

ASSESSMENT REPORT

of the
alternative care system
for children in

TANZANIA



Published in Austria by SOS Children's Villages International

© 2014 by SOS Children's Villages International. Please feel free to reproduce any content available herein; we would only ask you for the authors/photographers to be credited individually.

SOS Children's Villages International

Hermann-Gmeiner-Straße 51, P.O. Box 209

A-6010 Innsbruck, Austria

Email: careforme@sos-kd.org

www.care-for-me.org

Original report and research by: SOS Children's Villages Tanzania

Finalisation by: Magdalena Krenn

Supervising editor: Emmanuel Sherwin

Cover artwork: Ertl design

CONTENTS

| | |
|---|----|
| ACRONYMS | 4 |
| ACKNOWLEDGEMENTS..... | 5 |
| EXECUTIVE SUMMARY | 5 |
| INTRODUCTION..... | 7 |
| a) Geographical location, population and climatic conditions..... | 8 |
| PROBLEM STATEMENT, OBJECTIVES AND METHODOLOGY | 9 |
| a) Problem statement..... | 9 |
| b) Objectives of the study..... | 9 |
| c) Methodology: Data collection and analysis..... | 10 |
| STATUS OF CHILDREN IN TANZANIA | 10 |
| a) Status of children without parental care or at risk of losing parental care..... | 10 |
| b) Major causes of child rights violation in Tanzania..... | 11 |
| c) An overview of child rights violation..... | 13 |
| COUNTRY LEGAL AND POLICY FRAMEWORK | 14 |
| a) International and regional instruments..... | 15 |
| b) National legal and policy framework..... | 16 |
| SHORT DESCRIPTION OF CHILD PROTECTION/CHILD CARE SYSTEM | 17 |
| a) An overview of stakeholders/service providers..... | 17 |
| b) Child Care systems..... | 20 |
| PREVENTATIVE SERVICES | 26 |
| INFORMAL CARE | 29 |
| a) Children living in elderly households | 29 |
| b) Children living in child headed households..... | 29 |
| c) Maternal and paternal orphans..... | 30 |
| d) Children living with other relatives | 32 |
| MOTIVES FOR PLACEMENT | 32 |
| ADMISSION PROCESS AND PLACEMENT/ REVIEW PROCEDURES | 33 |
| RANGE OF CARE OPTIONS..... | 34 |
| PREPARATION AND SUPPORT FOR CHANGE OF PLACEMENT AND LEAVING CARE..... | 35 |
| AUTHORISATION/INSPECTION/ ACCREDITATION/LICENCING | 35 |
| FINANCING ALTERNATIVE CARE..... | 36 |
| STAFF CAPACITY (TRAINING FOR STAFF, IN SERVICE TRAINING AND NUMBERS OF STAFF) | 37 |

PROTECTION: HUMAN RIGHTS VIOLATIONS, VIOLENCE AND COMPLAINTS38

CONCLUSION AND RECOMMENDATIONS39

GLOSSARY42

BIBLIOGRAPHY.....44

APPENDIX46



ACRONYMS

| | |
|--------|--|
| ACPF | African Child Policy Forum |
| AIDs | Acquired Immune Deficiency Syndrome |
| CBOs | Community Based Organisations |
| CDO | Community Development Officer |
| CMAC | Council Multisectoral AIDS Committee |
| COBET | Complementary Basic Education Training |
| CSO | Civil Society Organisation |
| DCDO | District Community Development Officer |
| DSW | Department of Social Welfare |
| FBO | Faith Based Organisations |
| FDC | Folk Development College |
| GDP | Gross Domestic Product |
| HIV | Human Immune Deficiency Virus |
| ILO | International Labour Organisation |
| M&E | Monitoring and Evaluation |
| MOHSW | Ministry of Health and Social Welfare |
| MVC | Most Vulnerable Children |
| MVCC | Most Vulnerable Children Committee |
| NBS | National Bureau of Statistics |
| NCPA | National Costed Plan of Action |
| NGO | Non-Governmental Organisation |
| PACT | Private Agencies Collaborating Together |
| REPOA | Research on Poverty Alleviation |
| RITA | Registration Insolvency and Trusteeship Agency |
| SWO | Social Welfare Officer |
| THMIS | Tanzania HIV/AIDS and Malaria Indicator Survey |
| UN | United Nations |
| UNCRC | United Nations Convention on the Rights of the Child |
| UNICEF | United Nations Children Fund |
| URT | United Republic of Tanzania |
| USAIDS | United States Agency for International Development |
| VETA | Vocational Education and Training Authority |
| WCDO | Ward Community Development Officer |



ACKNOWLEDGEMENTS

My sincere gratitude goes to the management team of SOS Children's Villages Tanzania for giving me an opportunity of reviewing, compiling both primary and secondary data related to the implementation of the alternative care system in Tanzania.

Special thanks go to the Advocacy Coordinator of SOS Children's Villages Tanzania, Mr. John Batista who organised the required documents for the assignment.

Lastly, I thank my family members for their assistance during the assignment.

EXECUTIVE SUMMARY

Around half of the Tanzanian population of 40 million are children under the age of 18 years (REPOA, NBS and UNICEF, 2009). The 2012 Population and Housing Census results showed that Tanzania had a population of 44,928,923. Children under 15 years made up 44.1% (19,813,655) of the total population. To date, the number of the most vulnerable children (MVCs) in the country is about 3,000,000. These children are living without parental care or are at risk of losing it. These include double orphans (230,256) maternal orphans (462,688), paternal orphans (1,283,067), children cared by elderly (327,514), and those cared by siblings (200,091). In 2012, 11,565 children were living in residential homes, 453 were in conflict with the law and kept under prison, 578 were in detention, retention 80, and 80 in approved schools (CRSA, 2012).

Despite some limitations in the legislative instruments, the policy and legal framework in Tanzania is generally good. Tanzania ratified the UN Convention on the Rights of the Child in 1991 and the African Charter on the Rights and Welfare of the Child in 2003. Both, Tanzania Mainland constitution of 1977 and Zanzibar's constitution of 2010 contain a Bill of Rights. The Law of the Child Act approved by the Tanzanians in November 2009 and the Children's Act passed by the Zanzibar Parliament in March 2011 enshrine fundamental rights of children and lay a foundation for child care systems in the country. Effective use of the legislative instruments may bring greater changes on child care and protection systems.

Findings

The general understanding of the policy and legal framework is limited. Some of the service providers, especially at local level, are not aware of the policy and legal framework. Understanding of the policy and legal framework depends mainly on the capacity of the staff of a certain organisation. According to the African Child Policy Forum (2013), many African countries face significant technical, financial and institutional capacity constraints and therefore have limited enforcement and implementation mechanisms in place for the legal protection of children.

Translation of the legal and policy framework into programmes and projects requires professional workers. Some of the service providers are not qualified to handle child protection cases effectively, appropriately and sensitively. In Tanzania, the Government emphasis the need of working with qualified personnel. But in reality some of the service providers do not consider working with qualified personnel. According to the annual report of UNICEF (2013), it is essential that frontline workers have the knowledge and skills to handle

child protection cases effectively, appropriately and sensitively. Pre- and in-service-training programmes are key to raising awareness and developing a cadre of skilled child protection professionals (UNICEF, 2013)

In Tanzania, the Ministry of Health and Social Welfare (MOHSW), (more specifically, the Department of Social Welfare) has overall responsibility in coordinating issues related to the welfare of MVCs undertaken by different stakeholders from the national to the community level. These stakeholders implement their objectives and activities in various programmes with support from a wide range of development partners and NGOs, both local and international. It is the Ministry's responsibility to ensure that programmes organised by other stakeholders comply with the Guidelines for working with MVC¹ (NCPA, 2007-2010). Despite this role of the Ministry, current systems that exist in Tanzania for caring for MVCs are still fragmented. The Department of Social Welfare (DSW) which develops guidelines and mechanisms for services, government-run social welfare schemes, large international initiatives, and an array of faith-based organisations (FBOs), and community-based organisations (CBOs) provide services but typically do not work together as a cohesive group.

There should be an institutionalised monitoring mechanism established by law to ensure implementation of the legal framework and policies related to child rights and welfare. It could also be responsible for the coordination and implementation of children's rights in the country, including advising the Government on the preparation of state reports to international monitoring bodies (such as the UN Committee on the Rights of the Child), and for institutionalising child participation in key decision-making. Various models exist, and countries could draw best practice from each other according to the needs of their specific situation. (ACPF, 2008)

Informal care is very common in Tanzania. Many children do not live with their parents due to various reasons such as illness, poverty, disability, abandonment of a child and orphan hood. Therefore, other members of the family often take care of these children on an informal basis. Due to a continuous increase of children in need, these extended families face financial constraints.

In Tanzania, institutional care is considered as the last resort after all informal means have failed to provide care (NCPA, 2007-2010). Formal care is based on formal arrangements of the DSW or a private residential facility. These include foster care, public residential homes and private residential homes and adoption.

The Child Act of 2009 already gives provisions of adoption by foreigners but the country has not yet ratified an inter-country adoption agreement such as the Hague Convention on the protection of children and co-operation in respect of inter country adoption.²

Motives of placement varies from child to child but most of them are placed either because their basic rights are denied such as food, shelter, clothes, care, love and protections or they are in conflict with the law.

¹ The Guidelines for working with MVC are part of the National coasted plan of action (NCPA) under the Ministry of Health and Social Welfare - Department of Social Welfare.

² http://www.hcch.net/index_en.php?act=conventions.text&cid=69



Admission process and placement/review procedures differ among the institutions. It depends on the care arrangements and the sources of funds/resources of an institution. A child being placed in alternative care can depend on the decision from the court or the recommendation from a social welfare officer. Private institutions also have their own way of placing children. Some of them are working in collaboration with the DSW and others have their own way of admitting and placing a child.

Several NGOs provide family support for the children who return from alternative care. Usually they support through things like food, educational material and small amounts of money for income generating activities. One of the challenges is the question of sustainable support. Most of NGOs depend on donors. This results in the fact that if there is no donor support the MVC will not have appropriate support since 78% of the services offered to them is provided by NGOs through donor support and the State only provides 1% of the support.

The DSW is responsible for providing a suitable regulatory framework to ensure registration, assessment, approval and inspection of residential care facilities. According to the Child Act of 2009 in section 133, the Government may establish an approved residential home or institution for the care of children in such areas as the Commissioner may determine or any person may establish and operate an approved residential home or institution for the care of children subject to the approval of the Commissioner.

INTRODUCTION

The study on the alternative care system in Tanzania focuses on the issues related to children who lost their parental care or are at risk of losing it. Specifically, the study intends to explore the national legal and policy framework which governs the delivery of all services provided to children, to determine measures that prevent the need for placing children in alternative care, and to determine living and administrative arrangements managing services provided to the children.

The purpose of the study was to gather information which will be used by SOS Children's Villages Tanzania and other stakeholders in implementing alternative care measures related to service provision, capacity building and advocacy on quality care to every child (such as SOS Children's Villages *Care for me!* campaign).

The study was based on secondary data where by various documents such as the UN Guidelines on the Alternative Care of children (hereinafter referred to as the UN Guidelines), the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child, the law of the child of 2009 in Tanzania mainland, the law of the child of 2011 in Zanzibar, the Tanzania Child Development Policy of 1996 and SOS Children's Villages Child Rights Situation Analysis (CRSA) of Tanzania from 2012. These documents were reviewed by using the assessment tool for the implementation of the UN Guidelines. In addition, some information was collected from various reports/documents related to alternative care services.

a) Geographical location, population and climatic conditions

Tanzania is located just south of the Equator, lying mostly between latitudes 1 and 12°S, and longitudes 29° and 41°E. It is constituted by Mainland Tanzania and Zanzibar with a total area of 945,087 km². Tanzania shares borders with Kenya and Uganda in the north, Rwanda, Burundi and the Democratic Republic of Congo in the west, Zambia and Malawi in the south-west, Mozambique in the south; and the Indian Ocean in the east.

The 2012 Population and Housing Census results indicate that Tanzania has a population of 44,928,923 of which 43,625,354 lives on Tanzania Mainland and 1,303,569 live in Zanzibar. The population of children less than 5 years makes up 15.2%, young people below the age of 15 make up 44.1% and people between 15-35 years make up 35.1% of the total population (URT, 2012). Table 1 below shows some more details.

Table 1: Population and Housing Census

| 2012 Population and Housing Census | Tanzania | Mainland | Zanzibar |
|--|----------|----------|----------|
| Total Population (million) | 44.9 | 43.6 | 1.3 |
| Children Population <5 years (percentage) | 15.2 | 15.2 | 13.3 |
| Young Population < 15 years (percentage) | 44.1 | 44.2 | 38.1 |
| Youth Population 15-35 years (percentage) | 35.1 | 34.9 | 42.2 |
| Working Age Population 15-64 years (percentage) | 52.2 | 52.0 | 59.0 |
| Elderly Population >60 years (percentage) | 5.5 | 5.5 | 4.3 |
| Elderly Population >65 years (percentage) | 3.8 | 3.8 | 2.9 |
| Women of the Reproductive Age 15-49 years (percentage) | 47.3 | 47.1 | 55.1 |
| Sex Ratio (males per 100 females) | 95 | 95 | 94 |
| Annual Growth Rate | 2.7 | 2.7 | 2.8 |

Source: National Bureau of Statistics, 2002 and 2012 Population and Housing Census

The climate of Tanzania is characterised by two main rain seasons namely the long rains and the short rains which are associated with the southward and northwards movement of the Inter-Tropical Convergence Zone. The long rains (Masika) begin in the mid of March and end at the end May, while the short rains (Vuli) begin in the middle of October and continue to early December. The northern part of the country, including area around Lake Victoria Basin, North-Eastern Highland and the Northern Coast experience a bimodal rainfall regime, whereby the first maximum occur in the period of March, April and May while, the second maximum in the period of October, November and December. Central, South and Western areas have a prolonged unimodal rainfall regime starting from November continuing to the end of April. Annual rainfall varies from 550 mm in the central part of the country up to 3690 mm in some parts of south-western highlands. The changing climate has resulted in a general decline in agricultural productivity, including changes in agro-diversity. The prevalence of crop pest and diseases is also reported to have increased, posing more challenge to agriculture (URT, 2009a).

Social economic status

Agriculture is the mainstay of the Tanzanian economy contributing about 26.5% of GDP, 30% of export earnings and employs about 75% of the total labour force. Over the past



decade, the agricultural sector grew at an average rate of 4.4%. The rate of growth in agriculture is higher than the average annual population growth rate of 2.9%, implying growth in incomes. However, the above average agricultural growth rate is insufficient to lead to significant wealth creation and reduction of poverty given the very low level of agricultural development. Attaining poverty reduction would require an annual agricultural growth rate of about 10% (URT, 2009a).

PROBLEM STATEMENT, OBJECTIVES AND METHODOLOGY

a) Problem statement

HIV/AIDs and severe poverty continue to threaten the well-being of Tanzanian's children. Children whose parents are infected with HIV/AIDs serve as care givers for their parents and other family members. Death of parents often leads children to emotional distress and physical neglect. Those children may lack love, care and protection. Other factors which threaten the well-being of children include gender-based violence, family separation and lack of parenting/guidance skills. All these factors are subjects to children without or at risk of losing parental care.

International and national efforts on the well-being of children include:

At international level: The ratification of the Convention on the Rights of the Child of 1989 (CRC), The African Charter on the Rights and Welfare of the Child, ILO convention no. 182 on the Worst Forms of Child Labour.

At national level: the Child Development Policy of 1996, The Law of the Child Act of 2009 in Tanzania Mainland, the Law of the Child Act of 2011 in Zanzibar and the Constitutions of Tanzania Mainland and Zanzibar enshrine fundamental rights of children and guidelines for child care systems.

Despite of the international and national initiatives the quality care system of children without or at risk of losing parental care is questionable. The translation of the international and national legislative instruments into programmes and projects which provide a room for quality care is weak. Therefore this study intends to investigate alternative care systems for children with respect to the policy and legal framework and service provisions arrangements. Specifically, to identify some gaps related to the policy and legal framework, to determine the measures that prevent the need for placing children in the alternative care systems and determine living and administrative arrangements in the alternative care system. Finally, some recommendations on the provision of quality care systems will be suggested.

b) Objectives of the study

The objectives of the study are to investigate the context of alternative child care systems in Tanzania.

Specifically to:

- identify some gaps related to the national legal and policy framework which governs the delivery of all services provided to children,



- determine measures that prevent the need for placing children in the alternative care system, and to
- assess service provision arrangements in the alternative care system.

c) Methodology: Data collection and analysis

Both, primary and secondary data were collected. Primary data was collected through focus group discussions, interviews and consultative meetings. The respondents were selected purposeful on the basis of their power to influence decision making and their interest in all matters related to child rights violations and their consequences. NGOs dealing with vulnerable children were also contacted.

Secondary data were collected from various documentary sources such as the Child Development Policy of 1996 and the Child Act of 2009. Other documents include scientific books, journals, reports and articles. Other reviewed information includes the CRC, the African Charter on the Rights and Welfare of the Child; and the Child Rights Situational Analysis of children without parental care and at risk of losing parental care.

The literature review/analysis was based mainly on the criteria of the assessment tool for the implementation of the UN Guidelines. The discussion about the alternative care system mainly was based on the country's legal and policy framework, a short description of the child care system, preventative services, informal care, motives for placement, the admission process and placement/review procedures, the range of care options, preparation and support for change of placement and leaving care, authorisation/inspection/accreditation/licencing, financing alternative care, staff capacity and child protection.

STATUS OF CHILDREN IN TANZANIA

a) Status of children without parental care or at risk of losing parental care

Around half of the Tanzanian population of 40million are children under the age of 18 years (REPOA, NBS and UNICEF, 2009). The 2012 Population and Housing Census results showed that, Tanzania had a population of 44,928,923. Children under 15 years made up 44.1% (19,813,655) of the total population. To date the number of MVCs in the country is about 3,000,000. These children are living without parental care or at risk of losing it. These include double orphans (230,256), maternal orphans (462,688), paternal orphans (1,283,067), children cared by elderly (327,514) and those cared by siblings (200,091). In 2012, 11,565 children were living in residential homes. 453 children were in conflict with the law and kept under prison, 578 were in detention, 80 in retention, and 80 in approved schools (CRSA, 2012).

According to the analysis conducted in 12 regions, children living in child headed households are increasing in the areas of Iramba and Lushoto. The number of children living with households headed by elderly is high in Iramba, Lushoto, Mtwara and Dodoma. These children are victims of all socio-economic problems and ultimately they are exploited,



abused, and cannot access education, suffer from poor nutrition, and inadequate food supply and survive only under extreme poverty. Child rights violations are mostly observed for children who are in conflict with the law, living in prison, remand home, detention, street children and children affected by HIV/AIDs. (Ibid)

Due to an increase of children in need, most of the individuals in the community failed to play their major traditional role of providing care and protection to children. This gap has made thousands of children in Tanzania parentless, discriminated, tortured, abused, killed, and solitary.

Once these children lost their parental care the chances of developing a problematic behaviour is high. The community may experience cases like robbery, rape, sodomy, drug abuse and other issues. Failure to support these children may lead into serious problems in the community. Early pregnancy can lead to an increase of vulnerable groups. A similar situation may also happen to other children if strategies for youth development are limited. Youth who are not employed and not engaged in any self-reliance activities are more likely to be irresponsible for their own children. They might not be able to meet the necessary needs of their children. Immediately control strategies are needed to prevent the extension of the problem throughout the generations.

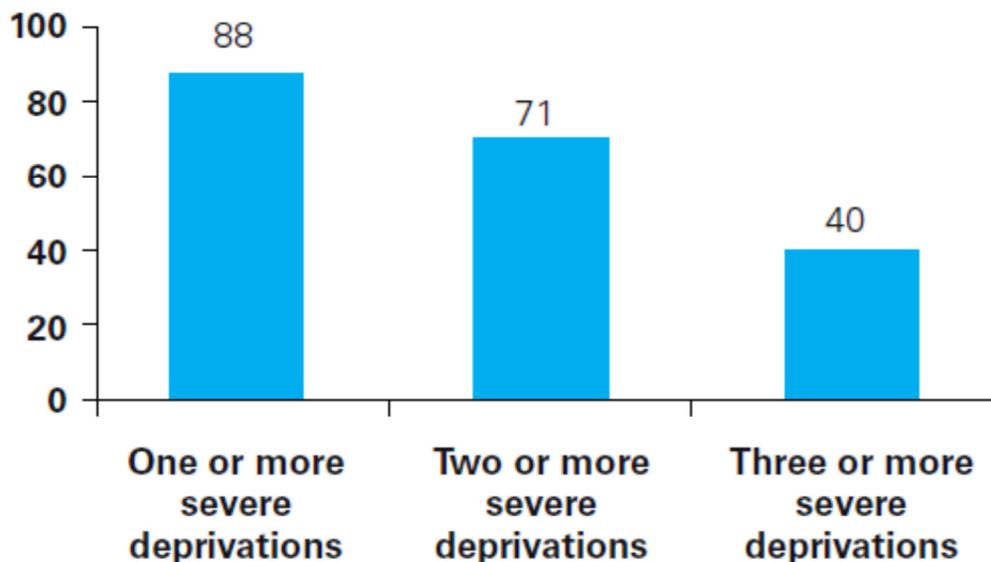
b) Major causes of child rights violation in Tanzania

The status of child rights violations in Tanzania is currently alarming. Some of the reasons for this situation include the low level of knowledge related to child rights, poverty and HIV/AIDS.

Effects of poverty on children

The effects of poverty and deprivation on children are devastating. Poverty interacts with and reinforces poor outcomes in health, nutrition, schooling, water and sanitation. Poverty makes children vulnerable to exploitation, violence and abuse, as well as to common illnesses and premature death and denies their rights to a standard of living adequate for their physical, mental and social development. Figure 1 indicates that more than 70% of Tanzanian children are reported to suffer from two or more deprivations regarding health, nutrition, sanitation, education, information, water supply and shelter – with inadequate access to shelter and water being the most severe (REPOA, NBS and UNICEF, 2009)

Figure 1: Percentage of children suffering from one or more severe deprivations 2004/2005



Source: (REPOA, NBS and UNICEF, 2009:18)

Poverty among children in Tanzania is pervasive and substantial numbers of children are living in desperate conditions. However, public programmes for the most vulnerable children have low coverage compared to the numbers of children and households in extreme need, and there is little evidence of their impact. Existing interventions are uncoordinated and financed largely from external sources (REPOA, NBS and UNICEF, 2009).

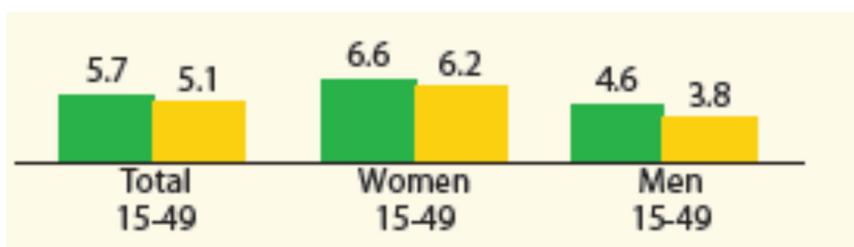
HIV/AIDS prevalence

Tanzania continues to be deeply affected by HIV and AIDS. The epidemic poses a threat to the country’s economic and social development and has exacerbated the vulnerability of most children, their households, and communities (NCPA 2007-2010)

According to UNAIDS (2011) the estimated number of people living with HIV in Tanzania was approximately 1,600,000 [1,500,000 - 1,700,000], the prevalence rate among adults aged 15 to 49 years was 5.80% [5.40% - 6.20%]. The total number of adults aged 15 years and more living with HIV was 1,300,000 [1,200,000 - 1,500,000], the number of women aged 15 years and more living with HIV was 760,000 [700,000 - 830,000]. 230,000 [200,000 - 260,000] children aged 0 to 14 years were living with HIV. There were 84,000 [75,000 - 94,000] deaths due to AIDS and the number of orphans due to AIDS aged 0 to 17 years was 1,300,000 [1,200,000 - 1,400,000].

The 2011-2012 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) measured HIV prevalence as indicated in Figure 2 (the green bar indicating the percentage from the 2007-2008 survey, the yellow bar, the percentage of the current one). Overall, 5.1% of Tanzanians aged 15-49 are HIV-positive. HIV prevalence among women and men has decreased from 5.7% in the 2007-2008 THMIS to 5.1% in the 2011-2012 THMIS. Although the trend in HIV prevalence seems to decrease from 5.7% to 5.1% the number of vulnerable children due to HIV/AIDS who are denied their rights continues to increase.

Figure 2: Trends in HIV Prevalence in Tanzania in percent (Mainland and Zanzibar Combined)



Source: Tanzania Commission for AIDS, THMIS 2011-12, (2013:111)

Though HIV prevalence has recently declined, from 5.7% in 2007–2008 to 5.1% in 2011–2012, geographic and social clusters of very high prevalence remain. HIV prevalence is highest in the UNICEF focus regions of Njombe (15%), Iringa (9%) and Mbeya (9%). At national level, more women (6%) than men (4%) are HIV positive. It is estimated that about 100,000 Tanzanians are infected with HIV each year, with 40,000 new HIV infections occurring among young people (UNICEF, 2012)

According to the CRSA 2012, the trend of children at risk of losing parental care in Tanzania is increasing because of the HIV/AIDS prevalence rate, which in 2012 was 15.5%, at Iringa, 12.4% in Mbeya, 8.1% in Mwanza, 7.4% in Ruvuma, 6.5% in Pwani, 6.3% in Dar es Salaam and 6% in Dodoma. The above percentages reveal that in some years to come the number of children in need of protection will significantly increase.

c) An overview of child rights violation³

The major child rights violated include the rights to life, the right to survival, the right to play, the right to health care, the right to education, the right to participate, the right to parental care and guidance, the right to be listened to, the right to justice, the right to provision of basic needs like food, shelter, and clothing. The situation analysis indicates that the rights to live are violated especially to children living with albinism. In 2011, 6 children living with albinism were killed. For those who were not killed, some of their organs were chopped off or mutilated in a way that these children got a permanent life disability. This denies them many opportunities e.g. access to education, health and play.

It was noted that the right to education is one of the rights that has been violated. This is evident by a high rate of dropout at primary schools and secondary schools. Among the reasons for dropout is teenage pregnancy, which prevents teenagers from completing school. Tanzania is one among the countries with the highest rate of teenage pregnancy (annually approximately 8000 girls). Programmes like the Complementary Basic Education Training (COBET) have been introduced to ensure that the right to education is not violated, among girls. However, the success of this programme has not yet been evaluated to determine its impact.

Disabled children's right to education in Tanzania has not been adequately considered. Inclusive education has not been properly realised. For example, they are socially being excluded from public. There is no adequate infrastructure to support them to attain basic education.

³ SOS Children's Villages Tanzania, CRSA 2012.



It was also found out that Tanzanian children are deprived of their right to protection e.g. there is a high rate of sexual, physical, emotional violence and deprivation of the children's basic needs. This is very evident in Musoma, Zanzibar, Kagera and Iringa.

The experience of Tanzania further demonstrates that the right to identity is something that has not been identified as a right to children. The percentage of birth registration in Tanzania is the lowest as compared to other countries in East Africa. Statistically, it is only 16.3% of new-borns, which are registered in Tanzania. The majority of the people do not seem to understand the importance of having proper child registration.

Children in Tanzania are denied the rights to participation, in different social settings despite forming children's councils to defend their rights. More than 80% of children interviewed for the CRSA revealed that they do not have opportunity to participate in decision making at home. This situation is worse in rural areas than in urban areas.

Also, access to justice and safety for children was not observed in prisons. For example, some are kept together with adults in the same cell (453 in prison) or retention (591), or police stations. Interviews with children at police stations and detention revealed that children are abused, tortured, mistreated, delayed to be sent to trial, and denied legal representation or advice before being sent to court.

The study further identified other critical issues that significantly undermine children's rights. The issues include having access to water. The study revealed that 38% of schools do not have clean and safe water, 90% of Tanzanians do not have quality latrines and 52% of latrines used by girls in schools do not have doors. This state of sanitation is a threat to children and some can contract illness.

The findings also revealed that the children's lunch hours were inadequate and 40% of children under-five years are stunted. Thus, a significant number of children stunted in their growth and others are underweight. All these violated rights are basic rights of children in terms of surviving and development. The study noted in Iramba, Lushoto that children who were under this category were victims of suffering, exploitation, abuse and sometimes survived with only one meal per day. In Coast, Mtwara, Singida, Lushoto, Dodoma the study also identified that income poverty, child poverty, cultural factors and environmental factors led to making children more vulnerable and acted as a basis that triggered violation of children rights.

COUNTRY LEGAL AND POLICY FRAMEWORK

At international and regional levels Tanzania ratified the Convention on the Rights of the Child (CRC) in 1991. It acceded to the Optional Protocol on the Involvement of Children in Armed Conflict in November 2004 and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography in April 2003. It ratified the ILO Convention No. 182 (1999) on the Worst Forms of Child Labour in 2001, the ILO Convention No. 138 (1973) on



the Minimum Age Convention in 1983, and the African Charter on the Rights and Welfare of the Child (ACRWC) in March 2003.

At national level the Tanzanian Government has recently enacted two comprehensive child laws. Namely, the Law of the Child Act (2009) applicable in Tanzania Mainland and the Children's Act (2011) applicable in Zanzibar. These two statutes bring Tanzania close to fully domesticate its obligations under international law that are relevant to children's rights.

a) International and regional instruments

UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child (CRC) is a comprehensive, internationally binding agreement on the rights of children which was adopted by the United Nations General Assembly in 1989. Tanzania ratified the agreement in 1991. The CRC has adopted an integrated and holistic approach to the rights of children. All rights are necessary for the full development of the child. According to the Convention, the basic rights of the child are defined as survival rights, development rights, participation rights and the right not to be discriminated against.

Survival rights starts at the point when the mother becomes pregnant. The survival of the unborn child depends on the health and nutritional status of the mother and the environment in which she lives. The survival of the child after birth depends on receiving all basic needs such as food, health, protection and development.

The *development rights* are related to the child's physical, intellectual, moral and spiritual growth. Physical growth depends on adequate nutrition for the child, health and clean environment. Mental growth depends on health, nutrition, and the environment in which she/he lives, toys, games and the education given. Moral and spiritual growth entails enabling the child to develop healthy relationships with other children and members of the community in which she/he lives.

The African Charter on the Rights and Welfare of the Child

The African Charter is a comprehensive instrument that sets out rights and defines universal principles and norms for the status of children. The African Charter and the CRC are the only international and regional human rights treaties that cover the whole spectrum of civil, political, economic, social and cultural rights. In Tanzania the African Charter was ratified in 2003.

The rationale for the African Charter was the feeling by member states that the CRC missed important socio-cultural and economic realities of the African context. It emphasises the need to include African cultural values and experience in considering issues pertaining to the rights of the child in Africa. The African Charter challenges traditional African views that conflict with children's rights on issues such as child marriage, parental rights and obligations towards their children, and children born out of wedlock. It expressly proclaims its supremacy over any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in the Charter. It includes provisions addressing harmful cultural practices; outright prohibition on the recruitment of children in armed conflict; the

prohibition of marriages or betrothals involving children; the prohibition of use of children as beggars; and grants girls the right to return to school after pregnancy (ACPF, 2008)

b) National legal and policy framework

The Constitution is a supreme law of the country. This means all laws enacted have to be in line with Tanzania's Constitutions. Both, the Tanzania Mainland Constitution of 1977 and the Zanzibar Constitution of 1984 contain a Bill of Rights. The Bill of Rights enlist basic human rights and fundamental freedoms to which a person is entitled. Zanzibar underwent some political reform in 2010 through the 10th amendment to the Zanzibar Constitution. The amendment did not affect the Bill of Rights. Tanzania Mainland is recently amending her 4th constitution.

The Tanzania Government has recently enacted two comprehensive child laws: The Law of the Child Act (2009) in Tanzania Mainland and the Law of the Child Act (2011) in Zanzibar. These two laws enshrine fundamental rights of children, lay foundations for child care systems and bring Tanzania on the way to domesticate its obligations under international laws that are relevant to children's rights.

The Law of the Child Act in Zanzibar includes provisions on custody, foster parentage and guardianship as well as the roles and responsibilities of professionals and institutions in providing care and support. The enactment of the Law of the Child Act 2009 represents a real breakthrough and opportunity to strengthen the environment of Tanzanian children (UNICEF, 2013). The Law of the Child Act of 2009 is an "act to provide for reform and consolidation of laws relating to children, to stipulate rights of the child and promote, protect and maintain the welfare of a child with a view of giving effect to international and regional conventions on the rights of the child; to provide for affiliation, foster care adoption and custody of the child; to further regulate employment and apprenticeship; to make provisions with respect to a child in conflict with law and provide for related matters" (URT, 2009:9)

Moreover the Law of the Child Act of 2009 provides some measures for the prevention of family separation. In Section 94(3), a local government authority through a social welfare officer shall provide parental counseling to parents, guardians, relatives and children for the purpose of promoting reconciliation between them. Also the law requires the implementation of processes and measures to ensure that suitability of family based alternative care for a child is considered before envisaging the child's placement in residential care. The Right to grow up with parents is emphasised. Section 7(2) of the Child Act states "A person shall not deny a child the right to live with his parents, guardian or family and to grow up in a caring and peaceful environment unless it is decided by the court that living with his parents or family shall - lead a significant harm to the child; subject the child to serious abuse; or not be in the best interest of the child." ⁴

In addition to that, there are conditions for placement in foster care (Section 53 (1)). Foster care is arranged if a child has been committed to an approved residential home or an institution under a supervision order; a recommendation has been made by a social welfare

⁴ Law of the Child Act (2009), Section 7(2)

officer that an approved residential home or an institution is the most suitable place for child; or a child has been placed in an approved residential home or an institution by any person.

While several important measures are in progress that can lead towards the development of a comprehensive child protection system, identifying the resources to put these plans into practice presents a serious challenge. The current systems that exist in Tanzania for caring for MVC are still fragmented. The Department of Social Welfare (DSW), which develops guidelines and mechanisms for services, government-run social welfare schemes, large international initiatives, and an array of faith-based organisations (FBOs) and community-based organisations (CBOs) provide services but typically do not work together as a cohesive group. Thus various services rendered to MVCs are not coordinated (URT, 2008:26). Most African countries have child protection systems that are weak, fragmented and under-resourced (ACPF, 2013)

SHORT DESCRIPTION OF CHILD PROTECTION/CHILD CARE SYSTEM

This section is divided into two parts. One part provides an overview of stakeholders/service providers at ministry level, non-government actors and people who are involved in child care at community levels and the second part provides a brief explanation of care system in Tanzania.

a) An overview of stakeholders/service providers

Ministry level

Various ministries have responsibilities related to child welfare. Three key ministries which include the Ministry of Health and Social Welfare (MOHSW), the Ministry of Community Development, Gender and children and the Ministry of Constitutional and legal affairs are described in this report.

In Tanzania, the MOHSW has overall responsibility in coordinating issues related to welfare of MVC undertaken by different stakeholders from the national to the community level (URT, 2008). The MOHSW is supported by other key central ministries such as the ministries mentioned above, the Ministry of Home Affairs and the Ministry of Finance. The question is how these ministries work together to promote children's rights. Is the ministries' key staff aware on issues concerning children's rights?

As previously mentioned, the MOHSW has overall responsibility in coordinating issues related to the social welfare of a child while the Ministry of Community Development, Gender and Children is responsible for "children affairs". According to the Child Development Policy of 1996 the main function of the Ministry of Community Development, Gender and Children is to educate and make the community aware of the rights of the child in Tanzania while the MOHSW is responsible for ensuring that the basic rights of children in difficult situations are met and they receive basic services (URT, 2008).

Experience shows that individuals at community level and some development partners are confused on the roles and functions of the two ministries. There is a need for the MOHSW and the Ministry of Community Development, Gender and Children to revisit their roles and functions. For example both ministers have the role of supervising and coordinating

organisations (NGOs, CBOs FBOs) dealing with issues related to children. There is a need of showing clearly the role of each ministry with regard to supervision and coordination of organisations.

At community level, the majority of the population is not aware of the different roles and functions of Community Development Workers and Social Workers. Experiences from one of the retired District Social Welfare Officer show that some districts had used Community Development Workers to implement some activities which were supposed to be done by Social Welfare Officers. It can be seen that at local level people can only differentiate the officers' titles and not the roles.

A District Community Development Officer (DCDO) is responsible for managing the ward Community Development Officers (CDOs), gender issues, organising activities, loans and research. At the ward level a CDO's responsibility includes sensitisation and mobilisation of the community on children's rights, gender issues, encouraging cooperatives, and conflict resolution. They are responsible for supervising village MVCCs, facilitating and training them in the identification of MVC and developing their own skills in supporting MVC. The CDO is expected to work with officials from health, education, police, agriculture and NGOs to ensure the protection of children. The Ward Community Development Officer (WCDO) is a member of the Village Development Committee. Therefore he/she is responsible for planning and supervising various community development works (URT, 2008).

Social Welfare Officers (SWOs) are mostly responsible for probation duties such as juvenile offending and the courts, the remand homes and approved schools, community service, street children as well as alcohol and drug addicts. Other roles include providing services to families (including matrimonial conciliation and maintenance), children and day care centres, licencing of children's homes, inspection of child placements, fostering and adoption, OVC/MVC, child abuse (sexual, physical and emotional), neglect, children affected by HIV, child labour, early marriage, custody of a child, to mention the main areas. With the lack of staff, many of these tasks receive no attention (Dunn et al, 2009).

Both ministries provide trainings related to social welfare and community development work. There are Community Development Training Institutes under the Ministry of Community Development, Gender and Children and an Institute of Social Work under the MOHSW. These training institutes give an opportunity to get more professional skills in the area of community development and social work. The important thing to consider here is that the student should understand clearly their profession. This will help them to identify their future employment opportunities.

The third key ministry is the Ministry of Constitutional and Legal Affairs which is responsible in overseeing and enforcement of the laws. The police and judiciary should ensure that rights enshrined in existing laws are not violated and ensure that the deficient laws are rectified in accordance with the rights of the child. Police, Judiciary and prisons should ensure that children offenders are treated in a way that their rights are not violated. The Ministry of Community Development, Gender and Children in collaboration with legal institutions should mobilise and educate the community on the rights of the child and how to put them into practice. The MOHSW should ensure that children in difficult situation receive their rights and basic services (URT, 2008).



Non-state actors

The MOHSW is also responsible for coordinating non-state stakeholders involved in issues relating to the provision of care, support, and protection of MVC in the country. These stakeholders undertake their objectives and activities in various programmes with support from a wide range of development partners and NGOs, both local and international. It is the Ministry's responsibility to ensure that programmes undertaken by other stakeholders comply with the Guidelines for MVC mentioned in the NCPA (URT, 2008)

Non-state actors are important development partners which supplement the efforts of the Government. Despite the great role they play both, the government and non-state actors, lack a coordination body to ensure that programmes undertaken by these actors comply with the provided guidelines. For instance according to NCPA a comprehensive and institutionalised MVC Monitoring and Evaluation (M&E) system is lacking in Tanzania. The individual actors, mostly non-state, have been undertaking their own M&E initiatives mainly to monitor and evaluate their own programmes. Most M&E efforts remain small in scale. These organisations often do not publicise or share their M&E results with other stakeholders. Also, different indicators have been used by different organisations due to a lack of common M&E protocols in the country. In addition to creating difficulty in ensuring reliability as well as internal and external validity of the M&E results, this approach does not comprehensively provide the necessary countrywide data required for maintaining, improving, or modifying the MVC interventions and reporting on national progress. (Ibid)

The MOHSW together with selected potential partners should establish an overall monitoring body like a Children Commission which will act as coordination body for all actors from the Government and Non-Governmental organisations and at different levels. Such a Children Commission should be composed of staff with decision-making power from the Department of Social Welfare as well as representative members from various stakeholders. The main function of the Commission is coordination of all actors who influence children's lives. The Commission should develop a common framework for M&E. Effective use of the M&E framework will simplify the collection of data like the total number of actors in the child care sector, their registration status, their objectives, their target group/target area, the number of children and families benefitting from their services, sources of funds, and capacity of the organisations in general.

According to the NCPA tool, data should be collected and managed at different levels of implementation of the MVC costed plan of action. The DSW should provide technical and financial support to all levels to collect data and keep the data base updated. The levels include actors such as Most Vulnerable Children Committees (MVCC), wards (CMAC), CSOs, CBOs, at district, regional, and at the national level. All levels must ensure that they collect high quality data using agreed upon national data collection tools. This means a coordination body is likely to use this tool in an effective way. A Children Commission should be responsible to coordinate all activities of the individual organisations. This would mean they need a very close collaboration between the established body and the implementing organisations. From this perspective we expect all stakeholders to receive feedback through their quarterly reports, bi-annual and annual reports. Also they have to consider at least two stakeholders meeting to identify some challenges and ways forward.



Since quality care requires qualified and competent staff who is working in various institutions or organisations. These organisations and institutions will also be required to hire qualified staff. Experience from some organisations shows that some are more likely to hire non-qualified staff either because they lack financial resources to hire qualified ones or it is customary in the organisation. Good collaboration among various actors will provide opportunities to share human resources or to find some more funding for personnel. Unqualified staff, especially at the management level as well as staff working in the financial and technical area is more expensive than qualified ones. This is due to the fact that an organisation usually has to invest more in the long run for these people to train them in order to comply with the organisation's vision and mission.

Community level

At community level, individuals and families are playing an important role of giving advice and providing direct support in terms of food, clothing and health care. To date due to a lack of parenting skills some people do not like somebody from the community to give advice to their children. Children who behave badly in the community are mostly known, but nobody is ready to report the situation. This is one of the biggest challenges when the community wants to apply participatory approaches to identify thieves, robbery and drug abusers. Collective supervision of children is weak as compared to the past when the community was responsible for all children. Recently, most of the children are at risk of adopting bad behaviour because individuals in the community are no longer responsible to shape the behaviour of other people. The government and other development partners should put some strategies in place on how to involve the community in child care.

Communities benefit greatly when children are raised in a good manner. The societal benefits are evident very early, as well-raised preschool children are more likely to enter school eagerly and ready to learn. They are also much more likely to achieve at high levels and to be well liked by their peers and teachers. As teenagers, these young people make positive contributions to community life and support others. As adults they are more likely to have productive careers, healthy and stable marriages, and to become good parents themselves. (Alvy, 2007)

b) Child Care systems

The child care system in Tanzania is mainly divided into formal and informal care. Formal care consists of fostering, approved residential homes and adoption.

Informal care

Informal care is very common in Tanzania. Many children are not living with their parents due to various reasons such as illness, poverty, disability, abandonment of a child and orphan hood. Therefore other members of the family are taking care of the children on an informal basis (Hannah, 2005). Sometimes informal care is called informal foster care.

Children are highly valued in all African countries and cultures. Families and communities continue to play the most critical role in children's lives in Africa. Parenting children within the extended family network is known to promote cooperation, stability and security in a community. Therefore, the strong social structure of African societies throughout the continent remains a cornerstone for development. Furthermore, religions and faith play a



critical role in influencing community support structures which potentially enhance social responsibility for children at the community level (ACPF, 2013).

Informal care is an opportunity for the development of quality care because children keep the family ties. The major challenge in this kind of the system is the inability of most families to meet the basic needs of their children. Despite this, a strategy can be developed from this opportunity. For instance family strengthening programmes can motivate available family members to care of the children who are not living with their biological parents.

Regarding informal care arrangements for the child, whether within the extended family, with friends or with other parties, States should, where appropriate, encourage such carers to notify the competent authorities accordingly so that they and the child may receive any necessary financial and other support that would promote the child's welfare and protection. Where possible and appropriate, States should encourage and enable informal caregivers, with the consent of the child and parents concerned, to formalise the care arrangement after a suitable lapse of time, to the extent that the arrangement has proven to be in the best interests of the child.(UN Guidelines, 2009, paragraph 77). The idea of formalising the care arrangement has an advantage in identifying the person who is willing to provide care and the one who is entitled to get some supports for the benefit of the child or his/her family. It will also reduce some conflicts which may happen within the extended family.

Formal care

Formal care is the option of last resort, based on the principle of appropriateness which is mentioned in the UN Guidelines). Formal care is based on formal arrangements of the DSW or a private residential facility. These include formal foster care, public residential homes, private residential homes and adoption.

Due to financial constraints some parents used this option as a way of reducing their burden of caring for their children. These parents usually advised their children to go to the institution to seek support.

Formal Foster care placement

Some people from the community can volunteer to foster a child who is in need especially for those who lost their mother after birth or those who have been abandoned after birth. A fostering arrangement may be done by the social welfare worker after some investigations and following the procedures required for fostering a child. This system depends on the availability of interested individuals who want to foster a child (Hannah, 2005). Usually, formal fostering happens with younger children rather than older ones. Experiences from the Social Welfare Office show that street children tend to be older. Thus it can be harder to find foster carers who are willing to care for them.

Approved residential homes

Public residential facility:

These are approved residential homes or institutions such as Children's homes, retention home and approved schools which were established by the Government. Any person may establish and operate a residential home or institution for taking care of children. Though, this is subject to the approval of the Commissioner for Social Welfare. The Commissioner is also responsible for monitoring and supervising these approved residential homes. Tanzania has a substantial number of children who are living in prison, detention and juvenile based

institutions (see table 2). According to the CRSA (2012), interviews with children at police station and detention revealed that children are abused, tortured, mistreated, delayed to be sent to trial, and denied legal representation or advice before being sent to court.

Table 2: The status of children in conflict/contact with the law as per 2010

| Category | Number |
|----------------------------------|--------|
| Prison (total children) | 453 |
| Retention Home (total children) | 200 |
| Approved School (total children) | 60 |
| Police stations (total children) | 2 |
| Detained children | 578 |

Source: CRSA, 2012

The DSW in collaboration with other actors should design a monitoring and supervision system of the children who are in conflict with the law. Regular visits to the prison, detention and juvenile based institution is important

Private facilities

These are mostly placements for children in residential houses run by NGOs, CBOs, or FBOs. Their service depends on the availability of funds from various donors. The sustainability of these institutions relies mostly on external sources. Once the fund is terminated the services provided automatically come to an end.

The motives for placement of children in these facilities usually differ. Some consider taking care of street children so as to save their lives. Some consider begging children, abandoned ones and those who were abused in their families. One of the challenges in these facilities is the lack of common criteria of placing children. Some service providers are closely collaborating with the DSW as they cannot do their activities without getting their registration from the Social Welfare Office. Also some donors require their partners to work closely with the DSW. Others have weak collaboration with the DSW. They do their activities even without registration and license.

According to the Institutional Care Assessment situation analysis report (DSW, 2011), the number of unregistered institutions which provide alternative care is high as compared to registered ones. The Government emphasised that all service providers should get a registration certificate and licence. Any person who manages an unregistered child care facility is committing an offence (the Children's Homes (Regulations) Act, 1968)

The government body responsible for registration and licencing should take some immediate measures to develop a system to follow up unregistered institutions/organisations.

Table 3: Registration status of some institutions providing alternative care

| Institution's region | Whether institution is registered | | Total |
|----------------------|-----------------------------------|----|-------|
| | YES | NO | |
| Dar es Salaam | 11 | 22 | 33 |
| Pwani | 7 | 7 | 14 |

| | | | |
|--------------|-----------|------------|------------------------|
| Tanga | 4 | 6 | 10 |
| Kilimanjaro | 9 | 20 | 29 |
| Arusha | 13 | 26 | 39 |
| Manyara | 2 | 3 | 5 |
| Dodoma | 7 | 2 | 9 |
| Morogoro | 3 | 9 | 12 |
| Singida | 0 | 6 | 6 |
| Tabora | 3 | 4 | 7 |
| Shinyanga | 1 | 4 | 5 |
| Mwanza | 7 | 18 | 25 |
| Mara | 1 | 3 | 4 |
| Kagera | 2 | 10 | 12 |
| Kigoma | 3 | 2 | 5 |
| Iringa | 7 | 28 | 35 |
| Mbeya | 2 | 7 | 9 |
| Rukwa | 3 | 0 | 3 |
| Lindi | 0 | 1 | 1 |
| Mtwara | 0 | 2 | 2 |
| Ruvuma | 2 | 8 | 10 |
| Zanzibar | 10 | | 10 |
| Total | 87 | 188 | 275⁵ |

Source: DSW (2011) Institutional Care Assessment situation analysis report

Child adoption

The high mortality of young adults associated with HIV/AIDS is undermining customary support provided by families and clans in Sub-Saharan Africa (UN, 2009a:31). The demand for care support is higher than the resources available. In the Tanzanian context the number of children in need is growing. Most of the extended families have limited resources to provide care and support to the children. Therefore formal arrangements like adoption are likely to be considered as alternative care when families will no longer be the best option.

Child adoption in Tanzania is governed by the Adoption of Children Act of 1955 (CAP 335) and the Court. In the past non-Tanzanians were not allowed to adopt a child. When the Law of the Child Act of 2009 enacted, provision related to foreign adoption were considered. According to this Act, in section 74.-(1) it is mentioned that, a person who is not a citizen of Tanzania may adopt a Tanzanian child, if:- the child may not be placed in a foster or adoptive family or be cared for in a manner suitable for the child's best interest while the child is in Tanzania; he/she [the adoptive parent] has stayed in Tanzania for at least three consecutive years; he/she has fostered the child for at least three months under the supervision of a social welfare officer; he/she does not have any criminal record in his/her country of origin or any other country; he/she has a recommendation concerning his/her suitability to adopt a child from his/her country's social welfare officer and other competent authority of his/her

⁵ This is not the total number of institutions as in some cases it was not clear whether an institution was registered or not. These institutions were not calculated in this table.

permanent country of residence; and he/she has satisfied the court that his/her country of origin respects and recognises the adoption order. Subject to subsection (1), the court may grant an adoption order if it is in the best interest of the child. For an application for adoption by a foreigner, the social welfare officer shall be required to undertake background investigation and submit a social investigation report to assist the court in considering the application.

The Minister for Social Welfare may, in consultation with the Minister responsible for children's affairs, make rules prescribing procedures for adoption proceedings. The rules shall prescribe the proceedings to be held in camera except under exceptional circumstances; the admission of documentary evidence relating to the consent required for the order. It should be a requirement that the social welfare officer represents the interests of the child and also to prepare a social investigation report to assist the court to determine whether the adoption order is in the best interest of the child or not. Additionally, the social welfare officer should deal with any other matter the Minister for Social Welfare may determine. The investigation report is an important tool in making a decision about adoption. It helps the service providers to look into alternative measures if any before the final decision of adopting a child.

Despite the provisions related to internal adoption and adoption by foreigners in the Law of the Child Act of 2009, Tanzania is still facing problems finding prospective adoptive parents for domestic adoption. Most of the families already have a large number of children who need care and protection. The idea of adoption is rarely for the majority Tanzanian families.

In addition to that, inter country adoption is another option for alternative care. The 2009 Law of the Child Act already gives provisions of adoption by the foreigners but the country has not yet ratified any inter-country adoption agreement. As the UN Guidelines state, States are encouraged to ratify or accede to the Hague Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in respect of parental responsibility and measures for the protection of children (1996)⁶ In Tanzania, the emphasis is primarily on domestic adoption. Table 4 gives data about domestic adoption and inter-country adoption from 2006-2008.

Table 4: Adoption data for Tanzanians & Non Tanzanians

| Year | No of requests | Granted | | Total granted |
|------|----------------|------------|----------------|---------------|
| | | Tanzanians | Non-Tanzanians | |
| 2006 | 65 | 21 | 6 | 27 |
| 2007 | 50 | 19 | 7 | 26 |
| 2008 | 52 | 22 | 1 | 23 |

Source: Dunn, 2009:39.

⁶ http://www.hcch.net/index_en.php?act=conventions.text&cid=70

Additional data about inter-country adoption can be found in table 5. Since the year 2000, a number of children have been adopted from Tanzania to the US. Data about inter-country adoptions are not consistent. One may find some variations among different data sources as can be seen in table 4 and table 5.

Table 5: Adoption from Tanzania to US

| Year | Number |
|------|--------|
| 2012 | 1 |
| 2011 | 2 |
| 2010 | 2 |
| 2009 | 4 |
| 2008 | 9 |
| 2007 | 3 |
| 2006 | 11 |
| 2005 | 2 |
| 2004 | 4 |
| 2003 | 2 |
| 2002 | 3 |
| 2001 | 1 |
| 2000 | 1 |

Source: http://adoption.state.gov/country_information/country_specific_info.php?country-select=tanzania

Before ratifying the Convention on inter-country adoption, Tanzania needs to review the legislative instruments to ensure a monitoring and supervision system for the child who is adopted abroad is in place. Adoption without monitoring is like abandonment of a child to an unknown person hoping that he/she will meet all necessary needs of a child. Monitoring and supervision of a child may help to determine positive and negative results. For some genuine reasons a child should be given an option of going back to his/her country of origin especially after the child turned 18. The CRC (Article 21) and the African Charter (Article 24) emphasise that the designated government body has responsibility for determining specific standards to be met regarding, the criteria for selecting adoptive parents in the host country and the quality of care and follow-up, as well as for supervising and monitoring the process.

In Tanzania institutional care is considered as the last resort after all other formal and informal means have failed to provide care (URT, 2008). Despite being the first priority, informal care is mostly hampered by the weak economic status of families. More efforts are needed to promote informal care especially through family strengthening programmes.

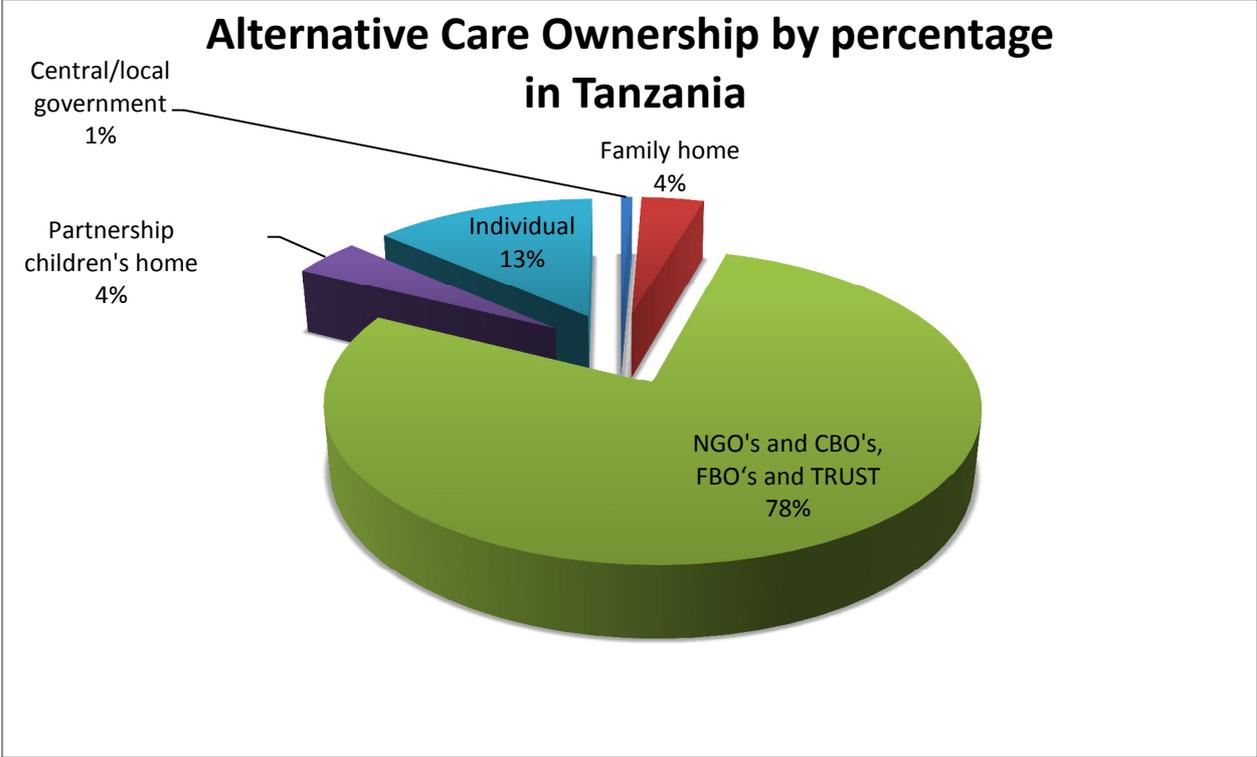
With reference to figure 3 below, the share of the care taken at family level and by individuals seems to be less than compared to the care taken by formal arrangements that are public facilities and other facilities owned by NGOs and CBOs.⁷

This indicates that children in need are running away to NGOs, CBOs or FBOs running care facilities to meet their needs. Families are not the best option for them because of limited resources. Sometimes parents or family members convince their children to go to the institutions rather than staying at family environment. The major reason for this is inability of

⁷ This also has to be seen in the context of informal care not being officially registered in many cases.

the family to provide basic needs to the family members and weak admission systems of some institutions. According to the NCPA 2007-2010, the support and protection of a child in a family environment remain to be the best way of ensuring a child’s optimum development.

Figure 3: Alternative care ownership by percentage



Source: DSW (2011) Institutional Care Assessment situation analysis report

PREVENTATIVE SERVICES

More emphasis should be placed on the need to assist families to remain together and prevent the need for placing children in the alternative care system. Much of the care and protection of children, especially of young children, takes place in the family (REPOA, NBS and UNICEF, 2009).

Usually, most children run away at home when their rights are denied. When the basic needs such as food, shelter, clothes and medical care and parental care are not met children are likely to move away to look for alternative ways of fulfill some basic needs. Families do not meet some basic needs to the children due to various reasons such as HIV/AIDS, poverty and a low level of entrepreneurship skills as well as a low level of parental skills. There is a close link between poverty and HIV/AIDS. On one side the reduction of income due to HIV/AIDS morbidity and mortality leads to poverty, which in turn increases the suffering of individuals and communities. Poverty imposes enormous pressures on the extended family structure due to the substantial burden of orphans and vulnerable children (Tanzania Commission for AIDS, 2013). On the other side some caretakers are infected with HIV/AIDS when trying to find financial assistance from strangers.



Once the reasons for family separation are known, it is easier to look at some preventative measures. The preventative measures can be at various levels. At family level family strengthening programmes are important. For instance, children at the age of 14 and more are future parents. Some training related to life skills and other important skills will enable these future parents' ability so meet the basic needs of their children. In Tanzania, a substantial number of standard seven leavers and form four leavers⁸ who failed to join next level of education are left without any self-reliance skills. One of the potential opportunities to support this group is presence of Folk Development Colleges (FDCs) in the Ministry of Community Development, Gender & Children. These colleges were established in 1975 in order to offer folk education. So far there are 55 FDCs countrywide with an average of 2 colleges per region in mainland Tanzania (Refer to appendix 2)

The objectives of the training are to equip participants with knowledge and skills that would enable them to be self-employed and self-reliant. The training offered at the colleges is also aimed at enhancing their understanding of issues faced by society as well as enabling them to solve their immediate problems that arise in the society. The main skills provided include Agriculture, Carpentry, Masonry, Mechanics, Bicycle repair, Tailoring, and Cookery. The general subjects provided - aiming at widening their horizon - include Environmental education, Gender, Civics, Leadership, Housekeeping, Principles of good governance and other subjects. Trainings aimed at enhancing income generating activities such as Business, Entrepreneurship, Market and Credit referrals are also taking place. Colleges offer three types of courses namely Long, Short and Outreach courses. Long courses are mainly attended by young graduates from primary and secondary education.

Despite of the availability of FDCs, one of the challenges these colleges are facing is inadequate resources (human and material). Also, young people who graduated from their courses are facing some difficulties on getting initial working capital especially working tools. The Government should create a room for partners (such as through Public-Private Partnerships) for them to complement the Government's efforts to face the country's challenges. Power should be given to the administrators of these colleges in order for them to easily collaborate with available local, national and international actors that could promote initial job opportunities for graduates.

More emphasis should be given to children leaving primary school and secondary school who are not selected to join the next level of education. The idea is to make sure that many children and young people are getting some opportunities to develop their skills and knowledge.

Services to prevent family breakdown are also facing some challenges. In some places pre-schools and day care centres have been set up, but are not up to standards due to a lack of qualified teachers and a lack of training materials. Primary schools also are facing some problems related to poor infrastructure, poor supervision, poor management, insufficient teachers, shortage of resources, dropouts and poor quality of education. These challenges act as catalyst for the children to escape from schools or to attend schools and gain nothing.

⁸ Equivalent to primary school pupils and secondary school students.

On one side the Government and other development partners should continue supporting educational institutions from low level to higher levels. On the other side the community should be involved to plan and implement some activities for the benefit of their children. For example the idea of gathering some resources for day care centres and pre-schools is possible for committed parents. At primary school level and secondary school level it is also possible to gather some resources for a school. Lately, most of development partners prefer some commitment from the community level before giving any support. Parents and the community should be educated to take part in development processes affecting their lives. The benefit of involving the community is to develop the sense of ownership of the community. If the community contributes some resources they will be in the position to monitor development activities related to their children.

Parenting education provides the basis for families to remain together. Parenting skills trainings give some basic knowledge on how to deal with children issues such as guidance, counseling and advising children. They also equip parents with problem solving skills in case of misbehaviour.

Parenting education in Tanzania is mostly given in non-formal education systems. Parents may get this kind of knowledge by attending some meetings, workshops and seminars at schools, NGOs, events from the private sector and in work places. More emphasis is needed to mainstream parenting education. Taking care of children is challenging due to some social changes. For instance in the past taking care of a child was a community role but recently it became individual role. The mainstreaming of parenting education will give an opportunity to many people to gain some basic knowledge. Alternatively, some contents of parenting education should be incorporated into the college's curriculum. Guidelines are needed to present contents and methodology of parenting education.

With respect to parenting education of adolescent parents, guidance and counselling programmes should be well established at school level and at community level. These programmes may not help only adolescent parents but it will help all youth to shape their personal development for their benefit and the benefit of the next generation. Adolescents at various levels fail to reach their full potential due to a lack of guidance and counselling. Guidance and counselling from primary schools to the higher levels of education is very crucial for the adolescents themselves and other young people.

Parental counselling is a very important intervention for the prevention of family separation. The Child Act of 2009 obligates a local government authority through a social welfare office to provide parental counselling to both parents, guardians, relatives and children for the purpose of promoting reconciliation between them. The Government and other development partners should encourage the implementation of these counselling programmes. The Social Welfare officer can make some referrals to organisations with counselling services. This will help to reduce some burden of the Social Welfare Officer

INFORMAL CARE

The Convention on the Rights of the Child (CRC) recognises that children have the best chance of developing their full potential in a family environment. The primary responsibility for their care rests upon their parents and legal guardians, who are entitled to support from the government in raising their children. When parents are not able or willing to fulfill this responsibility, kinship and community resources may be relied upon to provide care for the children. However, the ultimate responsibility falls on the government to ensure that children are placed in appropriate alternative care (UNICEF, 2011b:9).

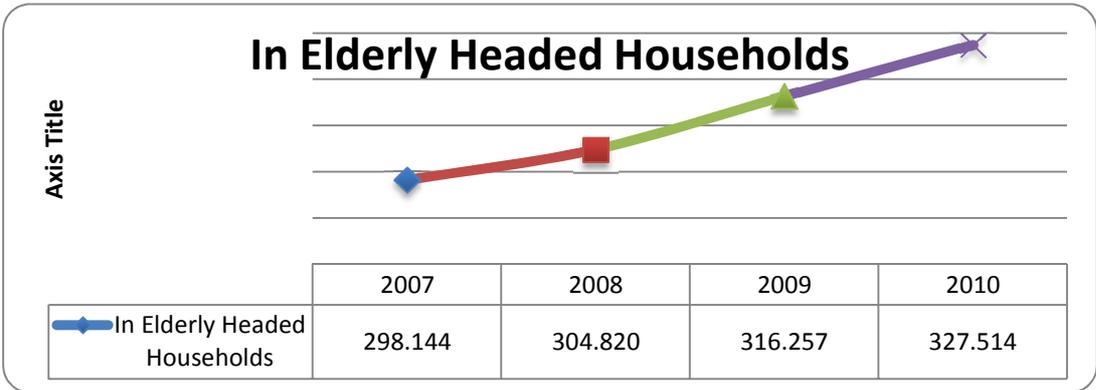
Informal care means children who are not living with their parents; they are looked by another member of the family on an informal basis (Cantwell and Sherwin, 2013). When parents die or abandon a child, relatives may take responsibilities of providing care for the child in their own families.

Informal care can be grouped into children living in elderly households, children living in child headed households, maternal orphans, paternal orphans and those cared for by other relatives.

a) Children living in elderly households

The number of children living with elderly is increasing (figure 4). According to the CRSA, the majority of these children have problems of having their basic needs met. There is no proper follow-up on their school attendance and academic progress. As noted in Iramba, Same, and Manyara some of them are sent to conduct petty business to generate additional income for the household needs. Also, they are prone to diseases because they lack adequate health care.

Figure 4: Children living in elderly households



Source: SOS Children’s Villages, 2012

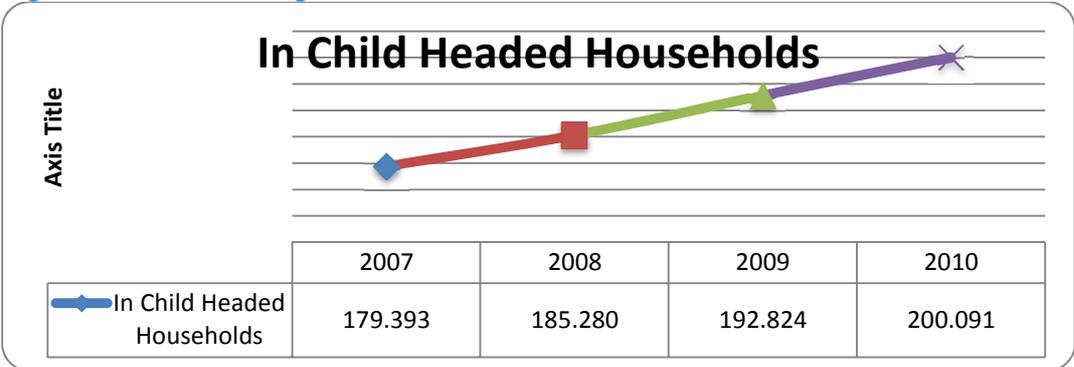
b) Children living in child headed households

These children have lost both their parents and live on their own. Child headed households in Iramba, Singida, Dodoma and Lindi are exposed to different kinds of suffering and torture. Many of them are not attending school properly as they do not have anyone to support them. Others cannot afford school fees or regular contributions needed in school. Some are engaged in household chores and housekeeping or engaged in business for earning some income. Others are sick and cannot afford to go to hospital. Thus, the majority of children in

child headed household are deprived of their right to education, food, health care and parental care. (DSW 2011 and CRSA 2012)

Findings from Singida, Arusha, Manyara, and Kagera indicated that children living in child headed households cannot afford to get three meals per day. A substantial number survives with one meal, mostly starch-based food like *ugali*. Most of child headed families use one container because the food is too little to be distributed among the siblings. The majority of children at Iramba, Same, Mtwara, Arusha, and Manyara reported that their first survival right was food. However, there was no guarantee to get adequate food supply at their household, thus they are vulnerable to malnutrition and stunt growth. The trend of children living in child headed households is increasing as shown in figure 5 below. Without proper strategies to help this group of children, the number of vulnerable children will continue to increase. A multiplication of the problem may happen when these children get pregnant at an early stage which may lead to another vulnerable child.

Figure 5: Children living in child headed household

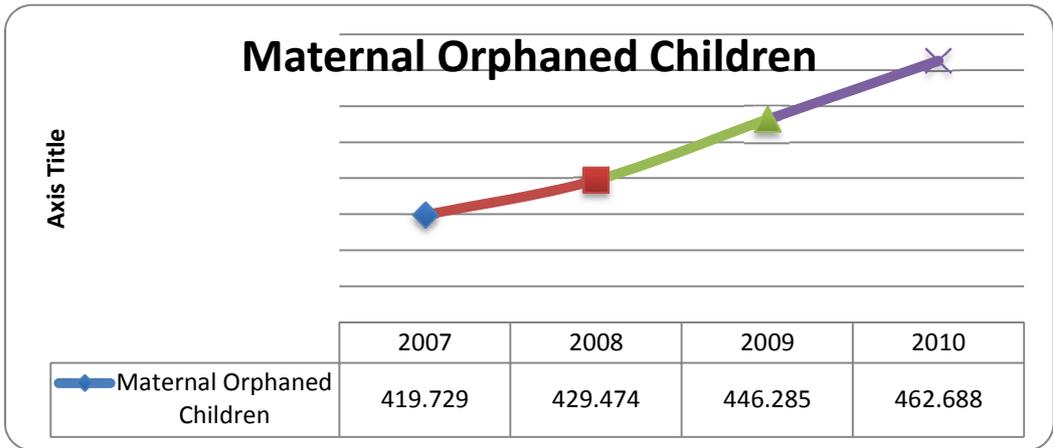


Source: SOS Children’s Villages, 2012

c) Maternal and paternal orphans

Orphans with a single parent are also part of informal care, especially when the remaining parent is unable to meet all basic needs. Children living as maternal orphans are vulnerable to teenage pregnancy or early marriage. Findings from Mtwara, Lindi and the Coast region revealed that when children become pregnant the mother or the community do not cooperate to support the pregnant girl. Teenage pregnancy is a major reason for school dropout in Mtwara, Lindi, Same and Iramba. The children surviving under this status lack health. Also, a substantial number of mothers cannot provide the child with adequate supply of food and other basic needs. The number of this category of children tends to increase as shown below in figure 6

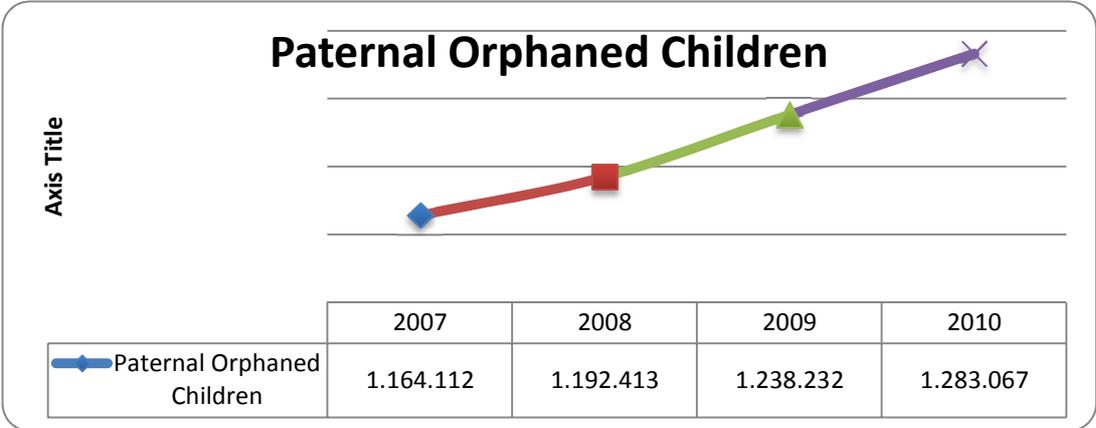
Figure 6: Children surviving as maternal orphans



Source: SOS Children’s Villages, 2012

Children surviving as paternal orphans are lacking motherly care and sometimes they cannot go to school because of household chores and strict paternal control. For girls they easily drop out from school to resume the responsibility of a mother. Sometimes misunderstandings with the step mother may affect the child to meet basic needs. These children are also at higher risk of early pregnancies. Figure 7 shows the trend of paternal orphans.

Figure 7: Children surviving under paternal orphan



Source: SOS Children’s Villages, 2012

The highest number of orphans who lost one or both parents to AIDS (Figure 8) can be found in the age group ranging from 10 to 17 years.). These adolescents are particularly vulnerable to get infected by HIV/AIDS as well as to exploitation, violence and abuse (UNICEF, 2011a)

Figure 8: Percentage of children with one or both parents dead (TDHS 2010)



Source: UNICEF, 2011a

d) Children living with other relatives

Experience shows that many children who are not living with their parents for the reason of death or inability of the parents to take care of the child are living with other relatives. One of the big challenges is the fact that most of the Tanzanian families are families with a high number of children and therefore with limited resources to meet basic needs of their own children as well as children from relatives who are in their care. HIV/AIDS continues to increase the number of most vulnerable children who need care and support. The extended families are stretched with this increasing demand of care for children (UN, 2009a)

Conclusion and recommendations

When the extended family becomes bigger and bigger, children from the original family will also suffer like the new ones. These children can either escape or continue living in such a challenging environment. The fate of this group of children is unknown unless some interventions are considered.

Development partners should think about alternative ways of helping this group. It is a good chance that the child will continue living in the family, but who will support the family in the care provision to meet basic needs? Extended families are now shifting to nuclear families. In the near future even relatives of a child will not be willing to take care of additional children who are in need of care. The idea of supporting these families especially in matters related to education, health and food is very important.

MOTIVES FOR PLACEMENT

Children move away from their families due to various reasons such as abandonment, neglect, abuse, and lack of meeting their basic needs. HIV/AIDS, poverty and poor family planning contributed a lot on the increase of most vulnerable children. Therefore children started moving away to find their own means of fulfilling their basic needs. Some may decide to go and stay in the streets and some of them may go to the street for begging. In the streets they develop more dangerous behaviours in such a way that parents or relatives



cannot tolerate these children to stay with them. Sometimes children are placed in alternative care because they are in conflict with the law.

Reasons for placement may vary from child to child. Investigation should be done properly in order to determine the right place for the child to be cared for. Usually, children who are in conflict with the law are placed in public residential care facilities where they are able to meet their basic needs such as food, clothes, shelter, health care, self-reliance training, vocational training, and primary education. Also measures for personal development are provided in these facilities and finally reunification of the child with the family.

The decision to place a child may come from the Social Welfare Officer or the parents of the child. As stated in the Child Act of 2009, a child can be denied to live with his/her parents, guardian or family and to grow up in alternative care if the court decided that living with his/her parents or family shall: - lead a significant harm to the child; subject the child to serious abuse; or not be in the best interest of the child.

At private residential care facilities, well-wishers may provide information about the child who is abandoned or abused. Sometimes children themselves are looking for places to get some support. Depending on the criteria of admission, the organisation may decide to place a child or contact another organisation. Most of private care facilities deal with a specific group of children such as street children or orphans.

Adult who do not have children due to some reasons may be motivated to foster some children. At community level it is possible to find a mother who is willing to care for a child whose parents passed away. Others, if they feel they have enough resources to meet basic needs of a child may decide to foster a child.

Therefore motives for placement may include status of the child, the decision from the Social Welfare officer/court or the decision by the parents to place the child in alternative care.

ADMISSION PROCESS AND PLACEMENT/ REVIEW PROCEDURES

Admission process and placement/review procedures differ among the institutions. It depends on the care arrangements and the sources of funds/resources of an institution. A government placement may depend on the decision from the court or the recommendation from a social welfare officer. Private institutions also have their own way of placing children. Some of them are working in collaboration with the DSW and others have their own rules of admitting and placing a child.

The Tanzania Government through the DSW defines admission process and placement/review procedures. According to the Child Act of 2009 (137), a child may be admitted to an approved residential home or institution:

- Pending the determination by a court for care and protection;
- On the recommendation of a social welfare officer who has determined that the approved residential home or institution is the most suitable place for the child; or
- With the approval of a social welfare officer, if the child is an orphan and neither family neither care nor fosterage are available.

It is the responsibility of the staff of an approved residential home or institution and the Social Welfare Officer to assist the child in the reunification with his/her parents, guardians or relatives. A child shall not be required to leave an approved residential home or institution if he/she is under the age of 18.



Where an approved residential home or institution fails to maintain the required standards, its license to operate may be cancelled or suspended by the Commissioner of Social Welfare and alternative arrangements shall be made by the Commissioner for the children in other approved residential homes or institutions.

After a child has returned to his/her family, the patron, manager and the Social Welfare Officer shall keep regular contact with the child and his/her family to ensure that the best interests of the child are considered. Where a child is unable to return to his/her parents or foster parents after turning 18, the child shall be encouraged and assisted by the patron, manager and Social Welfare Officer to become independent and self-reliant.

Several NGOs are providing support for reunified families like food support, educational material support and small financial support for income generating activities. The support service is targeted to one child but it is difficult for the extended families to exclude other children and family members.

The Government and other stakeholders should introduce a system of evaluating and monitoring in approved residential homes or institutions. The system could provide clear information about admission processes and placement and review procedures in various institutions. Regular visits to the institutions are also important as it helps the improvement of admission processes and placement reviews.

RANGE OF CARE OPTIONS

For a detailed description of the different forms of care in Tanzania, please refer to the chapter on “Child Care System” on page 21.

Various care options are provided in the policy and in the Child Act for example in Tanzania regular contact between a child and other members of the family is encouraged. The Child Act of 2009 stated some provisions, in section 138 (2), Parents, guardian or relatives of a child placed under any approved residential home or institution shall supplement the effects of the approved residential home or institution to safeguard and promote the welfare of the child by visiting the child and otherwise protecting his best interests. In section 139 (1), the court may order that the parent, guardian or relative of a child in an approved residential home or institution to contribute towards the maintenance of the child in the approved residential home or institution.

Another care options which is mostly emphasized is the periodic review of care placements which consider care experienced by the child, the continued placement and general views of the child. Care providers are also required to ensure availability of comprehensive records are kept from the beginning. This is important for future decision making processes.

Generally various care options are available in alternative care systems either in the public or private arrangement. The challenge related to care options is the lack of framework for the provision of services and lack of common tool to monitor the availability of care options and if they are taken into account in day to day life of the child.



PREPARATION AND SUPPORT FOR CHANGE OF PLACEMENT AND LEAVING CARE.

The DSW is responsible for the preparation and the support for the change of placement. They provide guidance and counselling services to the children leaving care as well as his/her relatives. Some of the groups, especially those who stay for a long time in alternative care, receive some vocational training skills and self-reliance skills.

Private residential care facilities also provide guidance and counselling services to children. In addition to that, they enroll some children in vocational trainings and provide some working materials.

Monitoring of children after the left care is weak. The DSW has a limited number of staff who can do some follow up and provide continuous counselling. Most of NGOs working with children do not have qualified staff and they have limited funds for the provision of after care services. Some children may face stigmatisation and discrimination after leaving care. Therefore, some efforts are needed to ensure follow up of the children after care as well as continuous counselling for the child and family members. Collaboration among organisations working with children can help to supplement the efforts of the organisation with limited resources.

AUTHORISATION/INSPECTION/ ACCREDITATION/LICENCING

The vital step to ensure quality care is to know where care is provided and to monitor the way in which it is provided. Thus, registration, assessment, approval and inspection of private residential care facilities are necessary. In Tanzania, the DSW is responsible for providing a suitable regulatory framework to ensure authorisation, registration, monitoring and accountability of care providers.

According to the Children's Homes (Regulation) Act of 1968 and the National Guidelines for the Establishment and Management of Children's Homes of 2006, all children's homes should be licenced by the DSW. The Government may establish an approved residential home or institution for the care of children in such areas as the Commissioner may determine. Also, it is mentioned that any person may establish and operate an approved residential home or institution for the care of children subject to the approval of the Commissioner (URT, 2009a)

Some of the service providers mistake the registration certificate for the organisation with the licence for approved residential home. Registration certificate enables an organisation to operate its activities in the specified area with reference to the constitution or memorandum of understanding. But a licence, especially related to residential homes, is going beyond that as it needs to get insights related to all requirements needed to provide a certain quality service.

As stated in the Law of Child Act of 2006 in section 146.-(1) The penalty for contravening, in respect of the rights of the child and parental duty provided for under this Act, shall apply to

the manager, the patron, a holder of a licence and any person in an approved residential home or institution who fails to uphold the rights of the child. (2) Any person who: -operates an approved residential home or institution without a licence issued by the Commissioner; continues to operate an approved residential home or institution in contravention of this Part; or obstructs or hinders a social welfare officer conducting an inspection under this Part, commits an offence and shall be liable on conviction to a fine of not less than two million shillings and not more than ten million shillings or to a term of imprisonment for a term of not exceeding one year or to both; and in the case of a continuing offence to a further fine of not less than one hundred thousand shillings for each day on which the offence continues.⁹

FINANCING ALTERNATIVE CARE

The sources of funding can greatly influence the number of children in care and the kind of setting in which they are placed.

NGOs are financed by various donors. They develop proposals and send it to different donors within the country and abroad. One of the biggest challenges for these organisations is the lack of technical and qualified staff. They are very smart to hire some professionals to write funding proposals but they do not use those professionals in the implementation of their projects. Finally, during the reporting phase of a project, NGOs hire other experts to write the reports. Donor agencies should think about doing a capacity assessment of the NGO staff before giving funds. Additionally, the Government in collaboration with other stakeholders and donor agencies should establish a monitoring scheme for distributing existing funds.

Capacity development is also important for young organisations especially on financial systems and technical advices on how they are going to achieve their target.

Government institutions are either receiving funds from the Government's budget or from donors. A coordinated monitoring system is required to check how the funds were used and how children and families benefitted from this. Some of the government workers are not accountable; they develop bureaucracy systems in order to delay project activities. Low salaries can be one of the motives for this unaccountability. Considerations should be made for some allowances especially for those who are working directly in the field.

Sometimes an NGO receives a lot of funds for helping children in need but they spend all the money for individual purposes. Due to the lack of a monitoring system no one is responsible to question the use of the funds. Well established system of control will help our nation to reduce this problem. Otherwise donors and development partners will opt to choose implementing agencies and staff from abroad.

Availability of adequate resources (human, financial, time, facilities, and equipment) is essential for achieving a successful and sustainable scaled-up MVC response. Consequently, seeking and securing additional support both, through funding and through "in-kind" donations of resources such as time dedicated by volunteers is inevitable. Apart from seeking additional resources from the central and local government to support MVC, potential sources of resources are the private sector, the donor community (development partners), and other local and international organisations (NGOs, FBOs, and CBOs).

⁹ Law of the Child Act, 2009

However, a national framework is required for a coordinated and effective resource mobilisation strategy (URT, 2008). The following table 6 provides an overview of financial commitments by major MVC supporting agencies as of January 2005. It gives a clear picture of how much fund is available and the deficit. It shows that the demand for funding increases annually. An effective monitoring strategy among MVC stakeholders is needed to reduce the chances of misusing available funds for the children in need. In addition to that, effective resource mobilisation is needed to ensure the availability of resources for MVC programmes.

Table 6: Financial Contributions to National MVC Response (in millions US\$)

| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|---------------------------------|---------------|--------------|--------------|--------------|------------|--------------|
| Domestic (A)**** | 46.0 | 50.7 | 55.7 | 61.3 | 67.4 | 74.1 |
| Total external (B) | 159.76 | 175.1 | 191.1 | 207.6 | 200.6 | 193.7 |
| UNICEF | 4.76 | ~4.7 | ~4.7 | ~4.7 | ~4.7 | ~\$4.7 |
| Global Fund Round 4 | 3.1 | 6.9 | 11.6 | 16.6 | 19.9 | - |
| PEPFAR | 4 | ~5 | ~5 | ~5 | - | - |
| TMAP World Bank* | ~\$9.9M | ~\$17.5M | ~\$17.8M | ~\$18.3M | - | - |
| Community support** | 138 | 141 | 152 | 163 | 176 | 189 |
| Total resources available (A+B) | 205.76 | 225.8 | 246.8 | 268.9 | 268 | 267.8 |
| Total need (C) *** | 345 | 352 | 379 | 408 | 440 | 472 |
| Unmet need (C)-(A+B) | 139.24 | 126.2 | 132.2 | 139.1 | 172 | 204.2 |

Source: (URT, 2008)

STAFF CAPACITY (TRAINING FOR STAFF, IN SERVICE TRAINING AND NUMBERS OF STAFF)

Many countries have inadequate resources available for children. Many do not have the mechanisms and structures to implement and ensure compliance with child protection laws and have limited capacity to deliver accessible quality social services. Ensuring capacity at all levels and in all sectors in terms of having the institutional arrangements in place, the leadership, the accountability systems and the knowledge is central to accelerate progress towards improving the wellbeing of children in Africa (ACPF, 2013)

In Tanzania, the Government emphasises the need of working with qualified personnel. In the DSW, the Government establishes an Institute of Social Work. Thus, depending on the qualification needed, most of the staff working in public residential care facilities is directly

employed by the training institute. Others are recruited from other training institutes which provide similar or related courses. Additionally, the Ministry of Community Development, Gender and Children coordinates a number of Community Development Training Institutes. Graduates from both of the institutes finish with a certificate, a diploma, an advanced diploma or a degree. Recently other private institutes started providing various courses in the field of community development and social welfare studies.

The number of staff at public organisations depends mostly on the budget allocated while in private organisations the number of staff usually depends mostly on the availability of funding from donors. Thus, the budget limits the number and capacity of the staff. Some of the donor agencies require the partner organisation to spend most of the funds to the primary beneficiaries (i.e. the children and their families). These donor agencies do not consider the idea of staff motivation which consequently affects the implementation of the project activities.

Formal care requires qualified staff to provide quality care. Working with vulnerable children requires skills like psychology, counselling skills, communication skills, entrepreneurship skills, and vocational skills. Colleges and universities owned by the Government and the private sector to date provide various courses which are suitable for staff who works with children.

Staff who is expected to work on children's issues should get some insights related to laws and policies. Therefore a review of laws/policies/international agreements linked to children's issues should be incorporated into the curriculum or should be put as a separate subject. When working in the field, they will be in a position to make decisions and plans with reference to the policies/laws.

Donor agencies should first consider employee capacities especially at managerial, technical and financial areas before giving some funds. Alternatively they can provide support related to capacity development or collaborating with other partners before giving them some funds.

PROTECTION: HUMAN RIGHTS VIOLATIONS, VIOLENCE AND COMPLAINTS

Human rights protection is well provided in the Child Development Policy and the Child Act of 2009. The roles of parents, voluntary organisations and ministries are explained. Parents should take into account their responsibilities and plan their families according to their resources. Voluntary organisations responsible for human rights should educate the public on the rights of the child. The Police, judiciary and prisons should ensure that child offenders are treated in a way that their rights as children are not affected. The Ministry of Social Welfare should ensure that children in difficult circumstances can claim their rights and receive basic services. The Ministry of Community Development, Gender and Children in collaboration with legal institutions should educate and mobilise the community on the rights of the child.

Despite the outlined roles of each stakeholder the challenge remains to monitor and evaluate these roles and keep track of all matters related to human rights violations, violence and

complaints. The Government and other development partners should establish a system of collecting information related to protection. Well organised information will help to determine some strategies for future improvement.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Poverty makes children vulnerable to exploitation, violence and abuse, as well as to common illnesses and premature death and denies their rights to a standard of living adequate for their physical, mental and social development (REPOA, NBS and UNICEF, 2009). Also, the HIV/AIDS pandemic has increased the vulnerability of Tanzania's children. The number of children in need continue to increase. Most of these children are denied their rights due to the loss of parental care. The family members who are willing to help these children are facing financial constraints due to the bigger number of extended family members

The enactment of the Law of the Child Act 2009 in Tanzania Mainland and the Law of the Child Act of 2010 in Zanzibar represents a real breakthrough and an opportunity to strengthen the protective environment for children. The focus now is on translating the Act's provisions into practice and making sure that there are sufficient resources available for its implementation.

The Convention on the Rights of the Child (CRC) recognises that children have the best chance of developing their full potential in a family environment. The primary responsibility for their care rests upon their parents and legal guardians, who are entitled to support from the Government in raising their children. When parents are not able or willing to fulfill this responsibility, kinship and community resources may be relied upon to provide care for the children (UNICEF, 2011b).

Informal care arrangements are hampered by the financial constraints of the care takers. Family strengthening programmes should be established to maintain the traditional role of care in Tanzania.

As stated in the UN Guidelines, formal care is the option of last resort, based on the principle of appropriateness. Some parents used this option as a way of reducing their burden of taking care of children. These parents usually advised their children to go to an institution to seek support. Formal care is based on formal arrangements of the DSW or private residential care facilities. These include foster care, public residential homes and private residential homes and adoption.

According to the NCPA, current systems that exist in Tanzania for caring for MVC are still fragmented. At the core is the DSW, which develops guidelines and mechanisms for services. Government-run social welfare schemes, large international initiatives, and an array of FBOs and CBOs provide services but typically do not work together as a cohesive group.

Recommendations

Informal care is one of the potential opportunities for the development of quality care because children remain the family ties. The major challenge in this kind of system is inability of most of the families to meet the children's basic needs due to a continuous increase of the vulnerable children. Despite this, a strategy can be developed from this opportunity. For



instance family strengthening programmes can motivate available family members to care for the children who are not living with their parents.

Training of future parents (i.e. youth) especially for standard seven leavers and for young people leaving secondary school is recommended. Folk Development Colleges are potential training programmes where those who are not selected to join the next level of education (such as universities) may get some opportunities to develop self-reliance skills.

The Government should develop a strategy for different stakeholders to improving the school environment in order to provide quality education and reduce incidents of dropouts. The very potential stakeholder is the community around. Other institutions can also supplement community efforts.

Guidance and counselling programmes at various levels like schools, colleges and at community level should be established. Guidelines and strategies should be developed to provide a way forward for different partners. Also, a monitoring tool is required to determine the programmes' contribution and challenges related to the implementation of guidance and counselling program.

The DSW in collaboration with other actors should design a monitoring and supervision system of the children who are in conflict with the law. Regular visits to the prison, detention and juvenile based institution is important

The Ministry of Community Development, Gender and Children in collaboration with legal institutions should mobilise and educate the community on the rights of the child and how to put them into practice. The MOHSW should ensure that children in difficult situation receive their rights and basic services

The Government and other stakeholders should put a system of evaluating and monitoring approved residential homes or institutions in place. The system should provide clear information about admission processes and the placement and review procedures in various institutions. Regular visits to the institutions are also important as this supports the improvement of admission processes and placement.

Since data related to the management of approved residential homes is limited, SOS Children's Villages team should visit some of the residential homes in the country in order to assess the whole system of management including admission procedures, placements, staff capacity, financing and monitoring systems.

Staff who expects to work on children's issues should get some insights related to laws and policies in this area. Therefore review of laws/policies/international agreements linked to children's issues should be incorporated into the curriculum or should be put as a separate subject. When working in the field they will be in a position to make decisions and plans with reference to the policies/laws.

Donor agencies should first consider employee capacities especially at managerial, technical and financial areas before giving some funds. Alternatively, they can provide support related to capacity development or collaborating with other partners before giving them some funds.

GLOSSARY¹⁰

A child is any person below the age of 18 (UNCRC)

A foster parent is a person who is not the parent of a child but is willing and capable to undertake the care, welfare and maintenance of the child

Adoption is a permanent legal method of building families. When a child is adopted, the rights of the birth parents and biologic family members of the child are permanently terminated and a permanent and legal bond is established between the child and the adoptive parents.

Adoption order is a document from the court authorizing a person to adopt the child

Approved residential home means a licensed home whereby a child is given a substitute temporary family care.

Child abuse means contravention of the rights of the child which causes physical, moral or emotional harm including beatings, insults, discrimination, neglect, sexual abuse and exploitative labour.

Commissioner means the Commissioner for Social Welfare

Day-care centre means any early childhood development establishment registered for purposes of receiving and looking after children below the age of five years for the day or a substantial part of the day with or without a fee.

Family means parental father, mother and children, adopted or blood related and other close relatives including grandfather, grandmother, uncles, aunties, cousins, nephews, and nieces who live in a household

Formal care is based on formal arrangements of the department of social welfare or private residential facility.

Foster care or fosterage means a temporary measure provided on voluntary basis by the family and individual who is not related to a child to discharge care and protection to the child.

Informal care means children who are not living with their parents; they are looked after by another member of the family on informal basis

Institution means an approved residential home, retention home, approved schools or institution for socially deprived children and street children and includes a person or institution that has care and control of children

Orphan means a child who has lost both parents and a parent through death

¹⁰ (URT, 2009)

Relative means a grandparent, grandmother, brother, sister, cousin, uncle, auntie or any other member of the extended family

Retention home means a place where a child is safely accommodated while his case is being considered

Social welfare officer means a social welfare officer in the service of the Government

BIBLIOGRAPHY

African Child Policy Forum, In the Best Interests of the Child: Harmonising Laws on Children in Eastern and Southern Africa, 2008.

African Child Policy Forum, Towards an African position on children and the post - 2015 Development Agenda, 2013.

<https://app.box.com/s/uvjf593p2cah6s3hamug>

Alvy K., The Positive Parent: Raising Healthy, Happy and Successful Children, Birth Through Adolescence. Columbia University's Teachers College Press, 2007.

Cantwell N. and Sherwin E., Assessment Tool for the implementation of the UN Guidelines on Alternative Care of Children. SOS Children's Villages International, Austria, 2013.

<http://www.sos-childrensvillages.org/getmedia/6ab3f27d-f678-47ad-9870-8369e7124e51/120416-Final-assessement-tool-EN.pdf?ext=.pdf>

Dunn A, Guga E. and Parry-Williams J., Mapping and assessment of formal and informal child protection structures, systems and services in Tanzania, 2009.

[www.ovcsupport.net/files/Map Ass Tz Final Draft 280409.doc](http://www.ovcsupport.net/files/Map_Ass_Tz_Final_Draft_280409.doc)

Hague Convention on the protection of children and co-operation in respect of inter country adoption, 1993.

http://www.hcch.net/index_en.php?act=conventions.text&cid=69

Hannah J., Literature Review of foster care. Mkombozi centre, 2005.

http://www.saathii.org/ovc/care_and_support/fostercare_litreview_Johnson.pdf

MoHSW (2006) National Guidelines for the Establishment and Management of Children's Homes

REPOA, NBS and UNICEF, Childhood Poverty in Tanzania: Deprivations and Disparities in Child Well-Being, 2009.

http://www.unicef.org/socialpolicy/files/Tanzania_FinalChildPovertyStudy.pdf

SOS Children's Villages Tanzania, Child Rights Based Situational Analysis of Children without parental Care and at Risk of losing parental care (CRSA), 2012.

Tanzania Commission for AIDS et al., HIV/AIDS & Malaria Indicator Survey (THMIS 2007-2008), Dar es Salaam, 2008.

Tanzania Commission for AIDS et al., Tanzania HIV/AIDS & Malaria Indicator Survey (THMIS 2011-2012), Dar es Salaam, 2013.

www.deza.admin.ch/ressources/resource_en_221023.PDF

United Nations, Child Adoption: Trends and Policies, New York, 2009(a).

http://www.un.org/esa/population/publications/adoption2010/child_adoption.pdf



UN, Guidelines for the Alternative Care of Children, 2009(b).

http://www.unicef.org/aids/files/UN_Guidelines_for_alternative_care_of_children.pdf

UNICEF, Adolescence in Tanzania, UNICEF Tanzania, Dar es Salaam, 2011(a).

http://www.unicef.org/adolescence/files/TANZANIA_ADOLESCENT_REPORT_Final.pdf

UNICEF Child Protection Section, Children in Informal Alternative Care, New York, 2011(b).

http://www.unicef.org/protection/Informal_care_discussion_paper_final.pdf

UNICEF, Annual report 2012 Tanzania, Dar es Salaam, 2013.

http://www.unicef.org/tanzania/TCO_Annual_Report_2012_-_FINAL_June_18_2013.pdf

United Republic of Tanzania, Ministry of Community Development, Gender and Children.

<http://www.mcdgc.go.tz>

United Republic of Tanzania, The Adoption of Children Act, 1955.

http://www.africanchildforum.org/clr/Legislation%20Per%20Country/Tanzania/tanzania_adoption_1955_en.pdf

United Republic of Tanzania, Children's Homes (Regulations) Act, 1968.

http://www.africanchildforum.org/clr/Legislation%20Per%20Country/Tanzania/tanzania_childrenshomes_1968_en.pdf

United Republic of Tanzania, Ministry of Community Development Women Affairs and children, Child Development Policy, 1996.

http://www.africanchildforum.org/clr/policy%20per%20country/tanzania/tanzania_childdevt_1996_en.pdf

United Republic of Tanzania, Ministry of Health and Social Welfare, Department of Social Welfare, The National Costed Plan of Action for Most Vulnerable Children (2007–2010), 2008.

<http://www.kiota.or.tz/sites/default/files/NCPA%20I%20%282007-11%29.pdf>

United Republic of Tanzania, The Law of the Child Act, 2009.

http://www.africanchildforum.org/clr/Legislation%20Per%20Country/Tanzania/tanzania_children_2009_en.pdf

United Republic of Tanzania, The Law of the Child Act Zanzibar, 2011.

United Republic of Tanzania (Department of Social Welfare), Institutional Care Assessment situation analysis report, 2011.

U.S. Department of State, Inter country Adoption

http://adoption.state.gov/country_information/country_specific_info.php?country-select=tanzania

APPENDIX

Appendix 1: Description of Stakeholders

Stakeholders¹¹ involved in the consultation process and their relevance to targeted children

| Level | Government and Public | The function of the organisation in protecting the targeted group of children | The role of stakeholder in promoting targeted children's rights | Contacts for further consultations |
|----------------|---|--|--|--|
| National level | Ministry of Health and Social Welfare | <ul style="list-style-type: none"> Formulated regulations on the Law of the Child Act (7 sets already developed), including Child Protection regulations. National Child Protection Policy Scale up existing Child Protection Systems from first phase of 7 districts up to 25 districts CP frontline workers equipped with knowledge and basic skills to prevent and respond to all forms of child abuse | Apply the national child care legislation at local level; allocate resources and monitor implementation to Protect children rights | Commissioner for Social Welfare Permanent secretary |
| | PMORALG | <ul style="list-style-type: none"> Facilitate dissemination and implementation of the Law of the Child Act 2009 and its regulations to improve and deliver quality child protection services nationally Ensure LGAs make budget commitments for Child Protection through District MTEFs Ensure all LGAs deploy Social Welfare Assistance to protect children at community level. Strengthen existing structures at district and lower local government (MVCC, CMAC, DCPTs) to ensure all child abuse cases receive a response and promote children's right | Apply the national child care legislation at local level; allocate resources and monitor implementation of law of child act in ensuring compliance to CRC and UN guideline on alternative care | Permanent secretary |
| | Ministry of Community Development Gender and Children | <ul style="list-style-type: none"> Coordination and implementation of National Plan of Action on VAC 2010-2015 Support implementation of the Law of the Child Act 2009 Establish child Helpline to promote child rights Children's Councils empowerment | Coordinate implementation of National Action Plan, Child Law, support information of children councils promote child rights | Permanent secretary |
| | Ministry of Vocational Educational and Training | <ul style="list-style-type: none"> All teachers adhere to and are trained on national Code of Conduct Adherence to 2002 Guidance and Counselling Circular to ensure designated teachers trained on Guidance and Counselling to help children Establish effective child abuse | Teaching teachers for primary and secondary school, support formation of early childhood education, provide access for | Permanent secretary |

¹¹ **Stakeholders** - could be a person and/or entities that who/which are affected by a project/program and have an interest in it. (e.g. NGOs, local and national government, research institute, religious groups, local community, beneficiaries, mass-media, corporate, etc.) As beneficiaries, children, young people and families are important stakeholders.



| Level | Government and Public | The function of the organisation in protecting the targeted group of children | The role of stakeholder in promoting targeted children's rights | Contacts for further consultations |
|-------|---|--|---|--|
| | | <p>complaint, reporting and referral mechanisms within schools and impart Life skills and peer education to promote children's rights</p> <ul style="list-style-type: none"> Teaching teachers alternative forms of discipline to promote child rights | <p>education among children from primary to secondary school, and VETA</p> | |
| | Institute of Social Work Dar es Salaam | <p>Conducting Training on children's rights, and building capacity of child protection teams at Temeke, Hai and Magu</p> <p>Research on issues of children's rights violation</p> <p>Advocacy and lobbying for Welfare of children and how to promote their status</p> | <p>Providing training to people working with children , researching on child right violation</p> <p>Developing advocacy and lobbying strategy to help children in defending their rights</p> | Principal / Head of Department of Social Work |
| | Ministry of Home Affairs/ Tanzania Police Force | <p>Roll out Gender and Children's Desks in all Police Stations to protect children rights</p> <p>Police investigations governed by child abuse investigation procedures (Standard Operating Procedures)</p> <p>Referral procedures for appropriate follow up of child abuse cases in line with the Law of the Child Act regulations</p> <p>Strengthen partnership with MoHSW and Ministry of Education</p> <p>Community Policing in all Wards and safety First Programs in all primary schools to protect children's right</p> | <p>Responsible to conducting investigation on child right violation, facilitating trial of children under detention remand home and prison.</p> | Permanent secretary |
| | Ministry of Constitutional and Legal Affairs | <p>Adoption and implementation of five year Child Justice Strategy for Reform</p> <p>Children who come into contact or conflict with the law treated in a child friendly and responsive manner</p> <p>Children have improved access to legal advice and representation</p> <p>Reduction in the number of children detained in adult prisons and enhanced protection from abuse for detained children</p> | <p>Providing justices to children of all category Apply the law of child act law/regulations, reducing children under remand home approved school and police detention in police stations</p> | Permanent secretary |

| Level | Government and Public | The function of the organisation in protecting the targeted group of children | The role of stakeholder in promoting targeted children's rights | Contacts for further consultations |
|----------------------------------|----------------------------------|---|--|------------------------------------|
| | Tanzania Commission for HIV/AIDS | Priority for protecting children within HIV and AIDS policy and National Multi-Sectorial Strategic Framework Ensure concerns related to child sexual abuse and HIV and AIDS are incorporated into national research and surveys e.g. THMIS and DHS Ensure all national and sub-national coordination structures (including Council Multi-Sectorial AIDS Committees) address issues of VAC Build comprehensive and coordinated program for adolescent girls and boys | Supporting children with HIV/AIDS by providing drugs care, and sensitizing adolescence on preventive measures against HIV | The Director |
| | Tanzania Child Rights Forum | Coordinate the efforts of CSOs, FBOs in the protection and promotion of the rights of children. To raise awareness amongst duty bearers, rights holders and society at large in order to enhance the respect and protection of the rights of children in Tanzania; Coordinate and support CSOs engaged in child rights to ensure effective monitoring, and timely and accurate reporting on, the implementation of the child rights commitments. To support effective implementation of the Law of Child Act 2009 in supporting and promoting children's rights Engage in evidence-based advocacy to influence policy and legislative reform; Spearhead transparent reporting on children rights issues, within Tanzania and to other regional and international forums. | Through its network conduct advocacy and lobbying to promote children's rights Nationally and Internationally | Executive Secretary |
| NGOs Consultative meeting | Save the Children | Providing healthcare to 45,670 babies and children under 5 Providing health, shelter, food and support for school pupils to over 14,000 vulnerable children. Helping nearly 200 children in 60 extremely poor families stay free from hunger through cash transfer programme. Helping children and young people protect their rights, Forming teams to support children council. | Building the child councils, allocating resources for vulnerable child project, establish child friendly cases in case of abuse, established One stop centre at Mnazi mmoja hospital to protect children who have been sexually abused | Country representative |
| | Pact Tanzania | Established grant programs to support orphans and other children at risk in Kagera, Musoma, Tabora, Dar es | Allocating resources, and support child rights | Executive Secretary |



| Level | Government and Public | The function of the organisation in protecting the targeted group of children | The role of stakeholder in promoting targeted children's rights | Contacts for further consultations |
|-------|-----------------------|---|---|------------------------------------|
| | | <p>Salaam and coastal region</p> <p>Assist vulnerable groups to fight and mitigate the effects of HIV/AIDS in their community by providing psychosocial support programme</p> <p>Conduct community support for orphans and vulnerable children in Tanzania where 6,680 caregivers are involved in Mwanza and Kagera in line with our target group of children.</p> <p>Coordinating awareness raising for food distribution to OVCs and their families in a bid of promoting children right</p> <p>Conducting fundraising to support OVCs in a bid of protecting children rights in Tanzania</p> <p>Conduct "Jali Watoto" OVCs program where they are covering 3,600 caregivers at Mara and Kagera, also 600 caregivers at Tabora and 500 caregivers at Mbeya in effort to protect children who are vulnerable</p> | forum | |
| | Plan International | <p>Dealing with "Sauti ya Watoto" giving children a voice to participate in issue that affect them particularly defending their rights</p> <p>Helps poor children to access their rights to health, education, sanitation, livelihoods and protection, this is in compliance with UN guideline on alternative care and CRC</p> | Allocating resources, and support child rights forum | Country Director |
| | World Vision Tanzania | <p>Working with children, families, and communities in addressing poverty and injustice particularly MVCs</p> <p>Participating with communities to provide sponsorship to children so as to help them meet their immediate needs and promote initiatives to strengthen their families so as to reduce vulnerability</p> | Allocating resources, and support child rights forum | Zone Director |
| | Dogodogo Child Centre | <p>Is a drop in shelter for street children</p> <p>Created in response to the growing number of vulnerable children coming from rural Tanzania to Dar es Salaam</p> <p>Provides education and vocational training to street children</p> <p>Conduct reunification program for children</p> <p>Protect and advocate for basic children's rights</p> <p>Run a program on HIV/AIDS and anti drug among MVCs</p> | Apply the law of the child Act 2009 and awareness raising on children's right | Chief Executive Officer |



| Level | Government and Public | The function of the organisation in protecting the targeted group of children | The role of stakeholder in promoting targeted children's rights | Contacts for further consultations |
|--------------------------------------|---|--|---|---|
| | SOS Children's Villages Dar es Salaam and Zanzibar | Providing alternative care to children Outreach Programme Family strengthening Programme Providing after care Programme to MVC | Comply to UN guideline on alternative care 2009 and CRC | SOS National Director |
| | COCUS for Children's Rights Arusha | Networking of people and organisation committed to the protection of children and youth in Tanzania. Advocate for children rights by pressurizing government to recognize that children in homes have implication to the Nation | Apply the child law and awareness on children's rights | Executive Secretary |
| | Kuleana (Nurturing) | Address problems facing risk children and promotes and advocates for children's rights based on the UN Convention of the rights of the Child and advocating against corporal punishment. | Apply the law of child Act and awareness raising on children's rights | Chief Executive Officer |
| | Mkombozi (Liberator) Moshi | Working as an agent that empower children, families and communities A foster protective home for youth that provides services and building to families and communities | Apply the child law and awareness on children's rights | Executive Secretary |
| | Amani Moshi | Dealing with vulnerable children Protecting children rights Giving primary care, educating children, counselling and caregiving, reuniting families, and outreach to the street children. In a bid to promote their rights | Apply the law of child Act and awareness raising on children's rights | Executive Secretary |
| | Child in the Sun | Deals with vulnerable children particular street children Provides vocational training to street children Empower street children with income generating activities. | Apply the law of child Act and awareness raising on children's rights | Brother |
| | ANPPCAN (T) | Is a network for the prevention and protection of children's rights against abuse and neglect Deals with prevention of children's rights in all forms of maltreatment, to ensure rights of children are realized. | Advocating for protection of children act and execution of child act law | Executive Secretary |
| District Consultative meeting | Same, Hai, Iramba, Lindi, Kigoma, Rungwe Muheza, pangani Rungwa, Singida, Dodoma, Musoma, Kagera, Mbeya, Iringa, Temeke, Magu, Muleba, Simanjiro District | District Social Welfare office deal with MVCs and promotion of children rights at Same | Executing the law of child Act and allocating resources to support realization of children rights | District Social Welfare Officers |

| Level | Government and Public | The function of the organisation in protecting the targeted group of children | The role of stakeholder in promoting targeted children's rights | Contacts for further consultations |
|---------------------------------------|-----------------------|---|---|--|
| UN Agency Consultative meeting | UNICEF | Deals with children survival, basic education and gender equality, HIV/AIDS and children protection | Allocating resources and advocating for protection of the child and realization for children rights | UNICEF Child Protection Officer |

Source: Research findings 2012



Appendix 2: A LIST OF FDCs IN TANZANIA

| NO. | NAME OF COLLEGE | REGION | DISTRICT |
|-----|-----------------|---------------|------------|
| 1 | ARNAUTOGLU | DAR ES SALAAM | ILALA |
| 2 | BARIADI | SHINYANGA | BARIADI |
| 3 | BIGWA | MOROGORO | MOROGORO |
| 4 | BUHANGIJA | SHINYANGA | SHINYANGA |
| 5 | CHALA | RUKWA | SUMBAWANGA |
| 6 | CHILALA | LINDI | LINDI |
| 7 | CHISALU | DODOMA | MPWAPWA |
| 8 | GERA | KAGERA | BUKOBA |
| 9 | HANDENI | TANGA | HANDENI |
| 10 | IFAKARA | MOROGORO | KILOMBERO |
| 11 | IKWIRIRI | PWANI | RUFIJI |
| 12 | ILULA | IRINGA | KILOLO |
| 13 | KARUMO | MWANZA | SENGEREMA |
| 14 | KASULU | KIGOMA | KASULU |
| 15 | KATUMBA | MBEYA | RUNGWE |
| 16 | KIBAHA | PWANI | KIBAHA |
| 17 | KIBONDO | KIGOMA | KIBONDO |
| 18 | KIHINGA | KIGOMA | KIGOMA |
| 19 | KILOSA | MOROGORO | KILOSA |
| 20 | KILWA MASOKO | LINDI | KILWA |
| 21 | KISANGWA | MARA | BUNDA |
| 22 | KISARAWA | PWANI | KISARAWA |
| 23 | KIWANDA | TANGA | MUHEZA |
| 24 | MALAMPAKA | SHINYANGA | MASWA |
| 25 | MALYA | MWANZA | KWIMBA |
| 26 | MAMTUKUNA | KILIMANJARO | ROMBO |
| 27 | MASASI | MTWARA | MASASI |
| 28 | MBINGA | RUVUMA | MBINGA |
| 29 | MUHUKURU | RUVUMA | SONGEA |
| 30 | MSANGINYA | RUKWA | MPANDA |
| 31 | MSINGA | KILIMANJARO | MOSHI |
| 32 | MSINGI | SINGIDA | IRAMBA |
| 33 | MTAWANYA | MTWARA | MTWARA |
| 34 | MUNGURI | DODOMA | KONDOA |
| 35 | MUSOMA | MARA | MUSOMA |
| 36 | MWANHALA | TABORA | NZEGA |
| 37 | MWANVA | SHINYANGA | KAHAMA |
| 38 | NANDEMBO | RUVUMA | TUNDURU |



| | | | |
|----|------------|-------------|------------|
| 39 | NEWALA | MTWARA | NEWALA |
| 40 | NGARA | KAGERA | NGARA |
| 41 | NJOMBE | IRINGA | NJOMBE |
| 42 | NZEGA | TABORA | NZEGA |
| 43 | NZOVWE | MBEYA | MBEYA |
| 44 | RUBONDO | KAGERA | BIHARAMULO |
| 45 | SAME | KILIMANJARO | SAME |
| 46 | SENGEREMA | MWANZA | SENGEREMA |
| 47 | SIKONGE | TABORA | SIKONGE |
| 48 | SINGIDA | SINGIDA | SINGIDA |
| 49 | SOFI | MOROGORO | ULANGA |
| 50 | TANGO | ARUSHA | MBULU |
| 51 | TARIME | MARA | TARIME |
| 52 | ULEMBWE | IRINGA | NJOMBE |
| 53 | URAMBO | TABORA | URAMBO |
| 54 | NANDEMBO | RUVUMA | |
| 55 | MTO WA MBU | ARUSHA | |

Source: <http://www.mcdgc.go.tz>