

Tanzania's Most Vulnerable Children Provide Expert Feedback on National Guidelines



Thirty-one youngsters ages 12–19 who are considered among the country's "most vulnerable" children did what no adult could do at an unprecedented weekend workshop in Morogoro City in March. Speaking for some 1 million children in mainland Tanzania, they articulated common experiences and unrecognized needs and provided insider's commentaries on the range and quality of services that they and their peers currently receive. No one stands to more be affected by new national guidelines for delivering quality care, support, and protection services, and no one may be more qualified to recommend what is needed to improve the quality of their care at point-of-service delivery and to involve them in the quality improvement (QI) process.

By the Government of Tanzania's definition, the country's most vulnerable children live in child-headed households, with a disability or a chronically ill guardian, or in poor conditions and without one or both parents. So they could represent the views of their peers in eight regions, the 19 boys and 12 girls were provided with feedback from focus-group discussions, including at clubs for vulnerable children set up by the FHI-implemented Tunajali Program across Tanzania.

With funding from USAID and PEPFAR, Family Health International (FHI) hosted the Morogoro workshop under the System Strengthening Project, covering bus fares, accommodation, and meals for the children; hiring two facilitators to lead the sessions, and supplying technical

Thirty-one young people ages 12–19 came from eight regions of Tanzania to Morogoro City on March 13 to represent their peers—the country's most vulnerable children—at an unprecedented two-day workshop that provided their expert feedback on the services they receive and how to improve them.

expertise in the persons of Lucy Steinitz from FHI/Namibia and Charles Matiko of FHI/Tanzania. Implementing partners selected the representative sample of children who attended and covered the costs of adults who traveled with them.

Breaking the ice and discussing service areas

The workshop began with an ice-breaker exercise called "River of Life," during which children made drawings and described some events in their lives and their dreams. More of their drawings were displayed at a wrap-up talent show, when the young participants performed songs, plays, dances, and poetry that dealt with poverty, HIV, and making good decisions.

Discussions at the workshop centered on national guidelines drafted on the eight service areas for most vulnerable



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children: psychosocial support, education and vocational training, primary healthcare, shelter, protection and legal security, food security and nutrition, household economic strengthening, and family-based care and support.

The children used flipcharts to state why they thought each of these services was important and what they considered to be essential actions and desired outcomes. They also ranked the eight services and came up with the three they considered most essential: education, health, and nutrition, in that order.

Working in groups, they listed the following as essential actions for education and vocational training and for primary healthcare:

- The government and NGOs should ensure quality education, not just any education.
- The government should ensure that each child receives school uniform, supplies, and a schoolbag. There should be follow-up to make sure that all children get their fair share, since sometimes one child gets two uniforms and another gets none.
- The government should build hospitals in each village and send nurses and doctors to them.
- Enough medicines should be available, and they should be fairly distributed.

In their opinion, essential actions relating to nutrition included providing education to the community on a balanced diet and good nutrition and establishing a food and



Using flipcharts, the young delegates stated why each of the services they receive is important, essential actions and desired outcomes, and they identified education, health, and nutrition as the three services they considered most essential.

nutrition office in each village to provide food for those in need.

The children also listed obstacles to their desired outcomes. These included poverty; insufficient leadership with integrity; lack of trained staff, tools, and equipment; beliefs of parents and guardians in witchcraft and superstitions that cause them not to take children's to health facilities; and a lack of follow-up and evaluation of the services provided.

The children expressed satisfaction with the draft guidelines. As one group stated, "We would like to see these guidelines in the field as soon as possible so that providers can offer better service."

Closing comments

The children stated they had learned a lot at the workshop: about the different areas of services and how to reach their long-term goals, with and without the support of others. They said they also learned that their involvement is important, and that they wanted to be invited to similar events that discuss their welfare.

As one group put it, "We hope we will be given the opportunity to participate in village *barazas* (village or street meetings) in the future."

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Technical support for Tanzania's most vulnerable children and the workshop

FHI has long been providing technical assistance on the care, support, and protection of the country's most vulnerable children to Tanzania's Ministry of Health and Social Welfare and, since July 2008, has been co-chairing the QI Taskforce with Africare, which is coordinating the development and rollout of national guidelines for delivering effective services to Tanzania's most vulnerable children.

Organizations affiliated with the workshop included the Tunajali Project, managed by Deloitte with FHI's technical leadership; Global Fund-supported partners; Huruma AIDS Concern and Care; Pact Tanzania; the Salvation Army; PASADA; the Dogodogo Center; the Kurasini National Children's Home; Balm in Gilead; Catholic Relief Services; Africare; Faraja Trust Fund of Morogoro; and the Evangelical Lutheran Church in Tanzania.