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SURVIVAL OF THE MOST VULNERABLE CHILDREN IN NYAMAGANA DISTRICT- MWANZA REGION.

MKAMA, DAMAS. P.

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DEDICATION

This dissertation is dedicated to my mother Lois Nyamtondo Mulwanga, my children Jacqueline, Fred, Karen, Mackline and my wife Jane D. Mkama and also to all Tanzanians.

DECLARATION AND COPYRIGHT.

I **Damas Petro Mkama**, declare that this dissertation is my own work and initiative; it has not been submitted for any master degree or a similar award in any other institution of higher learning. This dissertation is a copyright act of 1999 and other international and national enactments. It should not be re- produced by any means, in full or in part, except for research or private study. Critical scholarly review or discourse with an acknowledgement, without written permission of the Directorate of Postgraduate studies, on behalf of both the Author and the Open University of Tanzania and the Southern New Hampshire University.

Signature.....

Date.....13rd Sept 2007

SIGNED APPROVAL:

THE SOUTHERN NEW HAMPSHIRE UNIVERSITY AND THE OPEN UNIVERSITY OF TANZANIA.

The undersigned certify that they have read and recommended to the Southern New Hampshire University and the Open University of Tanzania for acceptance of a dissertation entitled "THE SURVIVAL OF THE MOST VULNERABLE CHILDREN IN NYAMAGANA DISTRICT"

The case study of Pamba Ward.

Submitted by: D.P.MKAMA.

In partial fulfillment for the requirements of the award of a Master of science in Community Economic development of the southern New Hampshire University and the open University of Tanzania 2006/2007.

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(S.NASSANIA-MRS).

Supervisor

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LIST OF ABBREVIATIONS

1.	AIDS	- Acquired Immunodeficiency Syndrome
2.	AMREF	- African Medical and Research Foundation
3.	CED	Community Economic Development
4.	CBOs	- Community Based Organizations
5.	CIG	- Community Interest Group
6.	CMT	- Council Management Team.
7.	CSOs	- Civil Society Organizations
8.	DVWG	- Domestic Violence Watch Group
9.	FBOs	- Faith Based Organizations
10.	HIV	- Human Immodiffency Virus
11.	HOMERC	- Home for Mentally Retarded Children
12.	MCC	- Mwanza City Council
13.	MCDWC	- Ministry of Community Development Women and Children.
14.	MDGs	- Millennium Development Goals.
15.	MKUKUTA	- Poverty Reduction Strategy (Swahili Translation)
16.	MOG	- Mwanza Outreach Group
17.	MVCs	- Most Vulnerable Children
18.	NGOs	Non-Governmental Organizations

19. TACAIDS - Tanzania Commissions for Aids
20. STI - Sexual Transmitted Infections
21. TANESA - Tanzania Essential Strategy against Aids
22. UN - United Nations
23. UNCRC - United Nations Convention on the Rights of the Child.
24. UNICEF - United Nations International Children Education Fund.
25. WDC - Ward Development Committee.
26. WEO - Ward Executive Officer.
27. WHO - World Health Organization.
28. WMVCC - Ward Most Vulnerable Children Committee.

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ABSTRACT

"As people move closer to realizing the rights of all children, the countries will move closer to their goals of development and Peace"(Kofi A. Annan: 2005); Based on this argument it is clear that children are starkly and brutally different from the ideal we all aspire to. Poverty denies children their dignity, endangers their lives and limits their potentials. Conflicts and violence rob them off from the secure family life, betray their trust, hope and become most vulnerable and restless children.

The increased vulnerability and marginalization of resource poor house holds is due to rapid urbanization contributing to some social factors affecting the urban dwellers in Mwanza City Council. The rapid urbanization contributing to social factors such as family based problems (alcoholism, domestic violence and separation) and poverty has caused to the emerging of most vulnerable children (5-17 years) in the City. The available data from the department of community development (2005) indicates that about 6% of the population in the project area constituted of most vulnerable children (MVC).

Due to lack of parental care and community support, the MVCs lack of basic social services and indulge in risky behaviors such as drugs abuse, pick pocketing and sex abuse leading to vulnerability to HIV/AIDs /STIs infections.

In addressing the above challenges facing the MVCs, The Survival of the Most Vulnerable Children; Project implemented by Jijenge-Pamba in Nyamagana District will contribute towards improvement of the living standards of the MVCs in the project area. The project is implemented in Pamba, Igogo and Mkuyuni wards of Nyamagana District.

The expected outcomes of this project are; availability of updated MVCs register and resources of poor households, increased awareness among community members on safeguarding the rights of MVCs, increased capacity of CSOs in advocating the rights of MVCs, Local government in (grassroots, wards and city council) providing guidance and inclusion of MVCs activities into the City Council comprehensive development plans and locating resources as well as improved economic status of resource of poor households and; making sure that children are supported with basic rights in a sustainable manner.

EXECUTIVE SUMMARY

Mwanza is the second largest City in Tanzania, officially hosting over 600,000 people (2002 Census). Mwanza City is an economic hub for the Great Lakes Regions and neighbouring regions of Kagera, Kigoma, Mara and Shinyanga. The rapid urbanisation of Mwanza City encourages rural – urban and urban – urban migration. The rapid urbanisation of Mwanza City has contributed to high social interaction among the town dwellers and migrants in search of potentials for employments and businesses. The rapid urbanisation has also marked the growing gap in economic status hence increasing vulnerability and marginalisation of resource of poor households.

As a result of factors mentioned above, it has been noted that there has been an increase in numbers of most vulnerable children (MVC) aged 5 – 17 years roaming in the streets of Nyamagana District of Mwanza City. The available data indicates that the number of MVC increased from 6785 in 2001 to 10704 by 2004 (Planning Office: January 2005). A collaborative study on vulnerability audit conducted in 2004 by Community Development Department and Kuleana Children's Rights Organisation revealed that MVC migrated from one ward to another within the City while others came from the neighbouring districts of Sengerema, Kwimba, Missungwi, Geita, Magu, Bukoba and Musoma. The study categorized the MVC into three major patterns: the first group is the AIDS orphans constituting 55 per cent of the interviewed MVCs. The 2003/2004 Tanzania HIV/AIDS Indicator Survey puts the HIV prevalence in Mwanza in the range of 6 - 9%, above the national average of 7%. The second category constituting 35 per cent is that of MVCs affected by family based problems (e.g. marriage break ups caused

by domestic violence, excessive alcoholism among parents, abject poverty and school drop out) while 10 per cent are those influenced by peers especially those migrating from one ward to another within the City (MCC Report: 2004).According to the data obtained from planning Office-2005 in Mwanza City Council shows that about 6% of the total population in the project area are MVCs.

In regards to the challenges of increased number of MVC in the Nyamagana district, the Jijenge - Pamba a community based organization is targeting on children and youth with the age of 5 – 17 years old aiming at contributing towards improvement of socio – economic well being of MVC in Pamba Ward of Mwanza City. The JIJENGE-Pamba interventions will include capacity building of communities and other stakeholders in supporting MVCs socially and economically. In achieving this, the JIJENGE-Pamba will use a range of participatory approaches that will include community, CSOs supporting children and addressing HIV/ AIDS and local government throughout the project circle.

CHAPTER ONE: COMMUNITY NEEDS ASSESSMENT.

Chapter one is all about the process of identifying the problem and how the problem was defined. The chapter is divided into six sub-sections such as introduction; community needs assessment process, tools and methodologies, rationale for community needs assessment, research questions and tasks, definition of different concepts and the results from community needs assessment.

1.1. COMMUNITY PROFILE.

The project area is located at Pamba ward on the South west of Mwanza City. It is also found along the Lake Victoria shores about 0.5 Kms.The ward has the population of 11,608 people whereby 3,793 are males 3,990 are females 3,019 being children and 806 are the most vulnerable children (Planning office:2005).

The average people's income from this area is ranging from low to medium income brackets. About 60% of the people in Pamba ward are not employed, 35% are petty traders and 5% employed in different sectors (Planning Office:2005).

The average monthly income per individual ranges from Tsh.20,000/= to 180,000/=.Most of the people in Pamba ward live in squatters (un surveyed area) and the ward is characterized by rock hills.

Social factors including female genital mutilation, domestic violances, sexual abuse and harassment are all found within Pamba ward. The extended and single parent families are the dominant family types found within the project area. The factors above have caused the emergence of MVCs which calls for Multisectoral responses.

Administratively, Pamba ward is among of the 21 wards in Mwanza City. The ward is under the leadership of ward counselor in collaboration with Ward Executive Officer as well as extention workers.

The ward has the mixture of people from different tribes of all over the country and the community itself is located at the centre of Mwanza City.

1.2 COMMUNITY NEEDS ASSESSMENT PROCESS.

Prior to conducting a community needs assessment, a CED student wrote an application letter expressing a need to work with a CBO in the area in order to help it to address the challenges facing MVCs.The CBO responded and I arranged a time to meet with the group representatives as seen in the first level below. Tools and methodologies at different levels were used to conduct a community needs assessment using participatory methods including interview, Questionnaires, consultative meetings, revision of reports and focus group discussion.

1.3. TOOLS AND METHODOLOGIES.

Different tools and methodologies were used to conduct community needs assessment at different levels in order to get real information as per the needs of the community.

First level: The project area, JIJENGE-PAMBA, was visited by CED student and held a meeting with 10 people from the group as representatives. The CED student discussed with CBO representatives and other 10 people from community groups where they identified and agreed on the problem to be addressed, set project objectives and expected results. The representatives from community groups commented that according to their

need, they had already organized a stakeholders meeting to discuss the magnitude of the problem and way forward. The forum also agreed to conduct a consultative meeting with the vulnerable children and stakeholders.

Second level: Vulnerability Audit: Participatory vulnerability audit study was jointly conducted by the Department of Community Development in collaboration with Kuleana Children's Rights Organization based in Mwanza City in the three wards of Pamba, Igogo and Mkuyuni. The study identified that HIV/ AIDS, family based problems and lack of coherent community based initiatives to provide care, support and guidance plays a significant role in vulnerability and marginalization of MVC in the City. The following tables below shows the vulnerability audit results as obtained through a joint study.

Table 1: MVCs as per vulnerability audit results.

S.No	WARD NAME	MALES	FEMALES	TOTAL CHILDREN	TOTAL MVCS	GRAND TOTAL
1	PAMBA	3793	3990	3019	806	11608
2	IGOGO	4109	4764	2624	695	12192
3	MKUYUNI	3293	3492	2320	579	9684
	GLAND TOTAL	11205	12246	7963	1980	33484

Source: Mwanza City Planning Office 2005

From the findings above, you can observe the ratios of males and females at different wards of Pamba, Igogo and mkuyuni in correspondence with the number of MVCs.At this juncture the number of MVCs at Pamba ward is bigger compared to Igogo and Mkuyuni wards.

Futhermore,it can be noted that about 26.7% of the total children from Pamba ward are MVCS.likewise in Igogo ward 26.5% of the ward total children are MVCs.In the case of Mkuyuni ward 24.9% of the children are living in a difficult environment.

Table 2: Number of MVCs in Pamba ward as per vulnerability audit results.

S/NO	MTAA	MALE	FEMALE	TOTAL	%
1	Nyerere A	13	26	39	4.8
2	Nyerere B	18	28	46	5.7
3	Bugando Mission	31	50	81	10
4	Miembeni	32	56	88	10.9
5	Bugarika A	29	43	72	8.9
6	Bugando Jeshini	30	44	74	9.2
7	Bugarika B	25	41	66	8.2
8	Bugarika C	22	31	53	6.6
9	Bugarika D	35	23	58	7.2
10	Mwatex	22	18	40	5.0
11	Kenyatta RD	20	12	32	4.0
12	Lumumba	23	15	38	4.7
13	Rwagasore	16	20	36	4.5
14	Liberty	20	23	43	5.3
15	Miti Mirefu	19	21	40	5.0
	TOTAL	**355**	**451**	**806**	**100**

Source: Mwanza city Community Development office. 2005.

From the findings above the researcher determined how wards and mitaas are overburdened by the increase of MVCs.

In addition to that, some of the information obtained from Pamba ward indicates that about 68% 0f the households found in that ward are living in abject poverty consisting of resource poor households which are the contributing factors to MVCs.

Third level: stakeholders meeting: The consultative meeting held in August 2005 involved local leaders (street and ward development committees members), local government authority (i.e. Departments of Planning, Community Development, Social Welfare, Health and Education), the Judiciary, representatives from community groups, community based organizations including JIJENGE-Pamba and faith based organizations. The JIJENGE-Pamba conducted that meeting in order to assess the magnitude of the problem of MVC and prioritization of needs for MVC intervention in Nyamagana District of Mwanza City. The consultative meetings also identified key potential stakeholders to be involved in this initiative and these were: community members, civil society organizations, private sector, local government authority and the Ministry of Education, Community Development, Gender and Children, labor and Youth Development, Justice and Constitution, Health and social welfare.

Fourth level: Review of reports: The review of reports included available documents from the Community Development Department especially the MVCs section, baseline study reports conducted by child centered civil society organizations, national and global policies on gender, education, community development, HIV/ AIDS, National Strategy

for Poverty reduction and Growth – MKUKUTA and Millennium Development Goals (MDGs) in relation to children's growth and development. The gathered information from available documents provided a basis for linking the intervention to contribute towards improving the social and economic benefits of the MVC living in Nyamagana district so that they can access quality standards of living.

The above methodological approaches were used to acknowledge that MVC is a burden not only to Mwanza City but also a national challenge that requires Multisectoral approach in addressing it. The available data and information revealed that the rapid urbanization in towns and cities of Tanzania, family based problems; abject poverty, HIV/ AIDS pandemic and community perceptive outlook towards MVC are the major causes fueling in increased number of vulnerable children especially in urban, pre- urban and mining areas.

Fifth level: Sample and Sampling procedures.

The sample survey was taken from pamba ward in Mwanza city. The study sample was made up of the respondents from pre-determined groups that were expected to provide relevant information. Simple random and purposive samplings were used to get 160 respondents from different groups in the study area. The estimation of the sample was limited to this number in order for the researcher to avoid errors in obtaining information concerning some characteristics of the population as well as time.

A sample size of 160 people was drawn from the community or population of 11608 people. The sample size was chosen through probability sampling where by every person from the community has an equal chance of being selected.

Simple random sampling was used to select MVCs, Mitaa leaders, primary school head teachers and Community members.

On the side of the officials, non-probability sampling in terms of judgmental or purposive sampling were employed to handpick the sample from employee category i.e. ward executive officer, City Education Officer, City Planning Officer, City community Development Officer and City Medical Officer of Health and Extension workers at ward level including Primary school head teachers. Purposive sampling was used due to the fact that it was a special group which could tell the required information related to MVCs and the way MVCs are supported or being included in the city council comprehensive plan for support other than any group.

1.3.1. SAMPLE SIZE.

The survey was cross sectional and descriptive since it was carried out once and it collected information about the perceptions, attitudes, feelings and plans of the people at a single point in time. The survey used sample representative taking into account confidence level, stratification and sampling error. In connection to that the survey also was characterized by external validity through pilot testing whereby 10 members from Jijenge-Pamba were given questionnaires to fill. It gave a clear picture of what is going to be collected from the area understudy and some of the questions were not clear and it needed clarification and modification which actually were adjusted by the researcher.

The selected sample size was 160 people out of the population of 11608 people and was selected through simple random sampling and purposive or judgmental sampling.

1.3.2. INSTRUMENTS FOR DATA COLLECTION.

For this study to be consistent with accurate results, reliable and valid, the instruments of survey were employed to fulfill the above.

Sixth level: Interview, focus group discussion and Questionnaires.

1.3.3 INTERVIEW.

Interview was a method used to interview guardians, teachers, officials and MVCs in schools. In this study, face to face interviews were seen sustainable because the method had a big room for clarification, contained a privacy element and it allowed respondents to give required information freely without fear.

The same methods was used to officials and ward leaders because of controlling the timing to get the required information because they were very busy and had no time to fill the questionnaires. Each group gave the needed information as per interview guide or checklist. Among of the 28 Interviewees, only 3 people acknowledged that the ward has MVC Inventory book while 24 disagreed and I Interviewee did not know anything. (See table 6).

On the side of MVC magnitude, about 100% of the interviewees accepted that the number of MVCs is increasing.82% agreed that MVCs have no support from within the Community except from donors or from the government.

About 93% of the Interviewee agreed that MVCs is a Community problem and they are supposed to take care of it. (See table 11).

1.3.4. FOCUS GROUP DISCUSSION.

Focus group discussion was also applied to community members, extension workers and teachers. It involved a broad area of discussion, contributions, questions and even a way forward for future research.

40 people participated in focus group discussion 90% accepted that the community has no MVC inventory while 100% agreed on the Increased number of MVCS in the Community and 87.5% approved that no particular social and economic support provided by the community to MVCs. 97.5% of those who participated in focus group discussion accepted that MVCs is a Community problem and they are likely to support them.(See tale 11). Fore more information on the results from community need assessment can be read on page 13.

1.3.5. QUESTIONNAIRES.

Questionnaires were used for ward leaders (Ward Development committee Members and some identified stakeholders).

Due to the nature of the study, the researcher distributed questionnaires to the respondents he met. Both open and close ended questions were used to provide a room for some survey items to be critically analyzed and if more information was needed the respondents were asked to elaborate further.

68 respondents filled the questionnaires, about 87% agreed that the community is lacking MVC Inventory hence it is very difficult to support them. 96% and 87% accepted that there is an increase of MVCs in Pamba at the sometime no economic and social support to this group respectively (see table 11).

1.3.6 RESPONDENT'S INSTRUMENTS.

The instruments used during the process of collecting information was based on record review, observation, questionnaires and face to face interview which were supplemented by focus group discussion.

In group, oral interview was used for MVCs, 10 members from Jijenge-Pamba, Government officials, Primary school head teachers.30 respondents were targeted and only 28 responded for interview whereby 10 questions were used for interviewing (see appendix I). Focus group discussion was used to the members of civil society organizations (CBOS, NGOS and FBOS), 15 members from Jijenge-Pamba and Influential leaders. Based on this, only 8 questions were posed for discussion (see appendix III). Questionnaires were used to targeted 80 respondents' i.e. Mitaa leaders, Community members CSO leaders; MVCs care takers and some MVCs.This type of instrument had 10 questions(see appendix II),these questions were supposed to be filled and collected back for analysis and only 68 participants responded.

1.3.7 RATIONALE FOR SURVEY INSTRUMENTS:

The main objective of this survey was to assess whether the community is providing social and economic support to MVCs in Pamba ward and if not to propose a sustainable way of solving MVCs problems. The survey instruments used in this study were chosen due to the nature of the study and the availability of respondents.

1.3.8 PSYCHOMETRIC CHARACTERISTICS.

As indicated in the section above, the instruments used to collect in formations were intended to extract data and information from the respondents about knowledge, attitudes, practices and recommendations in relation to MVCs.

The responses from the interviewees were coded in order to simplify the compilation; analysis and presentation of data. (Reference is made to the attached questionnaires). Levels of feelings were tested under the section on awareness and attitude of the interviewee.

1.3.9 RELIABILITY AND VALIDITY.

Reliability is a statistical measure of the reproducibility or stability of the data gathered by the survey instrument. In this study the tested validity included; measurement, validity generalizability and casual validity.

For this research reliability and validity of the results were ensured through;

Proper selections of samples that were made in order to get sample generalizability. Selection of a true representation sample increased the researcher's ability to draw conclusion that are valid or not.

Competent research assistants were deployed to collect data and information from the respondents. Survey method was used in which respondents were asked the same set of questions in the same style so as to reduce the risk of getting inaccurate observation or information; Research questions were relevant to the entire population.

Research methods and tools which helped to answer the research questions were used.

The researcher also ensured that the survey instruments used were relevant and were likely to give credible and reliable information. This was done through pre-testing the relevant interview guides and questionnaires after being properly designed.

Application of several research methods and tools like focus group discussion, Individual in-depth interviews structured questionnaires and secondary data helped a lot to cross check and confirm the validity of survey results. The responses from the interviewees were coded in order to ease the compilation of the data from this research (refer to the attached questionnaire copy). Levels of feelings were a bit tested under the section on awareness and attitude of the interviewees.

1.4 RESEARCH QUESTIONS AND TASKS.

From the survey it was observed that the MVCs are lacking access to basic education, health care, balanced diet, proper shelter, parental care, moral support and guidance

Based on the findings above, the focus here was on MVCs aged 5-17 years old aiming at improving social and economic support to them. The problem around these findings was lack of community support to MVCs in Pamba Ward. In this survey, the following research questions were posed to different groups of people to portray their feelings, ideas, plans and attitudes on how they can act in relation to MVCs problems:

- *Does the community have MVsS inventory?* Intentionally this question wanted to know if the community knows the actual number of the MVCs at their locality who are subjected and prone to this problem.

- *What are the causes of increase of MVCs in your locality?* This type of research question wanted to know if the community really understood the magnitude of the problem, its causes and impacts to the public/community at large.
- *Is there any social and economic support provided to MVCs?* This question was asked to let the community see if they are providing any kind of social and economic support to MVCs or someone from within or out side the community is doing so.
- *Who is responsible for MVCs support?* The question wanted the community to specify and tell exactly who is responsible for providing social and economic support to MVCs. (i.e:Who is responsible for care and support of MVCs)?

1.5 RATIONALE FOR COMMUNITY NEEDS ASSESSMENT.

The need to conduct this community needs assessment was to identify a broad range of problems within the community and make a decision on the project to be designed to address it; It helps to gather information on MVCS as a community problem that has been identified in order to design a project that will effectively address the community problem and not someone's problem. The process helped the community to participate fully in all procedures from problem identification, planning, implementation, monitoring and even evaluation stage of the project.

1.6 DEFINITIONS OF DIFFERENT CONCEPTS.

Various Authors have defined different concepts depending on the environment, experience on the related phenomenon or educational background as seen below.

According to UNICEF (2005); most vulnerable children are defined as "children living in difficult circumstances. These include orphans, children with disabilities, street children.

Neglected/abused children non school children, children engaged in child labor, children involved in sex work under age".

Richard J.B. Willis (2002) defined childhood as" more than just the time between birth and the attainment of adulthood. He added that, it is the state and condition of a child's life to the quality of those years".

Orphans in this document refer to a child who has lost both parents and when we talk about Most Vulnerable children it refers to a child below 18 years of age.

1.7 RESULTS FROM COMMUNITY NEED ASSESSMENT.

The profile of respondents was according to the questionnaires collected from the respondents. Therefore out of 68 respondents 36 and 32 were male and female respectively. About 10 respondents from the age of less than 18 years represented in school youth whereby from the age of 19 years and above represented out of school youths, that was teachers, community leaders, parents and heads of departments. See table 3 and 4 below.

Table 3; Age of respondents in relation to sex.

Age of respondent	Sex of respondents		Total
	Male	Female	
less than 18 yrs	3	7	10
19 to 25 yrs	10	8	18
26 to 35 yrs	13	3	16
36 to 45 yrs	6	7	13
46 to 55 yrs	4	3	7
above 56 yrs		4	4
Total	36	32	68

Source: Researcher's findings 2006

Table 4: Sex of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	36	52.9	52.9	52.9
	female	32	47.1	47.1	100.0
	Total	68	100.0	100.0	

Source: Researcher's findings 2006

On the side of Marital Status of the respondents 50% of the respondents were married, 23.5% unmarried, 11.8% divorced and 14.7% widow/widower. See Table 5 below:

Table 5: Marital status of respondents.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	married	34	50.0	50.0	50.0
	unmarried	16	23.5	23.5	73.5
	divorced	8	11.8	11.8	85.3
	widow/widower	10	14.7	14.7	100.0
	Total	68	100.0	100.0	

Source: Researcher's findings 2006

1.7.1 MVCs INVENTORY IN PAMBA WARD.

The researcher observed that among 28 interviewees, only 3 people acknowledged that the ward has MVC inventory book while 24 disagreed and only one interviewee did not now whether the inventory for MVC is there or not.

For the case of filling the questionnaires only 1 respondent accepted that there is an inventory for MVC whereby 67 respondents agreed that the ward has got no inventory for MVC. In group discussion, 36 participants disagreed on having the MVC register book while 3 were

neutral and only one participant agreed that the community has got the inventory book for MVC.

Briefly, it can be concluded that the ward has got no register book for MVCs and hence they don't know the actual number of MVCs in the community and they have failed to participate fully in supporting these cohorts hence living the burden to the government and donor agencies for care and support.

According to the questionnaires posed to gather information on whether the community has data on MVCs it can be seen clearly in Table 6 whereby (67) which is 98.5% of the respondents acknowledged that the Community of Pamba has got no inventory for MVC and only (1) or 1.5% of respondents accepted that MVC inventory is there at the community.

Table 6: Absence of inventory in the locality.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	67	98.5	98.5	98.5
	no	1	1.5	1.5	100.0
	Total	68	100.0	100.0	

Source: Researcher's findings 2006

In Table 7, it is clearly seen how the respondents acknowledged that MVC is a problem.

Among the 68 respondents 60 (88.2%) accepted that MVC is a problem and 5 (7.4%) said that MVC is not a problem whereby only 3 (4.4%) of the respondents didn't know anything whether MVC is a problem or not.

Table 7: Magnitude of the MVC as a problem.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	60	88.2	88.2	88.2
	no	5	7.4	7.4	95.6
	don't know	3	4.4	4.4	100.0
	Total	68	100.0	100.0	

Source: Researcher's findings 2006

In Table 8 below, 40 (58.8%) respondents, accepted that MVCs is a serious problem 22 (32.4%) said problem is serious whereby 3(4.4%) said that the problem is not serious and 3(4.4%) of the respondents didn't know anything about the problem. See Table 8 below.

Table 8: Seriousness of the problem.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	very serious	40	58.8	58.8	58.8
	serious	22	32.4	32.4	91.2
	not serious	3	4.4	4.4	95.6
	don't know	3	4.4	4.4	100.0
	Total	68	100.0	100.0	

Source: Researcher's findings 2006

1.7.2 CAUSES OF INCREASE OF MVCs IN PAMBA WARD.

According to the findings obtained through face to face interview, questionnaires and focus group discussion, it has been noted that among 136 respondents based on the above mentioned instruments only 133 respondents (97.8%) agreed that there is an increase of MVCs while one of the respondents didn't know anything about MVCs.The question wanted to know if the community understood the magnitude of the problem, its causes and effects in the Community. For those people who responded to this question, they said that MVC is caused by:

- Family based problems which includes domestic violence, marriage break-ups, and excessive alcoholism among parents, abject poverty and school drop-outs.
- Urbanization – children tend to move from rural to urban or ward to ward migration to look for better life while others are moving from the neighboring districts of Sengerema, Ukerewe, Magu, Kwimba and Misungwi to Mwanza urban settings. Sometimes it is influenced by peers.
- HIV/AIDS pandemic – those children who have lost both parents and being called orphans.
- Lack of parental and community care.

The respondents argued that the effects of MVC in Pamba Ward are:-

- Loss of future father and mother
- Loss of productive forces for building a Community and the Nation at large

- Impacting on children's growth and developments associated with risks of being prone to HIV/AIDS/STI infections, mental illness due to drug abuse, unwanted pregnancies leading to increased number of MVC in the streets, death caused by mob justice and immoral behaviors.

1.7.3 SOCIAL AND ECONOMIC SUPPORT TO MVCs IN PAMBA WARD.

According to the findings based on the research questions, the respondents came to realize the importance of taking care of the MVC and they noted that it is a community problem and not someone's.

The community realized that the families have higher expectations on their children as their heirs. The delay in addressing the emerging problem of increasing number of MVC will apparently lead to moral decay contributing to loss of future fathers and mothers. The children are regarded as productive forces for building the family and National economy.

Formerly, MVCs in pamba ward were left without any social and economic support. The issues of MVCs were left only to NGOs, FBOs, CBOs and donors.

1.7.4 COMMUNITY RESPONSIBILITIES TO SUPPORT MVCs.

The questions posed to this issue intended to gather information from the respondents to know exactly who is responsible to take care of the MVCs problem. 9(13.2%) of the respondents acknowledged that MVC is a family problem, 54(79.4%) accepted it as a community problem, 2(2.9%) saw it as a government problem and 3(4.4%) saw MVC as a problem which is supposed to be supported by donors.

For those respondents who said that MVC is a family and a community problem they also acknowledged that families and communities should be responsible to give social and economic support to MVCs. (See Table 9)

Table 9: Community response to the MVC problem.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Family	9	13.2	13.2	13.2
	Community	54	79.4	79.4	92.6
	Government	2	2.9	2.9	95.6
	Donor	3	4.4	4.4	100.0
	Total	68	100.0	100.0	

Source: Researcher's findings 2006

Pamba ward residents are very busy in income generating activities though they do not support MVCs. But after the study they are now aware of the problem of MVC and they have committed their resources to save the lives of MVCs.

Based on that, the residents managed to contribute in kind and cash money from this business and they have managed to mobilize the whole community to open special bank account for MVCs at every mtaa.

Every quarter they hold fund raising event for community members and sometimes they find money or other support from outsiders to facilitate their efforts.

Hence they have acknowledged that they have a role to play in supporting MVCs while they are in respective homes.

Table 10: Number of expected respondents according to the survey instruments.

Instrument	Intended Interviewee	Response	% of response
a. Face to face interview	30	28	93.3%
b. Questionnaire	80	68	85%
c. Focus Group Discussion	50	40	80%
Total	160	136	85%

Source: Survey findings, June 2006

The table above shows that the surveyor intended to meet 160 respondents according to the selected sample size, only 136 respondents managed to participate in the survey process. This is to say that 85% of the respondents participated in the survey by giving relevant information. About 28 respondents out of 30 respondents were interviewed. 68 respondents out of 80 filled the questionnaire as well as 40 participants out of 50 attended focus group discussion as you can see in the table above. Based on the guiding questions or research questions, the following below are the responses.

Table 11: Research questions against the findings:

Na.	Issue of Discussion	Type of survey instrument used.	No. of respondents	Yes answers	No Answers	Neutral	% of responses
1.	Does the community have MVCs inventory?	Face to face interview.	28	3	24	1	86%
		Questionnaires	68	2	59	7	87%
		Focus group discussion	40	1	36	3	90%
2.	Is there an increase of MVCs in Pamba Ward? (What are the causes and effects)	Face to face interview.	28	28	0	0	100%
		Questionnaires	68	65	2	1	96%
		Focus Group discussion	40	40	0	0	100%
3.	Is there any social and economic support provided to MVC in Pamba Ward?	Face to face interview.	28	3	23	2	82.1%
		Questionnaires	68	8	59	1	87%
		Focus Group discussion	40	5	35	0	87.5%
4.	Is the community responsible for MVC support?	Face to face interview	28	26	2	0	92.8%
		Questionnaires	68	64	3	1	94.1%
		Focus Group discussion	40	39	1	0	97.5%

Source: *Survey findings June 2006*

1.7.5 FURTHER ANALYSIS.

- 86% of the interviewees and 87% of those who filled the questionnaires accepted that the community does not have MVCs and resource poor household inventories.
- 100 % of the interviewee, 96% of the respondents who filled the questionnaires and 100% of participants attended focus group discussion agreed that there is an increase of MVCs and they mentioned the causes that are lack of parental care (due to family based problems) and lack of community support (due to abject poverty and community irresponsibility as well as HIV/AIDS)
- 82.1% of the interviewees, 87% of those who filled the questionnaires and 87.5% of respondents who participated in focus group discussion accepted that the community is not providing anything to support MVC, But only 10.7%, 11.8% and 12.5% of the interviewees who filled the questionnaires and to those who attended focus group discussion respectively accepted that few people in the community are supporting MVCs.
- 92.8% of the interviewees, 94.1% of those who filled the questionnaires and 97.5% of members attended focus group discussion accepted that MVC is a community problem and it needs a collective measure to handle it.

CHAPTER TWO: PROBLEM IDENTIFICATION.

The major focus of this study was to understand the community knowledge, attitudes and practices on the existing gaps in relation to MVCs support and get recommendations from the interviewees, respondents who filled the questionnaires and those clients who were involved in focus group discussion. The study wanted to collect views on what measures should be taken to support MVCs in Pamba Community. The problem Identification helped greatly Jijenge – Pamba to identify relevant stakeholders, set objectives and activities to be reached in order to reduce the magnitude of the problem.

2.1. BACKGROUND TO THE PROBLEM.

The UN General Assembly (1989) adopted the convention on the rights of the children. It elaborated more the rights of children all over the world, regardless of their colour, language, sex, religion or race. The convention was the first human rights document to contain civil and political as well as social, economic and cultural rights.

Furthermore, there was a universal Declaration on Human rights (1948) and the United Nations had proclaimed that the child is entitled to special care and assistance and was convinced that the family, as a fundamental institution in the society should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community. It meant that the child requires full and harmonious development in an atmosphere of happiness, love and understanding.

The declaration on rights of a child indicated that, because of reasons of its physical and mental immaturity, needs special safeguards and care including appropriate legal protection.

There were also Africa leaders under the auspices of the organization of Africa Unity (1990) which adopted the African charter on the Rights and welfare of the child.

The universal declaration (1948) recognized the need to take appropriate measures to promote and safeguard the rights and welfare of the African child. It has been noted that the situation of most African children remained critical due to the unique factors of their socio-economic, cultural, traditional and natural disasters.

After different initiatives being taken at different levels, many NGOs, FBOs, CBOs and the government have been tackling the issue of MVCs independently as a project. The community members were asked to send their children to centres where the services were available. On other hand the guardians were not supposed to contribute anything and hence MVCS were stigmatized and discriminated from other family members.

Instead of the efforts done by different institutions still the MVCs in Nyamagana District is seen as a social malady.

Despite the rapid urbanisation of Mwanza City, of recently it has been noted that the number of most vulnerable children (MVC) aged 5 – 17 years roaming especially in the streets of Nyamagana District of Mwanza City has increased. The available data indicates that the number of MVC increased from 6785 in 2001 to 10704 in 2004 (Planning Office: January 2005). A collaborative study on vulnerability audit conducted in 2004 by Community Development Department and Kuleana Children's Rights Organisation revealed that MVC migrated from one ward to another within the City while others from the neighbouring districts of Sengerema, Misungwi, Geita, Magu, Bukoba and Musoma. The study categorized the MVC into three major patterns: the first group is the AIDS orphans constituting 55 per cent of the interviewed MVCs. The 2003-2004 Tanzania

HIV/AIDS Indicator Survey puts the HIV prevalence in Mwanza in the range of 6 – 9.6%, more or less above the national average of 7%. The second category constituting 35 per cent is that of MVCs affected by family based problems (e.g. marriage break ups caused by domestic violence, excessive alcoholism among parents, abject poverty and school drop out) while 10 per cent are those influenced by peers especially those migrating from one ward to another within the City (MCC Report: 2004).

The increased numbers of MVC in Mwanza City pose critical challenges to local government authority, civil society organisations and urban communities in addressing the socio – economic problems affecting such vulnerable children. The identified problems affecting the MVC included engagement in risky behaviour such as drug abuse (alcoholism, cocaine and bhang smoking), sex abuse (prone to HIV/ STIs infections and pre – marital pregnancies) and pick pocketing. The MVC are lacking access to basic education, health care, balanced diet, proper shelter, parental or guardian moral support, care and guidance.

As the communities and families have higher expectations on their children as their heirs, the delay in addressing the emerging problem of increasing number of MVC will apparently lead to moral decay contributing to loss of future "Fathers and Mothers" - a productive force for building a Nation. The delay in addressing the problem of increased number of MVC in Mwanza City will contribute towards impacting on children's growth and development associated with risks of being vulnerable to HIV/ AIDS/ STIs infections, mental illness due to drug abuse, unwanted pregnancies leading to increased number of MVC in the streets, death caused by mob justice and immoral behaviour.

With regards to the challenges of increased number of MVC in the Nyamagana district, the Jijenge - Pamba a community based organization related to improve Women's sexual and reproductive health is now targeting on children and youth within the age of 5 – 17 years old aiming at contributing towards improvement of socio – economic well being of MVC in Nyamagana District of Mwanza City. The JIJENGE-Pamba interventions will include capacity building of communities and other stakeholders in supporting MVCs socially and economically. In achieving this, the JIJENGE-Pamba will use a range of participatory approaches that will include community, CSOs supporting children and addressing HIV/ AIDS and local government throughout the project circle.

2.2. STATEMENT OF THE PROBLEM.

The increase of MVCs in Nyamagana district has been caused by family based problems, AIDS orphans (Loss of both parents) and abject poverty. It also has a challenge to the City council, civil society organisations and urban communities in addressing the socio – economic problems affecting such vulnerable children. The identified problems affecting the MVC included engagement in risky behaviour such as drug abuse (alcoholism, cocaine and bhang smoking), sex abuse (prone to HIV/ STIs infections and pre – marital pregnancies) and pick pocketing. The MVC are lacking access to basic education, health care, balanced diet, proper sheltering, parental or guardian moral support, care and guidance. In the project area, the number of MVCs constitutes 6% of the total population.

As the communities and families have higher expectations on their children as their heirs, the delay in addressing the emerging problem of increasing number of MVC will apparently lead to moral decay contributing to loss of future productive forces for

building Tanzanian economy. The delay in addressing the problem of increased number of MVC in Nyamagana district will contribute towards impacting on children's growth and development associated with risks of being prone to HIV/ AIDS/ STIs infections, mental illness due to drug abuse, unwanted pregnancies leading to increased number of MVC in the streets, death caused by mob justice and immoral behaviour.

2.3. OBJECTIVES.

The overall objective of this study was to support most vulnerable children to access their rights through strengthening the capacity of community members in addressing key issues that affect children.

2.3.1 SPECIFIC OBJECTIVES.

Specific objectives of this study were as follows:

- To strengthen the capacity of community members in supporting MVCs to access their basic rights from 20% - 40% by the year 2007.
- To advocate for inclusion of MVCs activities into Ward and City comprehensive Development plan by the year 2007.
- To document and widen disseminations of lessons learnt on community based support to MVCs in urban settings by the year 2007.

2.3.2 ACTIVITIES.

The mentioned activities were implemented so as to accomplish the stated above objectives;

- To update the ward MVCs inventory.

- To conduct a one day mobilization workshop to 42 community leaders.
- To establish and raise community funds for MVCs support.
- To conduct fund raising event involving 25 institutions.
- To conduct a one day sensitization meeting for 20 heads of departments and sections.
- To conduct monitoring and follow up of resources allocated to support MVCs.
- To produce 1000 fliers on best practices based on community support to MVCs.
- Use of media for publications.

2.4 AREA OF THE STUDY.

The study was carried out in pamba Ward in Mwanza City.Pamba ward is among the 21 wards in Mwanza City and it is within the centre of the city where there is a big number of MVCs as compared to other wards.

2.5 TARGET COMMUNITY.

The project is targeting the whole community of Pamba ward especially most vulnerable children who are to be served by the project at their respective homes. The project is owned by the community under supervision of the community based organization i.e. Jijenge-pamba. The community itself is supposed to participate fully in tracking the project as well as giving their contributions in terms of in- kind or money to support the group.

2.6 STAKEHOLDERS.

In implementing this project, other key players were involved to support it. These were Community members, Government leaders, civil society organizations (NGOS, CBOS and FBOS) and the private sectors.

Community members were likely to contribute any kind of support to most vulnerable children and play the role of safeguarding the rights of this cohort. Government leaders are supposed to make sure that the rights of most vulnerable children are protected by the community and to make sure that the MVCs activities are included into Ward and council comprehensive plans for support. The civil society organizations are supposed to mobilize resources from outside the community for MVCs support and advocate to the community to play its role of taking care of this group. The private sector is responsible to provide any kind of support to MVCs like School materials, food, health services and if possible to contribute cash money in community funds established at ward or mtaa level to support MVCs.

2.7 ORGANIZATION CONTEXT.

Jijenge-Pamba is a community based organization which hosts this project. It was established in January 2003 with 40 founder members (20 males and 20 females). The main objective of this CBO is to improve women's sexual and reproductive Healthy in Pamba, Igogo and Mkuyuni wards in Nyamagana district in Mwanza City. There after the group started focusing on supporting most vulnerable Children to access rights through strengthening capacity of Community members in addressing key issues that affect the children. The CBO is not yet registered but it is in the process to be registered. The group

activities are well recognized at ward and City Council level and it is permitted to work in three wards. The organizational office is located in Pamba ward at Bugando Mission Street in mwanza city. Their contact address is C/O Pamba Ward Executive Office. P.O. Box 1333 Mwanza, The contact persons are Hassan Kaswa, a group chairperson and Dickson Mgalla who is a group secretary. The group is working closely with TUHAKO, MOG, TANESA and AMREF.

2.8 BENEFICIARIES.

The project involved three groups of beneficiaries:

- Primary beneficiaries – children living in difficult environment.
- Secondary beneficiaries –Affected families with most vulnerable children and community.
- Third beneficiaries – project group members who are undertaking the project.

Through the researcher's efforts, the CBO has received funds from TACAIDS through Regional Facilitating Agency-TANESA.The received funds were used to support most vulnerable children in terms of school materials like exercise books, pens, school uniforms, pairs of shoes and socks. They also received funds from AMREF amounting to 2,000,000/= to support MVC in school fees, school materials and uniforms for 2006. Furthermore the funds were used also to mobilize community to establish community funds whereby 6 mitaas have already opened the bank account. The future sources of funds are grouped into four i.e. Community members, the group

Private/ public companies. Development partners and Local contribution from group members.

CHAPTER THREE: LITERATURE REVIEW.

This part tried to reveal what others have explained about the cohort of most vulnerable children and how it is oppressed. The reading has been categorized into three perspectives that is Theoretical, Empirical and Policy reviews.

Theoretical part of the Literature review tries to explain more details on theories behind the problem of most vulnerable children, different concepts and principles guiding the subject.

Empirical literature as part of a literature review tries to review what other scholars have done in relation to most vulnerable children. It also tries to analyze what should be done by the researcher in order to avoid duplication of studies which have been done by others. Through empirical review, the gap between the previous studies and the recent can be developed and different policies at different levels clarifying the issue of most vulnerable children and advocacy for it to be seen.

The children's rights to survival in terms of health and education are through provision of essential goods, services and the freedom from exploitation, abuse and violence of any kind. Human rights treaty in history, the convention on the Rights of the child was adopted by the UN General Assembly in 1989. It represented the global consensus on the terms agreed on different scholars who observed the most vulnerable children as a burning issue. Despite the fact that their numbers are increasing, their standard of living deteriorating day after day, as most of them lived in difficult environment compared to other children.

3.1. THEORETICAL EXPLANATION OF CAUSES, CONSEQUENCES AND HOW TO SUPPORT MOST VULNERABLE CHILDREN.

UNICEF (2005) Stated that" Millions of children and adolescents live on the streets of urban areas and are overlooked by existing social and economic systems and services. Many of these children are from poor, single – parent households or broken homes through domestic violence that could not support them. Others have run away from abusive or violent environments".

Adler at el (1997) added that "rapid urbanization of cities or towns encourages Rural urban or urban to urban migrations which contribute a lot on high social interaction among the town dwellers and migrants in search of potentials". This has marked the growing gap in economic status hence increasing vulnerability and marginalization of resource poor house holds.

Kuleana (1998) Commented that "Most of the street youth are engaged in sexual activities in an early age, and that are forced into prostitution as a means of survival". It was added that, "street adolescents are vulnerable to pregnancy and illegal abortion, and they lack education which often prevents them from developing literacy skills or learning about life skills".

Bishop (2002); Bishop Looks at where oppression comes from and what can be done to change it. The role of individual healing and the struggle for social justice as well as what

role this might have to do with individual healing .He asks questions about why members of oppressed groups fight each other and why those who experience oppression develop a life-long commitment to fighting oppression, while others turn around and suppress others. Bishop attempts to help answer these questions in addition on how to become an ally, understanding oppression and how it is held in place as well as understanding that the personal is the political and that there are different forms of oppression and how to work toward consciousness and healing and becoming a worker in liberating oneself and others from different forms of oppression.

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

Foster at el (1995).Tried to analyse the emergency of most vulnerable children and how they are affected and suggested some solutions to be taken into consideration to reduce the magnitude of the problem. An orphan enumeration survey of 570 households was conducted in and around Mutare, Zimbabwe in 1992; 18.3% (95% CI 15.1-21.5%) of households included orphans; 12.8% (95% CI 11.2-14.3%) of children under 15 years old had a father or mother who had died; 5% of orphans had lost both parents. Orphan prevalence was highest in a peril urban rural area (17.2%) and lowest in a middle income high density urban suburb (4.3%). Recent increases in parental deaths were noted; 50% of deaths since 1987 could be ascribed to AIDS. Orphan household heads were likely to be older and less educated than non- orphan household heads. These people added that

the majority of orphaned children are being cared for satisfactorily within extended families, often under difficult circumstances. Care giving by maternal relatives represents a departure from the traditional practice of caring for orphans within the paternal extended family and an adaptation of community-coping mechanisms. There was little evidence of discrimination or exploitation of orphaned children by extended family caregivers. The fact that community coping mechanisms are changing does not imply that extended family methods of caring are about to break down. However the emergence of orphan households headed by siblings is an indication that the extended family is under stress. Based on this argument, therefore emphasis needs to be placed upon supporting extended families in the community by utilising existing community-based organisations. Orphan support programmes may need to be established initially in high risk communities such as low-income urban areas and peri-urban rural areas.

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

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

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

3.2. EMPIRICAL LITERATURE ON MOST VULNERABLE CHILDREN:

Most of the programmes or intervention targeting children living in difficult environment were done separately without involving the community as you can see different authors' ideas.

Stevens (1999). This article discusses the realities and challenges of reaching a group of youth characterized as "socially marginalized." These youth often have weakened or severed family ties and lack connection to institutions such as schools, youth clubs, or a formal workplace. Children are vulnerable to sexual exploitation and are at disproportionately high risk of unintended pregnancies and STIs, including HIV/AIDS. They often lack access to reproductive health information, counselling, legal protection, and health and other services. Reaching these individuals requires special planning, advocacy efforts, and supplemental resources.

Data on the numbers of socially marginalized youth in different countries are presented as well as mechanisms for reaching, serving, and advocating for this group of young people. Based on that explanation, Stevens commented that "Youth centres or clubs should be established to support marginalized children in terms of vocational trainings, legal protection, reproductive and health information, counselling and other services". From this point of view, centres like Kuleana (Mwanza), Orphanage centre, child rescue centres were established and collected different marginalized children and put them in one centre.

Brady (1998). This study tries to discuss the potential for sports programs to assist girls in developing self-esteem, mastering new skills, and formulating a sense of bodily

integrity. The author states that "sports program, which are primarily offered to boys, teach participants about team work, goal setting, the pursuit of excellence, and other achievement-oriented behaviors". The potential of these benefits to enhance girls' sexual decision-making skills and ability to negotiate the use of contraceptives is discussed. The author encourages youth advocates, program planners, and health services to offer programs such as sports activities that enable girls to take more control over their lives. From this study it can be noted that even boys can access this kind of Programs and not only girls as stated by the author. He concluded that such services should be provided in orphanage centers or children centers.

The news paper, This Day (2006) July 20 explained the rapidly increasing population of Most Vulnerable children in Lesotho which has forced the government and Non-governmental Organizations to draw up guidelines for their care. It is also happening in Tanzania "There are many registered organization around that offer shelter, care and support to the most vulnerable children. Unfortunately, in some of these centers, children are abused said Limakatso Chisepo, Director of the department of Social Welfare in Lethoto.

Professor Kutloan Leshomo (2004) commented that most vulnerable children should be grouped together in centers so that they can access easily social services they lack. He added that "Given the Vulnerability of children growing up without parental care, these children, especially girls, drop out of schools"

Leshomo (2004), observed that "Because of the Stigma attached to HIV/AIDS. The children are discriminated against and get excluded from accessing basic services such as

education. In addition to suffering, abuse and exploitation, some are being denied their rightful inheritance. Being in centers it can be easily to get the needed services, shelter and accommodation.

This is what many governments have been doing in supporting most vulnerable children and this study attempts to involve the community in supporting this cohort.

Mosisili (2001) advocated for the care of Most Vulnerable Children that "it is everybody's role and responsibility for the care and support of most vulnerable children". Mathato Mosisili who is the Lesotho's First lady advised that "The government or Non government should build the capacity of the community to take charge and responsibility of caring and supporting this cohort."

3.3. POLICY REVIEW AT NATIONAL LEVEL.

MCDWC (1996) defined policy as the rights of children as "Survival rights, Development rights, Protection rights, Participation rights and the right not to be discriminated against". The rights of the child are frequently violated by the community, Parents and guardians who have been left to bring up children and care for them and their interests without taking into account their economic status, education, tradition and customs and the environment in which they live.

The policy stated that, the community should be fully involved in issues of child protection by abandoning norms and values which endanger the life of the children, strengthening positive values: Participating in communal upbringing and providing services to children in difficult circumstances". Based on this, the policy insisted that the

community should take the roles and responsibilities of caring for the children before asking any support from outside the community.

The policy added that, it is currently estimated that there are more than two million Orphaned children as a result of AIDS and the number is still increasing fast. It commented that, if this serious case is not taken care of all the orphaned children will live in a difficult circumstance". So it is now a time to involve every member of the community to identify this situation and find alternative solution before bursting.

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

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

All the literatures reviewed above do acknowledge that the children cohort has been left away and ignored by communities hence it needs consecutive efforts to support this

cohort. Initiatives should first emanate from the community and then to the local government concern and to the stakeholders

3.4. POLICY REVIEW AT REGIONAL LEVEL.

At the Regional level, the Government of Tanzania has signed a document called "The African Charter on the rights and welfare of the child".

African Charter Article 13 stated that, all rights apply to all children without exception and it is the obligation of the state to protect children from discrimination. The article added that disabled children have the right to special care, education and training. This has to be designed to help them to achieve the fullest possible self-reliance and to lead a full and active life in a society.

Article 3 of the African Charter states that "The children have a right to an adequate standard of living and it is the primary responsibility for parents to provide this "Actually the focus here is the right to survival and development of a child.

3.5. POLICY REVIEW AT INTERNATIONAL LEVEL.

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

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

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

CHAPTER FOUR: PROJECT IMPLEMENTATION.

The project intended to strengthen the capacity of Pamba ward community members to care and support MVCs while they are at their respective homes. This part reveals the project implementation status and the situation at the moment.

The study on MVCs problem in Pamba ward was conducted as a crucial prerequisite exercise for designing a project proposal which was necessary to address the MVC Problem in Pamba ward and Mwanza City as a whole. The reason behind was to ensure effective implementation of the proposed project on survival of the Most Vulnerable children in Nyamagana.The necessary interventions had to be carried out through planned activities. Relevant inputs were needed for each activity to be carried out. The Implemented activities helped to produce outputs which were necessary for the project implementation. A work plan for the entire implementation period was prepared for effective and efficiency implementation and utilization of resources

4.1. PLANNED ACTIVITIES.

The overall objective of the project is to Increase support to MVCs to access their basic rights by 2007. The set strategy was to strengthen the capacity of community members in supporting MVCs to access their basic rights.

In implementing this, the following activities were planned to be implemented.

- Up date the Ward MVCs Inventory
- Conduct a one day mobilization meeting to 42 community leaders.
- Establish and raise community funds for MVCs support.
- Conduct fund raising events involving 25 institutions.

- Conduct a one day sensitization meeting to 20 heads of Departments, Units and Sections.
- Conduct monitoring and follow-ups of resources allocated to support MVCs.
- To produce 1000 fliers on best practices based on community support to MVCs.
- Use of Media for publication.

4.2. PROJECT SET OF OBJECTIVE.

The table below shows clearly the project overall objective, specific objectives, activities undertaken to achieve the stated objectives. It also shows the resources needed to accomplish the activities, the persons who are responsible for each activity and the time to implement it.

Table 12. Project planning matrix:

Overall objective	Specific objective	Activities	Resources	Responsible person	Time frame
To support most vulnerable children to access their basic rights through strengthening the capacity of community members in addressing key issues that affect children.	Strengthening the capacity of community members to support MVCs to access their basic rights from 20 – 50% by the year 2007	To update the ward MVC inventory	Log Books, Transport Allowance	CBO Member WDC Members	February 2006
		To conduct a one day mobilization workshop to 42 community leaders	Stationeries,Refreshments Venue, Fare for participants Facilitators allowance	CBO Member. CED student	March 2006
		To establish and raise community funds for MVCS support	Public address systems, Facilitation	Ward councilor. CBO member	April 2006
		To conduct fund raising event involving 25 institutions	Venue , Facilitation Dinner Invitation card, transport	CBO member Ward councilor CED student	May 2006
	Advocate for inclusion of MVCs activities into ward and City comprehensive Development plan by the 2007	To conduct a one day sensitization meeting to 30 WDC members	Venue, Allowance Facilitation allowance,Stationeries refreshments	CBO member CED student	May 2006
		To conduct one day sensitization meeting to 20 heads of departments and section	Venue, Allowance Facilitation Allowance Stationeries	CBO member CED student	June 2006
	Documentation and wider disseminations of lessons learnt on community based support to MVCs in urban settings by 2007	To produce 100 fliers on best practices based on community support to MVCs	2 ream paper designer photocopier	CBO member CED student	Dec.2006
		To conduct monitoring and follow up of resource allocated to support MVCs	transport meal allowance	CBO member WMVCC,WDC CED student	March, June, Sept.,Dec. 2006
		To conduct 2 evaluation meeting with 50 stakeholders	Venue, Refreshments Fare allowance	CBO member WDC CED student	June 2006 December 2006

Source: researcher's findings 2006

Table.13 Project budget.

S/No	ACTIVITY	BUDGET
1	To update the ward MVC inventory	1,080,000.00
2	To conduct a one day mobilization workshop to 42 community leaders	524,000.00
3	To establish and raise community funds for MVCS support	1,650,000.00
4	To conduct fund raising event involving 25 institution	465,000.00
5	To conduct a one day sensitization meeting to 30 WDC members	430,000.00
6	To conduct one day sensitization meeting to 20 heads of departments and section	430,000.00
7	To produce 100 fliers on best practices based on community support to MVCs	80,000.00
8	To conduct monitoring and follow up of resource allocated to support MVCs	1,650,000.00
9	To conduct 2 evaluation meeting with 50 stakeholders	1,830,000.00
	Project Gland Total	**8,139,000.00**

Source: Researcher's findings 2006

For more information on table 13 on project budget analysis you can see appendix 12.

4.3. IMPLEMENTATION STATUS.

The MVCs project has been planned to be carried out in the duration of two years starting in January 2006. Therefore the implementation status shown in this report is for the first year of operation. Till January the following activities were already conducted and brought the mentioned below outputs.

- Up dated of MVCs Inventory.

- Existence of community funds – About 8 out of 15 mitaas has already opened special accounts for MVCs support.
- Increased awareness among community members to support MVCs.
- City Council in collaboration with the WEO has decided to set aside a budget for MVCs and include it in a comprehensive development Plan for 2007/2008.
- Through a CED student, AMREF-Mwanza has contributed 2.6 million and TACAIDS through Regional Facilitating Agency (TANESA) has also contributed 1.8 million to support MVCs in Pamba ward.
- 120 MVCS have been supported with school materials, food and school fees.

CHAPTER FIVE. MONITORING, EVALUATION AND SUSTAINABILITY.

This part tries to describe how monitoring process and evaluation of the project were undertaken as well as to ensure sustainability of the project.

As a yard stick of measuring whether Implementation of the activities is done in accordance to the stipulated objectives, the process of monitoring and evaluation commenced as the project starts. Monitoring and evaluation of development activities provided government officials, Civil society organization and Community members with better means for learning from past experience, improving services delivery, planning, allocating resources and demonstrating results as part of accountability to key stakeholders devoted to support MVCs.

Project monitoring and Implementation was conducted by the members of Jijenge – Pamba and community members in collaboration with the CED student.

5.1. MONITORING.

Monitoring is a continuous process aimed at looking on how day-to day activities are implemented so that necessary corrections can be done to achieve the desired goal before failure. Monitoring provides managers with information needed to analyze the current situation, identifying problems and find solutions, discover trends and patterns, keep project activities on schedule, measure progress towards objectives, formulate and revise future goals and objectives, make decisions about human, financial and material

resources (CEDPA:1994). It also helps project managers to keep on track and report on the progress towards the goal and objectives set aside.

In case of monitoring, this project will be linked to other stakeholders and the community for monitoring its progress. The monitoring process will include field visits, review of service delivery to MVCs, monthly review meetings and onsite training.

The project is also linked to the local government authority for support and guidance of its implementation based on the National commitment towards ensuring that all children are accessing basic rights. The community leaders are the ones who are typically supposed to monitor daily activities which are provided to the MVCs from their areas of juridisification and report to the JIJENGE-pamba for documentation and other further action.

The purposes of monitoring survival of the most vulnerable children Project like any other

Project or activities are:

(i) To provide information during the life of the project so that adjustments or modifications can be made if necessary before it is too late to take corrective measures.

(ii) To provide information for decision makers by keeping track of activities regularly. It gives immediate feedback and can be used for future evaluation.

(iii) It helps to examine progress towards objectives and activities.

(iv) Descriptive information with quantitative information helps to do analysis or project progress.

(v) Continuous feedback throughout the life of the project activities ensures that the quality of activities is sufficient to provide good results.

(vi) It helps to indicate whether resources are used effectively.

(vii) Monitoring can provide realistic information while also showing trends.

The major monitoring questions are "What do you want to know?" and "What do we monitor that will tell us this?" For each monitoring question they are monitoring indicators that answer the monitoring questions.

5.1.1. MANAGEMENT INFORMATION SYSTEM.

Management information system is needed to keep the project on schedule, measure progress and set the stages to evaluate the project. In this project, project monitoring will be carried out throughout the two years of the project period using different looks to ensure that the enumerated activities herein are implemented as planned and thus achieve the stated objectives.

Checklist as a monitoring tool was designed and used to collect information which were analyzed, compiled and reported to various users of that kind of information i.e. Jijenge-pamba group members, city council, community leaders as well as stakeholders.

The report clearly shows;

- The number of MVCs reached and supported.
- Problems faced by MVCs, how to handle and tackle them.
- The type of support given to MVCs and how the community participated in that particular support.
- Involvement of different stakeholders in supporting MVCs.

- Political will and commitment of leaders.
- How many mitaas have already opened special accounts for MVCs and how much have been contributed since then.

Briefly, the report shows how the objectives and activities were achieved. The group secretary in collaboration with the group chairperson monitors the day-to-day activities to see to it that they are implemented timely and compiles all the reports for submission to the city council, ward development committee and ward MVC committee for notification and further actions. The report is likely to be shared with stakeholders for learning best practices.

Table 14.Monitoring and evaluation Matrix.

Objective	Indicators	Source of information	Data collection tool	Who collect data	Data users
To strengthen the capacity of community members in supporting MVCs to access their basic rights from 20% to 40%	• Number of special accounts opened for MVCs. • Care and support services to MVCs. • Number of community members willingly to support MVCs. • Number of stakeholders devoted to support MVCs.	• Community members. • MVCs. • Community leaders. • Stakeholders. • Guardians/parents	• Face to face interview. • Checklist. • Focus group discussion.	• Monitoring team. • Jijenge pamba group members	• WDC • CC • WMVCC • Stakehoolders
To advocate for inclusion of MVCs activities into ward and City comprehensive Plan by 2007	• Ward and City comprehensive plan documents. • MVCs activities mainstreamed into comprehensive plan document.	• CMT • WDC	• Interview • Focus group discussion	• Monitoring team. • Jijenge – Pamba group members	• CSO • CMT • WDC
To document and wider disseminations of lessons learnt on community based support to MVCs.	• Lessons learnt document. • Leaflets • Publications	• Community leaders. • WDC • WMVCs • Jijenge – Pamba	• Interview • Documentary. • Focus group discussion.	• Monitoring team. • Jijenge – Pamba group members	• CSO • CMT • WDC • Community members

5.1.2 MONITORING PLAN.

Jijenge-Pamba group members are meeting every Saturday at the end of each month to discuss progress, problems and identify solutions, suggestions and strategies for the way forward.

The group also agreed that at the end of every month review of the records and activities carried out are done against the plan, this helps group members to know whether activities are undertaken as per agreed project plan or not.

5.1.3 INDICATORS TO BE MONITORED.

- Up dated ward MVCs inventory.
- 42 community leaders being mobilized.
- Community funds for MVCs are established.
- Special accounts for MVCs are opened at every Mtaa.
- Fund raising events are conducted.
- 20 head of departments and sections are mobilized.
- Proper allocation of resources.
- Produced 1000 fliers on best practices.

5.1.4 RESEARCH METHODOLOGY.

In order to asses the progress of the MVCs project and to monitor the activities carried out, it is important to collect data. The data collected from various activities are used to track and measure the progress achieved, problems encountered and how to address it.

The following methods were used to collect data for monitoring.

(i) INTERVIEW.

This tool was used to collect information from individuals through asking questions and getting answers from the interviewees. The checklist was used for interrogation and the discussion mainly centered on project objectives, activities and how it implemented. The questions wanted to assess weather:

- MVCs inventory is updated and the number of MVCs are known by the community.
- 42 community leaders are mobilized and how the workshop helped them.
- The community funds are already established and functional.
- Fund raising events are conducted, how much collected and its expenditure.
- Head of departments and sections are sensitized
- MVCs activities are mainstreamed into ward and council comprehensive plan.
- Special accounts for MVCS at every mtaa are opened.
- Fliers and different publications are available.

(ii) FOCUS GROUP DISCUSSION.

Discussion was made with the following focus groups.

- Council Management Team
- Ward Development Committee
- Ward Most Vulnerable Children Committee
- Community leaders
- Civil Society Organizations
- Parents and Guardians.

The data collected on activities performed, progress achieved and problems encountered are recorded by Jijenge-pamba group secretary in collaboration with CED student and are kept manually in files.

(iii) REVIEW OF RECORDS.

The data and information collected during secondary data review included; review of implementation reports and financial reports on MVCs supported and experience gained from the project.

Other data obtained during the review of secondary data was to review meeting minutes and training reports in order to gather data on issues discussed and the decision reached during the community leaders and head of departments' sensitization meetings.

The method used not only to know what records were kept by the group (CBO),but also to assess how the project progress was documented as well as the quality of the records kept. The weaknesses observed were corrected for future use.

5.2. EVALUATION.

Evaluation is the process of gathering and analyzing information to determine whether the project is carrying out its planned activities and the extent to which the project is achieving its stated objectives through the stated activities.

The purpose of evaluation is to find out how effective the project is; it also helps to asses whether objectives and activities has been achieved effectively and efficiently and to plan for future improvements.

Project evaluation was done periodically, and mid term evaluation was also done in December 2006.It was done through community meetings, focus group discussion and interview with a checklist. The evaluation focused on progress in work plan, implementation process of planned activities, effectiveness of the project as well as cost effectiveness of the project.The evaluation of the project was based on three aspects of the level of participation of the local community in project activities i.e decision making,implementation,monitoring and evaluation,the capacity of local community in sustaining the project activities as well as to explore major project achievements at community level.

5.2.1 EVALUATION METHODS.

Project evaluation was conducted in order to assess the project achievements, constraints and challenges. The methods used for evaluation purposes were as follows:

- Meeting. A meeting with community leaders was held for evaluation. A total of 85 community leaders attended that particular meeting. The evaluation team started by explaining to participants the overall objective of the meeting and how the project is implemented. Thereafter the core facilitator invited community leader to express their feelings in connection to the project. Open discussion to all participants and focus group discussion were used.
- Interview. Evaluation team interviewed some of community members to learn more about the project success. This was done immediately after ending evaluation meeting and it aimed at supplementing for some information collected during the meeting. About 96.4% of the interviewees agreed that the project has brought changes among community members. One of the interviewees acknowledged that "The community

itself is involved fully in caring and supporting MVCs as you can see special accounts opened at every mtaa for MVC support"Halima:2006.The project has undergone a participatory evaluation, both internal and external, stakeholders gave their views in regard to its performance.

5.2.2 FORMATIVE AND SUMMATIVE EVALUATION.

- Evaluation is carried out periodically and at the end of the project Jijenge-pamba project team will carry out evaluation to assess progress of the planned objectives, activities and its implementation.
- At the end of every six months period, the project will be evaluated to see whether all mitaas have opened special accounts for MVCs and whether MVCs have received social support from the community and how the community is responsible to MVCs.

Evaluation helps to see if Jijenge-pamba group is performing its duties effectively and efficiently. Evaluation will be conducted in two categories that is formative and summative.

Formative evaluation will be done while guided by the recommendation which were designed to improve and strengthen the project. The guided recommendations are:-

- Community willingness to care and support MVCs.
- Commitment of political leaders to advocate for the problem.
- The capacity of the CBO/Implementers in Managing the project.
- Availability of resources from internal and external sources.
- Political stability within and outside the project area.

Evaluation will be conducted after the first six months (mid term evaluation using participatory approaches and the group members will be part and parcel of the evaluation team as well as stakeholders as external evaluators.

Summative evaluation will be conducted at the end of the project and is designed to measure outcomes, direct and indirect benefits to both MVCs and the hosting organization.

The expected outcomes are;

- Increased awareness among community members on MVCs.
- Willingness of community members to care for and support MVCs.
- Increased capacity of CSOs in advocating for the rights of MVCs
- MVCs activities and whether the project is included in the ward/council comprehensive development plans and allocated with resources.
- Most vulnerable children are supported in their respective homes.
- Numbers of new jobs are created among poor resource households.

5.2.3 PROJECT OUTCOMES.

After conducting mid term evaluation, it was realized that the planned objectives and activities was achieved properly as you can see the indicators of success below:

- Updated MVC inventory.
- Existence of community funds and about 63% of mitaas has opened special account for MVCs.
- Increased awareness among community members to support MVCs.
- City council in collaboration with Ward Executive Officer has decided to set aside a budget for MVCs and to be included in a city comprehensive development plan for 2007/2008.

- Through a CED student, AMREF-Mwanza has contributed 2.6 millions to support MVCs as you can see **appendix 11**.
- TACAIDS through regional facilitating agency (TANESA-RFA) has also contributed 1.8 millions to support MVCs in pamba ward.
- A total of 120 MVCs has been supported uniforms, school materials, food and school fees.
- 42 community leaders and 20 head of departments and sections has been sensitized on how to care and support MVCs.
- 26 MVCs who did not attend classes before, are now attending classes.

The overall goal of the project is to support MVCs to access their basic rights through strengthening the capacity of community members in addressing key issues that affect children. All activities planned during eighteen months of project implementation were met as scheduled.

5.3 SUSTAINABILITY.

Sustainability refers to how the project ensures its capacity to function regardless of changes which might happen. Sustainability of this project is based on institutional, financial and political aspects.

Institutional sustainability is promoted through involvement of the community from the problem identification to implementation stage as well as evaluation process of the project so as to build the sense of ownership and control of the project. Enhancement of interpersonal relationship, ensuring equal representation in decision making and ensuring that the project is

addressing the community's felt need and the need of the community members and community at large to be involved fully.

Mwanza city council has agreed to incorporate MVCs activities into city comprehensive plan for 2007/2008 as well in the city council strategic plan. All interventions based on the project are people centred.The knowledge and skills gained by Jijenge-Pamba group members, community leaders, head of departments, sections and extension workers will help them to sustain the project.

5.3.1 SUSTAINABILITY ELEMENTS.

- The project is owned by the community under Jijenge-Pamba community based organization which is found within the project area.
- The project is participatory since those community members were involved in all project stages.
- The local government authority has adopted Multisectoral disciplinary approach to deal with MVCs.
- The community itself is contributing in terms of kind and cash to care and support MVCs.
- Political will and leaders' commitments.

5.3.2. SUSTAINABILITY PLAN.

- The CBO itself has decided to establish income generating activities whose profit will help to support MVCs.

- The pamba community members have observed that MVCs is a community problem and they have decided to deal with it effectively.
- The community has decided also to open special accounts for care and support of MVCs and each household is contributing Tsh.200/= per month.
- Community responses against MVCs

Briefly, sustainability rests on the CBO and community members who identified it as a felt need and the experience gained by the CBO is an added advantage to run out the project as well as community and political will.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS.

The community needs assessment and identification of the existing knowledge, altitude and practices in relation to MVCs in Nyamgana District was very instrumental in designing a project proposal for survival of the most vulnerable children. The methods used for obtaining the needed information included interviews, questionnaires and focus group discussion.

The Jijenge – Pamba proposal includes set objectives with planned interventions that need to be monitored and evaluated overtime to assess whether the project succeeded to support most Vulnerable children to access their basic rights through strengthening the capacity of community members in addressing key issues that affected children.

6.1. CONCLUSION.

The emergence of MVCs in urban areas is a social and developmental challenge which requires Multisectoral commitments in terms of political commitments, community responses and donor support where possible. Local government authority, civil society organizations and international organization are supposed to participate fully in supporting the initiatives facilitated by the community itself. All the MVCs interventions taken should address the real root causes and not symptoms of the problem and all the stakeholders should participate effectively and efficiently to seek sustainable measures/solutions.

On other side of the coin the range of participatory approaches should be employed in promoting awareness and strengthening capacity of stakeholders and community at large to adhere to the problem.

In advocating for access to basic rights of the MVCs, resources should be mobilized from within the community and outside the community where possible.

Lastly, I conclude that for those who are attempting the same project, let us collaborate and build partnership among ourselves so that it can be easy to manage, trap and track the resources as well as to avoid duplication of work/interventions. This is because two or more CSO can be serving one MVC while others are left without support.

6.2. RECOMMENDATIONS.

The problem of MVCs in Nyamagana District is alarming, so in order to curb it, the following are recommended.

- MVCs problems should be tackled collectively both by community itself and other stakeholders.
- All developmental partners should come together and join hands and efforts to fight against the MVCs problem.
- The establishment of MVCs community funds to support MVCs at every mtaa/village should be encouraged and supported as a paramount important to carter for the problem facing children and make sure that no children is left away without support.
- The obtained findings in this study should be the base for policy makers to put emphasis on the community participation at all levels in fighting against MVCs malady.
- The Jijenge-pamba as a CBO should be empowered to facilitate community members to deal with MVCs problems effectively and efficiently.

- Every member in the community is responsible to carter for MVCs problems.
- Government, parents and guardian should play their roles and responsibilities in making sure that children are safeguarded and protected by any means.

- MVC should be supported at their respective homes and not through centers.
- MVC should be involved or participate to make the most choice of their rights as well as basic needs.
- Community should be mobilized to initiate community funds and fund raising events to support MVC.
- The existing community structure should be strengthened to meet MVC problems.
- Capacity building in income generating activities to resource poor households so that they can manage to support MVCs at their respective homes.
- By-laws to protect the rights of children should be strengthened.

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