COMMUNITY BASED ORGANIZATIONS AND THE LIFE OF ORPHANS AND VULNERABLE CHILDREN (OVCS) IN TANZANIA, DODOMA URBAN

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Abstract

This study aimed at investigating the contribution of Community Based Centers(CBOs) to the wellbeing of Orphans and Vulnerable Children (OVC) in Dodoma Municipality. The specific objectives of this study were to identify the approaches used to support the vulnerable children, to analyze the achievements and type of support provided by Community centers to vulnerable children and to diagnose the organization management of the centers to learn how they are managed. The case study and cross sectional design were used. A total of 75 respondents were selected, where a simple random sampling method was used to select vulnerable children and parents/guardians while purposive sampling method was used to select officials from these centers. Interview of respondents and observations were used to collect data. It was found out that, contribution of community centers to the improvement of wellbeing of OVC cannot be ignored. The number of OVC supported has been increasing and it is more than 385. However, aids management by such centres has been a challenge. Therefore there is a need for the Government to strengthen follow-ups and a regular visit on those centers and provide guidelines on how to handle such centres.

Key words: Orphans, vulnerable children, Non-Government Organizations, policy, centres

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1.0 Introduction

Vulnerability is about being exposed to danger/attack, unprotected, easy to be hurt and being at risk of affected by poverty. Vulnerability is also described as the susceptibility of children to physical and emotional abuse, denial of basic rights, access to education and basic social services (Bankoff *et al*., 2004). Vulnerable children are all those children lacking basic needs in their daily life, such as food, clothes and shelter (UNICEF, 2003). Normally include orphans, street children, and handicap/children with disabilities, child-headed households, those in difficult circumstances and those in worst form of child labour (UNICEF, 2005; Hornby, 1990)

Many orphans and other vulnerable children are HIV-positive (Mwakahesya, 1996). Often, they must care for siblings and chronically ill family members. Many live in financially stretched households and suffer from poor nutrition, and some were engaged in high-risk behaviors to support themselves and their family members (Aptekar, 1996). In addition to the psychological and emotional difficulties related to losing a parent (s), these vulnerable children face the added burden of AIDS-related stigma and discrimination, which often contributes to them missing school and lacking access to basic healthcare (Tiaji, 2005).

Estimates of vulnerable children vary but one often cited figure is between 100 million and 150 million worldwide. India 11 million, Egypt 1.5 million, Pakistan 1.5 million, U.S. 1 million, Kenya 300,000, Philippines 250,000, Congo 250,000, Morocco 30,000, Brazil 25,000, Germany 20,000, Honduras 20,000, Jamaica 6,500 and Uruguay 3,000 (UNICEF, 2010).

There are various causes of vulnerability among children such as: lack of parental care at Household level (which is base of child development), neglection and lack of freedom of expression, family crisis, broken marriages, death of one or both parents, poverty, cruelty of parents/guardians, single parent and large families which are poor. All these problems force these children to become beggars at the streets, criminals and others engage themselves in child labour (selling various goods, domestic servants, working in mines and industries, etc) in order to earn living(UNICEF 1999). According to Cobby (2003) about one child out of thirteen in Developing countries has lost at least one parent and grows up without love and protection of their parents. Joint study conducted by UNICEF and USAID found that at the end of 2003, 15 million children under the age of 18 had lost one or both parents, with 12.3 million of them found in sub-Saharan Africa as a result most of them live in streets and are exposed to all hardships. The report says about 171 million children world wide are forced to work as adults in hard environment e.g. Plantations, in factories, mines, so as to earn living and support their siblings, as a result miss school. About 8.4 million children work in the worst forms of life including the sex trade (UNICEF, 2003).

A research conducted by Tanzania Department of social welfare in February 2002, found out that Children with disabilities are probably the most disadvantaged group in Tanzania, often hidden and excluded from life's basic opportunities. Children from pastoralists and refugee communities are also vulnerable to education and other basic needs, while child laborers, orphans, street children and children in prisons are vulnerable to stigma and discrimination for an average 23-48 hours a week. Also these children do not have work contract, low payment, sometimes not paid, abused, lack medical care and food (Kupoka, 2002; Kibuga, 2000).This problem is alarming in such a way that individuals, Non-Government Organizations, community based organizations,

religious institutions as well as Government are trying to find out a permanent solution (Lugalla , 2003).

The Government of Tanzania through awareness creation at family, community and national levels in collaboration with other stakeholders, is trying her level best to enact laws which will protect rights of Vulnerable Children. It also support various Non-Government Organizations which are dealing with Vulnerable Children problems to fight for their rights, assisting them to obtain education and involve them in decision making.

Currently, there are number of Non-Government Organizations and Faith Based Organizations dealing with Vulnerable Children such as Kuleana, Kiota Womens Health and Development (KIWOHEDE), Mkombozi, Compassion International Tanzania (CIT), World Vision and others, who differ in their approaches, mechanisms and the nature and extent of support provided to vulnerable children.

Although these centers assist a lot the vulnerable children, but some use these centers as their source of income. Poor management, nepotism and bad use of money have been reported from some centers, Agape at Dodoma Municipal center being an example (Shivji, 2003; Mwananchi newspaper of March 31, 2008).

The clear gap is that, vulnerable children are many than the efforts done by the Non-Government Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) However, some of these centers are in business outlook rather than a service provision, to what extent these children have benefited from the established organization is not known.

This study focused on three vulnerable children supporting centers namely: Kanisa la Kiinjili la Kilutheri Tanzania (KKKT) Mnadani Compassion International Tanzania Dodoma, Ursuline sister's orphan centre and Agape Children center. These centers accommodate large number of venerable children in the municipality.

Government, Non-Government Organizations, Community Based Organizations and Faith Based Organizations intends to support vulnerable children by providing education, health, food, clothes and ethical support, WHO (1993). Despite the efforts done by these Organizations to support the vulnerable children in the country, yet this group remains in the state of poverty. Most of these Non-Government Organizations during their establishment, gives the indicators of good hope and even shows achievements at the starting point, but as days go, their efficiency decrease and most of them lack sustainability. But it has been found out that some of the owners, managers and people in charge of these centers, get benefited personally by these aids provided rather than vulnerable children (Mwananchi newspaper of 31st March, 2008).They use the resources donated by donors as their salaries and benefits, buying of fancy cars, meetings in big and expensive hotels instead of providing medical supplies, food and financial assistance and other basic needs to these children (The Citizen Newspaper of 31st March, 2008).
The achievements of vulnerable children centers in Dodoma are not well acknowledge since there is no concrete information available on how these organizations operate to ensure appropriate support of the vulnerable children. Therefore this study intended to assess the contribution of vulnerable children supporting organizations in Dodoma Municipality.

2.0 Materials and Methods

Both primary and secondary data on issues related to vulnerable children were collected. Primary data were collected during the survey in the field from three centers namely Agape, KKKT Mnadani, CIT and Ursuline in Dodoma Municipality. Secondary data were obtained from various sources such as reports, publication, pamphlets, books and other official statistical information of the organizations and other related documents to this study.

Respondents from these three centers were interviewed to collect data about their contribution to vulnerable children. Structured and semi structured questionnaires were used to interview the respondents and administered by researcher. The researcher paid a visit to all the three centers, to see the real situation of vulnerable children, to observe activities done and the support provided by NGOs and to verify the data provided by the respondents.

The sampling frame was the list of all Non-Government Organizations supporting vulnerable children with a total population of 750 people. The sampling unit of the study was vulnerable children, official staff and parent/guardian from Ursuline sister's centre, Tanzania KKKT, Mnadani CIT and Agape Children Centers where 75 respondents were obtained. This is equal to 10% of the total population (750 people) as shown in Table 1.

Table 1: Sample size and composition

Category of respondents	Ursuline centre	Agape centre	children	CIT-KKKT Mnadani	Total
Vulnerable children	10	20		20	50
Official staff	03	03		03	09
Parents/caregivers	-	-		16	16
Total	13	23		39	75

In selecting the respondent, both probability and non probability sampling procedures were used. Probability sampling involved simple random sampling in selecting respondents from vulnerable children and their parents/guardians, while in non-probability sampling procedure; purposive sampling was used to get respondents from the group of leaders and official staff (key informants). Data were edited, coded, classified and transferred to the SPSS sheet for analysis. Simple measures such as means, frequencies, and percentages were used for analysis while tables, graphs, figures and word of texts were used for presentation.

3.0 Results and Discussion

This chapter describes the major discussion, analysis and interpretation of the study findings. Also, it presents and discusses the results of the assessment of the contribution of Non-Government Organizations to the improvement the wellbeing of vulnerable children in Dodoma Municipality. Specifically, the results presented rely on the information obtained from sample respondents on determined objectives including identification of the approaches used to support the vulnerable children, analysis of the achievements and type of support provided by Non-Government Organizations to vulnerable children; and study on the organization structures of the mentioned centers so as to learn how these centers are managed.

3.1. Approaches used to support vulnerable children

Among the 66 respondents interviewed, 71% mentioned that the Non Participatory approach had been employed as the way to assist children while 29% said assistance is shared among the center and parents/guardians as shown in figure 1.Research findings indicated therefore that, the three centers namely Agape, Ursuline and KKKT Mnadani CIT use two main approaches in assisting vulnerable children, namely participatory approach and Non-Participatory approach. Participatory approach implied that the center together with the parents/guardians provide the needs for these children. The parents/guardians provide shelter, food, daily care, small school contributions, while the center provided a larger portion of school requirements like uniforms, fees, books, medical care, and different kind of education such as spiritual, health and environmental conservation. Non-Participatory approach was used by the remaining centers as they provide the needs of children alone without the assistance of parents/guardians

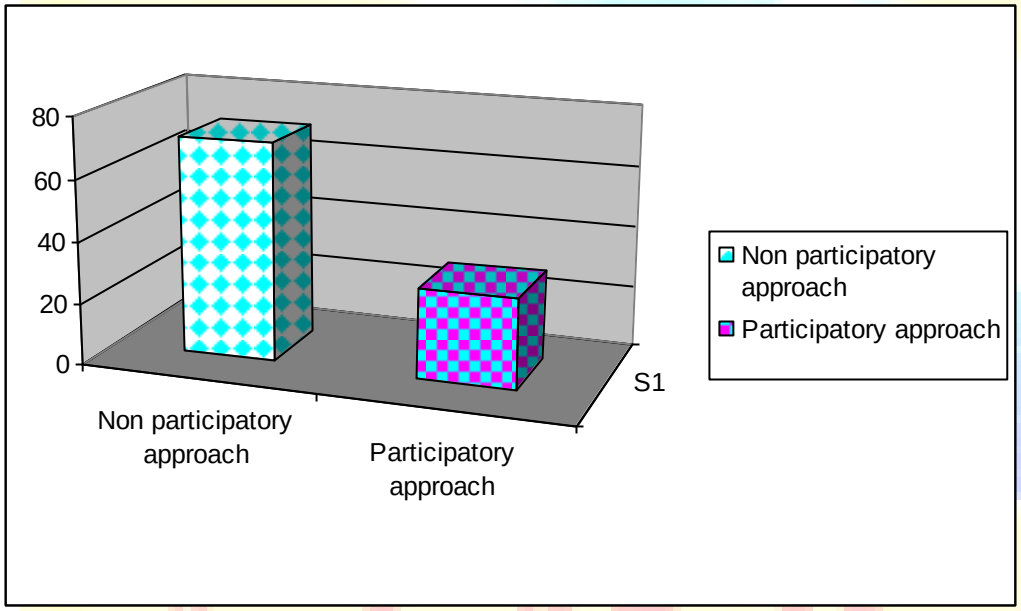

Figure 1: Ways of assisting vulnerable children

This information was also verified by one of the focus group members that: "*These centers management use different approaches to obtain vulnerable children in their centers. Agape center obtained children through three approaches: directly from the parents/ guardians, accepting them from social welfare and by searching them from the streets. CIT Mnadani center used only one approach, that is passing one house after another (together with ten cell leaders) to identify very poor families and register one child to support and parents/guardians should agree first. Ursuline sisters mainly used one approach that was using social gatherings where parents/guardians are invited".*

On the other hand, children that have been selected be cared in such centers had been involved in many decisions of the centers. This had been common for children who are above 7 years and who have ability to reason. Therefore most centers used participatory approaches to obtain vulnerable children. The results complement findings by WHO (1993) which pointed out that vulnerable children should be involved in the development of strategic plans, should be

represented on Community Advisory Committees and play an active role in the evaluation process.

3.1.1 Recruitment Criteria used to obtain vulnerable children

Both centers use some criteria to select the vulnerable children, including : looking at the social position of the family; children from very poor families, orphans and those affected by HIV/AIDS. Figure 2 represent the response of respondents by percentage.

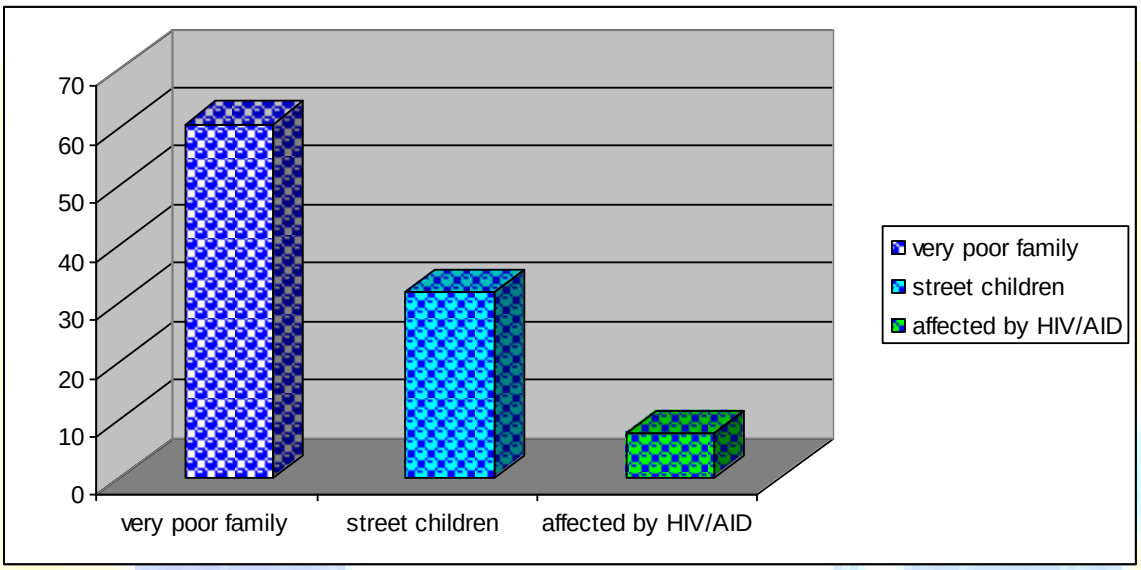

Figure 2: Recruitment Criteria for vulnerable children

Findings shows that 60.6% of the respondents said that the most used criteria for recruitment of vulnerable children in these centres is by looking at the social position of the family and support children from very poor families. About 31.82% of respondents reported that children are recruited based on the fact that the child is a real street child while 7.58% said that recruitment is based on being an orphan and also the child is HIV positive. Similar findings were reported by Obi and Dass (2008) which suggested that the organization that support needy children have been focusing on a number of criteria such as by observing their background while first priority to be provided to Orphans and HIV/AIDS cases.

3.1.2 Type of supports provided

The respondents mentioned a number of support provided to vulnerable children. The results indicated that social support were given special attention (53.0%), followed by economic support (24.2%), health support (15.2%) and spiritual support (7.6%) as shown in Figure 3.

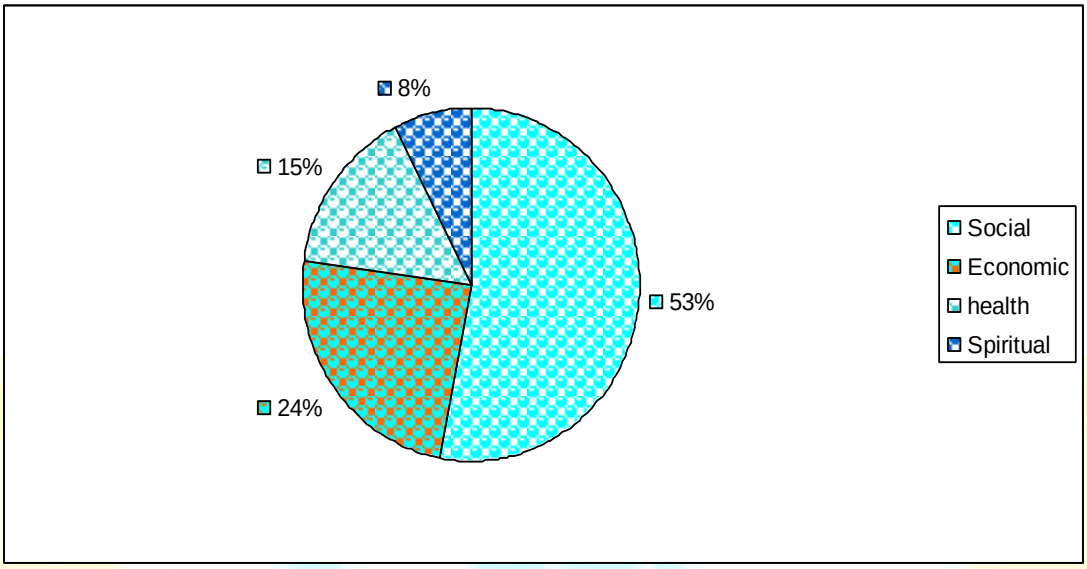

Figure 3: Assistance provided by centers

The secondary data shows that the number of children supported by Agape, Ursuline and KKKT Mnadani CIT centers by sex from the year 2004 to 2008 were 916 males and 653 females which amounted to 1,614 children. This support has been depending on however the capacity of the centres(see Table 2)

Table 2: OVC supported from 2004 - 2008

Name of the centre	Years	No. of OVC supported		
		Male	Female	Total
Ursuline sister's centre	2004	14	10	24
	2005	16	13	29
	2006	20	16	36
	2007	27	23	50
	2008	27	24	51
Agape children centre	2004	36	-	36
	2005	42	-	42
	2006	57	-	57
	2007	62	-	62
	2008	64	-	64
CIT-KKKT Mnadani	2004	95	97	192
	2005	101	104	205
	2006	128	110	238
	2007	136	122	258
	2008	136	134	270
Total		916	653	1,614

By comparing the three centers it was observed that CIT-KKKT Mnadani accommodated a large number of vulnerable children due to having multiple sources of funds, followed by Ursula

Centers and lastly Agape children center. Through observation it was noted further that the last center had no enough facilities to accommodate the large number of children. However, face to face interview conducted to workers reported for misallocation of donors funds to personal use.

Social support provided

According to the information obtained from key informants and center's records, vulnerable children and parents/guardians have been assisted socially. Assisting children to acquire education has been the main concern of all three centers; school materials like school uniforms, shoes, exercise books, fees, etc were provided.

All centers provide food for children, although KKKT Mnadani CIT center give them food only on Saturdays and for families it provide cereals such as maize, beans, rice and cooking oil once per year, parents/guardians who are HIV/AIDS victims are given nutrition and food staffs each month. They also provide entrepreneurship skills to parents/guardians and some older vulnerable children who are grown enough to start their own life. Education is also provided in particular on how to introduce/improve their small business ventures so that they can fight against poverty. In addition the centers provide training in different skills such as tailoring, carpentry and cookery(see plate 1&2). Furthermore, children living in the centers are also engaged in games and sports. This has been useful to make OVC health.

Plate 1: KKKT Mnadani CIT- tailoring skills

Plate 2: A trip of OVC to Manyara

Economic support

Parents/guardians of vulnerable children are provided with grants and micro credits as small capital which help them to introduce/improve their small business to support their families. For example in the year (2009) 42 Parents/guardians of standard seven pupils were given 100,000/= with 2 percent interest by Mnadani KKKT center. Agape centre also supported vulnerable children who completed vocational training by providing capital and working tools for establishing their own small business ventures including carpentry and tailoring. This support has

been helpful for parents , however, the support has been small in such a way that it becomes difficult to run big business.

Health support

Centers also deal with physical well being of vulnerable children to ensure that they are all healthy by providing them with health services and medical check ups. In some points the centres used to provide mosquito nets to prevent the OVC from suffering from Malaria.(see Plate 3)

Plate 3: A child provided with Mosquito Net by KKKT Mnadani CIT center

Plate 4: Bible study at Ursuline sisters center

On the other hand, Ursuline sisters have a dispensary with one doctor and a nurse to take care of sick children. KKKT Mnadani CIT center care the parents/guardians affected by HIV/AIDS by providing free treatment, counseling and nutrition food and children are provided with mosquito nets to prevent them from malaria.

Thus most centers provide health education to children and their parents/guardians, KKKT Mnadani CIT center do this by the help of health worker who provide education on balance diet, adolescent, sexual reproductive health, cleanliness and knowledge on different communicable diseases like cholera, TB and HIV/AIDS. Children are provided with one bar of soap and body lotions each month for their cleanness. In addition, Health worker deal with counseling and send them to hospital for medical check-up.

Spiritual support

Ursuline and KKKT centers provide moral and spiritual development of children and their parents/guardians; they equipped them with the bible knowledge and enable them to become independent Christian adults. Every day at Ursuline sister's center, there is a Bible study session, this helped the OVC to have relations with God depending on their denominations. At KKKT Mnadani CIT, children meet every Saturday for bible study and Spiritual education while their parents/guardians meet each month or sometimes ones per week for bible seasons, prayers and spiritual education. To ensure this, each child is provided with Bible (Plate 4).
The findings are not different from those reported by Valéry and Florence (2001) who found that OVC have been getting support such as education, nutrition, health care, family/home, economic stability and community support

3.2 Achievement of the Non-Government Organizations to meet the needs of vulnerable children

Table 3: Response on the ability of centers to meet the needs of vulnerable children

Response of respondents	Agape center		KKKT Mnadani CIT center		Ursuline sisters center	
	No. of respondents	Percentage (%)	No. of respondents	%	No. of respondents	%
Agree	3	15	26	72.22	9	90
Disagree	19	85	10	27.78	1	10
Total	22	100	36	100	10	100

Table 3 shows that Ursuline sister's center meets the needs of vulnerable children by 90%, KKKT Mnadani CIT by 72.22% while Agape center (owned by individual person) meet the needs of children by 15%.The data obtained shows that religious centers do best to meet the needs of children supported. However, the OVC pointed out that , services provided by Agape center were not adequate and reliable. For instance sometimes children obtain one meal per day and the same kind of food is provided, lack of school fees for secondary children, inadequate toilets and dormitory, lack of playing ground and no proper rules set.

3.3 Organizations Structure of Centers

This study analyzed the management of the centers. The study aimed to find out organizations structure of these centers to see how these centers are managed and also look at their financial management.

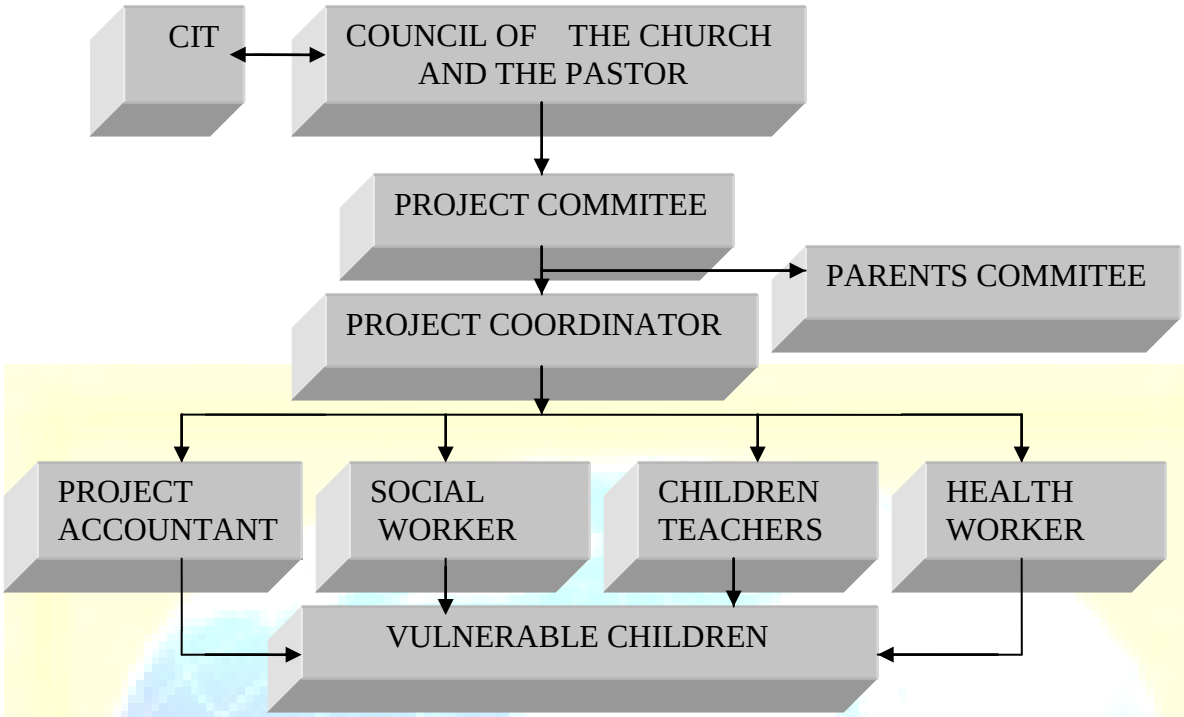

Figure 5: Organizations Structure of KKKT Mnadani CIT

The above figure shows different positions of KKKT Mnadani CIT center headed by the council of the church and the pastor. Project committee ensures planning, budgeting, supervision, coordinating, monitoring and evaluation of the project works. Project accountant is the one who keeps the project financial documents, prepares the financial reports and makes all the necessary payment. Social worker is the one who keeps the proper records of children supported, coordinates the communication between the child and the donor and makes a close follow-up of the activities and progress of children. Teachers are the ones who teach vulnerable children Bible lessons, care of the environment, sports and games, reproductive health, Prayers, Discipline and good manners. Heath worker provides health education and supervises all the health related activities. However, it was noted that , the centre had shortage of staff and this made them to limit number of OVC to recruit.

Figure 6 shows the organizations structure of Ursuline sister's center. The center is under Roman Catholic sisters. Mother superior is the head of all Ursuline sisters and all their children centers in Tanzania, is the one who supervises all the centers and ensure that children are kept properly in a Christian way. She is the one who looks at the development, plans, budget and financial reports of the centers.

Head of the children center is the one who supervises other sisters in the center, plans for the center, does the budget together with her assistance, coordinates all issues of vulnerable children, makes a follow up on the progress and support provided to children and makes sure all children records are kept properly. In absence of Center's Head, Assistant head acts on behalf to perform the required duties. However, the centre has limited number of staff.

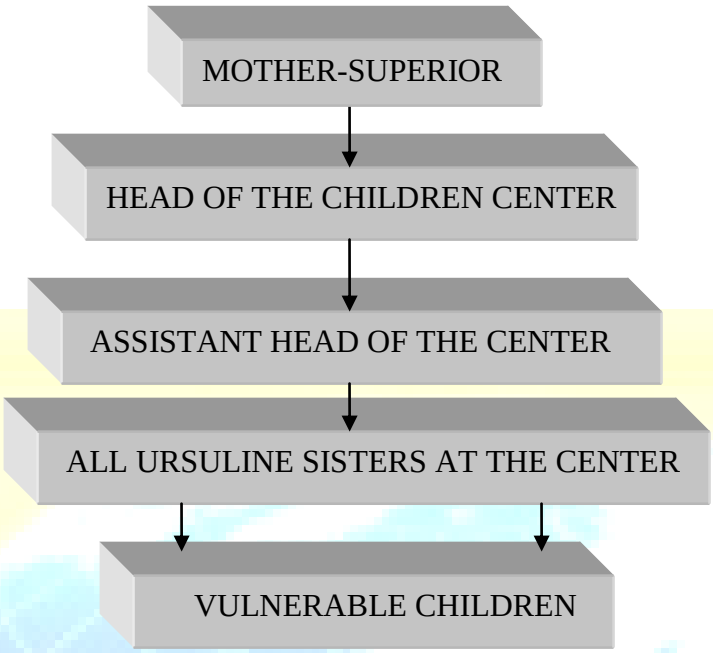

Figure 6: Organizations Structure of Ursuline sister's center

Agape Center is owned by the individual person, the structure is shown here under: As figure 7 the management has three members that is the manager, matron and watchman. The owner is the one who plans, budgets and looks at all the requirements of the children at the center.

Center matron looks at the health of the children, cleanliness and other activities provided by the owner of the center. Watchman cares for the safety of the children and properties of the center. The study noted that the workers are closely related to the owner.

In comparison to all organization structures of these centers, it shows that Agape has structure which single out an individual responsibility as everything depends on the owner's decision, there is no instrument to advice management.

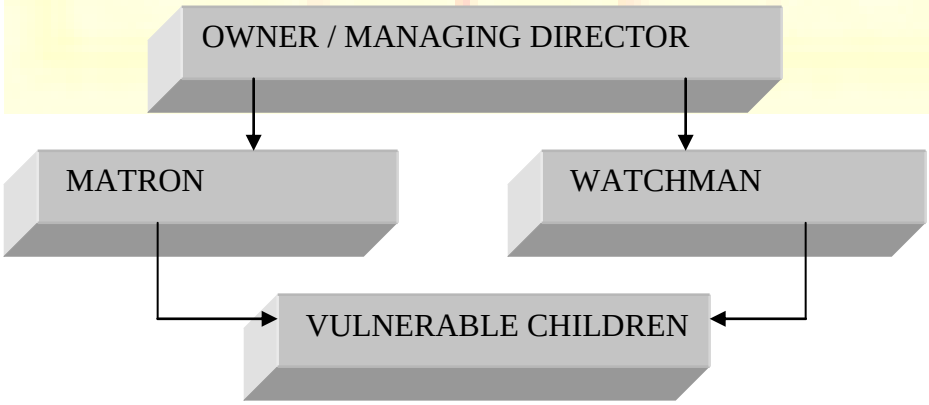

Figure 7: Organizations structure of Agape children center

Financial Management and Accountability of centers

The respondents were required to explain the existing situation within the centers on financial management and accountability. The results were recorded as shown in figure 5.

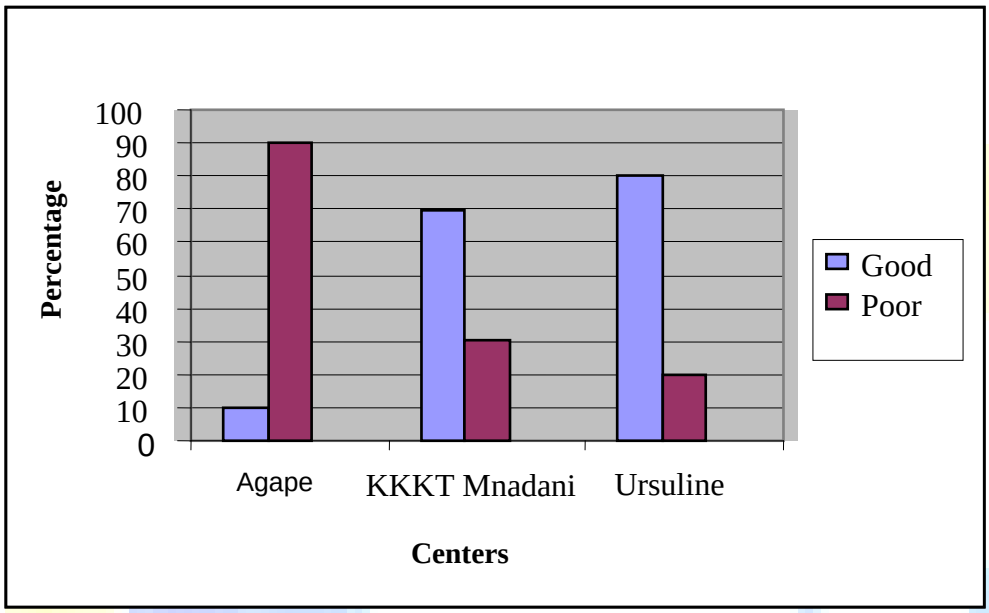

Figure 5: Financial Management of Centers

Figure 5 shows that religious centers manage well their finance and are doing well in allocating the money provided by donors. About 80% of Ursuline sister's respondents reported that financial accountability was good, 69.44% for KKKT Mnadani CIT reported the same while Agape center (owned by individual person) management of money was reported to be very poor, as only 10% of respondents said management is good. The evidence was supported by Mwananchi newspaper of 31st March, 2008 which accused the financial misuse in Vulnerable Children Care Centers including Agape Center. In addition to that, most of the centres had financial constraints of which limited them to expand the provision of services to OVC.

Number and frequency of Audit

Information provided in the centers showed that only two centers (KKKT Mnadani CIT and Ursuline sister's center) used to conduct internal and external Financial audits. Agape children center had a system of budgeting but no evidence of auditing was available. As explained by Chidawali (2008) that many individuals centers are not run properly, the funds provided by donors to assist vulnerable children are sometimes used for personal benefit.

Network Relationship with other Organizations

Figure 9 shows the relationship of centers with other organizations, where about 66 respondents interviewed responded to three answers that the relationship of their organization was very good, fair or very poor. According to the respondents interviewed, it showed that 69.45% of the respondents from KKKT Mnadani CIT said that their center had a very good relationship with other organization, followed by 60% from Ursuline center. Likewise, 45% of respondents

reported that Agape center had fair relationship with other organization. The same results reported for Ursuline where 35% responded for fair relationship and 25% respondents from KKKT Mnadani reported the same. Very poor results were reported for Agape center by 65% respondents, 5% KKKT Mnadani and 10% for Ursuline. The study reveals that the Agape center had poor relationship with other organization. Centres with good network with other organizations managed to learn experience of others and also received financial and technical supports.

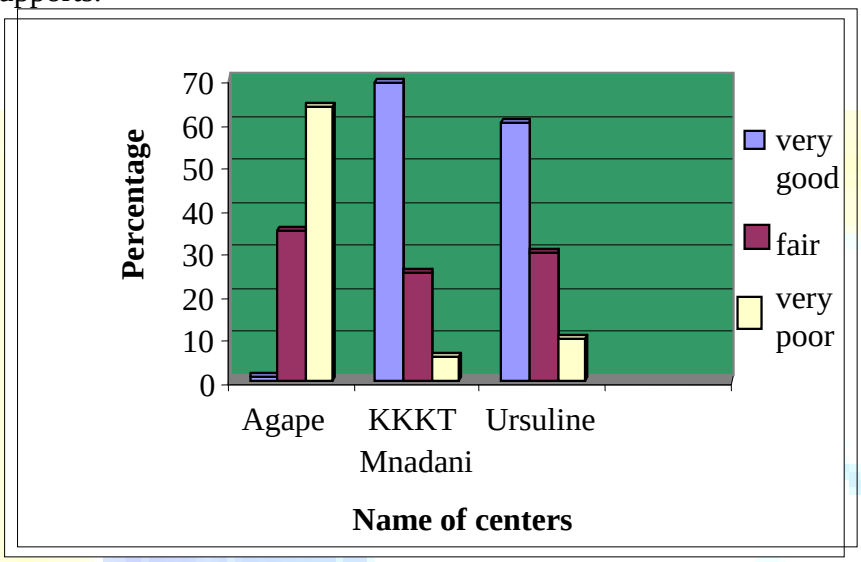

Figure 9: Relationship with other Organizations

Number of Joint Meetings with Stakeholders

The analysis showed that, Agape center don't have regular meetings with children. KKKT Mnadani CIT meets with vulnerable children once a month. Parents/guardians center meet after three months and Church Council meet four times per year while Project Committee meet twice a month. Ursuline sisters tended to have meeting with children once a month and the Center management four times a year. However, All three centers do not meet with Government officials unless there is special event. This is risk for knowing the welbing of OVC.

Table 4: Organization meetings with stakeholders

Response of officials from each center	Agape center	KKKT Mnadani CIT	Ursuline sister's center
Vulnerable children	Four times a year	Once a month	Once a month
Parents/guardians	none	Four times a year	none
Center management	Four times a year	Twice a month	Four times a year
Government officials	none	none	none

4.0 Conclusions and Recommendations

4.1 Conclusion

The study concludes that paternerhsip has played a significant role in Dodoma region in terms of pulling together resources to support OVC. The role of the government has been however silent since, few meetings are held with the service providers. Even though each centre has management system, yet they are faced with limited capacity to provide effective services. In addition, the study concludes that most centers don't think auditing is an important exercise in their day to day operations. This is a serious problem in particular for the centres that receive grants or aids from donors.Besides of vulnerable children care, Ursuline and KKKT Mnadani CIT centers assist vulnerable children families by giving them small capital, entrepreneurship skills and education on how care people affected by HIV/AIDS, free treatment and counseling.The study indicated that there is positive change in the livelihood of vulnerable children as they provided education, food, knowledge and different life skills.

4.1 Recommendations

The policy makers have to set effective policies for operating these Non-Government Organizations and terminate their registrations when they fail to achieve their objectives. In addition the government should make sure that, monitoring and evaluation of children at the centers activities is done frequently. In addition, funds provided by donors should be documented and audit to improve trust. Further more the Government should pay school fees and other school requirements to vulnerable children in secondary school level and exempt them from any financial contribution.

Moreover, Municipal council should collaborate with other stakeholders in support and care for vulnerable children by establishing more centers, where children in need will be gathered and supported. Lastly, it should be born that the problem and burden of OVC is the communal burden.

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