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Research on Poverty Alleviation (REPOA)
P.O. Box 33223, Dar es Salaam, Tanzania
157 Mgombani Street, Regent Estate
Tel: +255(0)(22) 270 00 83 / 277 2556
Fax: +255(0)(22) 277 57 38
Email: repa@repa.or.tz
Website: www.repa.or.tz

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Influencing Policy for Children in Tanzania: Lessons from Education, Legislation and Social Protection

Masuma Mamdani,
Rakesh Rajani and Valerie Leach
with Zubeida Tumbo-Masabo
and Francis Omondi

**RESEARCH ON POVERTY
ALLEVIATION**

Influencing Policy for Children in Tanzania:

Lessons from Education,
Legislation and Social Protection

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Research on Poverty Alleviation, REPOA
P. O. Box 33223, Dar es Salaam, Tanzania
157 Migombani Street, Regent Estate.
Tel: +255(0)(22) 270 00 83
Fax: +255(0)(22) 277 57 38
Email: repoa@repoa.or.tz
Website: www.repoa.or.tz

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BLACKFIN LIMITED
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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BEST	Basic Education Statistics in Tanzania
CBO	Community Based Organization
CHF	Community Health Fund
CDO	Community Development Officer
CDW	Community Development Worker
CMAC	District Committee for Multi-Sectoral Aids Coordination
CRC	UN Convention on the Rights of the Child
CSO	Civil Society Organization
DHS	Demographic and Health Survey
DSW	Department of Social Welfare
EO	Education Officer
ESDP	Education Sector Development Plan
FBO	Faith Based Organization
FHI	Family Health International
GFATM	Global Fund Against HIV and AIDS - Tuberculosis and Malaria
GoT	Government of Tanzania
HIV	Human Immunodeficiency Virus
IPG	Implementing Partners Group
LGA	Local Government Authority
LRCT	Law Reform Commission of Tanzania
MKUKUTA	Mkakati wa Kukuza Uchumi na Kuondoa Umaskini Tanzania - Swahili for the National Strategy for Growth and Reduction of Poverty (NSGRP)
MoEVT	Ministry of Education and Vocational Training
MCDGC	Minister of Community Development, Gender and Children
MoHSW	Ministry of Health and Social Welfare
MoJCA	Ministry of Justice and Constitutional Affairs
MLEYD	Ministry of Labour, Employment and Youth Development, formerly Ministry of Labour, Youth Development and Sports (MLYDS)
MTEF	Medium Term Expenditure Framework
MV	Most Vulnerable
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NBS	National Bureau of Statistics [Tanzania]
NGO	Non-Governmental Organization
NMSF	National Multi-Sectoral Strategic Framework
NNOC	National Network of Organisations working with Children
NPA	National Plan of Action
NSC	National Steering Committee
NTC	National Technical Committee
OVC	Orphans and Vulnerable Children
PHDR	Poverty and Human Development Report

PEDP	Primary Education Development Plan
PEPFAR	President Emergency Plan Fund for AIDS Relief
PER	Public Expenditure Review
PRSP	Poverty Reduction Strategy Paper
PSLE	Primary School Leaving Examinations
RAAAP	Rapid Appraisal, Analysis, and Action Planning
RAWG	Research and Analysis Working Group
REPOA	Research on Poverty Alleviation
REPSSI	Regional Psychosocial Support Initiative for Children Affected by AIDS
	SWO Social Welfare Officer
TACAIDS	Tanzania Commission for AIDS
TDHS	Tanzania Demographic and Health Survey
TMAP	Tanzania Multi-Sectoral AIDS Project
TPR	Teacher-Pupil Ratio
TShs	Tanzanian Shillings
UNICEF	United Nation Children's Fund
UPE	Universal Primary Education
UNGASS	United Nations General Assembly Special Session
URT	United Republic of Tanzania
USAID	United States Agency for International Development
VMAC	Village Multi-Sectoral AIDS Committee
WHO	World Health Organisation

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¹ Now at UNICEF

About JLICA

The Joint Learning Initiative on Children and HIV and AIDS is an independent, interdisciplinary network of policy-makers, practitioners, community leaders, activists, researchers, and people living with HIV, working to improve the well-being of HIV-affected children, their families and communities.

About the Authors

Chapter 1

Rakesh Rajani was the founding Executive Director of HakiElimu, an independent civil society organisation in Tanzania promoting public engagement. He is now the head of Twaweza! - an East Africa wide initiative on citizen agency and public accountability.

Chapter 2

Zubeida Tumbo-Masabo works with the education section of UNICEF Tanzania, having retired from the University of Dar es Salaam. She has worked closely with children in the Junior Council and was President Mkapa's Special Representative for the United Nation's General Assembly's Special Session on Children in 2000.

Valerie Leach is a policy analyst with REPOA. She has worked with the Research and Analysis Working Group (RAWG) of the Government's poverty monitoring system, contributing to and coordinating the production of Poverty and Human Development Reports and participating in the public expenditure review process.

Chapter 3

Masuma Mamdani is a research specialist with UNICEF Tanzania, specialising in social policy research. At the time this paper was written for JLICA, she was a senior researcher at REPOA.

Francis Omondi is a researcher at REPOA. He coordinates the Children's Research Programme.

Executive Summary

Policies are important to promote child well-being, but their impact upon the actual well-being of children varies. Some policies draw widespread public and political attention, get translated into programmes, attract resources, and are implemented. Others don't. Why is this?

Policies are often analyzed statically, on the basis of evidence and its internal technical logic and argument. But this may explain little about a policy's ability to bring change. To understand what engenders change, it may be more instructive to study policy in practice, and the contextual factors that make change most effective.

This paper analyses three recent policy/programme developments regarding child well-being in Tanzania and examines the political 'drivers of change' that influence policy and action on child well-being.

Chapter One explores the politics of policymaking, and the respective roles of citizens, government and donors in influencing recent reforms in primary education. In budgetary terms, universal primary education is perhaps the largest social transfer that assists all children in Tanzania, including the most vulnerable. Primary school enrolment almost doubled from five to eight million children between 2002 and 2006. In the same period, 41,000 new classrooms were built and the number of teachers increased by 50% from 100,000 to 150,000. This was made possible by more than doubling the budget for education, through improved domestic revenue collection and increased donor funding.

However, while primary education has been successful in including large numbers of children, significant inequities remain entrenched, and the potential of the reforms to improve longer-term quality of life and livelihood prospects appears to be limited. Large geographical disparities persist in teacher distribution and examinations performance, the flow of education funds to schools is still uneven and unpredictable, and provisions for special needs are virtually unheard of. In this context, the well-to-do have often tended to opt out of public schooling by sending their children to relatively better functioning private schools, a choice with the potential to undermine social cohesion.

Why have some types of change been dramatically achieved in primary education in Tanzania while little progress has been made in others? Part of the explanation is that interventions such as enrolling children, building classrooms and raising funds are relatively easier than improving classroom teaching and development of skills at scale. In addition, this study speculates that both the quantitative successes and quality/equity limitations of recent education reforms may be explained by the type of public pressure exerted by citizen constituencies. It suggests that effective change is unlikely to be achieved by increased funding and technocratic solutions alone. Instead, there is a need to better understand and engage with a citizen-centered political dynamic. Doing so will likely require a type of involvement more akin to political and social movements, that encourages broad-based community engagement, rather than the somewhat apolitical technical development approaches that dominate many programmes for children, especially interventions for the most vulnerable children and those affected by HIV and AIDS.

Chapter Two provides a historical analysis of key processes in the development of a children's statute in Tanzania, and explores the underlying reasons behind the lack of change despite concerted efforts.

The review of existing legislation related to children began in 1986. Subsequently, Tanzania ratified the UN Convention on the Rights of the Child (CRC) in 1991. In the ensuing years, the

Law Reform Commission of Tanzania has submitted papers to the Government, and several workshops have been held where varying commitments were expressed to enact new legislation. However, over twenty years since these efforts first began, legislation affecting children is still haphazard and fragmented, and not necessarily in children's best interests².

Why has there been little progress? What indeed was the significance of Tanzania's ratification of the CRC? Ratification of international instruments indicates a country's acceptance of internationally constructed principles and a desire to adopt international codes in its own laws. In practice, however, the translation of that desire into effective domestic legislation must compete with many other legislative changes. It may be that Tanzania agrees to international codes both because they express desirable policy change, and because they are perceived as desirable in the eyes of an international community on whom the country is dependent for funding. It is possible that the Government has not understood the full implications for domestic law reform implied by such agreements. A lesson here is that the signing of international instruments in itself has little power to affect well-being in practice, which is a salutary reminder of the large gap that can exist between policy and practice.

Another possible explanation is that matters of children are seen as belonging to a domestic domain that is socially sensitive. But while cultural aspects regarding the socialisation and treatment of children are thorny issues, the broad education reforms discussed in Chapter One and the successful and relatively fast enactment of a law on sexual offences suggest that there are more compelling reasons for the long delay. The current study found that the champions of new legislation on children have not been a consistently well-organised force and have been unable to convince broader constituencies to see the importance of these efforts and to support them. Even where there is public concern, this does not appear to translate into legislative pressure, as few Tanzanians see the enactment of a new law as making a practical difference in meeting needs or realising rights. Here too the crux of the issue may be that the need for a children's statute has never enjoyed a groundswell of concern among parents, politicians and donors alike, such as that enjoyed by education. Nor has it engendered broad awareness or organised civil society and feminist activism, as seen in the enactment of the law on sexual offences. The cautionary note here is that even if new legislation was enacted, its implementation is likely to be haphazard and uncertain in the absence of consistent public expectation and pressure for change.

Chapter Three assesses the viability of the social protection model that is presently being promoted to protect the most vulnerable children (MVC) in Tanzania. The chapter's overview of MVC programmes reveals a hodge-podge of initiatives, mechanisms, funds and bodies, which demonstrate that the core problem is not lack of efforts and funding, but the state's commitment to a systemic and coordinated response. The central question is not about the need to do something or to raise more funds but *how* to do it effectively, and in a manner that recognises rights and entitlements and is sustainable. The bewildering multiplicity of initiatives and high levels of funding - particularly for HIV and AIDS which now accounts for one-third of all donor resources to Tanzania - creates distortions and may well undermine local capacity.

Clearly, better coordination and harmonisation is needed, but this is easier said than done. One solution is to work to strengthen local government systems and budgets, rather than to create standalone silos and projects. However, the question remains: what is needed now? Short-term programmatic responses or long-term institutional investment in effective national systems? The desire to make a difference quickly so as to be able to report progress to donors creates incentives that favour international agencies' funding of projects and non-

² Since this paper was written, the Minister for Justice and Constitutional Affairs has promised to introduce legislation to the National Assembly. The Government told the Committee on the Rights of the Child on 30 September 2008 that various pieces of legislation will be revised taking into consideration the Convention and the Optional Protocols, and that consultations will continue about whether there is need for a single piece of children's legislation in a Children's Act.

governmental organisations which are directly accountable to those agencies. But evidence of the long-term effectiveness of taking this approach remains unclear, as does its impact on the integrity of local government and community service delivery systems. With the large amounts of resources made available, it is certain that these MVC programmes will have some positive effect. The real question, however, is whether there are alternative policies and modalities which could provide more effective and sustainable forms of support to MVC, and represent value for money.

Another key issue is the debate between targeting and universalism. The study discusses the conceptual and administrative difficulties of ensuring that the most vulnerable children are reached and supported. Community-based targeting is currently being widely used in MVC programmes, but this approach can be inexact and socially divisive. Just above the most vulnerable in socio-economic terms, many more poor children are at risk and also deserving of some support. Expanding support to local governments to ensure delivery of core services - such as health, education and water - to all children may impact more children at risk in a manner that is cost-effective and simpler, engenders broader public support, and strengthens existing public capacities. Embedding specific criteria and mechanisms to safeguard the interests of vulnerable children within broad-based public services - such as inclusion in school, provision of safe water, and access to free or affordable health services - may reach more children over a longer period at lower cost than targeting outside mainstream service delivery channels.

In turn, the “targeting vs. universalism” debate is closely related to perceptions of how different or exceptional are challenges related to HIV/AIDS compared with other serious national concerns, and to what extent does HIV/AIDS demand an explicitly focused response? The evidence presented in the study shows clearly that HIV and AIDS have exceptionally high priority among donors and international bodies, reflected in the large amounts of global aid allocated to these problems. In Tanzania, donors have been heavily involved in driving HIV and AIDS programming, including pushing for the establishment of the Tanzanian Commission for AIDS (TACAIDS), conducting research, and lobbying strongly on the issue. Nationally, there are a large number of plans and organisations focused on HIV and AIDS, many of which have responded to the incentives created by increased funding by external agencies. While it is difficult to separate out an ‘organic national concern’ from international influences, and while a full examination of the issue is beyond the scope of this paper, little evidence is available to indicate that Tanzanians would place as high a priority on HIV/AIDS as have donors.

If this finding is accurate, it would be fair to say that the concern about HIV and AIDS is overly donor driven in Tanzania. The point here is not to exclude donor involvement; indeed the successes in primary education would not have been possible without donor support. The primary education crisis was a broad and explicit national public concern, not a ‘donor issue’, and the PEDP was structured to strengthen government systems and open them up to greater public engagement and scrutiny.

The central concern of this paper is to identify the best systems and mechanisms to enable support for children, especially the most vulnerable children, given limited resources and capacity constraints. While the issues remain complex, an examination of the three different studies indicates a core common lesson: initiatives that resonate with and respond to broad public concern are more likely to gain traction, exercise accountability, and be sustainable. In contrast, efforts that are technically driven and over emphasise the provision of funds are unlikely to be effective because they may miss the political drivers of change in the country. The most vulnerable children may require targeted assistance through specific interventions, but this can only succeed within the context of *universal* provision of essential services. This lesson is particularly relevant for international actors, for it suggests the need for a nuanced engagement with political, cultural and social forces that shape priorities, implementation and accountability that lie at the heart of effective support for children.

Accountability for Child Well-Being: Lessons from the Primary Education Reforms in Tanzania

Rakesh Rajani

1

1.1 Introduction

Arguably, primary education has constituted the largest overall reform in Tanzania in the last decade in terms of scale, scope and budget. Under the Primary Education Development Plan 2002-2006 (PEDP)³ massive investments were made in the sector across the country: mandatory primary school fees and contributions were abolished, the number of teachers was increased by 50%, and over 41,000 new classrooms were built. The overall budget for basic education more than doubled in five years (in nominal terms), allowing resources disbursed to the school level to increase at least five-fold from less than \$1 to over \$5 per pupil per annum. Following these reforms, three million additional children were enrolled in primary school, with overall enrolment increasing from about five million in 2001 to eight million in 2006.⁴

The funds disbursed to schools over PEDP's first five years constitute the largest resource transfer to poor communities by far; typically at the district (local council) level the primary education budget is greater than all other budgets combined.⁵ While hard data on the demographics of the newly enrolled children are not available, it is likely that a high proportion come from poorer and disadvantaged groups. Several earlier studies had demonstrated that the cost of fees and contributions had resulted in large numbers of drop-outs from the school system.⁶ Moreover, there is a primary school in every village in Tanzania, so these reforms had wide reach. In contrast, social welfare and projects to help orphans and vulnerable children directly tend to be small, shorter term, and scattered in only a few areas across the country.

Yet, throughout the 1980s and 90s basic education suffered from chronic policy neglect and under-funding, leading to large-scale deterioration of infrastructure and supplies, low teacher morale, declining quality and high drop-out rates. What happened in the early 2000s to propel this dramatic shift? How did primary education become perhaps the most important national priority? This paper examines how this shift took place, and draws lessons about the politics and exigencies of policy-making that serve the interests of children.

The paper also appraises the equitableness of PEDP's impact. While many more children have been included, who is still left out? How even is the distribution of human and financial resources across the country, particularly between rural and urban areas, and between the central and local government levels? What policy mechanisms are in place to correct historical disparities and provide equal opportunities for all? Most interestingly, what dynamics for accountability are in play to ensure that implementation is consistent with policy objectives and maximally contributes to child well-being? In other words, has PEDP done as well as it could have, particularly in promoting the interests of poor and vulnerable children? Investigating this story can help yield insights into the drivers of political and administrative accountability, and implications for developing an effective strategy to promote child well-being in Tanzania.

1.2 How did PEDP Come About?

It is no secret that basic education in Tanzania deteriorated to alarmingly poor levels during the 1980s and 90s. The Ministry of Education's annual Basic Education Statistics in Tanzania

³ United Republic of Tanzania (URT), Education Sector Development Programme (ESDP), *Primary Education Development Plan (PEDP)*, Dar es Salaam, July 2001.

⁴ HakiElimu, *What has been Achieved in Primary Education? Key Findings from Government Reviews*, Dar es Salaam, October 2007.

⁵ See Tanzania local council budget books and Brar, P., *Local Government Public Expenditure and Financial Accountability Review (PEFAR)*, World Bank, 2006.

⁶ See for instance Kuleana, *The State of Education in Tanzania*, Mwanza, 1998, and Maarifa ni Ufunguo, *Cost-Sharing: A Case Study of Education in Kilimanjaro*, Moshi, 1999. Note also that well-off and middle-class parents prefer to send their children to English-medium private schools that are concentrated in major towns.

(BEST) consistently reported declining levels of enrolment, high teacher-pupil ratios (TPRs), and significant shortages of infrastructure and supplies.⁷

The poor state of the Tanzanian economy and worsening relations with donors in the late 1970s and early 80s reduced funding for education. Under donor pressure for structural adjustment, the Government was told to reduce public expenditures, including a freeze on recruitment of new teachers. The intense policy and political focus on education in the *Arusha Declaration* and the seminal *Education for Self-Reliance* policy spearheaded by Julius Nyerere in the late 1960s⁸ and the universal primary education (UPE) drive of the 1970s appeared to have run out of steam by 1980.

Nevertheless, even after 1980, the Government and its donor partners experimented with different interventions in education. Initially, these efforts consisted of large projects in selected districts, most notably the district-based support to primary education (DBSPE)⁹ sponsored by Denmark, Finland and The Netherlands, the World Bank's community education fund (CEF), and several teacher-strengthening projects supported by Sweden.¹⁰ But it proved difficult for these initiatives to be mainstreamed into government operations, facilitate innovation and expand to scale, or be sustained beyond the external project funding period. In the meantime, as public spending tightened, 'cost-sharing' was imposed on families, who were increasingly unable or unwilling to pay.

Subsequently, as the need for a more comprehensive sector-wide approach was recognised, national policies and plans were devised, such as the Education and Training Policy of 1995 and the Basic Education Master Plan (BEMP) in the late 1990s. During the 1990s several detailed studies and plans were developed, often with the help of external consultants, and enclave units set up within the Ministry of Education to spearhead reforms. However, these initiatives generally failed to gain traction. Explanations for the absence of action varied. They included the lack of a 'comprehensive plan', low 'political will', high levels of debt servicing that were reducing public resources, lack of confidence among donors, and 'low capacity' among implementers.¹¹

The core problem, according to one analysis, was that:

"technocratic solutions have been applied to essentially political problems; volumes of technically sound documents produced by the reforms have failed to take hold because they fail to account for the politics of institutional change in Tanzania".¹²

By the late 1990s, the chorus for serious action on education in Tanzania had broadened beyond the narrow band of Ministry of Education experts and donor officers. Two key independent civil society reports on education published in 1999 and broadly circulated in the country highlighted the crisis in education access and quality.¹³ The reports demonstrated the increasing community disenchantment with education that a number of surveys with limited circulation had revealed.¹⁴ These concerns were echoed at the international level (following the 1990 Jomtien meeting on education for all), and linked to the effective campaign for debt relief fought by Jubilee 2000 and others.¹⁵ At the same time the mushrooming private press provided broad coverage on the challenges in education and the toll it was taking on parents and pupils alike. Combined, these and similar developments stimulated a broader public debate and exerted public pressure on the Government that could no longer be ignored.

⁷ URT, Ministry of Education and Culture, Basic Education Statistics in Tanzania (BEST), Dar es Salaam, various years.

⁸ See Mbilinyi, M., Omari, I., and Rajani, R. (eds), *Nyerere on Education*, Vol. I, HakiElimu and E&D Ltd, Dar es Salaam, 2005.

⁹ See Tanzania Development Gateway, Projects Database - Education, http://209.85.165.104/search?q=cache:ksCS_NCY0Z0J:www.tanzaniagateway.org/tpd/sector.asp

¹⁰ See Lindhe, V., Malmberg, K., and Temu, E.B., *Sida Support to Teacher Education in Tanzania 1997-2002*, Sida Evaluation 05/05, http://www.sida.se/shared/jsp/download.jsp?=-SIDA4615en_Utv05-05_web.pdf&a=3443

¹¹ Kuleana, *State of Education in Tanzania*, Mwanza, 1999; and Alonso, R., *The Elimination of Enrollment Fee for Primary Education in Tanzania*, World Bank Institute, 2002, <http://www1.worldbank.org/prem/prmpo/povertyday/fralonso.doc>

¹² HakiElimu Programme Strategy, 2001-03, <http://www.hakielimu.org/print/whorv.html>

¹³ Kuleana, *The State of Education in Tanzania*, Mwanza, 1998; and Maarifa ni Ufunguo, *Cost-Sharing: A Case Study of Education in Kilimanjaro*, Moshi, 1999.

¹⁴ For example, see Cooksey, B., Malekela, G.A., and Lugalla, J., *Parents Attitudes Towards Education in Rural Tanzania*, Tanzania Development Research Group (TADREG), Dar es Salaam, 1993.

¹⁵ In 1996/97, an Oxfam report showed that Tanzania was spending more than a third of its budget on debt servicing, which was more than its expenditures on social services.

Increased pressure from citizens coincided with an emerging consensus among donor countries that fragmented projects were not sustainable, and that a 'sector-wide approach' was needed. At the same time the consultation processes to develop poverty reduction strategy papers (PRSPs) emphasized the need for a solid human capability. The World Bank, which had earlier worried more about the burden of education on national treasuries (and pushed for "cost-sharing"), had come around to seeing the need for large public investments in the sector. From a somewhat 'parochial' issue in the 1980s and 90s, education had now become central to the overall development agenda, and of concern to heads of development agencies.

The Government's main response under President Mwinyi (1985-1995) was to encourage private schooling, which led to the growth of fee-paying primary and secondary schools that could only be accessed by the richest. In President Mkapa's first term (1995-2000), the focus was on establishing macro-economic stability by bringing down inflation, increasing revenue collection, and privatizing parastatals, as well as re-establishing credibility with external financiers.

The 2000 PRSP drafting process signaled a change, in identifying seven 'priority sectors' of which education and health were the most critical. People close to the PRSP exercise say that the focus on education was in fact brought about by forceful domestic pressure.¹⁶

The World Bank's *Voices of the Poor* exercise in Tanzania¹⁷ as well as the first PRSP consultation exercise showed that sorting out education was the overwhelming priority for most Tanzanians. Crucially, the resident Country Director of the World Bank concurred, having recently seen what could be achieved in Uganda, and noting that the sums realized through education fees and contributions (estimated to be \$8-12 million annually) could easily be financed through other sources.¹⁸

Nevertheless, the Government appeared adamant not to accede to calls to abolish school fees and contributions, despite the evidence of the small amount that was collected and the heavy burden it represented for poor parents. The penultimate draft of the Tanzania PRSP maintained the need for cost-sharing. This provision was reversed only at the last minute reportedly after a final consultation between the World Bank Country Director and President Mkapa, apparently to the surprise of senior government leaders.

The close relationship between senior government leaders and the World Bank country office continued throughout the development of PEDP in 2001, with the Bank's recently arrived resident senior education task manager playing a major driving technical and political role in maintaining momentum of the reform. A separate structure under the Basic Education Development Committee (BEDC), that institutionalised participation of government ministries, donors and civil society organisations (CSOs), was created to facilitate planning, funding and monitoring of the reform. This provided a way in which CSOs could inform the public of developments and bring their concerns to bear.

1.3 The Glass Half-Full: What has PEDP Achieved?

The major achievements of the first five years of PEDP implementation¹⁹ can be summarized as follows.

Classrooms: Over 41,000 new classrooms were built between 2002 and 2006. While this fell short of set targets (see Table 1.1), the increase added significantly to capacity, and its scale was unprecedented. In recent years, in response to pressure from the Tanzania Teachers' Union, greater emphasis has been placed on the construction of teachers' houses, where the

¹⁶ Personal communication with members of the Tanzania Coalition for Debt and Development (TCDD).

¹⁷ Narayan, D., *Voices of the Poor: Poverty and Social Capital in Tanzania*, World Bank, 1998.

¹⁸ The Country Director was responsible for both Tanzania and Uganda. Uganda had dramatically increased enrolments in primary education. The annual revenue estimate is found in URT, PRSP, 2001.

¹⁹ As reported in various government commissioned assessments and reports, summarised in HakiElimu, *What has been Achieved in Primary Education?* 2007.

Table 1.1: New Classroom Construction, 2002 - 2006

Year	Target	Actual	% of Target
2002	13,868	8,817	63.6
2003	13,396	10,771	80.4
2004	14,203	10,334	72.8
2005	6,794	6,618	97.4
2006	5,832	4,677	80.2
Total	54,093	41,217	76.2

Source: URT, MoEVT, Basic Education Statistics in Tanzania (BEST), 2006

shortfall is even higher. This means that the need to invest in infrastructure will continue to exert pressure on the education budget for the coming decade, potentially slowing improvements in teacher remuneration and teaching quality.

Teacher Recruitment: The number of teachers increased by about 50% from 106,000 in 2001 to 152,000 in 2006 (see Table 1.2). New teacher recruits in fact surpassed the set target by about 10%, though the teacher-pupil ratio of 1:52 in 2006 remained well above the official target of 1:45, with little prospect for improvement. New recruitment has involved proportionally more female teachers, such that there are now roughly equal numbers of male and female teachers in public primary schools.

Table 1.2: Teachers in Tanzanian Primary Schools, 2001-2006

Year	Male		Female		Total
	N	%	N	%	
2001	58,032	55	47,889	45	105,921
2002	60,848	54	52,012	46	112,860
2003	62,247	54	53,093	46	115,340
2004	64,345	53	57,203	47	121,548
2005	70,306	52	64,707	48	135,013
2006	78,547	52	73,335	48	151,882

Source: Calculated using data in BEST, 2005 and 2006.

Funding: The budget for education in Tanzania has increased dramatically in recent years, from about 300 billion Tanzanian shillings (TShs) in 2000/01 to Tshs 670 billion in 2005/06 and to almost Tshs 1.1 trillion in 2007/08.²⁰ Education constitutes the largest single budget line, and takes up about one-fifth of the entire budget. These increased sums have been made possible in part through increased donor support, including a World Bank credit, sector basket funds and budget support.

Significantly, PEDP introduced two new grants to make funds available at the school level: the development grant to cover infrastructure costs, and the capitation grant to contribute to quality improvements.²¹ While the capitation grant - set at \$10 per pupil per annum - has not been fully disbursed (see discussion in Section 1.4), it has, nonetheless, dramatically improved non-salaried school financing which was less than \$1 per pupil per annum prior to the PEDP reform. These funds have improved the availability of blackboards, chalk and other supplies, as well as textbooks, though demand for the latter still far outstrips supply.

Governance: PEDP developed an extensive reform of institutional arrangements at all levels of governance, including aligning the roles of several ministries. Notably, it focused on strengthening school committees by according them key roles in decision making and oversight. Attention was also given to democratising the composition and functioning of school committees, both in gender terms and through greater involvement of pupils and parents. Under PEDP, school committees are more actively engaged in overseeing school

²⁰ HakiElimu, education budget briefs number 07.1E, *Following the money for education*, June 2007. See www.hakielimu.org

²¹ URT, ESDP, PEDP, July 2001.

development, particularly enrolment and classroom construction and almost all schools maintain careful records of the deliberations of the school committee. Transparency, broad awareness and capacity development were also key features of the plan, though implementation of these aspects has been mixed.

Enrolments: As a result of the reforms, particularly the abolition of school fees and contributions, enrolments reached almost 8 million in 2006, an increase of 3 million pupils (see Table 1.3). While these figures need to be adjusted for increasing numbers of repeating students (a worrying development), the increase is still significant. Overall, official data from the Ministry show that net enrolment increased from 67% in 2001 to 96% in 2006.²² Survey data from the National Bureau of Statistics (NBS) also show increased school attendance over the same period.²³ Gender parity has also been largely achieved in primary school enrolment in Tanzania.

Table 1.3: Pupils Enrolled in Primary Schools, 2001-2006

Year	Enrolments		
	Male	Female	Total
2001	2,474,344	2,407,244	4,881,588
2002	3,052,018	2,929,320	5,981,338
2003	3,365,420	3,197,352	6,562,772
2004	3,626,241	3,456,822	7,083,063
2005	3,855,712	3,685,496	7,541,208
2006	4,051,676	3,908,208	7,959,884

Source: BEST, 2006

The Government of Tanzania has received significant domestic and international recognition for its achievements in primary education. At the policy level, the government is now trying to extend PEDP to the secondary level through the Secondary Education Development Programme 2004-2009 (SEDP), and to 'do in health what it did in education' by creating a 'PEDP for health'. At the community level, schools are among the more impressive buildings in any village, and there is a marked 'buzz' created by the investments in primary education which are appreciated by citizens. On a global level, Tanzania's progress in primary education is seen as a successful example of achieving the Millennium Development Goals (MDGs) in education, and is frequently praised by donor governments.²⁴

These achievements represent dramatic movement in a sector that had stagnated for two decades. It is likely that, with increasing enrolments, larger proportions of the poor have been signed up for primary school than in the past. The benefits and returns of education to personal and community well-being are, therefore, likely to accrue to poor and vulnerable children, including orphans and others whose caregivers have diminished capabilities to secure basic livelihoods. Furthermore, expansion in education benefits entire communities at scale, without the tensions and large administrative costs associated with targeted programmes.

At the same time, such an aggregate, broad-brush approach does not provide a specific and qualitative view of child well-being. Taking a "child-up" perspective of PEDP is more likely to provide a better sense of the significance of PEDP in reducing child vulnerability, as well as a keener appreciation of the extent to which PEDP has been able to live up to its promise. The next section examines five aspects of PEDP that are particularly important for ensuring equitable child well-being.

²² URT, Ministry of Planning, Economy and Empowerment (MPEE), Research and Analysis Working Group (RAWG), *MKUKUTA Status Report 2006*, December 2006

²³ The *Tanzania Reproductive and Child Health Survey (TRCHS) 1999* and the *Tanzania Demographic and Health Survey (TDHS) 2004/05* show net attendance ratios of 53% and 75% respectively.

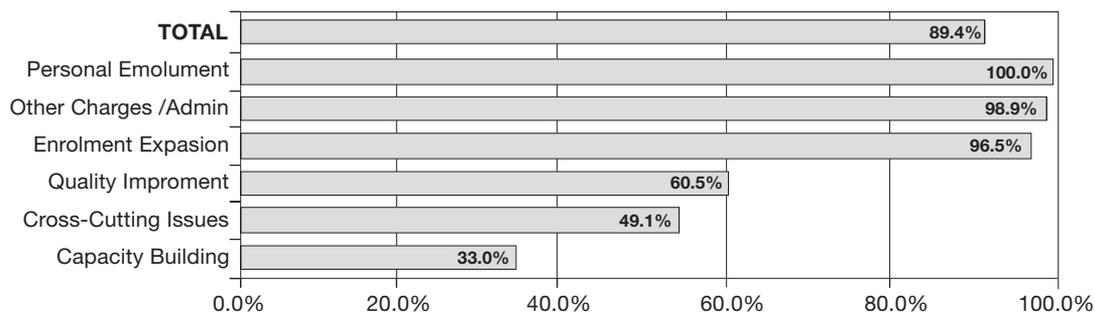
²⁴ See, for instance, statements of the UK Minister for Development Cooperation made on 6 October, 2005 and 15 January 2007 <http://www.dfid.gov.uk/News/files/pressreleases/tanzania-education.asp> and <http://www.dfid.gov.uk/news/files/pressreleases/tanzania-progress.asp>

1.4 The Glass Half-Empty: PEDP's Missed Opportunities

Money for schools: The capitation grant - set at US\$10 in policy documents (about Tshs 12,000 in 2006/07) per enrolled pupil per annum - is perhaps the most powerful component of PEDP because it creates a simple mechanism to have funds reach the school level for quality improvements. Its formula-based structure was designed to avoid disparities in fund disbursements which, historically, have been extremely large in Tanzania.²⁵ Its simplicity in operation and the requirement to publish the information in newspapers enable tracking and make it easy for schools to claim entitlements. A similar strategy was successful in Uganda.²⁶ Its implementation, however, appears to be fraught with several problems. The full \$10 has not been disbursed; actual amounts have been closer to \$6 and appear to be falling in recent years, particularly after the introduction of SEDP. Lack of adequate funds has been cited as a reason, but this explanation does not square with the fact that the education budget has increased significantly each year. In fact, the budget has risen much higher in the last two years during which time the disbursements of the capitation grant appears to be lowest.²⁷

Even if funds were insufficient, the payment of the capitation grant is such a critical element of improvements in quality and retention of poor pupils in school that it would have been preferable to prioritise capitation grant spending over less critical expenditures such as further construction or the payment of allowances. Instead, the opposite seems to have been done. Figure 1.1 illustrates that budgets for salaries and enrolment-related construction were disbursed in full, but only 60% of the budgeted capitation grant for quality improvements was disbursed.

Figure 1.1: Percentage of Approved Primary Education Budget Released, by Component FY 2005/2006



Source: Adapted from URT, PEDP Progress Report, 2006, p.38 in HakiElimu 'What has been achieved in primary education? Key findings from government reviews' (October 2007).

'Leakage' - i.e., where funds disbursed do not reach the school level, due to poor administration, reallocation, delays, or corruption - may be part of the problem. An expenditure tracking study in 2004 found that about 40% of the disbursed capitation grant did not reach the school on time.²⁸ It showed that a major part of the problem was an overly complex system where the single grant was disbursed by multiple ministries using different criteria, timeframes and mechanisms. This created a 'spaghetti-like mess' that would make it impossible for the most diligent administrators to know what was going on and follow-up.²⁹

Moreover, contrary to its simple formula-based allocation, funds actually disbursed have varied widely among districts and schools. The tracking study found large variations which could not be explained by enrolment figures or any other consistent explanation. A set of capitation grant transfers made by the Ministry of Education in 2006 (and published in newspapers) varied from Tshs 100 to Tshs 5000 per pupil. These large disparities continue to reinforce inequities in the system.

²⁵ See UNICEF, *Situation Analysis of Children 2001*, Dar es Salaam, which showed that some districts received eight times as much money per pupil as others in 2000/01, with no explanation for the disparity.

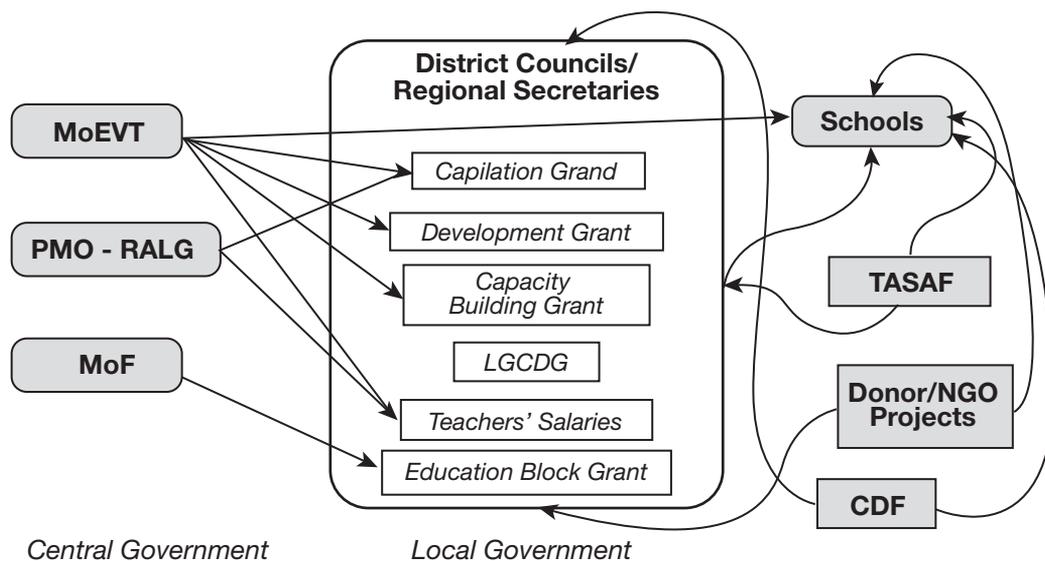
²⁶ Reinikka, R., and Svensson, J. (2003). *The Power of Information: Evidence from a Newspaper Campaign to Reduce Capture*, Policy Research Working Paper No. WPS 3239, World Bank, Washington, D.C. (published in *Journal of the European Economic Association*, April-May 2005, 3(2-3):1-9)

²⁷ HakiElimu, education budget briefs number 07.1E, *Following the Money for Education*, June 2007. See www.hakielimu.org

²⁸ REPOA (2004), *Tanzania Public Expenditure Tracking Study. Study of Financial and Non-Financial PEDP flows from Central government to schools in 2002 and 2003*. REPOA and the Ministry of Finance, Government of Tanzania, Dar es Salaam (unpublished).

²⁹ Carlitz, R., *Following the Money for Education: A Case Study in Complexity*, HakiElimu Working Paper 07.8, Dar es Salaam, 2007.

Figure 1.2: Flows of Primary and Secondary Education Funds



Key: MoEVT = Ministry of Education and Vocational Training; PMO-RALG = Prime Minister's Office – Regional Administration and Local Government; MoF = Ministry of Finance; LGCDG = Local Government Capital Development Grant; TASAF = Tanzania Social Action Fund; CDF = Community Development Fund
 Source: Carlitz, R., Following the Money for Education: A Case Study in Complexity, HakiElimu Working Paper 07.8, Dar es Salaam, 2007

As a result, the capitation grant has failed to live up to its full promise of bringing about quality improvements in a fair and reliable manner. Local government officials and teachers are unable to predict how much money they will receive, when, and for what purpose, which in turn disrupts plans and budgets, and places schools in a chronic state of crisis. Parents, pupils and teachers are similarly unable to know and follow up to claim their entitlements.

Clear evidence of these problems and their effects has been published, presented to the authorities, and submitted to official meetings. However, to date, only one change has been implemented. In 2007/08, the entire capitation grant was consolidated into one vote in the budget books. An audit of its implementation is not yet available, though the indications are that the capitation grant has not been adequately disbursed in any form in recent years. It is not apparent to what extent the Government has used the findings of Public Expenditure Tracking Surveys (PETS) in considering the need for broader reform.³⁰ Nonetheless, the Government has reportedly agreed to undertake a new PETS in 2009.³¹

Including children with disabilities: While over two million new children have been enrolled under PEDP, few of these have been children with significant disabilities. Reliable data on children with disabilities is hard to come by; advocates often cite a WHO estimate that, on average, 10% of the total population experiences some form of disability. The population census (2002) reported that about 2% of the Tanzanian population were disabled, which is likely to be an underestimate. Recognising this, the National Bureau of Statistics planned a more comprehensive survey of disability to be conducted in 2008. The Ministry of Education and Vocational Training (MoEVT) is obliged under the MKUKUTA monitoring system to report on the numbers of children with disabilities in school. In 2007, the number was reported to 24,003, compared with 18,982 in 2006. These numbers imply that only 0.24% of primary school pupils had a disability - clearly a much smaller proportion than the estimated proportion of children with disabilities in the population as a whole.³² A handful of special schools exist, but little inclusive education is practiced in the vast majority of schools.

³⁰ Sundet, G., (2007), *Public Expenditure Tracking Surveys: Lessons from Tanzania*, U4 Policy Brief, Bergen available on <http://www.cmi.no/publications/file/?2812=public-expenditure-tracking-surveys>

³¹ Education Donor Partner Group, personal communication, November 2008.

³² URT, RAWG (2007), *Poverty and Human Development Report 2007*.

The PEDP document makes general reference to inclusion and provision for special groups, but makes no specific provision for the needs of children with disabilities. There is no evidence that any of the 41,000-plus new classrooms or toilets have been designed to be accessible by children with disabilities. Moreover, the capitation grant for every child is set at \$10, but learning materials for children with disabilities (Braille books and machines, hearing aids, etc.) are far more expensive. Provisions for special education teachers remain paltry in comparison to need.

The Government published a new disability policy in 2003, but it appears to have made little meaningful difference in primary education. Disability advocacy groups have made concerns known vociferously through their forums and through coalitions such as the Tanzania Education Network (TEN/MET),³³ but with little effect. Thousands of children with disabilities continue to be excluded from basic education.

Fair distribution of teachers: Tanzania has long suffered from a highly inequitable distribution of teachers across the country. Teachers have been understandably reluctant to work in remote areas which lack water, reliable roads, and other basic services, where salaries are received late, and where opportunities to supplement low salaries are limited.³⁴ As these issues were well known during the development of PEDP, the reform made policy provisions to allocate new teachers equitably, correcting for historical disparities, and to provide incentives to teachers who agree to teach in rural, remote areas.

By 2006, large disparities continued to persist (see Table 1.4). While Kilimanjaro is the only region that enjoyed a teacher-pupil ratio of 1:40 in 2006, in Mwanza and Rukwa regions the TPR was 1:62 and for Shinyanga 1:69. These figures mask further, deeper disparities among districts and among schools.

Table 1.4: Number of Teachers by Qualification and Teacher Pupil Ratios, by Region, 2006

Region	Std. I-VII Enrolment	Total Number of Teachers	Teachers with Qualifications				Teacher-Pupil Ratio
			% B/C	% A	% Diploma	% Degree	
Kilimanjaro	357,439	8,863	40.5	57.0	2.2	0.2	40
Dar es Salaam	479,340	11,468	13.1	74.5	10.3	2.1	42
Pwani	210,504	4,934	24.4	73.6	1.8	0.2	43
Iringa	380,230	8,214	28.6	68.3	2.9	0.1	46
Mtwara	235,255	5,063	39.6	59.7	0.7	0.0	46
Morogoro	388,897	8,184	34.2	62.5	3.0	0.3	48
Ruvuma	277,949	5,814	37.4	60.8	1.7	0.1	48
Arusha	325,261	6,651	27.0	67.4	5.1	0.5	49
Dodoma	354,468	7,001	41.0	56.7	2.1	0.3	51
Mbeya	529,340	10,334	30.0	67.9	2.0	0.1	51
Manyara	259,336	5,021	19.8	78.6	1.6	0.0	52
Lindi	165,195	3,146	44.3	54.7	1.0	0.0	53
Tanga	434,856	8,014	34.7	63.6	1.7	0.0	54
Kagera	476,275	8,449	31.1	68.2	0.8	0.0	56
Kigoma	363,261	6,478	31.2	67.4	1.3	0.1	56
Singida	259,334	4,612	38.0	61.0	1.0	0.0	56
Mara	401,661	7,077	41.0	58.0	1.0	0.0	57
Tabora	342,483	5,880	35.4	63.2	1.4	0.1	58
Mwanza	762,906	12,275	27.2	71.4	1.4	0.0	62
Rukwa	276,041	4,481	32.7	65.4	1.9	0.0	62
Shinyanga	679,853	9,923	28.0	70.4	1.2	0.3	69
Total	7,959,884	151,882	31.3	66.0	2.5	0.3	52

Source: URT, MoEVT, BEST, 2006 Table 2.15

³³ TEN/MET, *Strengthening Education in Tanzania: CSO Contributions to the Education Sector Review 2006*, Dar es Salaam, 2006. See also HakiElimu, *Three Years of PEDP Implementation: Key Findings from Government Reviews*, Dar es Salaam, 2005.

³⁴ Sumra, S., *Teachers Living and Working Conditions in Tanzania*, TTU and HakiElimu, Dar es Salaam, 2003.

Fundamental incentives and accountability for teacher welfare and performance have not changed. There is no significant evidence that the policy to provide incentives to teach in difficult areas has been implemented. Overall, the level of teacher morale and motivation to promote effective learning is very low.

Lots of schooling, little learning: Perhaps the most important expectation of poor parents and pupils alike is that education will provide children with the skills to secure livelihoods. That promise of education is, however, proving to be increasingly elusive. The core problem is that the quality of primary education is extremely poor, and may have worsened under PEDP. While quality is clearly one of the four 'pillars' of PEDP, in practice, the focus has been on quantity, in particular, the construction of schools. Teaching is largely done by rote, with pupils copying notes off blackboards, with no opportunity for interaction or questioning of the information presented. There is little opportunity to develop creativity and analytical skills.

The school environment, while physically improved in some cases, continues to limit learning and experimentation. Besides overcrowding and the lack of desks and books, most schools lack opportunities to stimulate the imagination, which is seen as increasingly vital.³⁵ Schools are often physically and emotionally unsafe; most continue to practice corporal punishment in a manner contrary to regulations, and sexual harassment is rife. Many lack water and adequate sanitary facilities, which disproportionately impacts on girls, particularly during menstruation.

The Primary School Leaving Examinations (PSLE) is the ultimate determinant of a child's success and transition to further opportunities. But the examination measures memorisation of facts rather than skills or capabilities. 'Teaching to the exam' has reportedly increased in recent years as pressure to perform has intensified with the introduction of performance league tables. The PSLE itself has evolved in recent years to require less synthesis and analysis, and its weighting has been changed to make Swahili (which pupils know relatively well) count for more, compared with science or math (in which students tend to do poorly), which now count for less.³⁶ As a result, PSLE performance improved dramatically between 2002 and 2006, creating an impression of progress and increasing competence. But the re-weighting means that it is not possible to directly compare current results with previous years.

More importantly, the PSLE are a poor measure of quality. Despite increased PSLE results, many parents are frustrated that schooling does not equip children with life skills. A recent study on school-level efforts to improve performance shows widespread frustration among teachers and pupils regarding the PSLE's suitability.³⁷ Parents with means and connections opt to enroll their children in private schools, where conditions are better, teachers are better qualified and motivated, and where better learning takes place. Others supplement limited learning in public schools by sending their children to 'tuition' classes in the afternoon. But both these means are generally out of the reach of the majority poor, and thus levels of visible inequality have been increasing in the country. These differences are also reflected in the PSLE results. For instance, in 2006, 77% of students in Ngara passed the English component, compared with only 4% of students in Kiteto.

Significant steps are needed to improve educational quality and learning. Only recently, under concerted pressure from some civil society voices, has the government incorporated a capability-based (as opposed to an inputs-focused, examination-passing) approach at the heart of its new Education and Training Sector Development Programme (ETSDP). However, the precise role of this new strategy document is uncertain, and there is no meaningful plan on how to operationalise it. As yet, no evidence is available to indicate that the capability-based approach is leading to any changes in school-level learning and teaching processes.

³⁵ Naker, D., *What is a good school? Raising Voices*, Kampala, 2007.

³⁶ Sumra, S., *PSLE: A Study on the Increases in Pass Rate*, HakiElimu and TENMET, Dar es Salaam, (March 2008), and Kitta, S., Sima, R., and Sumra, S., *PSLE: What do the Examinations Measure?*, HakiElimu and TEN/MET, Dar es Salaam, (March 2008).

³⁷ Kitta, S., Sima, R., and Sumra, S., *PSLE: School Level Efforts to Improve Performance*, HakiElimu and TEN/MET, Dar es Salaam, (March 2008).

1.5 Discussion: What Drives and Sustains Change?

The scale and scope of education reforms in Tanzania, and the overall importance of education to human well-being and to the healthy functioning of democratic institutions, make the PEDP story an important one. The fact that PEDP was able to marshal considerable national and international resources, bring together key constituencies to work towards a common purpose, and capture the public imagination down to the community level means that PEDP comprised some of the most critical factors needed to engender concerted action for children's well-being.

The evidence suggests that PEDP has realised significant achievements in quantitative terms, though it has failed to live up to its full promise and potential. Those still left out include a disproportionately high number of poorer and vulnerable children. Of interest here is to understand the dynamic behind its successes and limitations. Why did it work well when it did, and why did it fail where it failed?

The following lessons are offered for consideration and debate.

1. **Research evidence and lobbying by themselves are not sufficient** to make change happen. Data indicating a crisis in education were known and presented for many years before PEDP, but did not succeed in shaping new policy or implementation.
2. **The power of donor influence tends to be inflated, even in countries such as Tanzania** where donors have contributed about 40% of the national budget.³⁸ Several factors are likely to contribute to donor limitations, including reluctance to act on political incentives and dynamics, limited knowledge of the situation on the ground and of the political forces at play, and donors' imperatives to disburse funds which creates an incentive to sweep critical challenges under the carpet. On the other hand, a strategic donor who understands local politics can play a vital role when the time is ripe, as was illustrated in the abolition of primary school fees and contributions in Tanzania.
3. **Technocratic solutions are not the only answer.** Much of the early education reform and effort to operationalise PEDP has adopted a technocratic approach that emphasises detailed planning, positivistic responsibility and accountability channels, and technical training. But in too many cases people fail to do the right thing not because they do not know what to do and how to do it, but because the prevailing institutional dynamics do not demand such action, or may even work against change. 'Capacity building,' therefore, is less about establishing systems and providing manuals and training, and more about enabling people to develop resourcefulness to discern power relations and act creatively. Crucially, this involves getting the incentives right.
4. **Leadership is key, and there are no shortcuts around it.** Research evidence, feasible solutions, citizen interest, increasing national and donor resources can all facilitate a focus upon the key issues for expanding the success for PEDP. However, leadership is needed with the ability to cut a path that acknowledges achievements but also moves swiftly to deal with challenges.
5. **Accountability is essential.** Public pressure is often vital to achieving accountability, and sustaining reforms over the long term. In the PEDP story, concerted public pressure was often the major force that tipped the scales in a particular direction. Besides PEDP's initiation, public pressure of varying intensity was instrumental in abolishing school fees, putting children with disabilities on the education agenda, improving the timeliness of teachers' salaries, and strengthening scrutiny of expended funds at local levels, among other successes. In contrast, the limited movement on other factors - such as making schools more inclusive of people with disabilities, or ending corporal punishment - likely

³⁸ See also Andrew Lawson and Lise Rakner, *Understanding patterns of Accountability in Tanzania*, Oxford Policy Management, Chr. Michelsen Institute and REPOA, 2005, which showed that of the five major reforms examined, donors had no significant role in 4 of the 5.

reflects the relatively limited conviction or agency of citizen forces to bring such public pressure to bear on these issues.

As with major social movements, effective public force is not only expressed generally, but targeted towards effective levers for change. In part this involves ways in which voice can be amplified through old and new media: radio, TV, newspapers, cell phones, internet and various forms of physical and electronic viral networks. Public pressure will also seek to identify allies and resisters in positions of influence. The art of making unorthodox connections - such as building alliances between progressive media and trade unions, sniffing out opportunities, and exercising political judgment - is a resourceful capability that is vital to social change.

1.6 Conclusion

What is the upshot of the PEDP for how best to support poor and vulnerable children, including those children affected by HIV and AIDS? *The key question is not how can we get more attention and funding for children or AIDS or primary education in Tanzania, but what specific policies, interventions, and mechanisms for accountability can be put in place to promote the well-being of children, and in a manner that can go to scale and is lasting.*

What is needed is only partly technical. Evidence-based arguments and designs are important, but to be effectively implemented they need to be embedded in an informed political dynamic. Beyond lobbying, policy advocacy, and selected 'stakeholder dialogue', the creation of public understanding and informed public debate must be fostered that enables impact through a shared enterprise among concerned citizens. The core challenge here becomes how to engage busy citizens, with little experience or confidence in public policy, in a manner that is compelling and accessible without becoming overly sensationalist or simplistic, or, put less paternalistically, enable the creation of spaces where citizens will seize this role. Because this is hard work, twin temptations - to retreat into technocratic 'expert' enclaves or to evade the hard questions altogether - are difficult to avoid.

A real question is where the time, energy and political wherewithal are to be found to try to develop this public engagement when the stakes are high and quick results are needed. For certain types of 'emergency' operations there may be no choice other than to revert to 'quick-fix' strategies. But in the long term, exercising the collective public imagination may best serve children's interests.

2.1 Introduction

Concerns about the fragmentation and inconsistencies in laws affecting children had already been voiced in Tanzania before the Convention on the Rights of the Child (CRC) was tabled for ratification by the National Assembly in 1991. In July 1986, the Law Reform Commission of Tanzania (LRCT) informed the Minister of Justice and Constitutional Affairs that it had established a working group to examine existing laws affecting children in Tanzania and provide recommendations for legislative revisions.³⁹ In its final report on the review (published in 1994), the LRCT acknowledged that “there were already general indications and fears that the present law and practice relating to children’s problems in various socio-economic circumstance had been over-taken by the ever changing circumstances.”⁴⁰

The Law Reform Commission’s working group undertook a comprehensive review, conducted field surveys in 12 regions of the country, sent out questionnaires to courts, local authorities, Ministries of Education and Social Welfare and other key institutions in children’s affairs, travelled to Zambia and Kenya to study legislation in those countries, and reviewed the laws of the United Kingdom and New Zealand. The review took about four years to complete, and was finished at about the same time as the ratification of the CRC.

Tanzania, then, was well placed to act on provisions of the CRC, but a new children’s act has yet to be presented to the National Assembly.⁴¹ This protracted delay is of great concern to children’s rights activists in Tanzania and was noted by the United Nations Committee on the Convention on the Rights of the Child.⁴² A recent report by Tanzanian legal experts also observed that: “The framework of laws governing children in Tanzania remains one of the most haphazard uncoordinated schemes.”⁴³

The current paper examines the LRCT review and other key consultative processes in Tanzania which have focused upon laws affecting children. It then discusses the core recommendations for legislative reform arising from these processes, and seeks to identify the reasons for slow progress in developing draft legislation to submit to the National Assembly.

2.2 Key Processes

The United Republic of Tanzania (URT) ratified, without reservations, the Convention on the Rights of the Child in July 1991 and the African Charter for the Rights and Welfare of the Child (ACRWC) in 2003. Tanzania has also ratified the two optional protocols to the CRC.⁴⁴ The CRC requires State Parties to “...undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognised in the present Convention” (Article 4), while the ACRWC states clearly that those who are party to the Charter shall “adopt such legislative or other measures as may be necessary to give effect to the provisions of this Charter” (Article 1).

The working group which had been formed by the LRCT to examine existing provisions and experiences in other States with respect to legislation affecting children was chaired by Dr. R.W. Tenga, an academic at the University of Dar es Salaam. The report of the LRCT is

³⁹ The mandate of the LRCT is to provide advice; it has no mandate to draft or to push for enactment.

⁴⁰ Law Reform Commission of Tanzania. *Report of the Commission on the Law Relating to Children in Tanzania*, submitted to the Minister for Justice and Constitution Affairs, Dar es Salaam, April 1994, p. 4. Available at <http://www.commonlii.org/tz/other/TZLRC/report/R4/4.pdf>

⁴¹ Since this paper was written, the Minister for Justice and Constitutional Affairs has promised to introduce legislation to the National Assembly. The Government told the Committee on the Rights of the Child on 30 September 2008 that various pieces of legislation will be revised taking into consideration the Convention and the two Optional Protocols, and that consultations will continue about whether there is a need for a single piece of children’s legislation in a Children’s Act.

⁴² United Nations CRC/C/TZA/CO/2, 21st June, 2006 (Original)

⁴³ Rwebangira, M.K. and R. Mramba. *An Updated Reference Document on Policy and Legal Frameworks Affecting the Realisation of Children’s Rights in Tanzania*, submitted to REPOA, Dar es Salaam, October 2007, p. 63.

⁴⁴ The Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict and The Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography.

commonly referred to as “the Tenga Report”. Other members of the group were academics, legal practitioners and Government officials. The main tasks of the working group were to “inquire into and report to the Government desirable changes, legislative or otherwise, on the existing child laws and any related matter”.⁴⁵ The report of the Working Group was structured into observations and recommendations on laws pertaining to children in six major areas:

1. definition of a child
2. provisions relating to care, maintenance and custody of children
3. juvenile justice system and aspects dealing with: (a) diversion; and (b) prevention
4. provisions on child labour and abuse
5. provisions on adoption
6. provisions on succession and inheritance as they relate to children’s rights and welfare.

The observations and recommendations of the working group were submitted to the Law Reform Commission, which then submitted them to the then Minister of Justice and Attorney General, Hon. Mr. Justice D.Z. Lubuva. The formal report of the Commission was published in 1994.

While this working group was specifically concerned with children, issues raised were clearly related to laws affecting marriage and inheritance/succession. The LRCT also undertook similar reviews of provisions related to these issues, and produced reports on the Law of Marriage Act (1971) in 1994, and the Law of Succession/ Inheritance in 1995.

After he had received the three reports from the LRCT, the then Deputy Attorney General/Principal Secretary, Ministry of Justice and Constitutional Affairs (MoJCA), Mr. Kulwa Sato Masaba, formed a committee in December 1998 to look at the three submissions. The committee’s tasks were to review and make recommendations on the submissions, to learn from legislation and implementation in other countries, and to prepare a report that would provide the basis for developing a cabinet paper. The committee’s report was to be submitted to the MoJCA as well as the ministry responsible for women and children’s affairs (then the Ministry of Community Development, Women Affairs and Children) for comments before a cabinet paper was to be developed. The committee completed its work and submitted its report to the MoJCA in 2001.⁴⁶

The MoJCA felt there was need to convene a consultative meeting to consider the three review reports from the LRCT and the findings of the review committee before a cabinet paper could be drafted. It was expected that the meeting would develop specific recommendations for a cabinet paper which could lead to the amendment of the Law of Marriage Act, 1971 and to legislation relating to succession/inheritance and to children. The meeting was held in Morogoro for three days in October 2001. It was organised by the MoJCA in collaboration with the Ministry of Community Development, Women Affairs and Children, and the Consultative Technical Working Group. It was attended by academics, women’s and children’s rights activists, lawyers, social workers and government officials

The consultative meeting was in basic agreement with the recommendations of the Law Reform Commission regarding the proposed amendments to the Law of Marriage Act and laws relating to succession/inheritance, and the enactment of children’s law. The proposed framework for the children’s law was divided in four parts:

- Part I - to provide the title and definition of terms
- Part II - to deal with provisions related to care, maintenance and custody of children
- Part III - on child protection
- Part IV - to deal with offences by children.⁴⁷

⁴⁵ LRCT, 2001, p. 6.

⁴⁶ Makaramba, R. *Report of Proposals of the Meeting to Review Reports of the Law Reform Commission on the Law Related to Children and the Findings of the Review Committee*, submitted to the MoJCA, Dar es Salaam, 2001.

⁴⁷ Makaramba, 2001.

This framework and other recommendations concerning recognition of political and social changes, respect for diversity, the need for national unity and equality, and the need to safeguard freedom of conscience formed the report of the workshop, popularly known as “the Makaramba Report”. It was submitted to the MoJCA, which subsequently decided that a cabinet paper should be prepared to allow for cabinet’s review of the recommendations before legislation was prepared for consideration by the National Assembly.

After the Makaramba Report, the Department of Social Welfare (DSW) of the then Ministry of Labour, Youth Development and Sports (MLYDS) convened a two-day workshop in Morogoro in June 2002 to review laws related to child rights in Tanzania. The Department has specific responsibilities for the care and protection of orphaned and other vulnerable children. The objectives of this workshop were to:

- gather views and opinions from stakeholders about laws related to child rights
- identify gaps in the existing laws related to child rights
- identify challenges posed by different laws related to child rights
- recommend amendments to existing laws related to child rights.⁴⁸

The workshop was attended by representatives from the MLYDS and the Law Reform Commission, UNICEF, and civil society organisations working with children: KIWOHEDE (Kiota Women’s Health and Development), Dogodogo Centre and Faraja Centre. The workshop benefitted from presentations by lawyers from the Women’s Legal Aid Centre (WLAC) and the Legal and Human Rights Centre (LHRC). The workshop focused on many of the same laws that were considered by the Tenga working group and the Makaramba committee:

- Children and Young Person Ordinance (Cap. 13)
- Probation of Offenders ordinance (Cap. 247)
- Affiliation Ordinance (Cap. 278)
- Law of Marriage Act 1971
- Sexual Offences Special Provision Act No. 4 of 1998
- The Convention on the Rights of the Child (CRC)
- Law of succession and inheritance
- Penal Code (Cap. 16).

The workshop report - hereafter referred to as the MLYDS report - was formatted as per Tenga’s report with observations and recommendations. Again, there was basic agreement with the Law Reform Commission’s recommendations and those of the Makaramba report.

Eighteen years had now passed from the formation of the LRCT’s working group in July 1984 to the workshop of the Department of Social Welfare in 2002. Child rights activists in non-governmental organisations, who were concerned at the long delay in developing draft legislation, commissioned two legal experts to draft a proposal on the basic elements and principles to be incorporated into a new children’s statute. Under the umbrella organisation, the National Network of Organisations working with Children (NNOC), consultative meetings were organised with both adults and children and the draft agreed.⁴⁹ The “Requirements Paper” was to be presented by NNOC to the Government Draftsman.

The process since that time is not clearly documented, and key informants interviewed for this study expressed concern about the lack of information from, indeed the secrecy of, the Attorney General’s Office.

⁴⁸ URT, MLYDS-DSW. A Report on the Workshop to Review Laws Related to Child Rights in Tanzania, held at Tanesco Training Centre, Dar es Salaam, 17-18 June 2002.

⁴⁹ Andersson, M., and Mashamba, C. *Basic Elements and Principles to be Incorporated in a New Children Statute in Tanzania: A Requirements Paper to be Presented by NNOC to the Government Draftsman*, Dar es Salaam: National Network of Organisations Working with Children in Tanzania, May 2003.

Matters such as customary governance of inheritance/succession and age at marriage are socially sensitive, and the linking of legislative proposals concerning children, marriage and inheritance has brought to the fore potentially contentious conflicts between customary and statutory law. The Ministry now responsible for children, the Ministry of Community Development, Gender and Children (MCDGC), has submitted draft cabinet papers to the committee of Permanent Secretaries which vets such drafts, the Inter-Ministerial Technical Committee. The Government decided that further public consultations were needed. Plans were developed for a white paper process, which could not be executed before campaigning for the 2005 general elections precluded other forms of public consultations.

2.3 Chronology

The chronology of developments in children's legislation since 1986 is summarised below:

July 1986	Law Reform Commission notifies Minister that it has set up working group
September 1990	President signs the CRC at World Summit for Children
1991	Law Reform Commission's working group completes review
July 1991	National Assembly ratifies CRC
April 1994	Law Reform Commission report ("Tenga report") published
December 1998	Permanent Secretary, MoJCA establishes committee to review three LRCT reports on children (1994), marriage (1994), succession/inheritance (1995)
1999/2000	Law Reform Commission submits report to MoJCA on drafting a children's bill
October 2001	Workshop to discuss committee's report ("Makaramba report"), followed by decision by MoJCA to prepare a cabinet paper before proceeding with legislative process
June 2002	Workshop of Department of Social Welfare to review laws related to child rights 2003 Submission by NNOC of elements and principles for new legislation for children (Andersson and Mashamba paper)
Since 2003	Decision by Government that a further consultation process is needed/white paper process Plans and budget for white paper/consultation submitted for funding Decision to postpone process until after elections held end 2005.

2.4 Recommendations for Legislative Change

All three reports - Tenga, Makaramba and MLYDS - have very similar recommendations, particularly on those issues that have been the major concerns of the public, and gender and child rights activists. The NNOC proposal, which details principles and suggested provisions with commentary and discusses experiences from other countries, is also largely in line with the recommendations put forward in the three reports. The principles and main provisions of legislation articulated in the NNOC paper, which accord with the recommendations of the review group, committee and workshops are summarised below.

The four **principles** intended to guide a new children's statute are:

- **The Best Interests of the Child**, which establishes that in all actions concerning children their best interests should be the paramount consideration.
- **Survival and Development**, which not only prioritises children's rights to survival and development, but also the right to develop to their fullest potential in every respect, including their personality, talents and abilities.

- **Non-discrimination**, which establishes that child rights apply to all children without discrimination of any kind; for example, children must not be discriminated against on the grounds of gender, disability, ethnicity, religion or citizenship.
- **Participation**, which establishes that children should be listened to on any matter or decision which concerns or affects them, and that their views should be given due consideration in accordance with their age and maturity.⁵⁰

The main provisions of the legislation articulated by the NNOC paper are:

- **Definition of a child.** All three reports define a child as a person who is under eighteen years. However, Tenga's report adds: "unless it is clear for the purposes of a particular statutory scheme which (is) of benefit to the children in terms of care, maintenance, protection and future advancement, a child can be defined otherwise", which gives flexibility to care and maintenance of young persons who are still pursuing education or those who are in need of prolonged care and maintenance due to mental or physical challenges.
The NNOC paper concurs with the three reports in the definition of a child, i.e. a person who is under 18 years of age, but also gives flexibility for the "technical child", particularly in issues of care and maintenance, and child offenses.
- **Provisions relating to care, maintenance and custody of children.** These provisions are divided into two major areas: (a) parental responsibilities, duties and rights, and the authority parents have with respect to their children; and (b) children under care who are looked after by institutions or other authorities.

All the three reports agree that the amount that is stipulated in current law (TShs 100 per month) for the maintenance of children born out of wedlock is minimal and outdated. Tenga's report suggested "... the amount payable by putative fathers should at least be 1/8 of putative father's gross salary or six hundred shillings (600/=) where income cannot be assessed." Makaramba's report recommended that a monthly sum of money be determined by the court, having regard to the circumstances of the case and financial means of the putative father, and that the "maintenance... cease where the child has attained the age of majority and has completed school or having physical or mental capacity or has other means of sustaining herself or himself". It recommended further that the "maintenance order should subsist notwithstanding the marital status of the mother". On the amount for the maintenance of a child, the MLYDS report recommended 20% of the putative father's monthly income. However, in the event of disagreement between the two parties, the court, with the advice of the Social Welfare Officers or other people knowledgeable of child rights, should determine the amount payable. Furthermore, Tenga's report recommended that costs incurred during pregnancy be paid by the putative father, a recommendation with which Makaramba's report agreed.

The MLYDS report also recommended that the "putative father should play a role of father immediately after being recognised as a natural/biological father". A similar sentiment is echoed in both the Tenga and Makaramba reports. Both are in agreement that, "the putative father should be mandatorily registered under the Births and Deaths Registration Ordinance Cap. 108."

The Tenga report also put forward a number of recommendations concerning children under alternative care to promote greater community involvement and to enhance the role of Social Welfare Officers in supervising children under alternative care. The report further recommended public assistance for foster parents and for parents who cannot meet their basic costs through the establishment of a childcare fund. These issues were not covered adequately in the MLYDS report.

⁵⁰ Andersson, et al., 2003.

- **Children needing protection.** The Tenga report observes that there are no distinct procedures between children needing protection and those that must be followed when a child has committed an offence. It calls for more community responsibility for child protection against abuse and neglect. The report also recommends raising the age of criminal liability from 12 years to 15 years, and establishing volunteer probation services in all districts. The Makaramba report concurs with these recommendations, particularly on expansion of the mandate of Social Welfare Officers so that they may be more pro-active in protecting the rights of children who break the law. All three reports recommend the need for proper representation for children who have to appear in court, as well as custody arrangements that would ensure that children receive proper care and support.

All three reports call for consideration of a “technical child” as there are “children who are either physically able but mentally impaired, or mentally able but physically impaired or both mentally and physically impaired, hence in passing judgment as to age, such children can be denied justice if at all their age is considered similar to the normal child’s age”.⁵¹

2.5 Causes of Delays in Presenting Draft Legislation

It is clear that there was consensus on the major issues affecting legislation for children among the various reviews and workshops. One alternative explanation, therefore, for the slow progress in bringing legislation to the National Assembly is the actual work of drafting the proposed statute. However, the work of Andersson and Mashamba under the auspices of the NNOC facilitated the drafting process, and was intended to relieve some of the heavy workload and lack of sufficient capacity which characterises the Office of the Legal Draftsman.

Unfortunately, the long time taken to develop draft legislation will inevitably have led to loss of institutional memory on these issues, and may compromise how effectively the documentation of the preparatory work of the Law Reform Commission's working group and the review committee will now be used. There are questions about how the records of earlier consultations, submitted to the Ministry of Justice and Constitutional Affairs, including those leading to the proposals of NNOC, will be considered and used in any new consultative process.

Even with consensus on the content of a new children's statute, concerns also persist - including among the legal experts who were party to the Law Reform Commission's working group and the Makaramba review committee - about the difficult task of reconciling in law the complex social relations involved in protecting children and in matters of marriage and inheritance within a single comprehensive piece of legislation. Rather, the adoption of framework legislation first was recommended which could be based on the principles articulated in the proposal submitted by NNOC.⁵²

The social sensitivity of legislating what are customarily viewed as domestic concerns was clearly a concern among senior officials in Government, and this was the explanation for the decision to hold another round of public consultations in a white paper process after the Government considered the reports of the Law Reform Commission and the review committee. Several respondents interviewed for the current paper reiterated their strong support for open public discussion which would be part of a white paper process. At the same time, they express concern about the long time which has passed, and suggest that the process be time-bound so that it does not continue to drag on.

To achieve this will require strong pressure from a social movement for children's rights. Of note, the movement for women's rights is well organised in Tanzania, and the coordinated pressure exerted around the Sexual Offences Special Provision Act (SOSPA) of 1998 is cited by several respondents as an example of effective public advocacy to be emulated. The specific issue addressed in that legislation was the sexual abuse of children. To begin that

⁵¹ URT, MLYDS, 2002.

⁵² Andersson, *et al.*, 2003.

process, a seminar was organised by the Tanzania Media Women's Association (TAMWA) and the Tanzania Women Lawyers' Association (TAWLA) in September 1996, the objective of which was to sensitise staff of criminal justice institutions to the magnitude of child sexual abuse. The seminar brought together senior police officers, magistrates, doctors, the media, and legal practitioners from Tanzania and England. It ended with a resolve to deepen professional collaboration between different actors in combating child abuse. TAMWA effectively used clinical data from hospital wards together with police data from all regions of Tanzania Mainland so that child abuse became a regular front-page feature in major newspapers. The media campaign raised national consciousness about the pervasiveness of sexual abuse of children, which was a catalyst for the speedy enactment of the SOSPA in 1998.⁵³

This example of sustained civil society pressure to bring about policy and legislative change has strong but limited lessons for children's rights in Tanzania. The principal limitation is that a statute for children's rights is not a single specific issue which can be universally agreed to resolve egregious wrong, even if the provisions of such a statute would go a long way towards protecting children and correcting abuse of children's rights. The main lesson is that the strong coordination and resolve which brought about SOSPA seems to be sorely lacking on behalf of children, both within Government and among organisations of civil society.

Intermittent efforts, such as that supported by Save the Children Fund (UK) (SCF) around the proposed legislation from NNOC, have brought together local NGOs - including the National Organisation for Legal Assistance (NOLA), TAWLA, TAMWA, KIWOHEDE and Pact - with Government ministries, UNICEF and children. Several other workshops and seminars have been organised and supported by UNICEF around the CRC and the need for a children's statute. Nonetheless, there is general agreement that an effective coordinated voice for children's rights is lacking and without it progress towards the realisation of children's rights, including enactment of a children's statute, is less likely.

2.6 Key Lessons/Implications

The combining of legislative review of three substantial socially sensitive issues - laws on children, marriage, and inheritance/succession - may have been useful because of their related issues. In retrospect, however, it has not served the best interests of children. Legislation to set standards for the realisation of children's rights has been significantly slowed down by this process.

Maintaining effective and sustained advocacy and lobbying on children's issues has been problematic. Coordinating bodies of civil society have floundered. Moreover, the struggle for a children's statute has been made more difficult because children themselves have not been allowed to be involved in this process as is their right. Children are not party to many of the deliberations which affect them.

The Junior Council - a council of children - is still not a legal entity. A coalition of activists working with and for children would help greatly to exert pressure. International organisations, UNICEF and SCF in particular, are supportive, but national actors are essential as well as strong partners in Government to drive the process through the necessary official processes.

The long delays which have characterised progress towards a children's statute are testimony to the lack of priority accorded to children, to the ease with which children's issues are put off agendas. Why is this so? Is it because there is little political capital to be gained? Is it because legislating for children's rights is not a matter of correcting a single-issue wrong, but involves a broad-ranging instrument for the future? Why do we pay so little attention to children? And involve them so infrequently in matters which directly concern them? Having a deeper understanding of the social and cultural reasons for the reluctance to take on issues of children's rights will be important if a children's statute and the progressive realisation of children's rights are to be achieved.

⁵³ See Rwebangira M.K. and I.M. Aboud, *Legal Sector Reform Programme: Medium Term Strategy and Action Plan. An Assessment from a Gender Perspective*, MoJCA and the Royal Netherlands Embassy, Dar es Salaam, March 2001.

Social Protection of Vulnerable Children in Tanzania Mainland⁵⁴: Evidence, Limits and Challenges

3

Masuma Mamdani with Francis Omondi

3.1 Background

Tanzania is a poor country, characterised by very high levels of chronic rural poverty, and the HIV epidemic is adding to this burden. Within the population, children are the most vulnerable to shocks and stresses occasioned by poor living conditions, malnutrition and ill-health. Households and communities are not only the first line of response for children affected by the pandemic, but also, to date, have provided the bulk of the support and care to these children.

3.1.1 Income and Non-Income Poverty

Poverty is pervasive in Tanzania. About 36% of Tanzanians were living below the basic needs poverty line of TShs 262 per adult equivalent per day in 2000/01, well below \$US1 per day.⁵⁵ Nearly 20% - around 4 million children - lived below the food poverty line, which was set at 73% of the basic needs poverty line, i.e., household income could not provide enough food to satisfy the basic minimum nutritional requirements of these children. For rural residents, little increase was reported in household income from 1991/92 to 2000/01, though urban residents, especially those in Dar es Salaam, fared better.

Despite encouraging trends in GDP growth since 1993, the perceptions of the majority of Tanzanians across all income groups, including the least poor, are that their living standards have been stagnant or declining.⁵⁶ The public perception is that only a small minority of Tanzanians are benefiting from reform and economic growth. More people feel that they are worse off now than three years ago. The major challenge, therefore, is not only to ensure that the economy grows at a higher and sustained rate, but also that this growth is broad-based, addresses development at the grassroots level, and benefits the rural majority.

About 75% of Tanzania's population of 37 million lives in rural areas and depends on underdeveloped smallholder primary agriculture production. Major constraints include low access to inputs for production as well as loans/credit for the majority of rural farmers, the poor state of roads, periodic droughts and floods, and environmental degradation. Unpredictable and unreliable rainfall is a major source of economic shocks since the vast majority of farmers are dependent on rain-fed agriculture.

This notwithstanding, there have been significant achievements in terms of delivery of social services and certain socio-economic outcomes, though disparities persist, and access to safe and clean water remains a major concern. National educational indicators reveal largely positive trends at all levels - an overall increase in pre-primary, primary and secondary school enrolments - although the quality of education remains a major concern.⁵⁷ In addition, ongoing challenges exist in achieving geographic equity in educational outcomes and in meeting the needs of poor vulnerable children - their enrolment rates are slightly lower than those of other children. Regarding health, data from the Tanzania Demographic and Health Survey (TDHS) 2004/05 indicate great strides in improving child health.⁵⁸

There have been significant reductions in infant and under-five mortality rates. The 2004/05 estimates also suggest significant improvements in all measures of malnutrition among under-fives compared with 1999 and 1996, though levels still remain high with 38% of children moderately or severely stunted and 22% underweight. Again, disparities prevail by location and by income group. Malnutrition in Tanzania was indirectly responsible for more than a quarter of under-five deaths - even at its much reduced rate in 2004/05.

⁵⁴ The United Republic of Tanzania comprises of Tanzania Mainland and Zanzibar. This paper refers to Tanzania Mainland.

⁵⁵ Research and Analysis Working Group (RAWG). *Poverty and Human Development Report 2005, Dar es Salaam, 2005*, quoting data from the Household Budget Survey (HBS) 2000/01 (Foreign exchange rate 2006: US\$1=TShs 1,200).

⁵⁶ RAWG. *Views of the People (VOP) 2007*. A total of 7,879 people aged from 7 to 90 years from ten regions of mainland Tanzania participated in the VOP survey.

⁵⁷ RAWG. *Poverty and Human Development Report series, 2002, 2003, 2005 and 2007*.

⁵⁸ National Bureau of Statistics [Tanzania] (NBS) and Macro International. *Tanzania Demographic and Health Survey 2004/05, Preliminary Report, Dar es Salaam, May 2005*.

Despite major improvements since the advent of health sector reforms in the early 1990s, the health system is unable to handle effectively the burden of disease arising from the HIV/AIDS epidemic, which has exerted further demands on an already overstretched system.⁵⁹ Accessibility to health care is still inadequate, and the quality of care delivered is sub-standard for various reasons, including shortages of skilled personnel in all main cadres at all levels of the system, insufficient medical equipment and supplies, and a shortage of medicines.⁶⁰ The referral system is compromised by lack of emergency transport and communication systems. Weakness in the health system has a direct impact on the delivery of maternal and newborn services. Neonatal mortality - deaths in the first month of life - has not changed little since 1999, and nearly half of these infant deaths are due to the poor status of maternal health during pregnancy, and to complications at delivery. The maternal mortality ratio (MMR) remains very high at 578 deaths per 100,000 live births, and has shown no improvement since the DHS in 1996.⁶¹ This implies that approximately one woman can be expected to die every hour from maternal causes in Tanzania. This is an indication not only of poor reproductive health, but also of women's low status, gender inequalities in decision-making processes and access to resources at household level, and poor access to basic health services. There is a major gap in skilled attendance at delivery between urban areas (79%) and rural areas (34.5%). Altogether, despite significant achievements, health conditions vary widely across Tanzania. There are enormous geographic disparities, and people living in rural areas and those in poverty remain disadvantaged both in terms of service uptake and health outcomes.

The cost of services is of concern, both to users and to those who do not use services. Major barriers perceived by rural poor women in accessing delivery services include costs of care (official and unofficial), long distance to a health facility, lack of transport, and unfriendly services. The framework of cost-sharing arrangements for health services in Tanzania provides for exemptions for individuals in specified categories - pregnant women, under-fives, the elderly, those suffering from chronic diseases such as tuberculosis and diabetes, and the very poor. But many poor and vulnerable people fail to receive exemptions.⁶² According to Views of the People 2007, only 10% of the elderly who sought treatment during the three months preceding the survey had received free treatment, and nearly half (48%) of all elderly people were not even aware that they were entitled to free medical treatment in government facilities. In addition, approximately one-fifth of respondents (18%) reported that they had been refused treatment in a government health facility because they could not afford to pay for services. A further 13% declared they had been refused treatment through lack of proof of their age. Systems of local governance are improving, but still lack capacity to deliver services appropriately. Low levels of citizens' participation in the decisions that determine their rights and entitlement to services exacerbate social exclusion.

3.1.2 The Impact of HIV and AIDS

Population-based survey data from 2003/2004 show that 7% of Tanzanian adults between the ages of 15 and 49 years are living with HIV.⁶³ Prevalence among women is higher (8%) than among men (6%). Urban/rural and geographic disparities were also recorded. HIV infection among urban adults is double that of their rural counterparts - 10.9% versus 5.3%. In addition, some geographical areas have higher prevalence rates and therefore higher rates of

59 Ministry of Health and Social Welfare [Tanzania] (MoHSW). *Proceedings of the 8th Joint Health Sector Review Meeting*, Dar es Salaam, September 24-26, 2007.

60 NBS, MoHSW and Macro International. *Tanzania Service Provision Assessment Survey (TSPA) 2006: Key Findings on Family Planning, Maternal and Child Health, and Malaria*, Dar es Salaam, 2007.

61 The *maternal mortality ratio* measures the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy (World Health Organisation). TDHS 2004/05 measured maternal deaths over the 10 year period preceding the survey.

62 Save the Children (SC). *The Unbearable Cost of Illness. Poverty, Ill-Health and Access to Healthcare - Evidence from Lindi Rural District, Tanzania*, Dar es Salaam, 2005; and Women's Dignity Project (WDP). *Poor People's Experiences of Health Services in Tanzania*. A Literature Review, prepared by Masuma Mamdani and Maggie Bangser, Dar es Salaam, 2004.

63 Tanzania Commission for HIV/AIDS (TACAIDS), NBS, and ORC Macro. *Tanzania HIV/AIDS Indicator Survey (THIS) 2003/04*, Dar es Salaam, March 2005.

orphanhood than others.⁶⁴ But districts with high adult HIV prevalence are not necessarily the ones with the highest rates of child mortality or with the highest prevalence of poverty. Infection rates among adults range from 3.4% in the poorest quintile to 10.5% in the least poor quintile.

HIV and AIDS have aggravated the problem of orphanhood. Roughly 10% of all children below the age of eighteen years, roughly 2 million children, have lost one or both parents. Altogether, orphans and vulnerable children (OVC)⁶⁵ accounted for 16% of the child population. Table 3.1 provides regionally-disaggregated HIV prevalence, orphanhood, under-five mortality, and poverty data.

The HIV and AIDS epidemic is having an enormous impact upon communities in Tanzania. Some households and communities fare better than others, depending on a range of factors, for example, their local capacity and the wider social and economic situation, but in a context of widespread poverty, chronic impoverishing forces and shocks may push the vulnerable to deeper levels of poverty.

A study in Bukoba, Kagera, and Makete in Iringa found no evidence for a general nationwide crisis of AIDS-induced impoverishment and hunger.⁶⁶ It did, however, find clear evidence for two kinds of vulnerability related to HIV and AIDS: the emergence of a structurally vulnerable category of people, specifically most vulnerable children and women impoverished by AIDS in the household; and localised crises of interlocking vulnerabilities, where HIV and AIDS have combined with other sources of vulnerability - such as drought, floods, and sharp declines in the price of marketed cash crops in Makete - and lack of community resilience and coping capacity.

In Makete, the most severe socio-economic impacts of HIV and AIDS seemed to be found in the richest 20 per cent and the poorest 20 per cent of households. The district suffers from remoteness and difficulties of access, contributing to poor staffing of public institutions, which has been exacerbated by HIV and AIDS-related morbidity and mortality.

While both non-affected and affected households in Makete were highly reliant on farming, the households affected by HIV and AIDS were also more reliant on gifts and food. The selling of labour for food that involved child workers was found exclusively among affected households. In the more extreme cases, these households tended to re-locate household members, which imply that affected households in rural areas adopt coping strategies that leave them more vulnerable. There were also differences between households fostering orphans and those which do not. Households with orphans were poorer. All the major responses to economic stress, including diversion of adult labour, loss of income, assets and food, were more pronounced in this group.

Bukoba Rural district on the other hand, has generally managed to absorb much of the stress associated with HIV and AIDS. A network of community organisations provides various forms of social insurance that help to mitigate the adverse impacts of HIV and AIDS at household level. Further, affected households in Bukoba Rural often have more assets and higher income, and are larger than non-affected households.

The study confirms that, in the absence of significant mitigation capacities, the combination of HIV and AIDS and other stresses is having calamitous impact in Makete. According to 2002 census data, about 24% of children in Makete were orphaned and, simply on averages, the numbers will be higher in the worst affected communities.⁶⁷ The sheer magnitude of the proportion of children who are orphaned and the strains on households and communities in the absence of strong organised support are overwhelming. It is likely that this situation is

⁶⁴ For example, almost a quarter of all children had been orphaned in Makete district in Iringa Region.

⁶⁵ In THIS 2003/04, vulnerable children were defined as children with one or both parents very sick for at least 3 months in the 12 months prior to the survey, or children living in a household with no adult between the ages of 18 and 59 years.

⁶⁶ de Waal A., Tumushabe J., Mamdani, M. & Kilama, B. *Changing Vulnerability to Crisis in Tanzania: Implications for Children and UNICEF Activities*, a report to UNICEF Tanzania, September 2004.

⁶⁷ NBS. *Population and Housing Census 2002*, Dar es Salaam, 2003.

Table 3.1: HIV Prevalence, Children Orphaned, and External Support to Orphans and Vulnerable Children

Region	HIV Prevalence in Adults	% Of Children Under 18 Orphaned	% Of OVCs who Received External Material or Practical Support	Under-five Mortality Per 1,000 Live Births	% Of Households Below Food Poverty Line
Arusha	5.3	12.0	17.0	58	25.1
Dar es Salaam	10.9	13.9	8.1	123	7.5
Dodoma	4.9	8.3	12.4	191	13.0
Iringa	13.4	16.2	7.8	166	10.3
Kagera	3.7	10.5	6.6	182	18.0
Kigoma	2.0	6.7	6.9	148	21.0
Kilimanjaro	7.3	13.9	9.1	67	11.1
Lindi	3.6	8.5	4.9	217	33.3
Manyara	2.0	5.6	2.8	188	36.0
Mara	3.5	13.6	2.3	165	8.3
Mbeya	13.5	17.4	0.9	163	14.0
Morogoro	5.4	10.1	4.4	212	16.9
Mtwara	7.4	10.9	0.0	139	30.0
Mwanza	7.2	10.5	1.2	166	27.5
Pwani	7.3	9.5	8.4	175	12.0
Rukwa	6.0	11.5	1.0	171	27.4
Ruvuma	6.8	10.7	3.8	149	22.0
Shinyanga	6.5	8.7	3.5	132	28.0
Singida	3.2	7.6	5.6	133	9.0
Tabora	7.2	8.3	6.6	162	11.4
Tanga	5.7	8.5	6.9	107	n.a.
Mainland Total	7.0	11	5.5	162	19.0

Sources: THIS 2003/04, HBS 2000/01, Population Census 2002 and TDHS 2004/05.

mirrored in communities where the proportion of children who have been orphaned is high and community organisations do not have capacity to provide the requisite support.

The study underscores the importance of understanding local and circumstantial factors which determine the extent to which communities, households and children will be affected by the combination of chronic stress (e.g., generalised insecurity and HIV) and shocks (e.g., incapacitating illness and sudden loss of income).

3.1.3 The Most Vulnerable Children

Children under the age of 18 make up half of the population of Tanzania - around 20 million children - most of whom are rural. Given the extent of poverty in the country, substantial numbers of these children will be living in desperate conditions. In locations where community-based programmes for MVC have been implemented, estimates of children living in extremely difficult circumstances - i.e., those children with poor or minimal access to protection, education, health care, nutrition, shelter, and property and legal rights - range from 5.3% to around 12% of all children under 18 years of age.⁶⁸

Projected estimates indicated over 6.6 million poor children in 2006, with about 5.8 million in rural areas and 0.8 million in urban areas.⁶⁹ The estimate of the number of most vulnerable children - ⁷⁰ generated using data from the population census - was 928,900, or about 5% of the child population.⁷¹

⁶⁸ Mhamba R, Lindeboom W, Omondi F and Leach V. *Social Protection in the Context of the MVC Programme in Tanzania. An Assessment of the Impact of Implementing the MVC Programme and Operation of the MVC Funds and the Potential for Scaling up to Provide National Coverage of Social Protection for Children*. A report submitted to UNICEF Tanzania by REPOA 2007. The figures quoted were based on the estimated number of MVC in the 19 districts where the MoHSW-Department of Social Welfare (DSW) was initially implementing the community-based MVC programme.

⁶⁹ Lindeboom, W., Mhamba, R., Kilama, B., & Leach, V. *Towards Revising the Costed National MVC Programme*, Final report for the Ministry of Health and Social Welfare, and submitted to UNICEF by REPOA, February 2007. The estimates were obtained using NBS population projections.

⁷⁰ See footnote 100

⁷¹ Lindeboom, et al., 2007.

The impact of orphanhood on individual children differs: not all orphans are most vulnerable, and some of the most destitute children may not have been orphaned. Estimates from the TDHS 2004/05 indicate that 89.9% of 10-14 year olds who had lost one or both parents attended school, and analyses reported in the PHDR 2005 also indicated no significant difference in primary school attendance between children who had been orphaned and those who had not. However, at an individual level, an analysis which applied poverty-mapping techniques to the census data indicated that orphaned children tend to be poorer than children who are not orphaned, and that the difference between the two groups is larger in Dar es Salaam than in other parts of the country.⁷² Moreover, according to the Kagera orphanhood cohort study, maternal orphans were more likely to be stunted and lose years of education, in particular those who had been orphaned at a younger age and who had not yet started school.⁷³ Paternal orphans, on the other hand, were less affected. Findings of research undertaken in Mwanza by the National Institute for Medical Research (NIMR)-Mwanza Centre, suggest that across most indicators, orphans appear to be more vulnerable than children living in nuclear families. Foster children are relatively less vulnerable to disadvantages than orphans, but they show evidence of reduced well-being across most indicators compared with children in nuclear families. Certain sub-groups of orphans were found to be more vulnerable than others; their sex and age, the sex of the deceased parent, and the sex and age of the principal caregiver were determining factors. All the same, the researchers note that the level of relative disadvantage of orphans and foster children is slight compared to the level of need of all children.⁷⁴

Overall, the loss of a parent, and especially a mother, inevitably increases the toll of vulnerability. In households affected by HIV and AIDS, the vulnerability of children starts long before the loss of parents. Many orphans undergo extreme psychological distress during and following the illness and death of their parents, and this is worsened by increased abuse and risk of HIV infection, as well as the stigma and discrimination attached to HIV and AIDS and to being an orphan, especially if a child is dispossessed and isolated.

Another group of children who might be considered most vulnerable are those in hazardous and exploitative work. Estimates from the Integrated Labour Force Survey 2006 show that 21.1% of all children work in conditions which qualify as child labour.⁷⁵ Older children, as may be expected, are more likely to be involved in child labour. By far the most common form of child labour is time-related; 18.8% of children work for more hours per week than is considered appropriate for their age in discharging what are customarily considered as normal domestic and social responsibilities. The proportion of children in hazardous work was estimated at 2.3% of all children aged 5-17 years. Rural children are much more likely to be involved in child labour; 25.2% compared with 7.7% of urban children.

3.2 Support, Care and Protection of the Most Vulnerable Children

Tanzania lacks a public system for adequately supporting its most vulnerable children. Formal social protection arrangements to reach MVC or their caretakers, are either not in place, or are insufficient.⁷⁶ Statutory social security institutions provide formal social insurance - old age and disability insurance, workman's compensation, and health insurance - which is linked to persons employed in the formal sector, but this barely covers 5% of the working population. A key challenge is to develop formal insurance mechanisms for those with low, irregular and unreliable income, especially those in the informal and rural sector, which represents more than 80% of the labour force.

In the past, communities have absorbed orphans and other vulnerable children into extended families, and many continue to do so. Communities have provided for their own, but as the

⁷² Lindeboom, W., Leach, V., Mamdani, M. & Kilama, B. March 2006. *Vulnerable Children in Tanzania and Where They Are*. A report submitted to UNICEF by REPOA, March 2006.

⁷³ Beegle, K., de Weertdt, J., & Dercon, S. Orphanhood and the Long-Run Impact on Children. *American Journal of Agricultural Economics*; 2006, No 5: 1266-72.

⁷⁴ National Institute for Medical Research (NIMR)-Mwanza Centre. *Operational Research to Compare the Circumstances of Orphan and Non-Orphan Children and Their Care Providers in Mwanza, Tanzania*. Unpublished report, 2006.

⁷⁵ NBS. *Child Labour In Tanzania: An Analysis of Findings of The Integrated Labour Force Survey 2006*, Dar es Salaam, 2008.

⁷⁶ RAWG. *Vulnerability and Resilience to Poverty in Tanzania: Causes, Consequences and Policy Implications. 2002/03 Tanzania Participatory Poverty Assessment (TzPPA): Main Report*, Dar es Salaam, 2004; and Lерisse, F.D., Mmari, D. & Baruani, M. *Vulnerability and Social Protection Programmes in Tanzania*, for the RAWG, Dar es Salaam, 2004.

numbers of the most vulnerable children increase, traditional coping systems in hard-hit communities are severely strained.⁷⁷ A 2004 review of the Government's response to HIV and AIDS, through the National Multi-Sectoral Framework (NMSF) on HIV/AIDS noted that *"Community-based groups (CBO), non-government organizations (NGOs) and faith based organizations (FBOs), have been at the forefront of responding innovatively to the needs of these children, their families and communities"* but unfortunately these efforts have *"remained fragmented, isolated and localized, with most operating within severe resource constraints"*.⁷⁸ The review also noted that *"Tanzania was one of the first countries, within those severely affected, to respond to the OVC crisis"*. The Government and other actors have shown commitment in addressing issues related to children.

3.2.1 Policies and Initiatives in Support of the Most Vulnerable Children

In June 2001, Tanzania committed itself to the United Nations General Assembly Special Session (UNGASS) obligations for an effective scaled-up national response to orphans and vulnerable children.⁷⁹

The recently launched National Plan of Action (NPA) 2006-2010, the development of a costed National Plan of Action⁸⁰, and a national MVC database all form part of a major attempt to fulfil the UNGASS obligations. The NPA "represents the commitment, the goals and intention of the Government of Tanzania and all its partners, to respect the rights of all children in Tanzania, and to address the problems they face." The NPA is fully consistent with, and linked to, broader development policies, including Tanzania's Vision 2025, MKUKUTA, the National Policy on HIV and AIDS, and other relevant policies and strategies that affect children.

The NPA was developed by the Department of Social Welfare, with the support of Family Health International (FHI) and other key stakeholders. The plan builds on the framework developed to respond to vulnerable children and aims to strengthen direction and coordination from the Government. It outlines a national model and a standardised approach based on work with UNICEF - for example, the establishment of Most Vulnerable Children Committees (MVCC) at district and village level, community-based identification of MVC, and the mobilisation of resources at the community level (see Box 3.1). The NPA is to serve as a reference tool for the Government and partners in guiding the implementation of programmes in support of MVC. All relevant government departments and organizations working with vulnerable children in Tanzania are expected to follow the guidance within the plan. The process is to be facilitated by adoption of standard Guidelines on Community Care for MVC, and training manuals and packages have been developed to support the training of the MVCCs. Through the roll-out of the MVC programme, the NPA aims to strengthen the policy and service delivery environment by ensuring adequate resources to implement the action plan, enhancing access of MVC to basic needs and essential services, strengthening protection and security, and enhancing psychosocial support. By the year 2010, the MVC programme aims to cover all districts of Mainland Tanzania and support an estimated one million most vulnerable children.

It is important to note that while the HIV and AIDS epidemic in Tanzania may have been the catalyst for developing the national programme and plan for vulnerable children, the Department of Social Welfare recognised the need to address the needs of all vulnerable children, irrespective of the reasons for their vulnerability, as opposed to only targeting those orphaned or made vulnerable by HIV and AIDS. This approach respects the rights of all children and also complies with the Convention on the Rights of the Child, ratified by Tanzania in 1991.

To date, the MVC programme is small in scale and modest in impact. According to the MVC database, the programme has now extended to at least one ward in 62 of the 126 districts in

⁷⁷ RAWG, 2004.

⁷⁸ Charwe, D., Koroso, W., Kajjage, F., Calder, J., Nyeko, J., & Dombo, M. (2004). A Review of the Tanzania National OVC Response Under the National Strategic Multi-Sectoral Framework 2000-2007. Presented at the First Technical Review of the National Multi-sectoral Strategic Framework on HIV/AIDS, Dar es Salaam. 10-12 February 2004.

⁷⁹ Charwe, et al., 2004.

⁸⁰ Ministry of Labour, Youth Development and Sport [Tanzania] (MLYDS). The Costed MVC Action Plan: 2006 to 2010. Dar es Salaam, 2005, subsequently revised for MoHSW, May 2006. *The last version was released in February 2008.*

Box 3.1: Tanzania's Pilot MVC Programme

To alleviate the increasing burden on HIV- and AIDS-affected communities, Tanzania's MVC Programme – with financial and technical support from UNICEF – was started in 2000 on a pilot basis by the Department of Social Welfare. The pilot programme was first introduced in five districts and subsequently scaled-up to 12 more districts. Axios Foundation supported the implementation of the MVC pilot programme in another five districts. The programme thus reached 17 out of a total of 126 districts in the country. However, the MVC programme was not introduced in the entire area of these districts; only some wards in each of the 17 pilot districts, and some villages in each of the wards were covered. UNICEF has since reduced their MVC programme from 17 to 7 'learning districts' and a couple of additional districts for child protection specific activities.

The focus of the UNICEF-supported MVC Programme is on strengthening community-based care and assistance mechanisms facilitated through a process of community dialogue. This process involves the establishment of Most Vulnerable Children's Committees (MVCCs) at ward and village level, and the training of district and ward facilitators. The MVCC is a village committee elected/appointed by the community in a public meeting. Communities are also engaged to define vulnerability criteria for children within their local area. The village MVCCs will be responsible for identifying the most vulnerable children by applying the criteria, and for planning and coordinating the response. In particular, at least one person in the community must be identified to take responsibility for each child identified, if only in an oversight role. In addition, CSOs, including international and national non-governmental, faith-based and community-based organizations, will be utilized to provide essential services to both children and their caretakers. The ultimate objective of the programme is to build the capacity of communities to provide care, support and protection to their most vulnerable children. To date, some districts and villages are more organized than others.

The pilot programme included provision of the village MVC Fund, a cash transfer to villages with MVC Committees. These funds are intended to provide for the essential needs of children, including shelter, bedding, clothing, health, food and educational expenses. The MVC Fund is supposed to be created from, and sustained by, village and local authority contributions, and these are matched by UNICEF. The matching criteria employed by UNICEF are dependent on the number of MVC and the poverty level of the district concerned. On average UNICEF's contribution to an MVC Fund has ranged from about US\$150 to up to US\$400 per village per year. Communities have given their time and contributed in kind – for example, farming communal plots provided by the district – according to their capacity and local authority contributions, but very little cash has been contributed.

The MVCC model is an attempt to build a grassroots system to coordinate available resources for most vulnerable children. It is considered to be the most responsive, cost effective and efficient means to transfer resources to communities/caretakers of MVC, and to address vulnerability in an open and transparent manner. As noted earlier on, this strategy has been incorporated in the National Plan of Action (NPA) for Most Vulnerable Children, except for the 'MVC fund' component.

Source: Mhamba, R., Lindeboom, W., Omondi, F. and Leach, V. *Social Protection in the Context of the MVC Programme in Tanzania. An Assessment of the Impact of Implementing the MVC Programme and Operation of the MVC Funds and the Potential for Scaling-Up to Provide National Coverage of Social Protection for Children.* An unpublished report for UNICEF, Tanzania, REPOA, Dar es Salaam, 2007.

the country. A total of 410,000 MVC have been identified and, of these, 160,000 children are receiving some form of support⁸¹ - a small proportion of the one million children estimated to be in desperate need of assistance. These are official numbers, however, and it is possible that the database may not have captured support to other MVC provided by smaller organisations.

Key players in taking the MVC programme to scale are the Global Fund against HIV and AIDS - Tuberculosis and Malaria (GFATM), with a total of US\$58 million over a period of five years (2005-2010) towards economic and social support, and the President's Emergency Preparedness Plan for AIDS Relief (PEPFAR), which disbursed around US\$18.3 million in 2006-07 for MVC (less than 10% of total PEPFAR support). Both the Global Fund and PEPFAR have increased or are due to increase coverage significantly. In contrast to the original

⁸¹ Personal communication with Sesil Charles, MVC Database Manager.

UNICEF-supported pilot MVC programme that was carried out through district authorities, the roll-out of the MVC programme is being implemented through networks of international and national non-governmental organisations⁸² and community-based organisations, under the direction of the Department of Social Welfare (see Box 3.1).

3.2.2 The MVC Programme - Lessons Learned

The success of the MVCC model in effectively identifying and coordinating the MVC response within communities is central to the MVC programme. How successful has this strategy been in supporting the basic needs of most vulnerable children, and in building community capacity to respond to the needs of MVC?

Findings from preliminary studies, anecdotal evidence, and a recent assessment of the pilot UNICEF-supported programme provide some indication of performance to date. The latter assessment covered six districts - Bagamoyo, Makete, Magu, Mwanza, Singida Rural and Songea Rural - and found varying levels of performance as judged by officials at the DSW and UNICEF.⁸³ In the absence of sound baseline information about MVC in the programme sites and similar children in control/comparison sites, the study identified (in a sample of programme sites) a comparison group of children whose circumstances were as similar as possible to the most vulnerable, but who had not been identified by their communities for inclusion in the programme. In two villages in each of the six districts, over 850 children were interviewed, comprising 624 most vulnerable and 234 other children. The assessment involved interviews with children (both MVC and others), and interviews with caregivers and key informants in villages. Findings from the assessment suggest that while some components of the programme are in place, they are not functioning reliably or systematically. More specifically:

a) The MVCCs were successfully identifying the most vulnerable. The children selected were more likely to be orphaned, less likely to have both parents as main caregivers, more likely to have mother alone or grandparent as their main caregiver, and more likely to be poor, food insecure, and living in poor housing with fewer assets.

b) The MVC programme's impact on the well-being of children was generally modest, but suggested the 'positive influence of the programme', and further 'reflected a higher sense of psychosocial well-being of children with longer experience with the programme'. The MVC received support from various sources (see Table 3.2). The most common source of support was not from the programme, but from family members not currently living with the children. Support for education and clothing was most commonly reported from family members. Education and food were more commonly provided by the programme than other forms of support. Most of the children and caregivers felt the MVC programme to be important, but the support provided was unpredictable, inadequate, and inconsistent (see Box 3.2).

Table 3.2: Percentage of Most Vulnerable Children who Received Support, by Support Provider, 2003-2006

Region	Source of support			
	UNICEF/MVC Programme	Other Institutions/ Organisations	Family	Other Individuals
2003	2.9	4.6	31.3	2.7
2004	10.3	7.1	45.4	4.0
2005	29.0	15.2	55.1	9.1
2006	26.8	18.3	55.9	7.4

Source: Mhamba, *et al.*, 2007, based on interviews with 624 most vulnerable children in 12 villages in 6 districts.

c) At the time of interview, compared with other children, the MVC were slightly less likely to be attending school (88.2% vs. 91.1%), more likely never to have attended (4.7% vs. 1.9%),

⁸² For example, Africare, the Salvation Army, Catholic Relief Services, Social Action Trust Fund, REPSI.

⁸³ Mhamba, *et al.*, 2007.

Box 3.2: Views of the Most Vulnerable Children, their Carers, and Community Leaders

Children from Magu District would have appreciated receiving sleeping beds with bed nets to prevent them from catching malaria, and clean and safe water for drinking and domestic use. The children said their caregivers were not able to provide for their basic needs because of “inadequate means to earn income, including inadequate access to land, or because of old age.”

According to children from Singida District, the “relatively better-off members of the community are happy with increased numbers of vulnerable children in the village as labour becomes less expensive. The more vulnerable, the greater the willingness to work at any wage in order to survive, which is one of the reasons why members of the community are unwilling to contribute to the programme.

In Bagamoyo district, children noted that “support was said to be provided only during the Islamic festivities when Moslems provide philanthropic offerings to the village committee for most vulnerable children so that they can also enjoy the festivity.”

Children from Makete district continue to work “carrying timber and charcoal trading, to help meet their needs”.

Children in Songea district cope by taking “refuge in their relatives” households.

Source: Mhamba, *et al.*, 2007.

and more likely to be involved with domestic work in the household (72.5% vs. 69.1%). Regarding their physical health, there were no reported differences between children who were the most vulnerable and those who were not.

d) The proportion of the most vulnerable children who received external support generally increased over time in each of the six districts surveyed, and from each of the sources of external support. As the scale of the problem became more apparent, the UNICEF-supported programme expanded and other institutions also provided more support. The increasing trend, however, might be partly due to the fact that some of the surveyed children might not have been most vulnerable in previous years.

These findings are confirmed by another study carried out in Makete and Iringa⁸⁴, which explored how NGO humanitarian aid that targets vulnerable children affects social cohesion in the local community: *‘Sometimes they [the children] receive and sometimes they do not... donations are not regular or consistent...and so little relative to need’*. The children involved in the programme came from destitute households, and one community leader in Iringa remarked, *“On our side we thank them for anything that they'll give us. We can't plan anything because we do not have the resources. We welcome any aid that comes to help our orphaned children.”* The study also found that not all of the most vulnerable children in a given geographic area were covered, and not all MVC received all forms of support. Assistance was largely focused on educational needs (e.g., school uniforms, writing materials, secondary school fees). According to one of the implementing partners, this was mainly because organisations in the districts that were engaged by the programme did not have the capacity or experience to provide other services. Some caregivers and children continued to engage in labour for low pay and in alternative ways to generate income. The need for cash to meet daily demands also meant that caregivers, women in particular, spent less time cultivating their own farms. The organisations supporting MVC programmes were equally frustrated and had had numerous problems with their funders, including late and interrupted payments, and questionable accounting for funds received. According to one organisation in Iringa, an application for the next instalment of funds can only be made after all the money for the current instalment is used up. Therefore, there is a time lag, often lasting several months, before the next payment is received. During this period, an organisation has to cope with a zero balance in its account. Some smaller CBOs who were unable to cope with such irregularities and conditions stopped operating altogether.

⁸⁴ Daniel, M. *Humanitarian Aid to Vulnerable Children in Makete and Iringa, Tanzania*. Unpublished paper. Research centre for Health Promotion, University of Bergen, Norway, 2007. The study explored the activities of three CSOs, each indirectly receiving funding from PEPFAR and the Global Fund. Makete and Iringa were part of the pilot community-based MVC programme (overseen by DSW and UNICEF). Iringa Municipal district is an urban area, and Makete is rural. These districts have among the highest proportions of MVC as a percentage of all children in the country: 17.4% in Makete, and 10.6% in Iringa Municipal.

The MVCC is the cornerstone of the MVC Programme. Available evidence suggests that MVCCs are probably the most consistent and reliable part of the system. They are organised but not adequately supported and have great difficulty in fulfilling their role (see Box 3.3). Except in one district (Magu), the MVCCs had only irregular contact with NGOs or government service providers, and funding, goods or services provided were unreliable and insufficient and rarely responded to the MVCCs' needs assessments. Most of the MVCCs' coordination efforts related to raising funds and food in their own communities. Government resources (financial or human) were minimal. However, the experience in Magu district suggests that, with consistent supervision and adequate support from a network of NGOs and CBOs and from the district authorities, MVCCs can be effective.

Box 3.3: Functioning of District MVC Committees

Coordination meetings of district MVC Committees were irregular. With limited resources for follow-up and mentoring, little support was provided to ward and village committees, and they, in turn, did not meet on a regular basis. Within communities, only one-third of the most vulnerable children reported having been visited by a member of the village committee. Members of the committees reported problems, including the size of their villages and the workload – work for which they were considered volunteers and therefore did not receive compensation. After the first round of identification of most vulnerable children, follow-up rounds of identification of children who had become MVC since the initial process were conducted in only 4 of the 12 surveyed villages. The MVC committees were not established as statutory committees, and this may have limited the support provided, especially the financial support from local authorities, but also technical and supervisory support for the committees.

Source: Mhamba, et al., 2007.

Preliminary unpublished findings from a case study of the *Jali Watoto* (Care for Children) initiative⁸⁵ indicate that sub-grantees had good relations with local government, and the selection of sub-grantees was transparent and involved the district government. However, the initiative encountered several challenges in the MVC identification (ID) process.⁸⁶ Though ward facilitators were highly engaged in the lengthy ID process, it took them away from their many other responsibilities. The research also found that the whole initiative is “very costly...funds don't go far”, and the programme does not have the “funds to bring district council persons on board”. There are “expectations of per diem at every level from national to village government”. Further, the facilitator and volunteers “face high expectations during the ID process”, but available resources and services cannot cover the overwhelming needs of the “large number of MVC identified” for support. While all sub-grantees provide a basic level of core services, the depth of services provided in each category varied according to the capacities and resources of individual sub-grantees. MVC services included school materials, bedding, Community Health Fund cards purchased for health care, food, psychosocial support (e.g., kids' and youth clubs, home visits by volunteers), caretaker skills workshops (for volunteers, MVCC members, parents/ guardians), supportive counselling to parents and guardians, referral (e.g., healthcare, VCT, spiritual counselling, vocational training), HIV/AIDS prevention education, and community sensitisation. The preliminary results also note “seemingly parallel efforts all aimed at increasing access to services.”

Overall, the evidence suggests that most existing MVC programmes still have limited coverage, inherently excluding many potential vulnerable children and their caretakers. Social protection clearly suffers from the effects of fragmentation.

3.3 Challenges in Scaling-Up the MVC Response

There are many challenges in scaling-up support for most vulnerable children. A more coordinated, effective and sustained response is required, with resourcing through national systems. This section summarises some of the key challenges facing the MVC programme.

⁸⁵ One of the two large-scale MVC programmes in Tanzania, funded by PEPFAR and being implemented by Pact Tanzania, an international NGO, through local NGOs, CBOs and faith-based institutions.

⁸⁶ Littrell, M. *Jali Watoto Initiative & Anti-Stigma Campaign: MEASURE Evaluation Preliminary Case Study Findings*. Unpublished, August 16, 2006.

3.3.1 Institutional Framework

There are several Ministries with responsibilities for children. At the national level, the Ministry of Health and Social Welfare through its Department of Social Welfare has responsibility for people, including children, who are in need of state support and institutional care. Because of its historical responsibility for children in orphanages, the Department took a leading role in the development of alternative strategies to address the increasing numbers of orphaned children, recognising that community- and family-based strategies were preferable to institutionalisation. Thus, the Department has taken overall responsibility for coordinating the national response of all stakeholders, including central government ministries and local government authorities, in support of MVC. The DSW acts as the anchor of the MVC programme. It is expected to develop relevant policies, coordinate the efforts of all parties (both national and external), set norms and standards, follow-up activities related to MVC support to ensure that minimum standards are met as per the guidelines, build capacity of service providers, and set standards for the MVC identification process. The Department, however, is understaffed and under-resourced at national and district levels. Only a third of the 126 districts in Mainland Tanzania are staffed with Social Welfare Officers, and they are overwhelmed with the enormity of the task to provide direct services to populations of 300,000 or more people in each district.

Worth noting here is the transfer of responsibilities and functions, and attendant resources, from the national government to regional and local government authorities under the policy of decentralisation by devolution (D by D). Implementation of this policy is expected to strengthen local government authorities (LGAs) and enable them to bring social services closer to the people, enhance transparency and entrench accountability in the use of both human and financial resources, and encourage participatory planning, thus fuelling the development process at the local level. The Government of Tanzania has been implementing the Local Government Reform Programme since 2000,⁸⁷ under which LGAs have been devolved specific responsibilities for service delivery.

The DSW was left behind in the decentralisation process, though there are recent moves to include it. Thus, while the district councils employ and supervise personnel such as Community Development Officers, Education Officers and Agricultural Officers, the national government has remained the employer for Social Welfare Officers, even those placed at district level. This has put DSW at a severe disadvantage in converting national policy into local actions - unless it is able to effectively coordinate and direct the implementation of the National Plan of Action through Ministries and staff who are present at district level.

The Department of Children Development in the Ministry of Community Development, Gender and Children (MCDGC) is responsible for the national child development policy. Each district is staffed with a Community Development Officer (CDO) and additional Community Development Workers (CDWs). There are over 1,700 CDWs in the field. In districts where there is no Social Welfare Officer available, CDOs are to serve as "focal persons" for the District Committee for MVC.

There continues to be confusion about the roles of the DSW and MCDGC at both district and national levels. Each Ministry has been charged with some responsibility for most vulnerable children, and each attempts to carry out what it sees as its responsibility.

The Ministry of Education and Vocational Training provides tuition assistance to around 12,000 secondary school children who have been identified by Village Education Committees and Village Councils to be the most vulnerable. The MoEVT has its own criteria to identify the most vulnerable, focused on orphans.

The village MVC committees have been described above. Ward MVC committees coordinate activities of village MVC committees within each ward. The Ward Executive Officer chairs this committee. Additionally, District Council and Village Multi-Sectoral AIDS Committees (CMACs

⁸⁷ Local Government Reform Programme, Policy Paper On Local Government Reform, Dar es Salaam, October 1998.

and VMACs) have been established to facilitate the HIV/AIDS multi-sectoral response within their jurisdictions. The MVCCs, at both the ward and village levels, sometimes include members of the CMAC or VMAC, respectively, plus additional members with special interests in, or relations to, MVC, for example, local and district officials who have knowledge of the most vulnerable individuals or groups in their communities.

With the objective of achieving a more coordinated response at the district level, the current framework within the NPA envisages that the village and ward MVC committees will be linked to their corresponding VMACs and CMACs. This is to ensure that the most vulnerable children become part of the CMAC agenda. The CMAC is a legal standing committee within the structure of local government authorities. However, there is a real concern amongst many stakeholders that linking the MVC committees to the HIV and AIDS multi-sectoral committees may narrow the response, i.e., only children orphaned or made vulnerable by HIV and AIDS will be targeted, as opposed to children who are most vulnerable, whatever the cause of their vulnerability.

Service providers include the various CSOs that support the MVC programmes at all levels, from the village up to the national level.

The National Steering Committee (NSC), the high-level policy-making group described in the NPA,⁸⁸ whose role is to “ensure transparency, efficiency and partnership in the efforts to respond to the needs of MVC”,⁸⁹ has met once in three years. According to the National Plan, it is to be convened by the DSW no less than twice a year. The National Technical Committee “is composed of relevant technical experts from sectoral and line ministries dealing directly or indirectly with MV children, including representatives from both local and international NGOs and FBOs, UN agencies and donor agencies. The Committee is responsible for implementing instructions from the Steering Committee and is to be chaired by the Commissioner for Social Welfare Services”. The NPA notes that the Technical Committee is meant to meet every three months. It has only met twice in two years. According to a number of stakeholders, the Department of Social Welfare has not been effective in seeking enough political support from the Government. Perhaps, however, the DSW does not need to. External financial support, most of it off-budget, is largely supporting the roll-out of the NPA. An Implementing Partners Group (IPG), chaired by DSW, meets regularly to pool information and coordinate plans for MVC through the National Plan of Action.

The IPG is a key player at the national level, though it is not a part of the official structure. The group is composed of over 55 non-governmental organisations engaged in MVC support programmes countrywide, who come together periodically to share information, ideas, and the challenges they face in implementing these programmes. There are plans for a similar coordinating structure at regional and/or district level. Regular meetings of Regional/District IPGs are proposed, to be organised with support from Pact initially, but with the expectation that over time, the regional authorities and/or the districts will provide the necessary support for these meetings.

Several unresolved issues remain. The IPG is not a formally recognised body. Rather it reflects a willingness and intention to coordinate and cooperate among international donors and NGOs. The extent to which the IPG network can facilitate a more coordinated response will depend on many things, most notably the degree to which external players and the network can work together and support the strengthening of existing systems at national, district and village levels to develop and implement programmes that respond to community over donor-defined needs, rather than creating parallel systems which may diminish the capacity of already stretched district authorities. A comprehensive response will also depend on the role of the network and how it links with other coordinating bodies at national and local levels.

⁸⁸ In the documentation, it includes the Ministry of Community Development, Gender and Children (MCDGC), the Ministry of Education and Vocational Training (MoEVT), the Ministry of Justice and Constitutional Affairs (MoJCA), the Ministry for Home Affairs (MHA), the Ministry of Labour, Employment and Youth Development (MLEYD), the Prime Minister's Office (PMO), the Ministry of Finance (MoF), the Ministry of Health and Social Welfare (MoHSW), UNICEF and USAID.

⁸⁹ URT, MoHSW, with support from Family Health International, USAID, *The Costed MVC Action Plan, 2006 to 2010*, p.14, May 2006.

In 2001, the Tanzania Commission for AIDS (TACAIDS) was established and legally mandated (through Act 22 of 2001) to provide strategic leadership and to coordinate the national HIV/AIDS response. TACAIDS is positioned under the Prime Minister's Office - a principle agreed by the African Union and endorsed by UNGASS - in order to enhance its political clout, provide neutrality to carry out its role of coordinating multiple sectors and ministries, and most importantly, demonstrate Tanzania's political commitment to this critical issue.

The UNAIDS "Three Ones Principles" are recognised in the centrality of TACAIDS in the national response by having one HIV and AIDS coordinating body, one national multi-sectoral strategic framework providing direction for implementation of HIV and AIDS activities, and one monitoring and evaluation (M&E) framework to monitor and measure national HIV and AIDS initiatives at country level. The increased demands on TACAIDS, and its central position in the national response, means that clarity in roles and relationships, and enabling political, legislative, policy and institutional environments, are more important than ever. Yet, the situation nationally in which TACAIDS operates has become increasingly complex and challenging.

3.3.2 Financing the National Multi-Sectoral Response to HIV/AIDS

The resources committed to HIV and AIDS have grown at an extraordinary rate in the last five years. From 2001/2002 to 2006/2007, the annual budget for the multi-sectoral response to the epidemic increased from TShs 17 billion to over 399 billion (US\$332.5m). Estimates for 2007/2008 are Tshs 596 billion (US\$496.7m),⁹⁰ and the level of support is likely to be sustained around this level for the next few years.⁹¹ Spending on HIV and AIDS represented less than 3% of foreign grants and loans in 2002/03, close to 10% of external assistance in 2005/6, and accounted for a staggering one-third of all aid to Tanzania in 2006/2007.⁹² Official development assistance (ODA) for HIV and AIDS represents over 95% of the total HIV and AIDS expenditure. The increase has been from off-budget sources. Compared to 47% in 2005/06, only 23% of expected aid in 2007/08 is included in the official government budget.

The Global Fund, the World Bank Tanzania Multi-Sectoral AIDS Project (TMAP) and PEPFAR are the biggest and most prominent initiatives responding to the epidemic. PEPFAR and the Global Fund account for 86% of donor support expected in 2007/08, and may reach more than 90% of the total in 2008/09. Existing commitments are largely focused on care (excluding palliative care) and treatment, estimated to account for 60-70% of all HIV and AIDS spending, representing 64% of combined US and Global Fund spending and 55% of all expenditure on HIV and AIDS by these two donors alone. The budget for prevention was just 15%, and for economic and social support (i.e., support towards orphans and vulnerable children) about 8%.

PEPFAR, by far the biggest and perhaps the most consistent supporter, has been providing substantial contributions since 2004. Coordination, however, poses a major challenge. Although PEPFAR and the Government agree that support should be based on the priorities outlined in the National Multi-Sectoral Framework (NMSF), the practical reality is that PEPFAR remains largely external to the harmonisation process. PEPFAR manages its funding outside of the government budget. A large number of NGO partners are involved in implementation, and the number of individual activities and actors involved remains large. Identified cross-cutting and management costs of around \$24m do not include the management and overhead costs of the contracted partners who actually deliver the programmes.⁹³ Roughly \$25m of the \$205m allocated in 2006/07 was centrally managed from Washington.

⁹⁰ The total expenditure is an underestimate as it does not capture spending on HIV and AIDS financed from the health basket and from Local Government Authorities' own revenues. It also excludes the 40% share of staff costs estimated to be accounted for by HIV and AIDS, as well as any share in the capital costs of hospital beds and other facilities.

⁹¹ NMSF 2008-12, HIV/AIDS Public Expenditure Review (PER) 2005/06, HIV/AIDS PER 2006/07

⁹² International Monetary Fund (IMF), official development assistance (ODA) data, quoted in HIV/AIDS PER 2006/07. The dollar exchange rate fluctuated from Tshs 1,000-1,300 in 2006/07, so an exchange rate of \$1= Tshs 1,200 is used here.

⁹³ TACAIDS. Tanzania Public Expenditure Review. *Multi-Sectoral Review: HIV/AIDS December 2007*. Final report, prepared by Foster, M., Do, C., Lupa, M. and Mdai, V.U., on behalf of HIV/AIDS PER Working Group, TACAIDS, Ministry of Finance and Government of Tanzania, February 2008, p22.

Table 3.3: Total HIV and AIDS Expenditure and Financing, Actuals 2004/05-2006/07 and Future Plans (TShs Billion)

	Actual 2005/06	Budget 2006/07	Actual 2006/07	Budget 2007/08
Estimated Total Public & Donor Expenditure on HIV/AIDS	26.0	354.9	399.2	595.7
			(332.7)	(496.4)
Total ODA for HIV/AIDS ⁹⁴	2042.2	330.6	377.8	568.2
			(314.8)	(473.5)
Total Budget expenditure on HIV/AIDS	119.9	71.7	62.0	157.2
			(51)	(131)
MDA Recurrent	21.8	24.0	21.4	21.6
MDA Development ⁹⁵	96.9	36.8	29.3	107.0
-of which, GoT funded		0.3	0.0	5.9
Transfers to Regions and Districts ⁹⁶	1.2	10.9	11.3	28.6
ODA as % of HIV/AIDS expenditure	90.4	93.2	94.6	95.4
% of HIV/AIDS aid included in Govt. budget	48	14.3	10.8	22.8
HIV as % of Total Aid	15	22	25	33
Total HIV spending as a % of: Total Govt Spending	5.8	7.4	8.3	10.9
GDP	1.6	2.2	2.5	3.3

Note: Figures in brackets in million US\$; Exchange rate 2006/07, US\$1 = Tshs 1,200 approximately.

Source: Multi-sector HIV/AIDS PER 2006/2007, TACAIDS 2008

Even though the need for funding is great, it is a challenge for Tanzania to absorb these dramatic increases in HIV resources which are far larger than all other public health spending. Moreover, the growing diversity of funding mechanisms outside standard Government funding processes involves a concomitant increase in the scope of work required to coordinate and ensure effective use of aid and domestic resources for HIV and AIDS. TACAIDS is expected to coordinate the various activities of all the financing mechanisms; a key task is ensuring that financial flows are regularly monitored, properly allocated and disbursed, taking into account the overall balance of the different strategies of the national response. The second NMSF on HIV and AIDS covers the period from 2008 to 2010 and guides the Government's allocation of resources under the Medium Term Expenditure Framework (MTEF) to targeted HIV and AIDS interventions. The identification of shortfalls and mobilisation of additional resources is closely connected to this task. Given that almost all of the HIV funds are externally funded and less than a quarter included in budget, it is difficult for Government to exercise effective leadership and have a positive influence on how funds are allocated and managed, and to know what impact the funds are having. There are many different targets and reporting requirements - national strategic plans, UNGASS, Global Fund, TMAP, PEPFAR, etc. - and stakeholders lack understanding of the big picture at the national and lower levels.

3.3.3 Financing the MVC response

Several iterations of costings have taken place, with different assumptions about what items should be included and at what unit cost: direct household requirements, psycho-social support services, costs for education and health services, management, and monitoring and evaluation.

In part, the most recent costing of the National Plan of Action (2006-2010) has adopted estimates from an expenditure gap analysis which estimates the direct expenditures of households for basic essentials: food, clothing, and shelter.⁹⁷ Using data from the population census, the analysis projects the number of most vulnerable children in Tanzania Mainland to be 930,000 in 2006, which is roughly 5% of the total child population. For this estimate, most vulnerable children are considered to be orphaned or disabled children in very poor living

⁹⁴ Forecast for 2008/9, 2009/10 and 2010/11 are TShs Billion 532.2, 507.4 and 463.8 respectively (US\$ 443.5m 422.8m, 386.5m, respectively).

These are conservative estimates and do not include future GFATM rounds, TMAP successor, or block grant support beyond present commitments. Future decline (from 2007/8) in external support seems unlikely.

⁹⁵ Dip in development expenditure in 2006/7 is mainly due to the Ministry of Health not including aid in its budget in that year.

⁹⁶ Includes HIV/AIDS fund and Global Fund.

⁹⁷ Lindeboom, *et al.*, 2007.

conditions.⁹⁸ These are not necessarily all AIDS orphans since some children orphaned by AIDS may live in less poor households. Nor does this estimate include all children who are poor. Nationally, 36% of households live below the basic needs poverty line, and about 5% have expenditures about 30% below this line.

The study estimated the annual cost in 2006 to provide direct support to 930,000 children. The costing looked at the average expenditure of households with expenditures at 30% or below the basic needs poverty line on items for children in three age categories (0-6 years, 7-14 years, 15-17 years) in urban and in rural households, and calculated the gap between this figure and average expenditure on children in households at the poverty line. The gap was applied to the estimated numbers of MVC. The total cost was estimated to be TShs 37.8 billion (US\$31.5m). Of this amount, TShs 30.7 billion (US\$25.6m) is needed annually (at 2006 prices) for food, and TShs 7.1 billion (US\$5.9m) for non-food items.

The costs of establishing systems for identifying and providing support for most vulnerable children through local authorities and partner organisations were estimated to total TShs 6 billion (US\$4.7m), or TShs 50 million (US\$42,000 per district), based on estimates from implementing NGOs in the early phase of the programme.⁹⁹ Administrative/overhead costs were estimated at an additional 15%, again based on information from implementing organisations, and assuming greater involvement of locally-based organisations working more closely with local government authorities. Altogether, the total annual cost in 2006 was estimated to be TShs 43.5 billion (or US\$36.2m) - about 11% of total Government and aid-funded spending for HIV and AIDS in 2006/07.

Clearly this is affordable - the financing data presented in Table 3.3 shows that funding through PEPFAR and the Global Fund together with some government and community support can easily meet this gap. The real issues concern implementation - how to get support to where it is most needed, allowing for constraints, including those at local government level - and the ethics of targeting the 'poorest of the poor' and what this does to the social fabric of a community.

3.3.4 Support for Local Government Authorities Towards Supporting Initiatives at Community Level

Local government authorities have a critical role in addressing the needs of the most vulnerable children in Tanzania. Many activities can only be successfully implemented at the local level, but LGAs can only shoulder responsibilities and contribute to the success of the multi-sectoral response if they are granted adequate decision-making powers, operational and administrative responsibilities, and human and financial resources.

Despite the flow of resources into Tanzania for HIV and AIDS, LGAs could not implement their planned prevention and impact mitigation programmes in 2006/07. According to the 2006/07 HIV/AIDS Public Expenditure Review (PER), "2006/07 was the second year in a row in which LGAs were encouraged to prepare ambitious plans that could not then be implemented due to lack of funding," which undermined "the credibility of the whole planning and budget process, as well as causing real hardship when needed support is not provided."¹⁰⁰

For the financial year 2008/09 and onwards, with support from the Canadian International Development Agency (CIDA), a local government earmarked block grant for HIV and AIDS is to be developed. This grant is a potentially good instrument for providing predictable support to LGAs to enable them to plan and implement HIV and AIDS interventions, particularly for

⁹⁸ More specifically, this classification includes children living in child-headed households, children living in elderly-headed households with no adult of age 20 to 59 years present, children with both parents deceased, rural children with one surviving parent living in a house with very poor quality roofing (grass and/or mud) and children with a disability living in similar poor conditions, and urban children with one surviving parent living in a house with very poor quality roofing (grass and/or mud) or with very poor wall materials or without toilet facility and children with a disability living in similar poor conditions.

⁹⁹ More recent experience of NGO implementing partners points to a more expensive process. For example, Pact supports the ID process in 20 wards at cost of US\$39,000, and this does not even cover all allowances. Personal communication with Jane Caldwell, OVC Programme Manager, Pact Tanzania.

¹⁰⁰ TACAIDS, 2008, p.25.

prevention and for economic and social support for MVC. The allocation formula needs to incorporate criteria specifically related to HIV and AIDS and poverty, for example, HIV prevalence, numbers of MVC and people living with HIV and AIDS, and preference to districts that do not receive significant support from donors, and to districts that are poor and lacking in staff and resources.

LGAs may have the mandate to coordinate the various actors and sectors towards a more effective response, but they are constrained by inadequate human and financial resources, with inadequate information to facilitate planning and follow-up on use of funds, not to mention the multiple financing mechanisms and reporting requirements - World Bank, Global Fund, PEPFAR, etc. - that further strain already over-stretched institutions.

3.3.5 Monitoring and Evaluation Environment

With support from FHI/PEPFAR, a national Data Management System has been set up by the Department of Social Welfare for monitoring MVC programming.¹⁰¹ This database attempts to map MVC programmes being implemented across the country. It captures information on the number of villages covered, the number of MVC identified, and the children served. Data is collected from MVCCs. This M&E system can be useful for harmonising the work of different implementers, however, the database does not give any indication if children are receiving continued and adequate support. It is also not clear if and how the system captures information from smaller NGOs, CBOs, and FBOs, particularly those who are not registered in the districts where they work, and who are not supported by major funders. In addition, issues need to be resolved as to how the database links with other data systems, for example, with the Tanzania Output Monitoring System for HIV and AIDS (TOMSHA), with non-health and community level programme data, and with the quarterly performance reports that each LGA is now required to produce on the physical progress (for example, the number of MVC provided with uniforms) and financial progress of their MVC programmes. Overall, it is not clear what the database aims to do, how it will work, and how it will be utilized, i.e., the extent to which the data can facilitate planning and coordination at national and local government levels. Data entry is a massive and costly undertaking. Social Welfare Officers are involved in data entry, which further strains an already understaffed DSW. At present FHI is supporting the system but it is unclear from where the resources for implementation and maintenance of this system will come in the long run.

Currently, no single reporting system exists, as called for under the “Three Ones” principles. A standardised M&E system across all funding initiatives in HIV and AIDS would save considerable duplication and resources, provide an opportunity to pull together and unite stakeholders in their efforts to control HIV and AIDS, and facilitate a system of accountability at all levels. With support from UNAIDS and other development partners, TACAIDS is currently in the process of developing and operationalising a National HIV and AIDS Monitoring and Evaluation System to allow tracking of progress towards the goals and objectives of the NMSF. A major challenge is in capturing details of off-budget finance and programmes.

3.3.6 Targeting and Administering Support for the Most Vulnerable Children

Ideally, targeting the MVC will ensure that scarce resources are concentrated on those most in need. Targeting involves implementing mechanisms that discriminate between children who are most vulnerable and those who are not, in other words, identifying and reaching the neediest households. The MVC programme employs community-based targeting mechanisms. Though this approach allows for identification of the needy, it also has local political demands and prerequisites as to what is provided, to whom, and for what reasons.

There are important administrative challenges. For example, UNICEF provided funding for the initial establishment of protection and support systems and for training facilitators and members of MVC committees, as well as matching grants for locally-mobilised MVC funding

¹⁰¹ URT, FHI and USAID. *Monitoring and Evaluation Plan and Framework for National Plan of Action for the Most Vulnerable Children in Tanzania*, Dar es Salaam, 2007.

from communities and from districts. The assessment of the UNICEF-supported MVC programmes indicated some problems in the use of MVC funds, in particular in the districts where supervision was weak or non-existent. Identified problems included: information in district records did not match UNICEF data, regular replenishment of village funds did not take place largely because of difficulties in the accounting system, village MVC funds had been used to pay “sitting allowances” for members of the committees, and local identification processes were at times unethical and unduly intrusive. In some locations, under coverage of MVC occurred and/or support was provided to non-MVC. Community reviews also did not take place as planned. In the absence of grants from UNICEF for the village MVC funds, little local funding was provided after an initial contribution to establish the village fund. With many demands on communities for contributions for development programmes, especially those related to education and water, those programmes with the strongest political and governmental pressures take priority, and those with obvious external support may be marginalised in local resourcing.

The Most Vulnerable Children Committees are entirely made up of volunteers. However, the MVCC model can only work if adequate financial and human resources are provided. The quantity and quality of services made available for MVC are limited by finances and by the capacity of the volunteers. The standard identification process through NGOs is proving to be very expensive. There is little administrative funding for the created structures and the incentive for volunteers appears to largely come from their peers in the community, and in some places from CSOs (the service providers). Local government authorities have very few resources and there are many competing priorities. Other linkages do not support this system. Moreover, the ID process has no or limited oversight. A great deal of discretionary power is vested in the hands of the village chair and the MVC committee, and without adequate supervision or follow-up and appropriate lines of accountability, there is the danger that these ‘powers’ are used to manipulate entitlements of targeted programmes.¹⁰²

There are limits to what the MVC programme can achieve. Currently, assistance provided through external funding sources is overwhelmingly directed towards educational support, Community Health Fund cards for health care, and more recently psychosocial support. All of these are essential but they are a small part of the services needed by vulnerable children and their caretakers. The push from external funders, and PEPFAR in particular, is on demonstrating that increasing numbers of the MVC are reached/ supported, with little attention paid to what extent the children’s’ immediate needs and longer-term vulnerability are addressed.

With increasing numbers of children who are most vulnerable, the Government needs to plan for the future and address many pressing questions. How many most vulnerable children will there be in 2, 4, 6 years and beyond? What are the demographics of these children - under-fives, teenagers - and what are their needs? What community response mechanisms and support structures need to be in place to help households and communities shoulder the growing burden? Can present and future needs be met through simply scaling-up the current portfolio of responses?

3.3.7 Sustaining the MVC Response - National Commitment

International leverage through various initiatives and financing appears to have played a significant role in the creation of the MVC programme, and more recently in the drafting and formal adoption of the National Plan of Action. Despite efforts to engender community-based support for most vulnerable children, the programme is largely perceived as an ‘external’ programme. Many stakeholders believe that the initial pilot was essentially a UNICEF idea, though one strongly supported by the Department of Social Welfare. The programme has been subsequently funded by the Global Fund, and now more strongly supported by the U.S. Government through PEPFAR. International funding has played a critical role and will continue

¹⁰² Daniel M. *Humanitarian Aid to Vulnerable Children in Makete and Iringa, Tanzania*. Unpublished paper. Research Centre for Health Promotion, University of Bergen, Norway. 2007

to do so. The three key financiers - PEPFAR, Global Fund and UNICEF - have largely shaped the discourse and practice of support to MVC. There is little direct financial support from national sources, and the large flows of external resources channeled through international NGOs, most of which are off-budget, may act to undermine community and government responses and commitments in the long run.

Social protection has been given some priority in MKUKUTA, which "*underscores the need to consider the inter-linkages between a range of quality social services in order to reduce poverty that is complex and multi-dimensional in nature*".¹⁰³ Social protection encompasses a wide range of interventions that address poverty by reducing risk and vulnerability. A Social Protection Task Team has been established to develop a social protection framework to build coherence and coordination across the many different ministries, sectors and actors, and ensure that interventions are effective in tackling poverty experienced by the poorest and most vulnerable. This would imply links with the National Plan of Action for MVC. Moreover, it would provide an opportunity to foster greater understanding and build consensus around the many different policies related to children, and the roles and responsibilities of all stakeholders in realising the rights of all children. As noted by Leach (2007):

*"The poverty and generalised insecurity which is the condition of so many Tanzanians, especially rural Tanzanians, inevitably effects children....A national framework for social protection must address these overwhelming facets of life for large numbers of children. A framework which aims to reduce vulnerability, strengthen capabilities must therefore put priority on improving the rural economy and rural conditions of life, and on improving health care and other services in rural areas to reduce the toll of ill-health on children and their caregivers."*¹⁰⁴

3.4 The Way Forward?

*"Designing effective forms of support for children affected by HIV and AIDS is not simply a matter of choice of instruments. It depends on establishing effective institutions, making tough choices between long term sustainability and short term delivery options and depends on government commitment as well as long term support from donors. Years of underinvestment in state systems means that any kind of scale up of social welfare services is challenging. Unless this is addressed there is a risk that scale up will be compromised by overburdening existing systems and continued institutional failure to deliver."*¹⁰⁵

Governments need long-term institutional investment in effective national systems. Is the MVC programme model a viable one in the long run? How best can children who are most vulnerable be provided the extra support they need, without stigmatisation and without undermining social cohesion? And how can all children be assured access to essential services through national budget systems? Prospects for sustainability, ownership and institutionalisation are greater with national programmes which provide equitable access. Ensuring appropriate accountability structures are in place, and promoting citizens' participation in the decisions that determine their rights and entitlements to services are also essential. As Rajani concludes in the first paper in this report:

"The key question is not how can we get more attention and funding for children or AIDS or primary education in Tanzania, but what specific policies, interventions, and mechanisms for accountability can be put in place to promote the well-being of children, and in a manner that can go to scale and is lasting."

There is increasing recognition of the importance of national ownership and of state responsibilities (duties) to citizens, and especially to children. The state has the reach and

¹⁰³ Wylde, E. and Rutasitara, L. *Understanding Social Protection Policies in Tanzania. Draft Report*, February 2008.

¹⁰⁴ Leach, V. *Children and Vulnerability in Tanzania: A Brief Synthesis*. Special Paper 07.25. REPOA and UNICEF, 2007, p.20.

¹⁰⁵ Green, M. *Social Cash Transfers and Children affected by HIV/AIDS*. Background Paper for DFID, December 2007, p.2.

authority - i.e, the ability to implement legislation, enforce compliance and create policy environments - and can provide the required continuity of systems and programmes. There is also an emerging consensus that a programme of social assistance to protect the most vulnerable children is not only necessary but that it should be publicly provided. The process has to be two-fold: to strengthen existing systems of support and ensure universal access of children to quality social services and child protection; and to implement existing policies in support of MVC and direct targeted assistance needed by MVC through budget allocations. This requires not only policy commitments and availability of funds, but also integration of planned strategies and actions in the Medium Term Expenditure Frameworks (MTEFs) of Government Ministries and into the budgets of the Local Government Authorities. Appropriate institutional arrangements and adequate capacity for implementation requires the support and commitment of the Government at the highest level. In the context where different community groups, committees, local and international CSOs, local government authorities, and national MDAs have been involved, it is important to coordinate and streamline responses and ensure their complementarities as they are scaled-up. CSOs, both international and national, can continue to provide a useful contribution - in monitoring the implementation of existing programmes, providing evidence about impact, advocating for what works for whom and where, and helping ensure that the best interests of MVC are met. Strong institutional arrangements are vital to effective national-scale social protection.

4 Conclusion

The central concern of this report is to identify the best systems and mechanisms to support children, especially the most vulnerable children, given limited resources and capacity constraints.

The primary education programme is universal, focused and simple for national institutions, and is implemented, albeit with flaws. Assistance to education is the most important public policy measure that brings real benefits to the most vulnerable children in Tanzania. Political commitment to the Children's Statute on the other hand, is nominal. After more than twenty years, legislation has yet to be drafted. The process has generated mainly paperwork and workshops. Thus, even if a statute is enacted, implementation is likely to be haphazard unless there is strong and consistent public pressure. And despite enormous external funding for the MVC programme, its implementation is fraught with problems of coordination and targeting. The programme covers only a fraction of the most vulnerable and delivers very modest amounts of assistance. Unlike universal primary education, the MVC programme is seen as a 'donor issue' and remote from public engagement.

While the issues remain complex, an examination of the three different cases indicates a core common lesson: initiatives that resonate with, and respond to, broad public concern are more likely to gain traction, exercise accountability, and be sustainable. In contrast, efforts that are technically and externally driven, and over emphasise the provision of funds, are unlikely to be effective because they may miss the political drivers of change in the country. This lesson is particularly relevant for international actors, for it suggests the need for a nuanced engagement with political, cultural and social forces that shape priorities, implementation and accountability that lie at the heart of effective support for children.

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