamics and lack of communication with parents cause distress in interconnected. In addition to that (Lautz, 2005) had found that allowing for more school counseling, while reducing time spent on administrative and non-counseling duties, yields statistically significant increases in students' enrollment and performance. But counselors continue to be saddled with administrative duties like scheduling, yard duty, school discipline, and testing responsibilities. Thus, counselors are structurally constrained from doing the job they know and do best (Gandara and Bial 2001).

4. 11.5 Inadequate Knowledge and Skills for Teachers of MVC

Table 4.14 : Responses on Number of Teacher Trained to Deal with MVC

Number of teachers trained to deal with MVC	Frequency	Percent
had short course	3	15.0
not trained	17	85.0
Total	20	100.0

Source: Research Survey Data 2015

In adequate knowledge and skills for teacher was also another issue which came out, more than two third of respondents 17 which account of (85 percent) reported that they were experiencing many difficulties in transferring what they had to vulnerable students. Majority of teachers in the focus group discussion expressed that their professional knowledge and skills were inadequate to effectively teach students with

difficult circumstances, because they do not have the required knowledge and expertise to teach students with diversity of need who are included in their regular classes.

The Table 4.14 shows that some few teachers about (15.0 percent) expressed that they had ever received training on inclusive education; likewise majority of them about (75.0 percent) said that they had never received such kind of training. As a result of insufficient knowledge and skills, some of interviewed teachers also believed that including MVC particularly students with disabilities limits the amount of teaching work they could do thereby resulting in incompletion of the syllabuses, teachers also believed that if MVC with disabilities were included in regular classes it would affect the academic performance of their peers without disabilities.

These findings are supported by others conducted by (Anderson, 2004; Clarke, 2008; UNESCO, 2008). which show that many teachers teaching MVC has limited knowledge and skills, so that they need to acquire the skills for identifying and dealing with vulnerable children during their pre-service and in-service training. Also The Child-Friendly Schools model developed by UNICEF advocates that educational environments need to be safe, healthy and protective, with trained teachers, adequate resources and appropriate physical, emotional and social conditions for children to learn (UNICEF, 2013).

4.11 Chapter Summary

This chapter dealt with data presentation, analysis and interpretation. The study established that, a number of MVC vulnerability was due to having chronic illness, extreme poverty and lost a parent or both parents, MVC faces various obstacles in school which cause low academic performance, such as hunger, unaffordable school fees, lack of counseling and psychological support, stigma and discrimination, overcrowded classes and chronic illness.

CHAPTER FIVE

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the conclusion of the study as well as recommendations on the way forward. In order to be more precise summary of key issues of findings are summarized.

5. 2 Conclusion

This study aimed to assess challenges affecting MVC attending in school, with particular emphasis on area of West District area, this was done by capturing information from MVC and their teachers respectively, MVC is one of the major issues being faced in Zanzibar community.

MVC is one of the major issues being faced in Zanzibar, a situation analysis of MVC in Zanzibar carried out by the Department of Social Welfare estimated the number of vulnerable children to be 93,640 in 2008 (RGoZ, 2009a), the analysis further concluded that the response to MVC has been unsatisfactory with little improvement in the living circumstances of vulnerable children.

This situation probably caused by lack of social protection interventions, due to inadequate mainstreaming of MVC issues in government strategic plans and budgets, inadequate or no financial resources allocated to MVC responses at ministry, department and district level, inadequate human resources allocated to work on MVC

issues and lack of capacity and training opportunities for existing staff. Most of the respondents acknowledged that it's increasingly becoming harder for MVC to access education especially as fees attached to it are out of reach for most families.

The findings from data of this study correspond with the findings of the literature review, in the analysis I have identified and discussed the main themes that emerged from the data collected, the main themes highlighted are malnutrition, poor hygiene, lack or shortage of proper clothing, poverty, stigma and discrimination and unclear policies on 'free' education in order to plan for more MVC to access education. For the future more research is needed on MVC who have dropped out and work on the factors and challenges, this would help to come up with best practices that would help reduce dropout rates.The study also has shown that some government sectors and most of the NGOs operating in the studied areas have been making efforts to intervene the problems of the MVC. However, the services and supports they have been providing for the MVC are intermittent, inadequate and very limited in their coverage, most of them are providing a hand to mouth support that focused only on the material needs of the children neglecting the social and emotional dimensions, and such supports hardly bring a lasting solution for the MVC.

As affirmed in my rationale at the start of this study, it is significant for any country to consider the issue of education as key to development. Being an undeveloped country, the route to change should be initiatives such as increased enrollment of children in education, subsidizing of education services for more access by poor

families, this will in turn have increased skilled man power and be able to offer services to Zanzibar.

5.3 General Recommendation

This study indicated that teacher-counselors had to manage a demanding teaching workload in addition to their counseling role, given the complex nature of MVC and challenges experienced by vulnerable children; counselors need to devote ample time to attend to the needs of the marginalized pupils. The school should therefore consider reducing their teaching load. Additionally, the government should consider hiring trained counselors, who are not necessarily teachers, as well as medical professional to collaborate with teachers in addressing the psychological and simple medical needs of the vulnerable children. There is a need to increase social protection and income generating opportunities for parents of vulnerable children, the findings from this research highlighted that many families with MVC face serious economic hardships; this is consistent with most international research which makes a strong link between poverty and vulnerability (Mitra, Posarac, & ick, 2011).

Government social protection schemes, livelihoods programs and adult training opportunities need to be targeted specifically towards households in which there is a vulnerable children. The issue of providing health services to vulnerable children, especially for those with chronic illness through the education system was an interesting recommendation. There is emerging evidence showing that where services link up (e.g. education health and social protection) there are improved outcomes for

children. Providing access to health services can help reduce the impact and severity of various illness and impairments in children, leading to improvements in educational achievements. Most of MVC particularly HIV positive children experienced stigma and discrimination by parents, teachers and peers, which impacted on their social interactions and learning, yet, intervention strategies addressing stigma and discrimination were limited, therefore, specific guidelines or a school-based policy specifying issues of admission and how MVC should be treated, can effectively promote a climate of inclusiveness that is conducive to learning and socialization This study outlines different perspectives from MVC and their teachers in line with the research topic; they require more support from stake holders such as education, health, social welfare service and other government department to make it easier to access education for vulnerable groups

5. 4 Specific Issues and Recommendations

5. 4.1 Inability to Pay for Educational Cost

Soon after the 1964 Revolution, more than forty years ago, education was proclaimed free to all Zanzibaris irrespective of color, creed or gender, however currently there are many educational expenses which are not paid for by government, many parents are forced to pay different cost to school administration, therefore the families of vulnerable children in cannot afford these expenses, it is likely that the inability to pay education related costs perpetuates the continuous poor performance, absenteeism and drop out among vulnerable children.

The government should formulate the policy on the abolish school fees or exemption of MVC from paying school fees, and then monitor the implementation of the policy, the government should provide them with free education and cover all the education cost for MVC.

5. 4.2 MVC Facing Starvation as A Result of Lack of Food

It has been noted throughout chapter four that some MVC are more likely to be tired and hungry at school, with the consequence of children fainting during classes, clearly education cannot take place under such circumstances; feeding programs were unreliable, but mostly nonexistent for most schools**.**

School feeding programs should be introduced or expanded in poor communities for the poorest children, school feeding program will ensure that MVC are ready to learn and enroll on time, to keep them in school by enhancing attendance and reducing dropout rates, and to enhance their cognitive skills and educational achievements. The school feeding programs should be make to be part of national health plan with a down –top strategy by empowering communities and families in decision making through sensitization on the importance of proper feeding of children.

5. 4.3 MVC face Stigma and Discrimination

It has been seen that stigma and discrimination were visible in the school environment and negatively impacted the social interactions and learning of MVC, majority of vulnerable children particularly HIV positive experienced stigma and

discrimination by teachers and their peers counterpart, which impacted on their social interactions and learning.

Participating in leadership and extracurricular activities, actively participation of MVC in various extracurricular activities, such as scouting, music and dance and health clubs, several teachers emphasized that some MVC were gifted and their leadership skills were excellent. Involving MVC in these activities fostered their confidence in their capabilities and talent. It also promoted peer acceptance, enhanced self-esteem and encouraged social interactions. In my view, this was one of the best ways of improving peer attitudes towards MVC, which would consequently reduce incidences of stigma and discrimination in the school**.**

5. 4 .4 Inadequate Teaching/Learning Facilities and Resources

Findings indicated that in many schools there is a lack of teaching and learning materials like books, writing materials, and school essential requirements, in addition to that, to attain that state of learning and teaching environment, certain services need to be provided, the services include health maintenance for learners, safety and protection assurance, water and sanitation services, psychosocial care and support, food and nutrition and learners involvement and participation in planning and decision making The government agencies and support organizations should be sensitized to establish programs providing care and support for MVC learners. Furthermore enhance collaboration between schools and other sectors that can provide services and support, the sector such as social welfare, ministry of health, Ministry of labor, agriculture and NGOs

5. 4.5 The Class of MVC is Large and Overcrowded.

Findings show that many teachers of vulnerable children expressed concern about their classes were too large, which overcrowded that they cannot effectively teach every student especially vulnerable children in a classroom, this cause lack of physical space due to overcrowding which reduce opportunities for all learners to participate actively in the learning process, it is true that teaching a large class is challenging as it is pedagogically unacceptable and psychologically irrelevant, these teachers always failed to meet individual student needs for self-activity and inquiry, motivation, discipline, safety and socialization.

The government should increase the number of schools and classes so as to reduce the number of students in classes; this can help to improve the quality of instruction for MVC. Teachers need to be enhanced their innovative awareness, and capabilities for developing effective ways for dealing with large classes based on the characteristics of large classes.

5. 4.6 Lack of Counseling and Psychological Support for MVC.

It has been remarked that many MVC suffer for trauma because of absence adequate psychological support, as it has been known that most of these children experiencing stresses because of extreme family poverty, social disintegration, emotional detachment and psychological traumas, findings show that there are two teachers counselors within each school participated in the study, a male and a female, these number of teacher counselors does not corresponding to the school population, also they have huge workload such as teaching load and extracurricular responsibilities,

these workloads make difficult for them to counsel learners during school time, also those teacher counselors were not comprehensively trained, and most of them have not counseling rooms to provide counseling and support to children with psycho-social needs.

The Ministry of Education shall formulate regulations to minimize the teaching load and extracurricular responsibilities of the teacher-counselors; with a view to make it possible for teacher-counselors to counsel learners during school time. In addition to that he appointment of a full-time teacher-counselor at every school is highly recommended. Ministry of Education shall ensure that at least two compassionate teachers per school shall be comprehensively trained and that they have counseling rooms with facilities, to provide counseling and support to children with psycho-social needs.

5.4.7 Teachers have not Adequate Knowledge for Teaching Classes with MVC.

It has been seen that knowledge and skills for many teachers of dealing with Most Vulnerable Children were inadequate, majority of teachers not have the required knowledge and expertise to teach students with diversity of need that are included in their regular classes, and it is to somehow contributing to a reduction in the academic success of that children. All teachers should be well equipped with appropriate knowledge and skills necessary to enable them provide care and support, to all learners particularly the vulnerable groups emotionally, spiritually as well as material

support, both pre-service and in-service teacher, should equipped with skills on how to identify vulnerability in children and how to offer the support .Capacity building for teachers on identification of vulnerable learners, counseling skills, how to act when they identify MVC, information about services to which they can refer children with specific educational needs and monitor the basic health status of all learners.

5. 5 Recommendation 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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APPENDICES

APPENDIX 1: INTERVIEW QUESTIONS FOR TEACHERS

NAME OF SCHOOL …… DATE……

Please read carefully the following instructions

- *Please answer all questions provided*
- *Do not write your name in this paper*
- *Your answer for this questionnaire will be confidential and will only be used for academic not for any other purposes.*
- *Your participation is high appreciated*

SECTION ONE:

General Question for personal information

Please tick [√] the appropriate answer

1. Sex of respondent (a) Male [ ] (b) Female [ ]

2. Age of respondent [ ]
3. What is your religion? (a) Muslim [ ] (b) Christian[ ] (c) Others[ ]

4. What is your highest education Qualification?

   (a) Master degree [ ] (b) Bed degree [ ] (c) Advanced Diploma [ ]

   (d) Ordinary Diploma [ ] (e) Teacher Cert Grade A [ ]

   (f) Teacher Cert Grade B [ ] (g) other [ ]

5. For how many years have you been a teacher [ ]

6. Which classes are you teaching this year? [ ]

SECTION TWO:

Questions Regarding the Assessments for challenges face MVC student

7. In your school are you teaching classes with (MVC) students? [ ]
8. Mention major causes of vulnerability face your students, tick where appropriate.

1	Orphans	
2	Extreme Poverty	
3	Chronic illness	
4	Elderly-headed household	

9. Do you know if MVC are protected by specific department , policies , regulation and code of human right in Zanzibar

   (a) Yes [ ] (b) No [ ] (c) Not sure [ ]

10. Could you assume number of MVC students in your class?

    (A)None [ ]
    (B)One or two [ ]
    (D)Three and More [ ]

11. What is the performance of MVC students, Please tick where appropriate

1	Doing better	
2	Poor Performance	
3	Doing better when supported	

4	Doing moderate	

12. Had you ever received special training to teach MVC classes

    (a)Yes [ ] (b) No [ ]

13. Counseling and other (peer) support for OVCs available in your School

    (a) Yes [ ] (b) No [ ] (c) I Do not now [ ]

14. How many number of teachers counselor are there?

15. Did you know any academic challenges facing MVC which impede their educational progress

    (a)YES [ ]

    (b)NO [ ]

16. Is there a register for MVC at schools or any other way of recording their information?

    (a) Yes [ ] (b) No [ ] (c) I Do not now [ ]

17. Is there any provision of support for MVC by ways of health care, fee exemptions, food and any other material support by school, Government, community or NGOs?

    (a) Yes [ ] (b) No [ ] (c)I Do not now [ ]

18. Is there any program is in place designed to provide education protection, care and support to MVC in school?

    (a) Yes [ ] (b) No [ ]

If yes please explain

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19. Can you give some suggestions on how you think the school could improve its approach to the problem of MVC and related issues?

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20. What are the greatest challenges do teachers face in helping the MVC student do well academically in school?

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21. What can be done by GOZ and NGOs and community can play to scale up support of MVC Education

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22. How can teachers be helped and motivated to better cope with the challenges of having Most Vulnerable children in the classroom?

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THANK YOU FOR YOUR PARTICIPATION

APPENDIX 2: QUESTIONNAIRE FOR STUDENTS

Name of school …… Date……

Please read carefully the following instructions

- *Please answer all questions provided*
- *Do not write your name in this paper*
- *Your answer for this questionnaire will be confidential and will only be used for academic not for any other purposes.*
- *Your filling this Questionnaire is high appreciated*
- *Please answer the following questions clearly and correctly*

SECTION ONE: General Questions for personal information

Please tick √appropriate answer

1. Your Gender (a) Male [ ] (b) Female [ ]
2. What is your age ? [ ]
3. What class are you in? number [ ]
4. With whom do you live?

(a)Mother only [ ] (b) Father [ ] (c) Mother and father [ ]
(d) Other relative only [ ] (e) Grandparent [ ] (d)uncle or Aunt [ ]
(f) Other people [ ]

5. What is your religion?
   (a) Muslim [ ] (b) Christian [ ] (c) Others [ ]
6. What is/was your fathers/ mothers occupation

	Occupations	Father	Mother
1	Wage jobs		
2	House wife		

3	Construction		
4	Trading		
5	Civil service		
6	Religious instructor		
7	Agriculture		
8	Laborer		
9	Manufacturing/processing		
10	Transport		

7. How many brothers and sisters do you have with the same father/mother [ ]

SECTION TWO:

Questions Regarding the Assessments for challenges face MVC student

8. What is your educational progress
9. (a) Excellent [ ] (b)Good[ ] (c) Moderate [ ] (d)Bad [ ]
10. a)Do you have any persistent health problem (a) Yes [ ] (b) No [ ]
    b) If yes please mention them
11. Do you ever discuss about your health status with other children or teachers?
12. Who pay for your treatment when you got ill?
13. Have you observed incidences of stigma and discrimination directed toward MVC by teachers and peers?
14. Do you have any difficult to find the educational needs such as money for school fees, uniform and books?
    (a) Yes [ ] (b)No [ ]
15. Do you think you need any assistance from Government, NGOs and Schools to afford school fees, uniform and books

(b) (a) Yes [ ] (b)No [ ]

16. Does your Father/mother/ guardian) give you money when you go to school?

(a)Yes every day [ ] (b) Seldom [ ] (c) Never [ ]

17. How many time you received educational assistance from school, government or NGO(eg money, books, uniforms, food)

(a)Never [ ] (b) seldom (c) Many times [ ]

18. Are there any challenges you face hampered your academic achievement?,

(a) Yes [ ] (b) No [ ]

b) If yes please mention them

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19. Please suggest some possible solutions for challenges you face that affect your academic progress.

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THANK YOU FOR YOUR PARTICIPATION

APPENDIX 3 FOCUSED GROUP DISCUSSION GUIDE FOR STUDENTS

1. How other students react when they learn about your status?
2. Are there any problems that you experienced in school?
3. What do you think are the causes of these problems/challenges?
4. How do you go about solving these problems?
5. How does your class-teacher/s or the principal assist you in solving some of the problems?
6. Can you suggest in which ways you would like the school community to support you?
7. Do you know of any program/s in the school that you participate in that focuses

APPENDIX 4 FOCUSED GROUP DISCUSSION GUIDE FOR TEACHERS

1. Can you please tell me how you feel about teaching a class with vulnerable children?
2. How do the other pupils feel about these children and their status?
3. Do you think vulnerable children pose any challenges to your teaching in the class room?
4. Have you ever witnessed any negative treatment of MVC children?
5. Can you describe some of these incidences and narrate how MVC children
5. experienced them?
8. Do you assist MVC to overcome their educational problems they face?
9. How do you ensure that other children accept MVC children?
10. Do any of the vulnerable children have a leadership role in the classroom or in the
    school?
11. What are some of the activities these children participate or don't participate in and why?
12. Does the school have resources or programs that address issues of vulnerable children and related issues?
13. Are there resources and programs that empower teachers in order to care and support MVC in their needs?
14. Can you give me some suggestions on how you think the school could improve.