

Tanzania Human Resource Capacity Project MVC Program

Baseline Report -Iringa Region

November, 2011

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List of Acronyms

COCODA-	Community Concern Development Agency,
COF	Compassion foundation
DC	Division Counselor
DED	District Executive Director
DPLO	District Planning Officer
IDYDC	Iringa Development of Youths Disabled Children,
IPG	Implementing Partners Meetings
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation
MISO	Milo Sayunni Group Organization
MVC	Most Vulnerable Children
MVCCs	Most Vulnerable Children Committees
MD	Municipal Director
OVC	Orphans and Vulnerable Children
PSW	Para Social Worker
PSWTs	Para Social Workers Trainees
SHIPO	Southern highland participatory organization
TACAIDS	Tanzania Commission for AIDS
THRCP	Tanzania Human Resource Capacity Project

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1.0 EXECUTIVE SUMMARY

The Most Vulnerable Children component of the IntraHealth-Tanzania Human Resource Capacity (THRCP-MVC) Project under the support of USAID, in partnership with key stakeholders including the Department of Social Welfare; the Tanzanian Institute for Social Work; the Jane Addams College of Social Work; and the Prime Minister's Office Regional Administration and Local Government, is designed to support the roll out of Tanzania's National Costed Plan of Action for Most Vulnerable Children (NCPA) 2007-2010.

THRCP-MVC program conducted a baseline study in three new districts of Iringa region in order to describe the existing status of social welfare services delivery to Orphans and Vulnerable Children (OVC) and MVC. A baseline assessment was conducted as a benchmark against which program progress will be measured. The information gathered from the baseline study will be used to inform the planning and implementation of training for para social workers (PSWs) and para social workers' supervisors (PSW Supervisors). The results of this study will ultimately be compared with the outcomes that will be seen after training the PSW and PSW Supervisors i.e. providing and linking OVC/MVC with various social services providers in those new districts of Iringa Regions.

The main objectives of the baseline survey were;

- Establish baseline data on the existing status of social welfare service delivery to MVC in Iringa Region
- Document local government authority (LGA) budget allocations for MVC social welfare services in the district.
- Document the opinions and perceptions of key stakeholders/actors regarding social welfare service delivery in their area
- Document the number of District and Ward Social Welfare Officers who are currently employed, or are being recruited in each district and the type of support they provide to MVC
- Document incentives and resources provided by LGAs and other organizations to community volunteers who support MVC

Methodology

The baseline survey was conducted in three districts of Iringa region namely Ludewa, Makete and Njombe Town Council and 12 wards of Ludewa, Makete and Njombe Town Council. Purposive sampling was used to select districts for survey since they were the ones that program was not yet

implemented. At ward level random sampling was employed. The following methods of data collection were used:-

1. In-depth interviews with District Human Resource Officer, District Medical Officer, Education Officer (Special Education), District Planning Officer and Head of Department for Social Welfare Officer about social welfare service delivery in the district.
2. In-depth interview with District Social welfare Officer, Community Development Officer and Council HIV/AIDS Coordinator about the Coordination of support for MVC and Volunteers in the District.
3. Interviews with Program Coordinators working with MVC implementing organizations in each district council on the nature of service, sustainability strategies and progress to date.
4. Interviews with Ward Executive Officers, Village Executive Officers and Ward Counselors to determine if the Village or Ward had plans to support OVC/MVC
5. Focus Group Discussions (FGDs) with Most Vulnerable Children Committees Members (MVCCs), Community Volunteers and MVC Guardians about the perception and consistent level of MVC support provided by various service providers (both organizations and individuals).

Findings and Recommendations

Iringa region is working in collaboration with various MVC implementing organizations to support MVC but still there is a lot to be done because the services provided are not enough or of good quality. Furthermore, districts provide a small budget for social welfare activities which is not enough to support MVC issues in particular. Besides that, the level of advocacy for MVC issues is very minimal and there are not enough social welfare workers to support social welfare issues in the region. In addition, the community volunteers for MVC implementing organizations are motivated because they are provided monthly allowances and other incentives by their organizations however they are not working with the respective district councils. The social welfare service components fall under various departments making it difficult to perform well and be autonomous.

It is recommended to replicate best practices found in Iringa region to other program areas; like the fact that communities have established initiatives to

sustain MVC support e.g. community funding contributions and activities, although the implementation is about 30-40% that will be a stepping stone for program future interventions. Also there is a need to strengthen M & E system to enhance flow of information from village to district levels as it was found no system in place except data management system which was not well functioning.

2.0 Program Summary

The Tanzania Human Resource Capacity Project (THRCP) MVC program was designed to support the roll-out of Tanzania's National Costed Plan of Action for Most Vulnerable Children (NCPA) 2007-2010. This is a four-year program and will be implemented up to September 2013. The THRCP project is funded by the United States Agency for International Development Agency (USAID).

The overall objective of the THRCP MVC program is to strengthen local government systems to provide basic social welfare services for MVCs through the development and support of Para-Social Workers (PSWs) and their supervisors,

This program is implemented in partnership with various organizations; the partners are PMORALG, particularly Local Government Authorities (LGAs), Tanzania Institute of Social Work (ISW), Jane Addams College of Social Work (JACSW) of United States of America and American International Health Alliance (AIHA).

Currently the program is implemented in three regions: Dodoma, Mwanza and Iringa. The program will be scaled up to include the Mtwara Region.

The overarching goal of the THRCP MVC program is to strengthen local government systems to provide basic social welfare services to MVCs through the development and support of Para-Social Workers (PSWs) and their supervisors.

3.0 Baseline Objectives

The Tanzania Human Resource Capacity Project (THRCP) MVC program conducted a baseline assessment in order to describe the existing status of social welfare service delivery currently being provided to MVCs in Njombe urban, Makete and Ludewa councils. The results of this assessment will serve as bench marks against which future progress will be assessed.

Specific objectives:

- Establish baseline data on the existing status of social welfare service delivery to MVC in Iringa Region
- Document LGA budget allocation for MVC social welfare services in the district.
- Document the opinions and perceptions of key stakeholders/actors regarding social welfare service delivery in their area
- Document the number of District and Ward Social Welfare Officers who are currently employed, or being recruited, in each district and the type of support they provide to MVCs
- Document incentives and resources provided by LGAs and other organizations to community volunteers who support MVCs

The baseline findings will be used to inform:-

- **IntraHealth (Tanzania and Chapel Hill, North Carolina):** Final evaluation data will be compared against baseline data in order to demonstrate impact (or no impact) associated with the MVC program activities.
- **Local Government Authorities (LGAs):** The findings will enable the LGAs to make evidence.- based decisions in terms of allocating enough resources to support MVCs as well as other MVC volunteers in their respective districts
- **Department of Social Welfare (DSW) of the Ministry of Health and Social Welfare (MOHSW):** Data collected will inform the DSW of the existing status regarding social welfare service provision to MVCs in the districts
- **MVC .implementing Partner Group (IPG) members and other:** The findings will inform IPG members and other MVC stakeholders on the ways in which social services are currently provided to MVCs in the Iringa Region

4.0 IRINGA REGION BACKGROUND INFORMATION

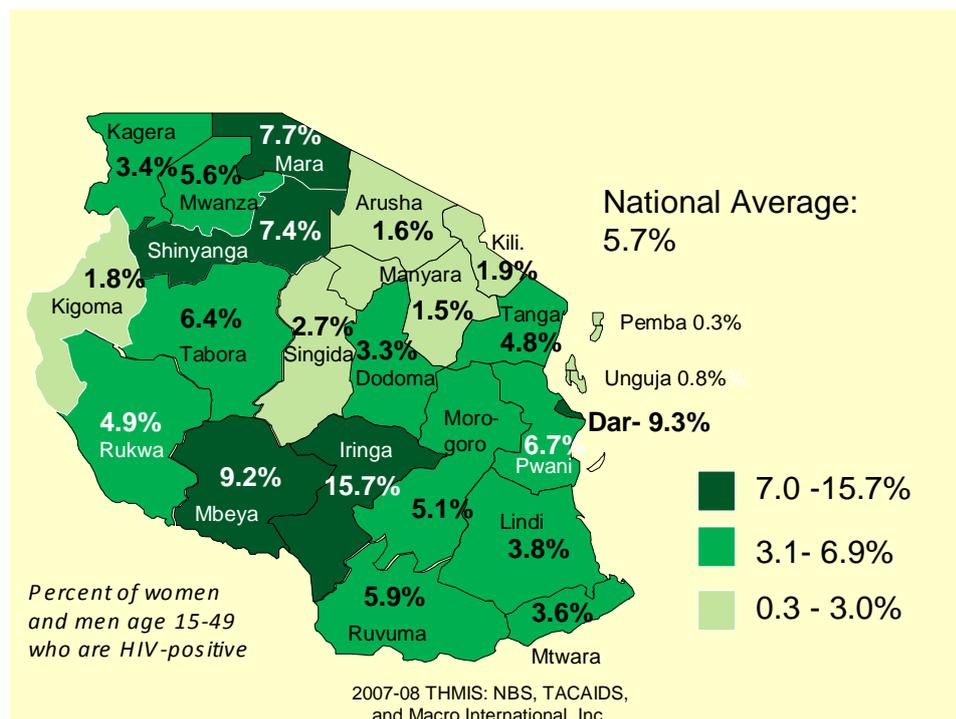
HIV/AIDS situation and Orphan hood in the region

It is almost 24 now years since the first AIDS patients were diagnosed in 1986 in Iringa region. Since then the HIV prevalence has been increasing and the situation is becoming much worse than expected, leading to stagnate social and economic development of communities in the region.

The HIV/AIDS situation in the region requires an emergency response in order to slow and stop further increase in HIV prevalence. According to the official

results of Tanzania HIV/AIDS Malaria Indicator Survey (THMIS) {THIS II} 2007/2008, Iringa region HIV prevalence has increased from 13.4% to 15.7%, , almost three times of the National prevalence of 5.8%. Nationally, women have a higher rate of infection (6.8%) , while men's rate is 4.7%. The HIV/AIDS prevalence rate in Iringa region is the highest in the country, followed by Dar es salaam and Mbeya regions respectively.

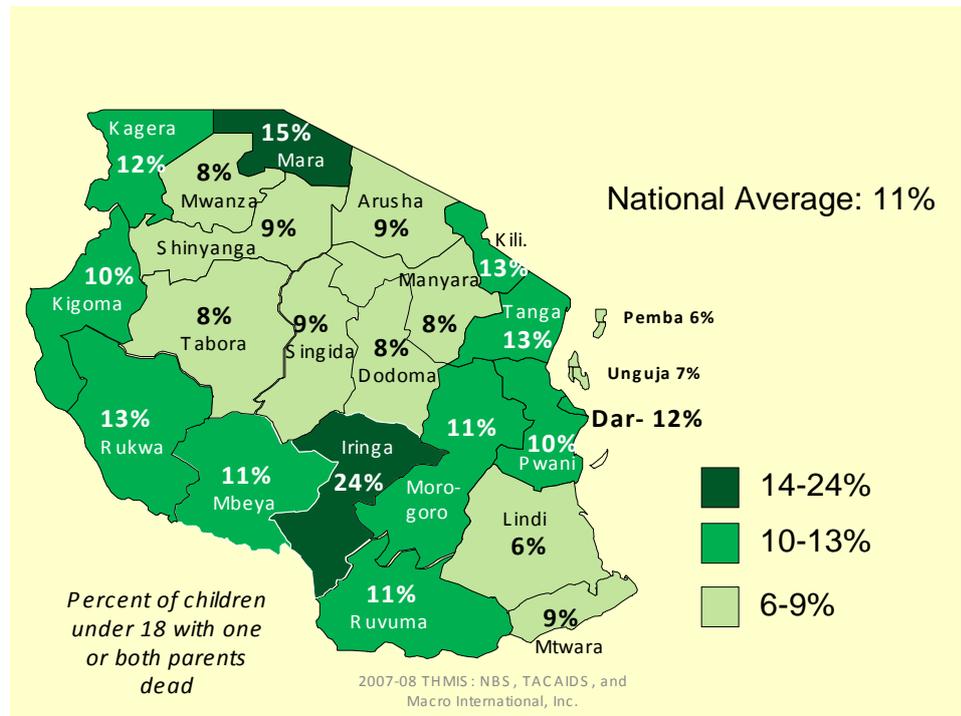
Fig. 1: HIV prevalence by region:



The HIV infection rate is significantly increasing among different communities in the region. Vulnerable groups such as women and youth are more affected due to various reasons including poverty, gender inequalities and socio - cultural factors. The impact of the pandemic is also seen in families, communities and all sectors in the region. Many people die and leave behind a large number of orphans and children. Nationally, it is estimated that there are almost 2.2 million children who are orphans. Iringa region leads the nation with 67,998 orphans and vulnerable children (67,998). According to the HIV and AIDS survey conducted in 2007/2008, 11% of the children in the country are orphans and 8% are living in vulnerable situations . Statistics for

Iringa region indicate that 29% of the children are orphans, thus the region is leading the country in the number of orphans, followed by Mara region.

Fig. 2: Percentage of orphans by region:



Given the high HIV prevalence and poverty facing most people in the region, a big challenge then is to adequately provide the most vulnerable children with services which can improve their lives. These children need a number of essential amenities for their existence, including health, education, residence, security, food (nutrition), psycho social support and other factors. (Source: National Bureau of Statistics (NBS), 2009/2010 and Regional Annual implementation reports, 2010)

5.0 Iringa Population and Study Sample

Iringa region has a total population of 1,764,285 of which 843,794 are between the ages of 0-17. Approximately 77,018 persons are classified as MVCs (CITE). The region is divided into eight councils: Iringa Urban, Njombe Town, Iringa Rural, Kilolo, Ludewa, Makete, Mufindi and Njombe Urban. The districts in Iringa are further divided into 33 divisions. Divisions are subdivided into wards, and wards are subdivided into villages (rural areas) and streets

(urban areas). There are 720 villages and 177 streets (Source; Iringa region report 2009/2010).

Table 1: Iringa Region Total Population and Number of Wards, Villages and MVCC per each District (Source: National Bureau of Statistics (NBS), 2009/2010 and Regional Annual implementation reports, 2010)

S/N	District	Total Population in each district	Total number of Wards in each district	Total Number of Villages/Streets in each district	Villages/Streets with MVCC in each district
1	Iringa	158,461	25	123	123
2	Mufindi	326,614	30	132	132
3	Makete	53904	17	98	98
4	Njombe	241909	43	177/47	137/21
5	Ludewa	75569	22	76	76
6	Iringa urban	71119	14	162	152
7	Kilolo	116512	22	106	30

The baseline study population included staff from three Local Government Authorities (LGAs) of the Iringa Region: Njombe urban council, Makete district council and Ludewa district council. Also community members from the mentioned districts were interviewed

5.1 Districts Selection criteria

Districts for the baseline study were selected based on the following criteria;

- The planned time for the assessment
- The available budget for the assessment
- The size of the assessment population
- The districts where PSW training has not been conducted

The wards and villages in each district were randomly selected. Due to the limited availability of resources and personnel, it was not possible to sample each ward and village.

5.2 Sampling Frame and Size

Bearing in mind the criteria for the assessment, the project and assessment team agreed to include in the assessment a sample of;

- 3 district councils out of 8 (38%) were purposively selected
- 4 wards (29%) from each district were selected randomly using non probability sampling
- 4 focus group discussions (FGDs) conducted from each district at ward level and numbers of participants were maximum ten for each focus group discussion whom were selected purposively. The FGDs participants were MVC guardians, MVCC Members and other MVC stakeholders.
- 6 key LGAs Officers interviewed at district namely; District Social Welfare Officer, District Community Development Officer, District Human Resource Officer, District Planning Officer, Council HIV/AIDS Coordinator, Education Officer (Special Education) and District Medical Officer
- All MVC implementing organizations from each district were involved in the study whereby only one staff from each organization was interviewed.

5.2.1. Actual sampling Results

In this assessment we managed to cover the following three districts and 12 wards which is 100% of the expectation/plan:

- Ludewa District Council- 4 wards
- Makete District Council- 4 wards
- Njombe Town Council- 4 wards

Primary data collection methods Included in depth interviews held with District Human Resource Officer, District Medical Officer, Education Officer (Special Education), District Planning Officer, Social welfare Officer, Community Development Officer and Council HIV/AIDS Coordinator on the Coordination of support for MVC and Volunteers in the District

In addition interviews were conducted with six Program Coordinators working with MVC implementing organizations (NGOs) in each district council on social welfare service delivery to MVC, sustainability strategies and progress made to date.

Interviews were conducted with 8 Ward Executive Officers, 10 Village Executive Officers and one Ward Counselors. The focuses of interview were on the availability of Village or Ward plans to support OVC/MVC, Participation of Volunteers in Ward Development Committees Meetings (WDCs), and Involvement of Volunteers in MVC or other MVC related activities. Also availability of Community Funds/initiatives to support MVC in the respective Village/Ward was covered.

Twelve Focus Group Discussions (FGDs) conducted with Most Vulnerable Children Committees Members (MVCCs), Community Volunteers and MVC Guardians on the perception and consistent level of support to MVC provided by various service providers (both organizations and individuals).

In total the following respondents were interviewed at district and ward levels

Respondent	Number
District Officials	19
Ward Councilor	1
WEOs	8
VEO	10
NGOs Coordinators	6
MVCC Members, Community Volunteers/Guardians	107
Total	151

5.3 Methodology

Data sources included primary and secondary data. Primary data was collected from interviews and focus group discussions. Secondary data was obtained from district LGA documents including: budgets, report and

planning documents. Review of different reports was done such as Medium Term Expenditure Framework (MTEF), Local Authorities Accounts Committees annual reports and LGA annual work plan and budget.

5.4 Selection of data collectors

Five PSWs Trainers from the Institute of Social Work were recruited for the data collection. The main selection criteria were

- PSWs trainer
- Experienced in conducting interviews
- Able to interact with all types of people,
- Non-judgmental and mature,
- Skilled at building rapport, and experienced at dealing with sensitive issues.

5.5 Stakeholders Review Meeting

A one-day meeting was conducted with participants from MVC implementing organizations and district social welfare officers in Iringa Region. The objective of the meeting was to seek stakeholders' opinions on the study design and data collection tools.

- 8 District Social Welfare Officers from Ludewa, Makete, Njombe district, Njombe Town, Kilolo, Iringa District and Iringa Municipal Councils
- 17 Representatives from MVC implementing Organizations (TUNAJALI, COCODA, RC, ELCT, MISO, SHAM, FHI, Allamano Center, IDYDC, COF, NDO, SHIPO, MASUPHA, SHIKODA, SUMASESU, CHASAWAYA, Upendo group.)
- One Regional Social Welfare Officer

Stakeholders Review Meeting



In the picture above MVC M&E Specialist giving out clarification to stakeholders' participant on data collection procedure.

5.6 Training of Data collectors and Pilot Testing

The training of the data collectors took place in Iringa region. Training focused on using the questionnaires correctly and ways to assure data quality. Training exercises included role-playing for each data collection tool to make sure that each data collector understands clearly on how to administer data collection tools. Five (5) data collectors took part in a refresher training on how to conduct interviews and focus group discussions. Data collectors were also trained on how to use digital tape recorders and the correct usage of consent forms. Pilot testing the data collection tools was the final training session because it provides first hands-on practical training to data collectors and provided insight into the relevance and reliability of the tools. Pilot testing was performed in Njombe district council with 27 respondents including 5 district officials, one ward executive officer, one village executive officer, one NGO coordinator and 19 community members;

....

6.0 BASELINE RESULTS PER OBJECTIVES

6.1 Existing Status of Social Welfare Service Delivery to MVC in Iringa Region

Iringa region has a total number of 77,018 MVC identified as of FY 2010 of which 45857 MVC (60%) have been served. (*Regional Progress report, 2010*) The region is working in collaboration with the MVC Implementing Organization to support MVC. The collaboration is done through quarterly meetings, networking, referral and quarterly progressive report. The following MVC implementing organizations are working with LGA to support MVC in Ludewa district namely; MISO SAYUNI Group Organization, Iringa Development Youth Disabled Children and Community Concern Development Agency. These organizations provide mostly health insurance to MVC/OVC to support access to free health care and up to now they have reached 1502 MVC. It was reported by a District Director that "We have also individual people like our MP" (Member of Parliament) who are assisting 200 MVC from each ward for secondary school fees. Also MVCC from every village have generated small amounts offunds for supporting MVC/OVC.

Makete district works in collaboration with TUNAJALI, IDYDC, ELTC, Roman Catholic church, and UNICEF to support MVC while the Njombe Town Council works with TUNAJALI, Roman Catholic Church, Southern Highland Participatory Organization (SHIPO), Compassion Foundation (COF) and AGAPE GROUP to support MVC. These organizations they have been providing scholastic materials, shelter, psychosocial support through children's clubs, health care, as well as food support. Table 2 below shows the district visited and organizations that collaborate to support MVC.

6.1 Advocacy at District level

Advocacy activities at district level are conducted on a small scale. The results illustrate that Ludewa district Social Welfare Officers work in collaboration with Community Development Department, police force and District Court to advocate for children who are charged with criminal cases, not to be jailed rather sent to correction schools. In Makete, District, the Social Welfare Office advocates for children's rights in collaboration with community volunteers while in Ludewa, community volunteers are trained to advocate for children's rights, identify child abuse cases, and report them to

the District Office. The Njombe Town Council was not doing any advocacy activities for MVC.

District Directors were asked if there is a budget line set apart for advocacy on MVC issues in their district. It was reported that, Makete district had no budget line set for advocacy, whereas Ludewa had a budget for advocacy of 29,804,000/= from the department of community development

Further discussion with district directors revealed that the following sources of funding are used for implementation of MVC activities including advocacy as follows;

Table 2: Source of Funding for District Budget

District	Source	Comment from the district directors
Makete	NGOs, community contributions through MVCC, individuals (i.e. the MP) and Council	Several NGOS like TUNAJALI, TAHEA, ELCT and many others contribute in supporting MVC. Contribution from communities through MVC committees, our MP) and the Council through education trust funds.
Ludewa	Grants from the government, Council, TACAIDS, NGOs' funds, individuals, Funds from community initiatives.	NGO: COCODA, MISO, SHAM and TUNAJALI
Njombe	Our own sources as the council TACAIDS (give 50 Million) NGOS and religious institutions	

It was further reported that advocacy is being done through meetings with community members and MVC implementing organizations and at training to community volunteers on children's rights. The findings indicate that, the following are considered in the advocacy of MVC issues in Ludewa and Makete districts.

Table 3: Advocacy at District level

District	Advocacy Issues	Advocacy Activities	Responsible
Ludewa	<ul style="list-style-type: none"> • Criminal cases • IGA/SILC to MVC guardians • Psychosocial support to MVC • Children's rights 	<ul style="list-style-type: none"> • Meetings • Training • Report sharing 	<ul style="list-style-type: none"> • DSWO • Community Development Department • Police Force • District Court • MVC Guardian • Community Leaders • School Teachers • CHAC
Makete	<ul style="list-style-type: none"> • Children's rights • Childr abuse • Psychosocial • 	<ul style="list-style-type: none"> • Psychosocial Club • Meeting 	<ul style="list-style-type: none"> • DSWO • Community Volunteers • Community leaders • IPG • MVC • Religious leader
Njombe TC	Nothing being done		N/A

6.2 District strategies on Sustainability for MVC Program

The study team assessed the sustainability of MVC programs being implemented by various organizations in the district. District Directors stated that there are various ways to ensure sustainability of programs including the MVC program such as conducting close supportive supervision, allocating district funds to support MVC, holdingstakeholders' coordination meeting to support MVC/OVC in the district, empowering MVC committees to initiate income generating activities, resource mobilization for MVC support, use own district funds to assist school fees, community awareness to utilize the available resources and each MVCC has opened bank accounts for MVC

care and support. The table 4 below shows the summary of findings per district with regards to MVC sustainability strategies. Are these really strategies or interventions? Did you see a strategy? Also I'm not clear what is being sustained – a group, e.g. an NGO, an approach, a district team of some sort...? How can you measure whether it is working or not?

Table 4: District Self-Reported Program MVC Sustainability Approaches

District	Program Sustainability Approaches	Approach
Ludewa	There is no sustainability strategy at the moment	N/A
Makete	We are empowering MVC committees so that they can mobilize communities to contribute for MVC in they are respective places	Empowering MVCC
	Has mobilized communities to come up with project to assist MVC and up to now some wards like kitulu started cow milk project.	Communities empowerment/ mobilization
	The district and UNICEF have agreed to do co funding for MVC support. The community also has been contributing to support MVC. LGA also use own funds as the council to assist school fees for MVC for example through education trust funds During budget planning we normally set a part the budget line for supporting MVC and other needy people.	Co funding with UNICEF and LGA budget allocation for MVC
	Conduct close supportive supervision to all MVC stakeholders in our district. <i>‘‘We can also invite any other stake holder who wish and will to assist MVC/OVC in our district’’</i> said head of social welfare department	Collaboration
Njombe	Empowering community to utilize the available resources around them and this has been successful done in two village namely IGOMINYE timbers tree project and IDUNDA they have one hectare for ulezi farming	Communities empowerment/ mobilization
	Council is initiating MVCC bank accounts at each village. Up to four villages have accounts and the council contributes , about Tshs.200, 000/= to support them.	Initiating community Funds

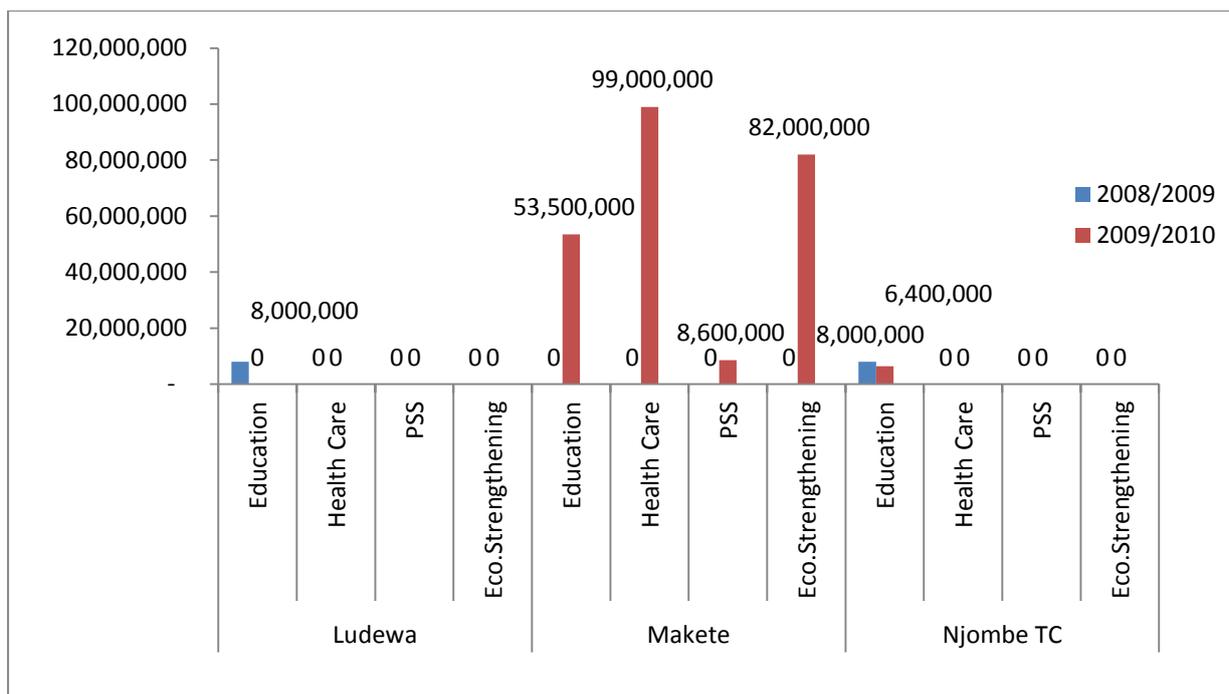
Since this is a baseline, will you be able to go back later and compare changes in the districts? The above information seems a little qualitative.

7.0 Documentation on LGAs' budget Allocation to Support Social Welfare Services to MVC

District Planning Officers were asked about budget allocation for MVC care and support. The findings shows that Ludewa district has budgeted TZS 8mil to support MVC in education (2009/2010), Makete district has budgeted for

Health Care -TZS 99mil, PSS-TZS 8.6mil, Education and Vocational training -TZS 53.5mil, Economic Strengthening-TZS 82.8mil while Njombe Town Council has budgeted for education support 8mil-2008/2009 and 6.4mil (2009/2010) . It was mentioned that, the source of funding in Ludewa district is NGOs and district own sources whereby the central government was assisting 81 MVC/OVC for secondary school fees, as from 2008 to dates, LGA through its own source is spending 900,000/= to 1 million Tshs yearly to assist MVC/OVC.

Bar Chart: 2-District Budget Allocation for MVC Support



Makete district receives 5m-15m Tsh for MVCs from TACAIDS., in Makete district the source of funding was district own sources and UNICEF whereby UNICEF give the district funds to educate care givers and assist MVC committees to work better enough for MVC in they are localities while in Njombe town council budgeted 8 million in 2008/2009 for education and 6.4 millions in 2009/2010 for education support, the source of funding was district own sources.

8.0 Opinions and perceptions of key stakeholders/actors regarding social welfare service delivery in their area

The focus group discussions conducted in four wards at each districts included the following MVC key stakeholders; MVC guardians, MVC members and community volunteers. It was reported that in order to ensure community participation, each district has facilitated formation of MVCC in each village. However, we found that most MVCC are not active; they have done only identification of MVC and they mentioned that they were lacking funds and material support to move forward .Type of services offered to MVC mentioned were scholastic materials, shelter- beds and mattresses.

8.1 Opinions and Perceptions of key stakeholders/actors on Community support to MVC

Apart from the LGA budget allocation to support MVC, the study found that there are community initiatives to support MVC. Eleven (11) out of 12 (90%) wards visited have community initiatives to support MVC including:

- Contribution from each household (TZS 200-300 Per month)
- Farming activities
- Income Generating Activities
- Poultry and Piggery keeping
- Fundraising from businessmen in the village

For example in Ludewa district the Lugalawa ward has planned to establish community funds and agreed to contribute TZS 300/- per household per year (2010/2011), Mlangali ward plans to plant trees for timber and charcoal to sell to support children. They are also planning to start small income generating activities like pig and chicken projects with MVC guardians so that the income can be used for MVC care and support.

Despite the level of initiatives and related plans for MVC support all districts visited, community members feel that the community initiatives to support MVC are not enough. For examples most villages have developed plans to establish community initiatives but these plans have not been realized. Among the challenges mentioned in establishing/maintaining community initiatives to support MVC includes, poor economic status among community members, lack of awareness on the responsibilities of taking care of MVC; Most community members expect to get external support to support MVC. As one respondent pointed out:

“Few households contribute to the community fund due to lack of understanding on the roles of supporting MVC. For example in our village out of 100 households, only 30-40 are contributing to MVC activities. In addition most of community members have economic problem and hence are not able to contribute anything to support MVC”. (MVCC member, Yakobi village, Njombe Town Council)

In addition, it was mentioned that, majority of community members have more than one MVC whom they are taking care of which constrains their ability to contribute to other community initiatives to support MVC. Basing on

the findings above, more work is required to sensitize communities on their roles and responsibilities in taking care of MVC in their communities.

It is important to note that, despite the fact that community members feel that they are not doing enough to support MVC; they recognize the importance of multi-sectoral approach in supporting MVC. This was noted when they were asked about other stakeholders who they think should be involved in supporting MVC. Responses included the community itself, religious leaders, village leaders, ward leaders, district leaders, Civil Society organizations, teachers, medical staff and different groups of good Samaritan. This can be a good entry point for PSW work.

8.2 Opinions and Perceptions of key stakeholders/actors on LGA and organizations support to MVC

In all districts, community members reported that LGA and other organizations are not provided enough support for MVC. It was mentioned that most of the support which is provided by Civil Society Organizations are not of good quality and are not provided on a timely manner. CSOs support very few MVC as compared to the actual need and most NGOs provide support which is not sustainable i.e. they do not build capacity of communities to take care of MVC. This complicates MVCC work as they are faced with the challenge of identifying a few children to support out of many who need support. It was also noted that some organizations provide support to MVC without involving MVCC and other community members and hence sometimes they provide support which is actually not needed by MVC. This is discussed in the excerpt below:

“LGA and NGOs do not involve us in identifying and providing support to MVC. As a result, they report inaccurate numbers of MVC in our village and they end up providing services which are not needed” (MVCC member, Ludewa ward)

On the other hand, community members feel that the LGA is not providing enough support to MVCC for them to care and support MVC.

“...the services provided by LGA are not adequate; compared to real and basic needs of children. He added that, even the MVCCs haven't been well facilitated to respond to the tasks assigned in relation to MVC care and support. In fact district council say words without actions”. Who said this?

The study found out that, neither LGA nor other organizations seek formal feedback to the community members on the services they are providing to MVC. Community members relate their belief that LGA and other organizations their feedback as they are best placed to advise them on the services they have provided or they should provide to MVC. This is evidenced by the excerpt below:

“They need feedback from us because we know our children more than anybody”. (MVCC Member, Ludewa ward)

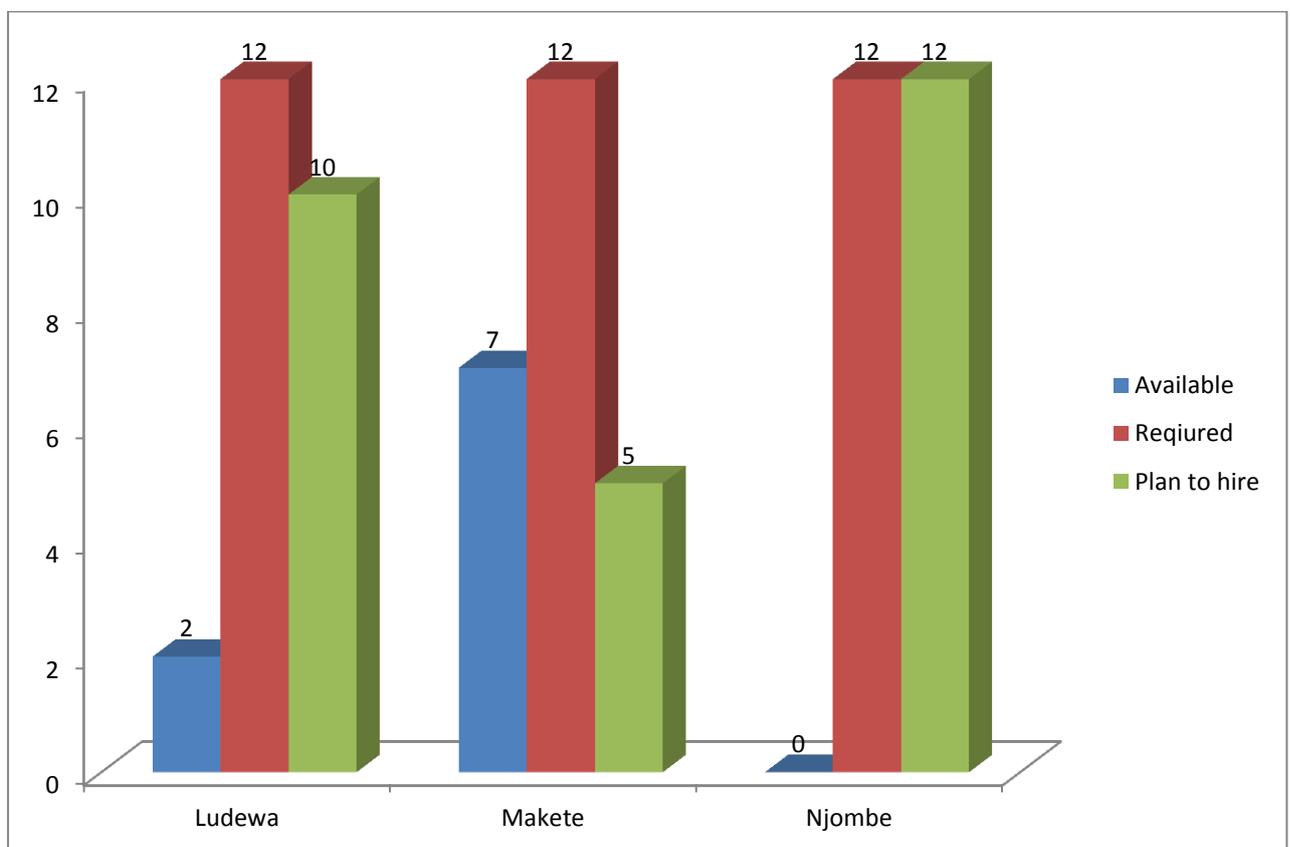


In the picture are data collectors, MVC guardians, MVCC members and community volunteers after a focus group discussion in Uwemba Ward at Njombe Town Council

9.0 Documentation on the Number of Social Welfare Officers who are currently employed and under recruitment process in each district and their Support to MVC

Since there is a close relationship between the availability of district social welfare officers and implementation of social welfare activities the baseline looked at the existing situation in Iringa region particularly in Ludewa, Makete and Njombe Town Council. It was found that, there are 2 social welfare officers in Ludewa, 7 social welfare officers in Makete and there is no social welfare officer in Njombe Town Council where a community development officer was acting. The Council reported that, in May, 2011 they advertised and recruited but the interviewee did not turn up. They were planning to re-advertise in early August, 2011.

Bar Chart 3: Number of district social welfare officers in Ludewa, Makete and Njombe Town Council



It was mentioned by District Human Resource Officers that the major role of district social welfare officers is to coordinate all social welfare services including;

- MVC identification.
- Propose different steps to support MVC who have been identified

- Assist identified MVC accordingly through the available MVC implementing organizations.
- Raising community awareness on MVC issues including the importance of supporting MVC
- To initiate income generating activities at the community level for MVC support
- To provide psychosocial support to family, aged, children and disabled through counseling and address challenges being faced
- Guidance and counseling to drug users, orphans and vulnerable children
- To provide guidance and counseling on family planning and reproductive health
- To update MVC identification registers,
- Coordination of MVC implementing organizations,
- Follow ups on MVC service delivery and quarterly report writing.
- MVC Care and support activities

The baseline study also looked at the availability and commitment to hire Social Welfare Assistants. It was found that despite the fact that the Government Circular has allowed each district to employ social welfare assistants no district has implemented it, however district directors indicated that they were planning to hire one social welfare assistant at ward level in each ward following the Government establishment. District Human Resources Officer mentioned that the main roles and responsibilities for Social Welfare Assistants will include the following;

- To work in collaboration with Ward and Village government leaders in MVC identification, needs assessment, resource mobilization and service delivery to MVC
- To link identified MVC with the required service providers,
- To address family and community problems at ward and village level,
- To provide a psychosocial support to the MVC and MVC guardians,

10. Community Volunteers' Incentives and Motivation provided by LGAs and MVC implementing Organizations

The participants from following organizations were interviewed and reported that they use the following criteria to identify and select community volunteers;

Table 5: Criteria for selecting community Volunteers

Organization	Criteria
IDYDC	Anyone above 18 years and willing to volunteer
	Who know to read and write
	Tanzanian Village residence
MISO	Who know to read and write
	Tanzanian Village residence
	Acceptance by the community members
COCODA	MVCC members
	Committed person
MASUPHA	Availability and passion to support MVC
Upendo	Availability and passion to support MVC
NDO	MVCC members

District Directors and social welfare officers in particular reported that they are supporting community volunteers in various ways. In all districts it was mentioned by district directors that they provide the following support to community volunteers:

All villages in the wards visited regard MVCC members as Community Volunteers. Incentives/motivations given to community volunteers include:

- Capacity building on MVC identification and Children's rights
- Exemption from village taxes and development work
- Participation to village government meeting.
- Monthly allowance

Furthermore, in order to know the kind of incentives and motivations provided to community volunteers, the baseline survey assessed the number of community volunteers and organizations working in Ludewa, Makete and Njombe Town Council and the following were found;

Table 4: Number of Community Volunteers and Organization working to support MVC

District	Number of Community Volunteers	Organizations working with
Ludewa D.C	6	COCODA, Roman Catholic Church
Makete D.C	54	TAHEA, SUMASESU, Village Government & TUNAJALI
Njombe D.C	3	TUNAJALI
Total	63	

In the course of discussion, it was found that, all villages in 12 wards visited regard MVCC members as Community Volunteers. Incentives/motivations given to volunteers include:

- Monthly allowance ranging Tshs 15,000-20000/=
- Capacity building on MVC identification and Children's rights
- Exemption from village taxes and development work
- Participation to village government meeting whereby they are invited to share the progress report regarding MVC support in their area

11 .Observations and Recommendations

- Replicate best practices found in Iringa region to other regions like the fact that communities have established initiatives to sustain MVC support e.g. community funding contributions and activities, although the implementation is about 30-40%, that will be a stepping stone for program future interventions

- There is a need to strengthen M & E system to enhance flow of information from village to district levels as it was found no system in place except data management system which was not well functioning.
- Advocacy activities are conducted at a low level and hence it is an opportunity for our program to focus on areas with gaps e.g. Njombe town council
- PSWs need to be motivated for them to perform their duties effectively e.g. bicycles, allowances etc
- Iringa District Councils have formulated MVCC in each village and they are regarding them as community volunteers as results community awareness on MVC issues is high as compared to Dodoma and Mwanza.
- Community volunteers working with NGOs are motivated because they are given incentives such as allowances however they are not working with local government systems. It is recommended that Community volunteers linked with LGAs system for sustainability of MVC care and support. Also LGAs and NGOs should monitor and verify services that are provided to MVC to confirm if it reaches the intended beneficiaries.
- Furthermore NGOs should work in close collaboration with MVCC, village leaders and conduct need assessment before providing services to MVC to avoid providing services that are not needed by MVC
- LGA should build capacity of MVCC by providing them resources and skills on how to care and support MVC.
- MVC implementing organizations should provide support which match with numbers of MVC in the communities and should sensitize communities to start sustainable projects such as cattle keeping and sustainable agriculture that will stop dependency on external donors.