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Assessing the Targeting Performance of Interventions Supporting Most Vulnerable Children in Dodoma Municipal, Tanzania

Rashid Abdallah Chikoyo
Assistant Lecturer, Moshi Cooperative University, Moshi, Tanzania

Abstract:
Most Vulnerable Children (MVC) identification has been considered as an important step towards provision of adequate protection and essential services. MVC identification is facing challenges including identification of non-eligible children and inadequate community involvement just to mention a few. The study attempted to find out the criteria used in selecting most vulnerable children, stakeholders' participation in the process, and what are the roles played by targeting interventions to the most vulnerable group who need the intervention, and the extent to which these interventions are met as far as Dodoma municipal is concerned. The study involved only adult informants. The magnitude of the problem of MVC in the two wards shows that the problem is growing bigger than previous. It is evident that the policies and guidelines for protection of the MVC are in place in Tanzania. The study found that, visible challenge was poor dissemination of policies; it also indicates the gaps that need to be filled in receiving support that is their basic right. The awareness of National guideline was also tested and the result shows that the majority of the intervention actors are aware of the national guidelines despite of not using them. The study reported that the national guidelines has a lot of bureaucratic procedural that following them, more time is wasted, the government offices has a lot of hierarchical procedures that hinder the applicability of the guidelines. On participating in identifying the MVC it was found that different participants were involved such as non governmental organizations, primary and secondary school head teachers. In the coordination with other partners, the majority of intervention actors seemed to have high cooperation. Community members were involved in the identification process than parents and care takers.

Keywords: Vulnerable children, targeting, and interventions performance.

1. Introduction

Vulnerability refers to the risk of adverse outcome, such as impoverishment, ill health, social exclusion. It reflects the likelihood that an untoward event occurs and capacity to cope with it. It is therefore the result of individual mishap and the social conditions which follow from systematic differences in the flows of resources and opportunities which themselves influence capabilities. The National Coasted Plan Action, (2010) has defined Most vulnerable children as "those whose safety, well-being and development are, for various reasons, threatened. Of the many factors that accentuate children's vulnerabilities, the most important are lack of care and affection, adequate shelter, education, nutrition, and psychological support. While children exposed to many facets of deprivation and poverty are vulnerable, children who lost their parents may be particularly vulnerable because they do not have the emotional and physical maturity to adequately address and bear the psychological trauma associated with parental loss. However, the basic rights of most vulnerable children have been set forth in the Universal Declaration of Human Rights (1948), which promotes the well-being and welfare of children in its entirety. The rights include among others, access to basic education and health, the right to be listened, to be guided, loved, protected, and right to safety, basic needs, food, shelter, clothing and parental care. Children's rights are also set forth in the United Nations Convention on the Rights for the Child (1989), and therefore, any effective action plan should enable Most Vulnerable Children of all categories to realize their rights necessary for their sustainable growth and development.

However, to enable sustainable growth and development of most vulnerable groups, there are different approaches that intervention can take to support coordination and networking by helping to identify services and supports within a country or region and to develop and or strengthen service directories and referral mechanisms negotiating, memoranda of understanding and organizing regular meetings with key partners, carrying out community assessments to identify and better understand the capacities and needs of vulnerable families in specific communities, helping to form stronger community relationships and, where appropriate, creating and or strengthening existing community child-focused committees helping communities to form relationships with other communities, NGOs, and government actors to broaden their sources of support and protection in the event of future shocks connecting the formal and informal components of the social service system (United Nation, 2005)

The drafting of Children in Tanzania 2010 coincided with the passage of the landmark Law of the Child Act through the Parliament on 6 November 2009, the first unified piece of national legislation aimed at comprehensively protecting the rights of children in Tanzania. The law effectively domesticates the UN Convention of the Rights of the Child and addresses fundamental issues related to

children's rights, including non discrimination, the right to a name and nationality, the rights and duties of parents, the right to opinion, and a framework of protection for children at greatest risk due to loss of parents, abandonment, abuse or other causes. Tanzania Demographic and Health Survey 2010 reported that MVCs constituted 10 percent of all children below 18 years in Tanzania. There are many different categories of MVCs, and all of them need to be considered when designing any authentic National Plan of Action. The major categories of MVC identified are   Children who are mentally handicapped, Double orphans, Paternal orphans, Maternal orphans, Children who have been neglected by parents, Children who are physically disabled and who come from extremely poor families (URT, 2005).

The Government of the United Republic of Tanzania aims to ensure that all the country's most vulnerable children are effectively and efficiently provided with community-based support and care through the use of several targeting interventions to empower vulnerable children (URT, 2005). As stated by Valerie, (2007) the scope of these interventions varies from one another. These scopes of the interventions varied from narrowly targeted projects to universal policy decisions. He added that the media ranged from standard formal education within government schools to non-formal education, specially tailored to the needs of children and provided by communities and volunteers, and to vocational education designed to equip children with specific skills and abilities for the world of work. Some of the approaches benefited children directly in order to enable their access to quality education while others provided support or services to the children's parents and or caretakers as part of indirect efforts to stabilize the child's general environment, thus facilitating access to education. Major initiatives that have been taken by the government are Faith-Based Organisations, Civil Society Organisations, Donor Communities, and the government of Tanzania to address MVCs' needs (ibid).

The number of intervention areas pursued by country programs as well as the level of technical competence required to deliver different interventions depends largely on country context and the budget and longevity of the program. There are thus no preset minimums for the number or range of interventions required by partners, nor is there a "one size fits all" package for most country programs. When working with children with multiple needs, it is tempting to try to do everything. However, such attempts generally lead to poor quality programming with little depth or sustainable impact (Kacholli, 2012).

In all programs, assessments should be done to identify children's most critical care needs, prioritized based on urgency as well as proven effectiveness. In this guidance, other research uses the seven core areas to better acknowledge the important role of strengthening parents and caregivers so that they may provide for their children's basic needs. While all needs cannot be met through Orphan Vulnerable Children (OVC) programs, linkages can be made within and throughout a system of care to help cover the range of needs identified through household assessment; however there is inadequate explanation on the criteria used to select the most vulnerable group and the magnitude of the problem in Dodoma Region, and kind of guidelines for identification of targeted intervention needed for targeted group. Therefore this research has attempted to find out the criteria or guidelines used in selecting most vulnerable children, stakeholders' participation in the process, and the roles played by targeting intervention, to the most vulnerable group who need the intervention, and the extent to which these interventions are met as far as Dodoma municipal is concerned.

1.1. Statement of the Problem

In recent years, the number of orphans and other vulnerable children has grown beyond the capacity of households and communities to handle. Identification of the MVC has been considered to be an important step towards provision of adequate protection and provision of essential services to the MVC. An important part of many of the initiatives for identification of criteria used to identify most vulnerable children, with the objective of empowerment of vulnerable people to take responsibility for sharing in decision-making and the prioritising of support services. There are specified guidelines to target the Most Vulnerable Children Identification as provided by the Tanzanian government. Despite the existing guidelines, there is over reliance on one targeting tool that lead to targeting errors and in the diverse contexts, instead, there should be a mixing of contextually specific criteria and methods to be applied.

The review of the implementation of National plan for the most vulnerable children in Tanzania for example the NCPA (National Costed Plan Action) reveals the identification of non-eligible children was ineffective and that typical MVC were left out by the identification exercises. More than one half of the caregivers (62.6 percent) reported that some of eligible children were left out in their households while over 80 percent felt that some MVC were left out in the village (Kacholli, 2012). In addition, some key stakeholders of identification process particularly caregivers were inadequately involved and some of the established most vulnerable committees in some districts demonstrated to be not functioning (ibid).Identification of the MVC has been considered to be an important step towards provision of adequate protection and essential services to the MVC. Community-based approach in identifying the most vulnerable children has been specified by the National plan for most vulnerable children and the guidelines specified within Most Vulnerable Children Identification guideline. According to Mujinja, (2011), the eligibility of children being identified as most vulnerable has to follow a standardized guideline laid down by government. Despite the existing guidelines, the National plan for most vulnerable children evaluation report, (2010) has shown that there were a number of problems in identifying vulnerable children, ending up in efforts in targeting the less vulnerable children. This called for study to find out why MVC identification process has been unsuccessful. However, there is inadequate information on criteria for selection of MVC, and to what extend do these criteria help in getting the most intended vulnerable children, therefore this study intends to provide information on the view of actors on practicability of national guidelines criteria in selecting the Right MVC and the targeting methods that would contribute to the existing literature by generating information on the targeting methods describing intervention, what are the prevalence guidelines and targets available and the extent to which identified guideline and targets will be employed by intervention actors to increase empowerment to vulnerable children.

1.2. Significance of the Study
The study is of significance the central government with respect to the existing guidelines and the actual intervention carried out by the most support providers, it contributed to the knowledge pool of relevance to enable stake holders in Dodoma Municipal to be able to assess the degree to which interventions to support vulnerable children has succeeded as well as the remedy to be made to overcome current existing challenges and to generate insight data that other districts in Tanzania and elsewhere may make use of the experience gained from this study to improve the management and supporting of most vulnerable children in their areas by realizing the success and challenges faced in describing and identifying the most vulnerable children.

2. Literature Review

2.1. Definition of a Child in Tanzanian Context
The United Nations Convention of the Rights of the Child defines a child to mean all human being whose ages are below 18 years (URT, 2009). On contrary, the World Bank in its draft document known 'Investigate Child and Youth: A Strategy to Fight Poverty, Reduce Inequality and Promote Human Development" defines children as age 0-14 and youth as 15-24. According to Mamdan (2009), in Tanzania, the Law of Child Act, 2009 defines a child is any person under the age of the 18 years. The understanding of who is a child bring the concepts of the child's right where the best interest of a child shall be the primary contemplation in all procedures regarding a child whether assumed by any institution whether public or private.

2.2. The Identification of Most Vulnerable Children
In Tanzania, the Department of Social Welfare under the Ministry of Health and Social Welfare is vested the responsibilities of identifying the MVC through the MVCC in the respective locations. The identification process is done once in year per location yet, there is a room for every six months to update the MVC registers. The standard categorization of most vulnerable children has been developed to include the demographic characteristics and indicators of poor living conditions National Coasted Plan of Action (2007-2010).
National Coasted Plan of Action (2007-2010) the criteria used to identify the children vulnerability includes: those living in child-headed households, those living in elderly-headed households with no adult from 20 - 59 years-old present, those with one or both parents deceased, those who are poor with disabilities, children with one surviving parent living in a house with poor quality roofing (grass and/or mud) and those with a disability living in similar poor conditions and children with one surviving parent living in a house with poor quality roofing (grass and/or mud) or with poor wall materials or without toilet facilities and those with a disability living in similar poor conditions. This classification recognizes that not all orphaned children are most vulnerable, and it equally recognizes that children living with a parent can be most vulnerable. The national MVC registration forms have 12 criteria to classify MVC and 13 reasons for being MVC. The MVC are also classified into 13 groups that are used to report and disseminate information on MVC: maternal orphans, paternal orphans, orphans without both parents, abandoned, disabled, child forced to work, child harassment, early child bearing, child forced to do sex work, street children, living in child-headed house, child affected by disaster.

2.3. Other Aspects of Vulnerability
Indicators of vulnerability in the NCPA are defined by the age of the head of the household. Children are considered vulnerable if they are living in a household that is either headed by a child under the age of 19, or headed by an elderly adult over the age of 59 with no other adults living in the household. According to the demographic survey 2010, censuses about 1.2 % of the households were headed by a child. Children heading households are on average between 14 and 15 years of age. Children in child-headed households tend to be economically more active than those in adult-headed households, especially among urban households. In urban areas just over 30 % of 15 year olds livings in child-headed households are working. In adult-headed households the corresponding figure is 11 % in Dar es Salaam and 18 % in other urban areas. In rural areas 44 and 34 % of the 15 year olds in child and adult headed households respectively are working (Cynthia, 2005).

3. Theoretical Review

3.1. Social Networking Theory
A social network is a social structure made up of a set of social actors (such as individuals or organizations) and a set of the activities ties between these actors (Nan *et al*., 1999). The social network is a theory useful in the social sciences to study relationships between individuals, groups, organizations, or even entire societies. The social network is an approach to understanding social interaction, focus on the communication structure of an organization, which can be operationalized into various aspects. They facilitate certain actions of individuals who are within the structure and can only be captured by its effect, or whether its investment depends on the return for a specific individual in a specific action. It would be impossible to build a theory where causal and effectual factors are folded into a singular function (Nan *et al*., 1999). As far as actors for the organisations to support vulnerable children are concerned, the theory will help to find out whether the structure of those organisation and the interventions provided may facilitate the MVC individuals by its effects or whether their presence (interventions) depend on the returns for specific individual in specified actions (i.e. causal and effectual factors). Considerations would suggest that network locations should be treated as exogenous variables rather than endogenous variables of social capital itself. Nevertheless the MVC cannot possibly be captured without identifying network characteristics and relations and closeness of social networks. The social networks are seen as social capital's core element. Further,

exogenous factors such as community and institutional arrangements and prescriptive versus competitive incentives may differentially contribute to the density and openness of networks and relations and the success of instrumental or expressive actions (ibid).

3.2. Social Construction Theory

Social construction comes from the work of the sociologists Berger and Luckmann (1971). They maintain that, in social affairs as opposed to the natural world, 'reality' is social knowledge which guides our behavior, but we all have different views of it. We arrive at shared views of reality by sharing our knowledge through various social processes which organise it and make it objective. Social activity becomes habitual, so we share assumptions about how things are. Also, we behave according to social conventions based on that shared knowledge. So we institutionalise these conventions as many people agree about understandings of that aspect of society. Then, these understandings become legitimised by a process that attaches 'meanings' that, in turn, integrate these ideas about reality into an organised and plausible system. Social understanding is, in this way, the product of human understandings. For those humans, it is also objective, because the knowledge of reality is widely shared. Dominelli (2002) calls these therapeutic helping approaches. These see social work as seeking the best possible well-being for individuals, groups and communities in society by promoting and facilitating growth and self-fulfilment. In this, the organisations actors to intervention to support most vulnerable children can be viewed at aiming in bringing well-being for individuals, groups and communities of vulnerable in the society.The social work as an aspect of welfare services to individuals in societies meets individuals' needs and improves services of which it is a part, so that social work and the services can operate more effectively. Dominelli (2002) calls these maintenance approaches, reflecting the term used by Davies (1994). They see social work as maintaining the social order and social fabric of society, and maintaining people during any period of difficulties they may be experiencing, so that they can recover stability again and so do supportive interventions given to most vulnerable children are expected to maintaining MVC in the difficulties they are experiencing to bring their stability.

4. Empirical Review

4.1. Drivers of Child Vulnerability

Drivers of child vulnerability emerge in different ways, at times individual variables, while in certain cases different variables interweave to worsen the situation. For instance, the difficult socio-economic circumstances that vulnerable children encounter often interlink with other family related factors such as domestic violence, low incomes, household food insecurity, and poor child care practices which further compound their vulnerability. Furthermore, inadequate capacity of families, communities and limited funding to key government departments responsible for child protection such as Police, Community Based Services, and the Judiciary also contributes to the vulnerability of children. The phenomenon of "individualism" partly caused by economic hardship continues to limit communities' capacity to intervene and provide care for children when caregivers and parents are absent/dead. In certain cases, caregivers have been found to neglect and or even violate the rights of children because of these hardships. This has been accentuated by the increasing adoption of western ideals against receding traditional values of child care. Major causes of child vulnerability include poverty, armed conflict, HIV and AIDS and other diseases. The HIV and AIDS Epidemiological Surveillance Report (URT, 2009) shows that a total of 120,000 children (0-14years) had died of AIDS-related complications, while the number of those living with HIV and AIDS is 42,140.

The experience from Uganda shows that during the period (2008/9), 28,040 HIV exposed babies aged 6 weeks to 18 months were tested representing only 31 percent of all HIV exposed babies. Out of those who tested, about 10 percent (2, 804) were HIV positive and only 1,300 were initiated, (URT, 2009). However Increased poverty Parental illness and loss; alternate care Lack of caregiver time and emotional resources; depression Food insecurity; lack of access to fee-based services Less stimulation; reduced quality of care giving and child interaction Child outcomes; health status, growth, and cognitive, social and emotional development (URT,2009).

4.2. Institutional Arrangement Supporting Most Vulnerable Children

As quoted by Kacholi (2012), Communities are now being asked to identify the most vulnerable children. The experience in districts which are undertaking the NCPA work suggests that overall about 6 - 8 % of children may be identified as the most vulnerable children who are about 1 million children. The level of support provided by several programmes to a relatively small number of children, for clothing, for example, is far in excess of the average expenditures by the majority of households on their children. Kacholi,(2012) added that in Tanzania, the Department of Social Welfare of the Ministry of Health and Social Welfare is tasked with protecting Most Vulnerable Children and ensuring their access to basic services. The Ministry is responsible for policy guidance in the area of social welfare, with a focus on ensuring adequate and quality care and timely social welfare services to vulnerable groups. Its key targets are the elderly, people with disabilities, and vulnerable children. Many social welfare resources and functions recently were decentralized from the national to district levels in an effort to address the needs of Most Vulnerable Children more effectively (ibid).

4.3. Targeting Methods

Identification and assessment go hand in hand and provide the foundation for early intervention and multi-agency working. If processes for identification and assessment are not robust, any integrated support package may be targeted towards the wrong group and/or may not meet the needs of those receiving it. Janet Walker and Cam Donaldson (2010) has suggested the Targeting assessment involves; taking informed decisions about who should receive specific interventions and who should provide them, being clear about the groups to be targeted and the outcomes to be achieved, understanding the policy intent of the various programmes, ensuring that

referral and assessment processes are clear and robust, capable of being used by a range of professionals. Variable understandings relating to all of these elements emerged as key themes in many of the initiatives, and this inevitably impacted on the ability of each of them to targeting interventions appropriately (ibid).

According to Hoddinott*et al.*, (2004) the method in identifying the poor can be divided into three major group's individual/household assessment, categorical targeting, and self-selection. He added that Individual/Household Assessment is a method in which an official (usually a government employee) directly assesses, household by household or individual by individual, whether the applicant is eligible for the program and the assessment mechanisms used are simple means tests, proxy means tests, and community-based targeting.

 In simple means tests a visit to the household by a program social worker may help to verify in a qualitative way that visible standard of living. Proxy means tests according to Hoddinott*et al.*, (2004) are relatively rare being instituted in a growing number of countries. use the term to denote a system that generates a score for applicant households based on fairly easy to observe characteristics of the household such as the location and quality of the dwelling, ownership of durable goods, demographic structure of the household, and the education and, possibly, occupations of adult members. The indicators used in calculating this score and their weights are derived from statistical analysis (usually regression analysis or principal components) of data from detailed household surveys.

Community based-targeting uses a group of community members or a community leader whose principal functions in the community are not related to the transfer program to decide who in the community should benefit. A group of village elders may determine who receives the intervention or special committees composed of common community members or a mix of community members and local officials may be specially formed to determine eligibility for a program.

Categorical Targeting refers to a method in which all individuals in a specified category, for example, a particular age group or region are eligible to receive benefits. This method is also referred to as statistical targeting, tagging, or group targeting. It involves defining eligibility in terms of individual or household characteristics that are fairly easy to observe, hard to falsely manipulate, and correlated with poverty. Age, gender, ethnicity, land ownership, demographic composition, or geographical locations are common examples that are fairly easy to verify and geographic targeting is even more common, often used in combination with other methods. Self-selection is accomplished by recognizing differences in the private participation costs between vulnerable highly vulnerable and less vulnerable children households.

4.4. The National Action Plan on Care (NAPC), Services, Training and Protection of Vulnerable Children
In 2008/09 Tanzania provided a total of 561,823 vulnerable children with basic services including health care, food, shelter, psychological and legal services, and education (Guidelines for the Preparation of Medium Term Plan and Budget Framework for 2010/11 – 2012/13). Moreover, the application of needs-based formulas to calculate allocations to local governments in six key sectors – education, health, local roads, agriculture, water and administration which were agreed in 2008, are not yet fully implemented. As a consequence, fiscal allocations to local governments are unequal and continue to perpetuate historical disparities in human resources and service delivery outcomes. With limited control of their finances and staffing, local governments' autonomy and capacity to plan for and respond to local needs is severely compromised (NCPA, 2010). The three main social protection arrangements in place – pension funds which cover a small proportion of formal sector employees, the National Costed Plan of Action (NCPA) for Most Vulnerable Children, and the Tanzania Social Action Fund – all have overlapping objectives, are implemented by different institutions, operate inefficiently and have extremely limited coverage. The NCPA also relies heavily on external sources of finance, raising serious doubts as to its sustainability UNICEF, (2010).

5. Research Methodology

5.1. Study Area, Research Design, Sampling Procedures and Sample Size
The study was done within Dodoma Municipal. Literature suggests that, important aspects to be considered in making the selection of a study area is that, the researcher needs to select a place where the parameters of interest are most likely to occur (Silverman, 2000). Second, personal contacts with influential people in the area will enabled the researcher to establish and gain the trust and cooperation of other people for data collection in the council, including in the sampled wards, villages and actors of which Dodoma Municipal qualified to be appropriate study area.

The study employed a cross-sectional research design of which the respondents in a study area provide information once to the researcher.

The targeted population in this study involved key informants from three levels. The first level was all actors on interventions to support vulnerable children in the municipal and the district authorities, the other level was Non-governmental organizations workers implementing intervention for MVC, the municipal Caregivers, parents/guardians of the MVC, community members, Ward leaders and village leaders. The last level was Municipal Council officials and political leaders (councillors).By the way, one could argue why councillors? This group translated policies from the Central Government and implemented them at district/ municipal level.

5.2. Sample and Sampling Technique
The sample size of this study was 80 respondents that were selected randomly from two wards Nkuhungu and Kiwanja cha ndege) among other wards, and four villages/streets were selected randomly. This kind of selection is in line with Creswell (2007), who observed that the goal in quantitative research is to collect rich data in order to present the reality accurate even from a single entity.

Likewise Hycner, (1999) maintained that, "the phenomenon dictate the method and (not vice-versa) including even the type of respondents" The study was also used key informants at district level, organizational level, household level, and community at large.

5.2.1. Data Collection
The study used semi-structured interviews, non – formal observation and documentary review to gather the intended information.

5.2.2. Data Analysis
  ➢ Quantitative Data Analysis
The analysis of quantitative data was done by employing descriptive statistics to obtain frequencies and percentages.
  ➢ Qualitative Data Analysis
Qualitative data collected was subjected to content analysis and in many cases respondents' actual words have been reported. Qualitative data results are reported concurrently with quantitative data, that is, are used to support results obtained from the former. Data were processed using the Statistical Package for Social Sciences (SPSS) software.

6. Results and Discussion
Assessing the targeting performance of interventions supporting most vulnerable children in Dodoma Municipal was conducted by following flow of the three specific objectives of the article.

6.1. Magnitude of the MVC in the Area
The magnitude of the problem of MVC in the two wards shows that the problem is growing bigger than previous 60% of the respondents said that the problem of most vulnerable children is increasing while only 40 said that the problem is decreasing. This suggests that there is daily increasing of the problem or the number of most vulnerable children in Dodoma Municipal as the majority of the responds viewed. This call for different ways of investigating why there is an increase of vulnerable children and the more intervention actors to provide more support to these children. However in response to the general awareness of the increasing number of these children, a global initiative to develop national plans of action (NPAs) for these children has been launched. The evidence suggests that there is a clear and significant trend over time for increased incorporation of developmentally informed perspectives into plans, with the more recent plans having many more components. However, these plans remain vague and not well defined.

	Frequency	Percent
Increasing	48	60.0
Decreasing	32	40.0
Total	**80**	**100.0**

Table 1: Magnitude of the MVC in the study area

6.2. Type of the Guideline used in Identifying MVC
The national plans provide an indication of the extent to which the situation of young children is being recognised and reflected in the country's plans and policies. The analysis of the plans and of factors associated with a country's degree of attention to age-appropriate programmes and policies. The introduction of the Law of the Child Act in 2009 improved the policy and service delivery environment for the MVC in the country. It is evident that the policies and guidelines for protection of the MVC are in place in Tanzania. The study found that, visible challenge was poor dissemination of policies; it also indicates the gaps that need to be filled in receiving support that is their basic right. However it has been found that there are various methods used by intervention actors to identify the most vulnerable children. The Tanzanian government under the Ministry of health and social affairs has provided guidelines to be used in the identification process. This research has examined whether these guidelines are used by MCV actors in the identification process. The following were the results. 27% of the despondent seemed to use the national guidelines, and 12% uses the by laws settled by their local authorities and municipal, while the majority 61% they use own individual settled guidelines as per organization need or actors need.

	Frequency	Percent
Known National guidelines	16	27.0
Individual designed guidelines	36	61.0
The municipality by laws guideline	7	12.0
Total	**59**	**100.0**

Table: 2 Type of the guideline used in identifying MVC

6.3. Awareness of Using National Guideline
The awareness of National guideline was also tested and the results shows that the majority of the intervention actors are aware of the national guidelines despite of not using them, 55% of the respondents said that they are aware of the national guidelines while 45% said they are not aware of any guidelines to identify the most vulnerable. Those who are aware they has had either heard them but they have never come across or read them but do not understand on how to use them.

	Frequency	Percent
Know National guideline	44	55.0
Do not know national guidelines	36	45.0
Total	**80**	**100.0**

Table 3: Awareness of using national guideline

6.4. Reasons for Not Using National Guidelines

In answering why intervention actor not using National guidelines different reasons were given. 37.2% said that it is difficult to get the most vulnerable children using those guidelines because guidelines are not stated clearly on how to apply them and it need more training to actors so that may become more familiar in using them in identifying the most vulnerable in an efficient manner. 28.8% reported that the national guidelines has a lot of bureaucratic procedural that following them, more time is wasted , the government offices has a lot of hierarchical procedures that hinder the applicability of the guidelines. 35% responded that donor requirement needs to formulate on guidelines to fit their need. Therefore actors in the identification use the donors' guidelines so that they can get funding from them otherwise no funding nor grants are given to them. This donor's requirement act as the hindrance factor for the applicability of the national guidelines in the identification of most vulnerable children by different actors.

Reasons	Frequency	Percent
Difficult to get MVC using national guidelines	22	37.2
Bureaucratic of government sectors	16	28.8
Donor requirements (need own guidelines)	21	35.0
Total	**59**	**100.0**

Table 4: Reasons for not using National guidelines

6.5. Actors in MVC Identification

In answering a question on who is identifying the most vulnerable children it was found that different participants were involved such as non governmental organizations, primary school head teachers, and secondary school head teachers. The NGOs plays the first role in identifying the most vulnerable by 48.8%, followed by primary school heads of schools by 35%, and secondary school heads by 16.2%. For this it means that the non- governmental organization actor are the one who are most responsible than the government itself. The role of identifying the MVC has been left on the hands of NGO and not the role of the government.

	Frequency	Percent
Nongovernmental sector	39	48.8
Secondary/primary school heads	41	51.2
Total	**80**	**100.0**

Table 5: Actors in MVC Identification

6.6. Coordination of Actors in MVC

As has been mentioned many times, an adequate response to the multiple needs of most vulnerable children requires a coordination of approaches across sectors. In the coordination with other partners, the majority of intervention actors seemed to have high cooperation as 50% said that there is coordination between the and only 30% have no coordination with fellow actors.

Coordination	Frequency	Percent
Yes	50	62.5
No	30	37.5
Total	**80**	**100.0**

Table 6: Coordination of actors in MVC

The bases of coordination is through different ways including factors related to training 11.2% said that they share some training offered by fellow actors, others share in the   identification process of MVC 28.8%, factors related to policy 26.2%, Advocacy and dissemination 12.4% as well as resources 21.4%.

Areas of Coordination	Frequency	Percent
Factors related to training	9	11.2
Factors related to coordination and Identification of MVC	23	28.8
Factors related to policy	21	26.2
Advocacy and dissemination	10	12.4
Adequacy of resources	17	21.4
Total	**80**	**100.0**

Table 7: Bases of coordination

6.7. Level of Stakeholder Participation in MVC Identification Process

Community participation in many cases has had demonstrated advantages on the undertaking, which increases the voice and responsibility. No doubt that community member has knowledge about their context in which they live. The MVC Identification Guide all together is emphasizing the community participation. The reasons underlying this approach is that, at first, it strengthens the ability of the community to identify children who are indeed in need of assistance, and second, it reinforces community ownership of the intervention. Being the case, the study assessed the application of this approach for identification of MVC. The study findings show that District community development section has 26.2%, Education department22.5%, District authority 23.8%, Parents 16.2% and care takers (family members) 11.3% are involved in the identification process, but there is very little involvement of parents and care takers compared to other community members as shown on the table above.

The study was also checked on the commitments of the participants on the identification process, the results shoes that, lack of readiness, poor communication, and personal gain are the hindrance to commitment in the identification of MVC.

	Frequency	Percent
District community development section	21	26.2
Education department	18	22.5
District authority	19	23.8
Parents	13	16.2
care takers (family members)	9	11.3
Total	**80**	**100.0**

Table 8: Levels of stakeholder participation in MVC identification process

6.8. Challenges Facing the Identification Process

Allocation of adequate time for identification of the MVC is vital in achieving the objectives of the MVC Identification Guide in order to come up with eligible children to be supported under the programmes and interventions that address their need. The study has revealed that in order for the identification process to bring positive results, the involved stakeholders need time to plan and internalize the way the exercises could bring the intended results. The experiences shared by the respondents 30.5% indicate that, probably little time has been allocated to this vital exercises because of the government has been stretching itself to meet the donors requirements of supporting the identified MVC. Also due lack of fund as beneficiaries of the services provided for them, the local government authorities have been accepting the requirement of undertaking the exercise but as the implementers have been facing a lot of challenges including the number of MVC registered during the identification it has been indicated by 27.5 %. The most challenge faced is lack of facilities for identification process by 41% including education programmes. This implies that specific training of facilitators and logistical preparations for the identification process was needed to be conducted, particularly for rural areas where majority of the identification stakeholders have insufficient level of education.

Challenges	Frequency	Percent
Lack of fund	22	27.5
Lack of facilities	33	41.3
Shortage of engagement time allocated	24	30.0
Total	**80**	**100.0**

Table 9: Challenges facing the identification process

7. Conclusion

The intention of this study was to assess the identification process of MVC for the targeting interventions to support most vulnerable children in Tanzania experiences from Dodoma Municipal. This study concludes by focusing on the factors that would facilitate identification of the most vulnerable children in the Municipal. The results presented in this report pointed out that workforce are inadequate to undertake and support the MVC identification process in the study area. The study revealed that few individuals who are recruited as social workers are regularly ineffective and difficult to retain. This is due to numerous factors, including the inability to access existing training and professional development opportunities; under-appreciation for social work as a profession; lack of resources, supervision, and support to carry out social work tasks; and poor compensation and work environments. Social workers generally are under trained, poorly distributed, and overworked. Also stakeholders participation was found to be less and inaccurate to the programmes. Parents and caregivers were left out in the identification process instead heads of school and teachers are used. The poor coordination of the intervention actors and the municipal was also a problem to the implementation of the process. Not only that but also lack of proper used guideline contrary to the identification process are problem identified by this study.

8. Recommendations

This study is highly recommending strengthening the importance of MVC identification process to the community members by providing adequate education from the grass root. It is recommended to provide facilities for the identification process to be sustainable and achievable programmes. The identification accuracy depend on the number of facilities available for it, the less the facilities the lower the achievement and vice versa. Key participants of identification process should be allocated with sufficient time for them to have appropriate plans for identification process that fit in their context. The community should be at the front line in

determining the appropriate time for undertaking MVC identification exercises. A **s**trong coordinated advocacy and dissemination of the policy and guidelines should be emphasized in order to improve awareness of MVC identification process to stakeholders. Through advocacy, the community will in turn appraise their contributions that will ultimately be the focus of the identification process. Finally, MVC should be empowered through appropriate training that will enable them to acquire potential skills that are significant in undertaking their responsibilities. In addition, there should be financial support that will ensure volunteerism, and stakeholder remains motivated to have achievable goals.

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