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MINISTRY OF HEALTH AND SOCIAL WELFARE
DEPARTMENT OF SOCIAL WELFARE

National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children in Tanzania

September 2009

MINISTRY OF HEALTH AND SOCIAL WELFARE

Department of Social Welfare

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of Care, Support, and Protection for
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Foreword

HIV/ AIDS pandemic is the major cause of increased number of orphans and other vulnerable children in Tanzania, coupled with other factors such as poverty and family/social disintegration. Orphans and other vulnerable children, particularly those who are the most vulnerable in accessing basic rights and needs, such as care, support and protection are the most affected by the devastation.

Traditionally, orphans and other vulnerable children were well taken care of by their close relatives and neighbors. These safety nets have been weakened due to socio-economic factors like extreme poverty, and HIV/AIDS. Consequently the number of orphans and other vulnerable children has grown beyond the capacity of communities to handle. In addressing this situation the government and other stakeholders have responded in different ways to the provision of care, support and protection for these children.

The most vulnerable children deserve quality care, support and protection. However it has not been easy for all service providers to provide quality services to the most vulnerable children due to lack of uniform guidelines. Hence, the government decided to develop these National Guidelines for Improving Quality of Care, Support and Protection for Most Vulnerable Children.

These guidelines were developed by taking into consideration thematic areas in the National Costed Plan of Action (NCPA) and as a simplification of the National Quality Standards Framework developed in 2007.

The process of developing these guidelines involved the engagement of a consultant who worked with the quality improvement taskforce which was formed by implementing partners group, together with various key stakeholders who included children, Key Line Ministries, CSOs, FBOs, and other key service providers. The consultant in collaboration with the quality improvement task force developed the first draft document which was presented to most vulnerable children representatives at a children's inputs workshop. In addition to providing their input to the guidelines, children also ranked education and vocational training, primary healthcare, and food and nutrition as the most important services to them.

Children's input workshop was followed by a consensus building workshop which was held to improve the draft guidelines. Technical inputs and comments from several international NGOs and Social Welfare Officers were obtained to finalize the guidelines.

Key areas of the guidelines included principles guiding quality improvement, which focus on systems and processes, measurement, teamwork, focus on most vulnerable children needs, respect to children and their households, do no harm to the child, performance of household assessment before and during intervention, provision of required referrals, coordination of care and services, and promotion and facilitation of family based care and support.

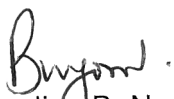
Another key area in the guidelines include dimensions of quality, whereby all activities to be implemented in any service area need to be assessed to ensure they are cognizant of the following dimensions of quality; safety, access, effectiveness, technical performance, efficiency, continuity, compassionate relations, appropriateness, participation and sustainability.

The guidelines have been categorized into eight main service areas in line with the NCPA which include; food and nutrition, shelter, family based care and support, social protection and security, primary healthcare, psychosocial care and support, education and vocational training, and household economic strengthening.

Roles and responsibilities of each stakeholder are clearly stipulated in these guidelines for improving the quality of care, support and protection for most vulnerable children.

These guidelines will provide a direction for quality service provision to most vulnerable children at all levels in Tanzania. It will also facilitate monitoring the impact and avoid duplication in service provision to most vulnerable children.

It is my sincere expectation that all service providers will adhere to these guidelines.



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PERMANENT SECRETARY

MINISTRY OF HEALTH AND SOCIAL WELFARE

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We would like to express our sincere gratitude to all partners who contributed in one way or another to the successful completion of the process of developing these guidelines. It is not easy to mention each person who enriched the quality of this document. However we cannot avoid mentioning a few. Special thanks are extended to the consultant, Dr Rose Mwaipopo for her expertise and technical guidance in the initial phase of the process of developing these guidelines.

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Finally, we are immensely grateful to the USAID for their technical and financial support which facilitated the successful development of these national guidelines for improving quality of care, support and protection of most vulnerable children.



D.M. Charwe

**AG. COMMISSIONER FOR SOCIAL WELFARE
MINISTRY OF HEALTH AND SOCIAL WELFARE**

Acronyms

CBO	Community Based Organization
CMAC	Council Multisectoral AIDS Committee
CHF	Community Health Fund
DSW	Department of Social Welfare
FBO	Faith Based Organization
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IGA	Income Generating Activities
MOAFS	Ministry of Agriculture and Food Security
MOCDGC	Ministry of Community Development, Gender and Children
MOEVT	Ministry of Education and Vocational Training
MOFE	Ministry of Finance and Economy
MOHA	Ministry of Home Affairs
MOHSW	Ministry of Health and Social Welfare
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committees
NCPA	National Costed Plan of Action for Most Vulnerable Children
NGO	Non-Governmental Organization
OVC	Orphan and other Vulnerable Children
PMORALG	Prime Minister's Office Regional Administration and Local Government
PSS	Psychosocial Care and Support
SACCOS	Savings and Credit Cooperative Societies
UNICEF	United Nation's Children's Fund
USAID	United States Agency for International Development
VEO	Village Executive Officer
VICOBA	Village Community Bank
WEO	Ward Executive Officer

1. Introduction

The problem of orphans and other vulnerable children is not new in Tanzania. Orphans and other vulnerable children have been there from the very beginning of this country. These children were all taken care of, supported and protected by their close relatives and neighbors. There were strong community safety nets such as extended family to absorb these children. These safety nets are fading with time due to rampant household income poverty, effects of globalization, and socio-economic changes. In addition, the number of orphans and other vulnerable children has been increasing due to HIV and AIDS and other major causes of child vulnerability. Numbers of orphans and other vulnerable children have grown beyond the capacity of communities to handle. The government and other stakeholders have responded by providing care, support and protection for these children in different ways.

1.1 The situation of orphans and other vulnerable children

Before and after independence, Tanzanian orphans and other vulnerable children were taken care of and supported by their close relatives and neighbors through extended families. When the number of orphans and other vulnerable children increased beyond the capacity of the community to handle, some of these children were taken to orphanages while others were taken by step parents and others were adopted.

By 2004, 53% of orphans and other vulnerable children were being cared for by the elderly while 12% were living in child-headed households (RAAAP, 2004).

Due to the increase in the number of orphans and other vulnerable children as a result of HIV and AIDS, the government responded in the early 1990's by developing national guidelines for community based care, support and protection of orphans and other vulnerable children. Furthermore, the government developed the national costed plan of action for most vulnerable children for the period of 2007 – 2010.

1.2 Process of developing these guidelines and stakeholder participation

The development of these guidelines followed government decision to simplify national framework on quality standards for provision of MVC services which were developed in 2007, to enable their application at the point of service delivery. A consultant was engaged to work with the Quality Improvement (QI) Taskforce which was formed in July 2008. The QI Taskforce worked with the consultant to develop the first draft of the QI guidelines.

Children's inputs into the guidelines were obtained through a children's workshop which was held in March 2009 in Morogoro Tanzania, attended by 31 MVC representing their peers from across the country. Children ranked education and vocational training, primary healthcare, and food security and nutrition as the most important services to them. They did not however say that other services were not important.

This was followed by a consensus building workshop which brought together all key stakeholders to a two day workshop in March 2009 in Dar es Salaam. The workshop was attended by government ministries responsible for or having something to do with children, TACAIDS, development partners such as USAID and Abbott Fund, international NGOs, children and other implementing partners.

The guidelines received technical inputs and comments from several international NGOs such as

FHI, Pact, Africare, and URC and were finalized in August 2009 by the MOHSW in a meeting which was attended by social welfare officers from the department of social welfare, Coast region and four council authorities.

1.3 Rationale

These guidelines outline illustrative activities that are essential to bring change in the lives of most vulnerable children (MVC) and other children in vulnerable households. The guidelines are intended to strengthen harmonization among all partners in the pursuit of equity, consistency, efficiency and efficacy. These guidelines are not for policing your work, but to offer a range of essential actions to be implemented based on an understanding of children's needs.

Lots of efforts have been made to ensure MVC are supported with essential services. However, lack of guidelines for organizations that are offering services to children, together with low level of awareness and shared definitions of quality in offering such services, have created opportunities for wide variations in the content and quality of MVC programs.

All children deserve quality care, support, and protection. Programs and services for vulnerable children are frequently implemented and delivered in settings where health and social systems have been stretched beyond their limits, and where capacity and resources are limited or scarce. Guidelines will help you in such settings to deliver services that meet desired quality levels.

1.4 Intended users of these guidelines

These guidelines are intended to guide your work in providing care, support and protection to Most Vulnerable Children. It is designed to assist your work as members of Council and Ward Multisectoral AIDS Committees, Council Social Welfare Officers, Community Development Officers, Ward and Village/Mtaa Executive Officers, Welfare Assistants, members of Village/Mtaa Committees for Most Vulnerable Children, volunteers such as para-social workers, field/ program officers, teachers, extension officers, and others directly involved in providing services to most vulnerable children at household level or other point of service delivery.

1.5 How to use the guidelines

You will use these guidelines to guide you in planning and executing effective activities that respond to the needs of vulnerable children in their different contexts. You will also use the guidelines for reference to remind you activities you need to do in order to achieve intended outcomes for the children and household you are serving.

1.6. Principles guiding quality improvement

In providing care, support and protection for most vulnerable children and their households, you will be guided by the following principles:

- 1) Systems and processes: Care and support services to MVC should be viewed as a product of interactions of interdependent parts of a system made up of three components: input, process and output. In designing and implementing QI activities a systems view (inputs, processes and outputs) should be considered and avoid fragmented approach in improving quality.
- 2) Measurement: The measurement of data is key to quality improvement initiatives because it provides information about how an initiative is proceeding.

- 3) Teamwork: Improving quality of the system requires that people working in different parts of that system to work in a coordinated manner and focusing on realization of the same main goal. Having an effective teamwork requires leadership, participation of team members in analyzing system deficiencies, agreeing on changes to be made and meeting regularly to evaluate progress.
- 4) Focus on MVC needs: Be child-focused and household-centered. Care and support services to MVC need to be comprehensive and broad enough to meet all common needs and expectations of the MVC and families
- 5) Respect the children and their households
- 6) Do no harm to the child
- 7) Perform household assessment before and during intervention in order to identify children needs (in all the service areas) as well as household status
- 8) Make required referral for the child and linkages for services you cannot provide
- 9) Ensure care and services are coordinated
- 10) Promote and facilitate family-based care and support

1.7 Dimensions of quality

All activities to be implemented in any service area need to be assessed to ensure they are cognizant of the following dimensions of quality:¹

Safety	The degree to which risks related to care are minimized; do no harm.
Access	The extent to which a service can be reached and utilized. There are no geographic, economic, social, cultural, organizational and linguistic barriers.
Effectiveness	The degree to which desired results or outcomes are achieved.
Technical performance	The degree to which tasks are carried out in accord with program standards and current professional practice.
Efficiency	The extent to which the cost of achieving the desired results is minimized so that the reach and impact of programs can be maximized.
Continuity	The delivery of care by the same person, as well as timely referral and effective communication between providers when multiple providers are necessary.
Compassionate relations	The establishment of trust, respect, confidentiality, and responsiveness achieved through ethical practice, effective communication and appropriate socio-emotional interactions
Appropriateness	The adaptation of services and overall care to needs or circumstances based on gender, age, disability, culture or socio-economic factors
Participation	The participation of caregivers, communities, and children themselves in the design and delivery of services and in decision-making regarding their own care.
Sustainability	The service is designed in a way that it could be maintained at the community level, in terms of direction and management as well as procuring resources, in the foreseeable future.

¹ These dimensions of quality were adapted from Franco et al (2003).

2. Overview of Key Service Areas

The National Costed Plan of Action (NCPA) for Most Vulnerable Children (MOHSW, 2007) outlines the national strategy for addressing the needs of MVC. For these guidelines, MVC needs have been categorized into eight main service areas in line with the NCPA as well as the national framework on quality standards (MOHSW, 2008). These needs include:

1. Food and nutrition
2. Shelter
3. Family-based care and support
4. Social protection and security
5. Primary healthcare
6. Psychosocial care and support
7. Education and vocational training
8. Household economic strengthening

1. Food and nutrition programs aim to ensure that vulnerable children have nutritional resources similar to those of other children in their communities.

Depending on the context, the range of services might include:

- For the child: nutritional assessment and counseling, supplementary feeding for young and malnourished children, and links to other health and nutrition interventions. Consideration must be given to the sustainability of providing food to children and families.
- For the caregiver: training on nutrition, diet, and food preparation; optimizing continuous access to food (production or purchasing).
- Community level: mobilizing communities to improve access to food for MVC (including gardens, school feeding programs, linking to agricultural extension agents, etc.) Some of the programs can focus on teaching families on how to produce food, prepare and store food; others in case of emergency (thus short term) might be referring to other existing programs such as WFP. The provision of seeds for gardening / farm equipment.
- Systems level: policy development, regional and national coordination, technical assistance to the food industry, and advocacy.

2. Shelter services have the desired outcomes of ensuring that vulnerable children in their communities have access to safe, secure and wind and water tight housing, comparable to other types of shelter in the community. This service recognizes the importance to provide any intervention with a good understanding of the community norms and economic realities. Depending on the context, services might include:

- For the child: ensuring that MVC in their caregiver's families have the same access to clothing, bedding, shelter as the other children in the family unit, identifying transitional shelter in case of emergency, reintegration of children in institutional care, and support of child-headed households.
- For the caregiver: assisting with repairs, maintenance of shelter, building the capacity of the household to maintain its shelter; assisting with reunification to take children off streets.
- Community level: support of family-based care with home visits and other strategies, and developing innovative community alternatives when family-based care is not an option.

- System level: policy development, regional and national coordination, education, anti-stigma efforts, and monitoring of institutional care when needed.

3. Family-based care and support services have the desired outcome that children have at least one adult who provides them with basic needs, including love and support. Depending on the context, services might include support of family-based care and support with home visits and other strategies, providing training on parenting skills to caregivers, or developing innovative community alternatives when family-based care is not an option, such as kinship foster care and children placement.

4. Social Protection and Security services have the desired outcomes of reducing stigma and social neglect as well as ensuring access to basic rights and services and protecting children from abuse and exploitation. Depending on the context, the range of services might include:

- For the child: informing children of their rights and building their skills to protect themselves, assisting with birth registration and inheritance claims, identifying a trusted adult to ensure respect of will and transfer of assets to children, preventing sibling separations, removing children from abusive situations.
- For the caregiver: support with parenting and care-giving responsibilities, sensitizing parents/guardians about the importance of respecting children (addressing violence of all sorts, including gender-based violence), assisting with access to available services.
- Community level: support for child protection committees, community-based children's rights committees, training members of the community to identify and assist children needing assistance; advocating for all (neighbors, teachers, police, health care giver, etc.) at community level to play their roles to protect children.
- Systems level: advocating for increased application of existing children's protection laws; referring abused children to legal entities and following up.

5. Primary healthcare services have the desired outcomes of ensuring that children grow up healthy, recognizing that for children to grow up healthy, one also needs to look at the whole family. This service recognizes that most children are healthy and thus our programs need to focus on maintaining this good health status by equipping families and children to actively stay healthy. This service may include;

- 1) Health education (on hygiene, sanitation, optimal nutrition practices, prevention of HIV transmission, importance of adherence if on ART treatment, and counseling on voluntary testing)
- 2) Building the capacity of families to monitor children's health and recognize danger signs
- 3) Facilitating access to existing primary healthcare services when needed, such as immunization
- 4) Sensitizing health service providers in the health systems about the specific needs of MVC and their families

Depending on the context, the range of services might include:

- For the child: Checking on immunization status and growth monitoring card.
- For the caregiver: teaching caregivers to effectively monitor health and seek care appropriately, involving caretakers in HIV prevention education.
- Community level: training providers of HIV/AIDS care, including community volunteers, to refer children in family/household for health and social services as appropriate.

- Systems level: policy development to ensure access and a service delivery model that meets the needs of vulnerable children.

6. Psychosocial care and support services have the desired outcomes of ensuring that children have the human attachments necessary for normal development and that children can participate cooperatively in activities such as school, recreation, and work with other children and adults.

Psychosocial care and support provides a comprehensive supportive environment to meet the physical, social, emotional, mental and spiritual needs to an individual to facilitate well being. It is a continuum of care and support by which one can influence the social environment as well as individual capacities for the benefit of individual. This ranges from the care and support offered by parents, family members, friends, neighbors, teachers, health workers, caregivers and community members on a daily basis – ongoing nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance to care and support offered by specialized psychosocial services.

Most Vulnerable Children affected by HIV often suffer anxiety, grief, and trauma related to parental illness and death, stigma and discrimination, and even exclusion by their community. Psychosocial services will offer a range of different support interventions depending on the child and family's situation. Depending on the context, services might include:

- For the child: home visits to provide on-going trusted, compassionate counseling depending on the children's situation, referrals and follow up to other community resources in case of grieving, guidance on sexual relationships, life skills and self-esteem, and activities that strengthen the connection between child and traditional social networks (religious leaders, youth leaders/ associations, school clubs).
- For the caregiver: parenting and communication skills for caregivers, support during illness (assist with disclosure of information, grief management, succession planning, preserving memories, etc.).
- Community level: increasing community understanding of psychosocial needs of vulnerable children.
- System level: for example providing trained counselors within school systems to identify at-risk children in need of psychosocial support.

7. Education and vocational training services have the desired outcomes of ensuring that vulnerable children receive education and vocational training opportunities in accord with community norms and market-driven employment options. This service recognizes that children not only learn in school but also within their family and their community. It also recognizes that young children <5yrs old, also need to be nurtured and stimulated. This service focuses on identifying the barriers to education for vulnerable children and addressing these barriers so that MVC in Tanzania have the same opportunity as other children to attend school. Furthermore, these services aim to ensure that school programs at all levels take into account the special needs of vulnerable children in terms of sensitizing teachers to identify signs of distress, promoting the availability of support groups and counseling services, supporting efforts to make curricula more flexible and responsive, and supporting anti-stigma programs. Services might include:

- For the child: school registration initiatives, direct assistance to subsidize school costs, creating early childhood development programs, and access to vocational training and employment.
- For the caregiver: sensitizing parents/guardians on the importance of education and the role they can play; training health providers and caregivers to identify and refer children who are not in the educational system, anti-stigma campaigns.

- Community level: involving the MVCC in identifying community-based solutions, mobilizing education institutions (e.g. schools and village councils), and sensitizing community groups to increase access.
- Systems level: Support services (ensuring free education for MVC, referral to psychosocial support, tutoring, etc.).

8. Household economic strengthening services have the desired outcome that families and households can meet their own needs economically, in spite of changes in the family or household situation due to HIV/AIDS. Depending on the context, services could include:

- For the child/caregiver/household: vocational training for caregivers, income-generating activities involving small business, agriculture, household laborsaving devices, access to credit.
- Community level: community-based child care, community-based asset building.
- System level: government-supported guarantees for income-generating activities and microfinance institutions.

Cross Cutting: Prevention, coordination and sustainability services have the desired outcome that children and household needs are routinely assessed, prioritized, and addressed through a coordinated and responsive system that fosters continuity of care. Depending on the context, services might include regular household assessment and developing care plans, working together with other service providers to map services that are relevant to child wellbeing, evaluating the work of most vulnerable children committees, promoting sustainability of service provision, and addressing concerns as they arise. MVC services will also include efforts to prevent more children from becoming vulnerable by creating linkages and collaboration with prevention partners as well as integrating prevention activities in MVC programs.

3. Roles and Responsibilities of Each Stakeholder

These guidelines are intended for you to use in your work of improving quality of services you provide to most vulnerable children at household level or other point of service delivery. However, very often you will need supervision and guidance from others to whom you will also be required to report on your work. The ward and village/mtaa executive officers (WEO and VEO) will be responsible for providing supervision at ward and village/mtaa levels respectively. WEOs will in turn be expected to report to their respective council authorities. At the Council level, you will expect to receive supervision and guidance from council social welfare officers who report to the District Executive Director (DED). The DEDs will provide overall coordination and supervision in their respective councils. They are in turn expected to send reports to the Regional Administrative Secretary (RAS) who will provide supportive supervision to councils and send reports to PMORALG.

At national level, the national steering committee will bring together all line ministries such as Prime Minister's Office Regional Administration and Local Government; Ministry of Health and Social Welfare; Ministry of Community Development, Gender and Children; Ministry of Education and Vocational Training; Ministry of Agriculture and Food Security; and TACAIDS, all of whom are responsible for developing and updating these guidelines and ensuring that the guidelines are rolled out and used to improve the quality of MVC services.

4. Achieving Quality Improvement in Each Service Area

Service Area 1: Food and Nutrition

FOOD AND NUTRITION
A: DESIRED OUTCOME: what outcome are we aiming for when providing food and nutrition service to a child?
Children and members of households have sufficient food on a regular and sustainable basis to meet their nutritional needs
B: Why is food and nutrition an important service to children?
<ol style="list-style-type: none"> 1. Food is essential for all of us to be able to live 2. Nutritious food is required to enable children to grow and physically develop to their full potential 3. Young children are more likely to succumb to illness and death when they are malnourished 4. Lack of food and not knowing where the next meal is coming from or how it will be provided causes emotional stress in both children and adults and increases stress levels generally within the family 5. Adults cannot work to provide for children and children cannot learn if they are hungry 6. Where children are unable to learn at school because they are hungry, they are unable to make good use of any educational service provided 7. Lack of food makes medication particularly that of ARVs less effective – and can mean that parents and most vulnerable children on ARVs may become more sick and even die
C: ESSENTIAL ACTIONS: what minimum actions does a standard food and nutrition service consist of?
<ol style="list-style-type: none"> 1) Support sustainable food access including providing families and communities with enhanced skills for household-based agricultural production (e.g. small gardens, small scale livestock keeping) 2) Provide education related to nutrition, food preparation, preservation, and storage.. 3) Provide supplementary food when appropriate. Connect the household with service providers who can provide food/ food supplements or refer caregiver to a food distribution program (consideration must be given to the sustainability of providing food to children and households).
D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this service area?
<ol style="list-style-type: none"> 1) Facilitate household to get farm inputs from relevant support available in the community 2) Facilitate most vulnerable children households to receive regular and on-going advice on farming techniques and best use of a family's farm 3) Assess and monitor food access including adequate food intake. Regularly monitor the nutritional status of small children, particularly those under 5 by reviewing their health cards 4) Facilitate household to be given access to land e.g. by advocating for the family or families to cultivate for food purposes 5) Mobilize the community to assist most vulnerable children households with labour to do farming activities 6) Facilitate regular and on-going advice and mentoring on food storage, preparation and food hygiene 7) Refer critically malnourished children to health facilities/ nutrition centers/ nutrition projects 8) Mobilize the community to support most vulnerable children households with food on an on-going basis where family members are too old or too young to manage themselves 9) Engage the community to establish a school feeding schemes 10) Sensitize community on nutrition and foods that are available and can be grown and prepared for family use, and on poor local nutrition practices 11) Facilitate most vulnerable children households to access knowledge, skills and advice on livestock keeping
E: Additional guidance/ best practice notes
<ol style="list-style-type: none"> 1. This should be a core service as all other services will seem less relevant when families are hungry 2. Babies and young children in particular should be checked for malnutrition – referrals should be made to the available community health worker 3. In families where the children and adults are sick or elderly, food and nutrition support will be crucial, particularly where any members are on ARVs/ paediatric ARVs formula 4. Food is a service that the community can be centrally involved in providing and should be encouraged to provide support to vulnerable families, particularly at harvest times or times of excess
F: What happens to children when we don't provide a good food and nutrition service?
<ol style="list-style-type: none"> 1. Families remain hungry 2. Children become malnourished (become stunted, under weight, emotionally impaired) and can even die 3. Poor school performance among children 4. Children don't go to school 5. ARVs and other medication tend to be less effective and patients are at risk, in turn putting their children at risk in terms of care and protection 6. The incidence and rate of illness and disease in a family is increased 7. Children may leave home and head for the streets and towns in search for food and can develop bad feeding habits

G: REFERRAL RESOURCES: Where can we refer the child to (for this service) when we are not able to provide food and nutrition support?

- 1) These will be added by local implementing partners and direct service providers following a local implementing partners group meeting organized to develop a council-level MVC service providers directory
- 2) Examples include primary Healthcare facilities, special nutritional and feeding programs if available, and village MVCC
- 3) Keep record of all referrals made (and feedback on services received)

H: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome in food and nutrition?

- 1) % of most vulnerable children who get two or more meals a day
- 2) % of most vulnerable children ages 0 – 5 whose health cards/ charts reflect normal growth for age

I: Underpinning international / national legislation / guidance

- 1) Guidelines on food aid for households and institutions
- 2) Food and nutrition security early warning system
- 3) URT (2004) Tanzania National Strategy for Infant and Young Child Nutrition (MoHSW)
- 4) WFP/URT school feeding program

Service Area 2: Shelter

SHELTER

A: DESIRED OUTCOME: what outcome are we aiming for when providing shelter to a child?

Child has shelter that is secure, adequate, and dry according to community norms. Child has access to safe water and sanitation. Child has suitable bedding and clothes.

B: Why is shelter an important service to children?

- 1) Children will grow well and develop physically and psychologically if they will be cared for by a trusted parent or guardian in a family that has decent home with security and love to all family members
- 2) All children require love and good care that will enable them to grow well and develop emotionally and physically. This is their basic right

C: ESSENTIAL ACTIONS: what minimum actions does a standard shelter service consist of?

- 1) Map existing sources for provision of shelter support, engage community to support house repair and or construction as needed, and facilitate provision of essential furniture and utensils.
- 2) Facilitate provision of beddings and clothing for the child(ren), suitable for the local climate and terrain
- 3) Monitor adequacy of shelter, beddings, clothing, hygiene and protection from disease on an ongoing basis
- 4) Link child to legal services related to inheritance of family home and other property if needed

D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this service area?

- 1) Work with MVCC in coordination of construction or repair of houses in keeping with the local context
- 2) Work with MVCC and other service providers to pay rent in the urban areas (care must be taken to ensure this is sustainable over the long-term)
- 3) Work with MVCC to construct and or repair toilet facilities i.e. latrines as well as provision of materials necessary for building latrines e.g. roofing sheets
- 4) Work with relevant service provider organization or the community to provide beddings, clothing and utensils for the household such as washing and cooking utensils according to what the family lacks in the household in keeping with the local context
- 5) Where relevant facilitate provision of insecticide treated mosquito nets for family members according to their sleeping arrangements

E: Additional guidance/ best practice notes

- 1) Children in child-headed households should be one of the main priority groups to be supported with a shelter service
- 2) Where alternative care is needed for the children, institutional care should be considered as the last resort
- 3) Community sensitization/ mobilization and involvement will be important especially in the case of child headed households, to improve the care they receive and involve the neighbours and local community
- 4) Mobilising of locally available resources, particularly in the case of repairing houses, digging latrines etc. will be important, so that the work gets done, and families feel that they are being cared for as part of their community

F: What happens to children when we don't provide a good shelter service?

- 1) Families and children may end up living on the street if they do not have a house
- 2) The local community may resent the repairs and shelter support to the household where we have not involved that community in providing that shelter service
- 3) Children are not cared for and become even more vulnerable

G: REFERRAL RESOURCES: Where can we refer the child to (for this service) when we are not able to provide shelter support?
<ol style="list-style-type: none"> 1) These will be added by local implementing partners and direct service providers following a local implementing partners group meeting organized to develop a council-level MVC service providers directory 2) Keep record of all referrals made (and feedback on services received)
H: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome in shelter?
<ol style="list-style-type: none"> 1) % of most vulnerable children living in secure and dry , adequate shelter (definition checklist meets at least 3 criteria including: safe and clean water, clothing, secure housing, bedding, latrines)
I: Underpinning international / national legislation / guidance
<ol style="list-style-type: none"> 1) CRC Article 6; 2, 19; 2 Article 27

Service Area 3: Family-based Care and Support

FAMILY-BASED CARE AND SUPPORT
A: DESIRED OUTCOME: what outcome are we aiming for when providing family-based care and support service to a child?
Child has at least one adult who provides care, support and protection: ie emotional, spiritual, and material support under a family-based care setting
B: Why is family-based care and support an important service to children?
<ol style="list-style-type: none"> 1) Responsible parenting ensures that children receive appropriate rearing and upbringing 2) It cultivates love and belonging, generates confidence and ambition even at early ages 3) It is strategic in instilling moral values and future trends in behavior
C: ESSENTIAL ACTIONS: what minimum actions does a standard family-based care and support service consist of?
<ol style="list-style-type: none"> 1) Facilitate each child to be under the care of at least one caring adult in a homely environment 2) Provide support, counseling, mentoring, training and information to parents and guardians on child development, child care and parenting skills 3) Advocate for and assist in transitioning children from institutional care settings or from living on the street to integrating them within family-based care
D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this service area?
<ol style="list-style-type: none"> 1) Offer counseling and support to families and households to understand parenting skills 2) Assist parents and guardians on proper parenting by frequently reminding them to ensure and monitor: timely attendance to primary healthcare needs; timely children enrolment to appropriate education level; and proper feeding according to the requirements of the child 3) Conduct periodic home visits to speak to parents and guardians or caregivers on safety requirements of the child. Discuss and inform them on the following: timely attention to information on abuse (e.g. of the girl-child); prohibiting bullying and discouragin unnecessary reprimands on the child
E: Additional guidance/ best practice notes
<ol style="list-style-type: none"> 1. Ensure that siblings, wherever possible, are kept together, on the death of their parents or caregivers 2. Families and households should be the first alternatives and orphanages and children’s home placements should be considered as a last resort 3. Consider removing a child from an abusing family 4. Conduct periodic visits on the street to trace unidentified street children and refer them to specialized institutions (e.g. children’s homes) and to the council social welfare office
F: What happens to children when we don’t provide good family-based care and support?
<ol style="list-style-type: none"> 1) Child may grow culturally detached from his/her community norms and practices 2) Child may find it difficult to socialize with peers in their community
G: REFERRAL RESOURCES: Where can we refer the child to (for this service) when we are not able to provide family-based care and support?
<ol style="list-style-type: none"> 1) These will be added by local implementing partners and direct service providers following a local implementing partners group meeting organized to develop a council-level MVC service providers directory 2) Keep record of all referrals made (and feedback on services received)
H: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome in family-based care and support?
<ol style="list-style-type: none"> 1) % of most vulnerable children who report receiving care, support and protection from a trusted adult in a homely environment

I: Underpinning international / national legislation / guidance

- 1) URT (*undated*) MALEZI YA WATOTO YATIMA NA WALIO KATIKA MAZINGIRA MAGUMU: Mwongozo wa Wawezeshaji. Wizara ya Kazi Maendeleo ya Vijana na Michezo. Idara ya Ustawi wa Jamii/UNICEF
- 2) Best practices: NACP/SWAAT-R (1999) The Mama Mkubwa Model for Community Based Support of Orphans. National AIDS Control Programme, Ministry of Health, Tanzania

Service Area 4: Social Protection and Security**SOCIAL PROTECTION AND LEGAL SUPPORT****A: DESIRED OUTCOME: what outcome are we aiming for when providing social protection and legal support to a child?**

Child is free from physical, emotional and sexual abuse, neglect and exploitation and has timely access to legal services

B: Why is protection and legal support an important service to children?

- 1) To protect vulnerable children and those affected or infected by HIV and AIDS who are often left without sufficient protection from abuse and neglect
- 2) To protect children and wives in particular, affected by HIV /AIDS who are at risk of having their property grabbed by relatives at times of particular vulnerability e.g. during the bereavement period

C: ESSENTIAL ACTIONS: what minimum actions does a standard social protection and security service consist of?

- 1) Support MVCC and community efforts for MVC to access children's rights including birth certificates. Facilitate identification, assessment, referrals and monitoring related to protective services
- 2) Take measures to prevent abuse by all persons in contact with most vulnerable children (i.e. project staff and volunteers, family and community members)
- 3) Inform and support children and their parents and guardians to access legal referral services in their neighborhood

D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this service area?

- 1) Assess risks faced by children and the adequacy of their care and protection in the household and community
- 2) Offer support in reporting any abuse or exploitation of children or abuse of human rights to government leaders in the village or ward level or to MVCC
- 3) Report to the police in cases where a criminal act is alleged to have been committed against a child or children
- 4) Work with the local community, particularly the MVCC, to educate families and communities on the basic rights of the child and to have zero tolerance for stigma and discrimination, abuse, neglect and exploitation of children
- 5) Identify and monitor children who are at high risk and refer them to protective services (legal and other)
- 6) Advocate with local authorities to enforce children's rights, protective laws and policies
- 7) Request legal counseling from the Council Social Welfare Officer in issues related to the separation of parents
- 8) Facilitate each child's birth registration through the Village or Ward Executive Officer
- 9) Sensitize communities about the need to prepare wills to safeguard inheritance rights of children and family members
- 10) At times of death in a family, ensure that the information is sent to the government authorities and the procedures for death registration are followed
- 11) Safeguard the property inheritance rights of the children or family members through referral to relevant village or ward authorities
- 12) Encourage guardians to formally foster or adopt children who have remained in their care
- 13) Refer children to service providers offering free legal aid where rights are being violated

E: Additional guidance/ best practice notes

- 1) Confidentiality must be observed and children should be respected in sensitive child abuse cases
- 2) Girl children should be given closer attention during support visits and when the volunteer is in contact with children, as girls are particularly vulnerable to abuse and exploitation
- 3) There should be close collaboration with the community in challenging traditional and discriminatory practices that harm the child in the family and the community
- 4) Children should be involved in and consulted on decisions that affect their lives
- 5) Particularly sensitive counseling may be required when it is confirmed that a child has been abused by a family member, to determine whether the child should remain in that family or be provided with alternative care. In such cases, referral to the council social welfare officer should be considered

F: What happens to children when we don't provide a good protection and legal support service?

- 1) They end up being abused, exploited and their properties grabbed away

G: REFERRAL RESOURCES: Where can we refer the child to (for this service) when we are not able to provide protection and legal support?

- 1) These will be added by local implementing partners and direct service providers following a local implementing partners group meeting organized to develop a council-level MVC service providers directory
- 2) Examples include the Police, council social welfare officer, and Village Executive Officer
- 3) Keep record of all referrals made (and feedback on services received)

H: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome in protection and legal support?

- 1) % of most vulnerable children who have birth certificates
- 2) % of most vulnerable children households who have made succession plans (will, identification of guardians)
- 3) % of abused children who have reported their abuse
- 4) % of abused children who receive services (legal, health)

I: Underpinning international / national legislation / guidance

- 1) URT; National Strategy for growth and reduction of Poverty June 2005

Service Area 5: Primary Healthcare

PRIMARY HEALTHCARE

A: DESIRED OUTCOME: what outcome are we aiming for when providing a child access to primary healthcare?

Child and other household members have access to appropriate primary healthcare services such as health education, immunization, have and sleep under insecticide treated nets, water treatment, HIV counseling and testing, good sanitation, and medical services when sick.

B: Why is primary healthcare an important service to children?

- 1) Most children have a "good health capital" and thus the main function of this service is to keep children healthy and help them develop habits to grow up into healthy adults
- 2) Children will be able to develop to their full potential physically, mentally or emotionally
- 3) Children will participate fully in school, work or play after adequate healthcare and treatment
- 4) Households with members with HIV/AIDS will have opportunities to receive health service which will enable them to continue to care for the children or older members in the household
- 5) Children will have access to primary healthcare services
- 6) Other household members (like guardians or parents) will benefit from good healthcare services through the children who will be supported through payment of their annual Health Insurance
- 7) Children with special health needs will be offered an opportunity to be served under the health insurance scheme

C: ESSENTIAL ACTIONS: what minimum actions does a standard primary healthcare service consist of?

- 1) Identify/ map health care services and health education opportunities for children and their caregivers
- 2) Determine and monitor child health status and access to services (e.g. immunization, primary healthcare, HIV screening and treatment, curative care, health education)
- 3) Assist children and their caregivers to overcome barriers to access healthcare (e.g. economic, geographic, cultural, linguistic) and advocate for Community Health Fund scheme.
- 4) Provide health education at the household and community level, provide ITNs or link MVC households with free ITN programs.
- 5) Advocate with health care providers to reach out to most vulnerable children and their households (outreach services for immunization, HIV testing and counseling, following up on pediatric AIDS treatment and ART, counseling for adherence, family planning, etc.)

D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this service area?

- 1) Assist all household members to have Community Health Fund card which they can use to access primary healthcare
- 2) Support children and the elderly over 65 years who are caring for most vulnerable children to access free health care as per government policy
- 3) Refer ill children to health facilities
- 4) Provide health education to children and other household members on environment cleanliness e.g. sewage and rubbish management, hygiene and sanitation, nutrition, clean and safe water
- 5) Provide health information related to different stages of childhood with a particular emphasis on adolescence free from HIV /AIDS
- 6) Facilitate households to receive insecticide treated mosquito nets from service providers supporting distribution of treated mosquito nets. Encourage all household members to sleep under treated mosquito nets
- 7) Provide counseling for HIV testing
- 8) Provide counseling for adherence if on ART treatment

E: Additional guidance/ best practice notes
<ol style="list-style-type: none"> 1) All household members' names should be included in Community Health Fund Card. If number of members exceeds limit for one card, another card should be issued 2) One health Insurance card should be issued per household and should not include people from another household/ family 3) MVCCs, volunteers, caregivers at community level be capacitated on various health information and education which they will be providing to the vulnerable households 4) Every family given a CHF card should be given easy-to-understand information on their entitlements under the card, from the organization providing the service 5) The families should be advised and referred to the community healthcare centers for regular checks on the health, particularly that of babies and children 6) Where possible, support should be provided to children and families that need to be accompanied to the health clinic or hospital, especially when they attend for the first time 7) It is necessary for the partner organization that is offering services to coordinate and link between MVCC and health facility when referrals are made 8) Transport costs may, in particular circumstances, have to be met in order for the family to be able to access the healthcare they need 9) In very exceptional circumstances, partners may need to support an emergency health intervention or one that cannot be met through the Community Health Care Card
F: What happens to children when we don't provide good access to primary healthcare?
<ol style="list-style-type: none"> 1) Children or family members who are sick will not have good health and will miss good opportunities for prevention or treatment of preventable and treatable diseases through health facilities 2) The increase in children's mortality rate resulting from malaria related diseases especially for the under fives from the families we are serving 3) Children and families are not able to use good hygiene, nutrition, and disease prevention services
G: REFERRAL RESOURCES: Where can we refer the child to (for this service) when we are not able to provide access to primary healthcare?
<ol style="list-style-type: none"> 1) These will be added by local implementing partners and direct service providers following a local implementing partners group meeting organized to develop a council-level MVC service providers directory 2) Keep record of all referrals made (and feedback on services received)
H: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome in primary healthcare?
<ol style="list-style-type: none"> 1) % of most vulnerable children ages 0 – 5 who are fully immunized 2) % of most vulnerable children with normal growth for age (recorded in their health cards) 3) % of most vulnerable children who are sleeping under insecticide treated mosquito nets 4) % of most vulnerable children who when ill are referred and treated at a health facility
I: Underpinning international / national legislation / guidance
<ol style="list-style-type: none"> 1) Unicef / WHO guidance 2) MOHSW policy 3) UNCRC 4) MDG nos, 4,5 & 6

Service Area 6: Psychosocial Care and Support

PSYCHOSOCIAL CARE AND SUPPORT
A: DESIRED OUTCOME: what outcome are we aiming for when providing a psychosocial support service to a child or household?
Child plays and interacts with others, content, self confident and has an outlook of independence. Child is cooperative and enjoys participation in play and other activities with adults and other children
B: Why is psychosocial care and support an important service to children?
<ol style="list-style-type: none"> 1) Meeting emotional and spiritual needs in addition to meeting a child's other material needs is a basic requirement to enable them to grow and develop into responsible and confident adulthood. This service recognizes that any child needs and deserves attention, to be comforted, to be listened to, supported to develop and grow, and to feel a sense of belonging 2) Children affected or infected by HIV suffer fear, trauma, and grief for those who have lost their parents, thus psychosocial support help them cope with such traumatic events in their lives

C: ESSENTIAL ACTIONS: what minimum actions does a standard psychosocial care and support service consist of?

- 1) Assess psychosocial needs of the child and other members of household in accordance with context
- 2) Strengthen family ability to support emotional and social development of children and adolescents
- 3) Build the capacity of communities (friends, neighbors, places of worship, schools, etc.) to provide emotional and social support to children and adolescents and their caretakers
- 4) Provide monitoring, referral and follow up for children and adolescents needing counseling by professionals or Para-professionals, or other psychosocial support services
- 5) Promote ethical practices for all who work with children so that care is appropriate in terms of gender, age, and special needs, so that equity of care, safety concerns, and continuity of care are safeguarded

D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this service area?

- 1) Conduct regular support home visits to assess situation, to monitor effectiveness of service, to refer to additional help when needed, and to provide support or advice when there is a problem or challenge
- 2) Provide counseling and guidance to boys and girls on life skills and sexual relationships (for older most vulnerable children)
- 3) Provide education to parents and guardians on caretaking skills and good parenting
- 4) Encourage parents and guardians to involve children in family and community events such as parties and burial ceremonies
- 5) Support caregivers to provide timely emotional and social support
- 6) Make referrals to spiritual guidance as appropriate

E: Additional guidance/ best practice notes

- 1) The main purpose of visiting children at their homes is to offer them with psychosocial support and provide a positive role model to caregivers
- 2) Children can also benefit from other social activities and sports, e.g. children clubs may offer great assistance to children
- 3) Children however may need to be supported by the caregiver or volunteer when they go to attend social events and sports for their first time
- 4) All volunteers need to be trained in basic social work practice
- 5) All social events or sports should consider the needs of boys and girls, as well as children with disabilities

F: What happens to children when we don't provide a good psychosocial care and support service?

- 1) Children are depressed, unable to function efficiently at home, at school and in the community, and are unable to make use of other services provided
- 2) Children and their families will continue to be neglected and may also be discriminated
- 3) Children who have experienced abuse and trauma, such as bereavement, may in later life turn to drugs and alcohol as a means to reduce their pain
- 4) Children will continue to disengage themselves from their peers and will lack a sense of confidence in their lives
- 5) Children's health status might continue to deteriorate
- 6) Children may grow up into irresponsible citizens

G: REFERRAL RESOURCES: Where can we refer the child to (for this service) when we are not able to provide it?

- 1) These will be added by local implementing partners and direct service providers following a local implementing partners group meeting organized to develop a council-level MVC service providers directory
- 2) Keep record of all referrals made (and feedback on services received)

H: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome for this service?

- 1) % of most vulnerable children enrolled in our program/ village/ street who score at least 3 on the CSI PSS scale

I: Underpinning international / national legislation / guidance

- 1) REPSSI guidance (REPSSI tools e.g. Introduction to PSS, Journey of Life, Memory and Hero Book etc.)
- 2) Best Practices: Lessons Learnt: The Kwetu Mbagala Girl's Home, Dares salaam
- 3) URT (2005) National Guidelines for Community Based Care, Support and Protection of Orphans and Vulnerable Children. Department of Social Welfare, 2005
- 4) Guidelines for establishing and managing children clubs (Tunajali program, 2006)

Service Area 7: Education and Vocational Training

EDUCATION AND VOCATIONAL TRAINING**A: DESIRED OUTCOME: what outcome are we aiming for when providing education and vocational training to a child?**

The child is enrolled, attends, and progresses well in school, vocational training, or engages in age appropriate work. Pre-school children are stimulated by play, story-telling, singing and participating in community events.

B: Why is education and vocational training an important service to children?

- 1) It stimulates the child and provides means for learning
- 2) Gives them life skills to enable them to earn a living and be able to protect themselves against different diseases e.g. HIV
- 3) Prepares children to be independent and teaches them how to cope with the environment surrounding them
- 4) Enables children to realize/identify themselves as part of the school, community, and society
- 5) Empowers them with means to development at household and community level
- 6) Ensure a nation with educated people who can make a difference, and provide economic growth for the whole country
- 7) Education is the best social investment in a child; the child acquires the skills and capabilities to handle life challenges, to be self-reliant and independent, and to be recognized and respected within the community
- 8) Most Vulnerable Children face additional challenges to develop their personality and talents. Supporting these children to have equitable access to education is therefore important and should entail specific attention to the needs of special categories (e.g. children living in the streets, with disabilities, early development stages)

C: ESSENTIAL ACTIONS: what minimum actions does a standard education and vocational training support service consist of?

- 1) Identify barriers and opportunities for the child to learn
- 2) Work with the household and the community to find solutions to the identified barriers to education (in school, pre school, vocational training)
- 3) Engage community leaders and institutions to provide continuous opportunities for children to learn (private sector, school, teachers, women's associations, chambers of commerce, etc.)
- 4) Facilitate provision of start-up tools to children attending vocational training
- 5) Monitor children's enrollment and learning on a continuous basis(early childhood development and progress to vocational training)
- 6) Provide monitoring, advice and support as needed during transition from school to vocational training, and from vocational training to work

D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this service area?

- 1) Support caretakers and parents to enroll children in school and support them to continue to go to school
- 2) Facilitate provision of at least 1 complete school uniform (not only a skirt or a shirt) every year
- 3) Visit the child at school and at home to monitor and support progress in school
- 4) Engage the community in finding solutions regarding payment of school fees, school supplies, school uniforms, and promoting optimal learning conditions
- 5) Facilitate provision of school materials in keeping with what other children in the class / school have. If a child is disabled and unable to attend school, facilitate provision of assistance devices such as wheelchairs and hearing aid devices
- 6) Organize after school learning support groups (tutors, remedial classes, etc)
- 7) Facilitate provision of vocational training support such as fees and materials
- 8) Work with communities, including teachers and mentors, to increase their understanding of emotional stress and hunger as barriers to learning
- 9) Initiate food for education programs through sensitization at the village level. Link to existing school food programs and school committees as available.

E: Additional guidance/ best practice notes

- 1) Children should wherever possible, go to a normal, community based school suitable for their age
- 2) The service should continue to be offered to a child as long as the child is at school regardless of his/her age
- 3) Advocacy and preparation may be necessary to enable a child to be registered with the school. The volunteer or MVCC member should liaise with the head teacher to ensure that children can be enrolled and can start on the next suitable date
- 4) Most vulnerable children should be supported to enroll in school on the first day and in the class appropriate for their ability and age. It will be important to work with the child's caretaker / guardian to have them support the child's attendance and performance at school
- 5) The MVCC / organization should work with the school and / or Ward Education Officer on issues related to education service for children
- 6) Children who are starting secondary school, or have more than 2 years before they complete, should be the first to be offered with education service using the program funds but with special arrangements that ensure families with such children are supported with services that will strengthen their economic situation so that they are able to continue to support or to care for the children in the remaining years
- 7) If school uniforms are provided, it is good to ensure they fit a particular child, giving some room for growth. It should be appropriate for the climate in the area and ideally, two sets should be available at any given time. The uniform should be given out by the volunteer and at least one MVCC member and if possible they should be given / delivered in the privacy of a child's own home, if not, then they should be given out at the location which is close to the families with the children concerned

F: What happens to children when we don't provide a good education and vocational training service?

- 1) Children will not be able to attend school
- 2) Children report negative feelings about school, and even feel abused and or neglected because they are not supported with education service
- 3) Girls (in particular) will be put at risk to engage in sexual activities at their young age in order to meet school requirements such as school fees, uniforms, school materials etc
- 4) Children will not be motivated to continue with their studies at school and therefore they will drop out from school
- 5) Children will be forced to drop out of school due to lack of school fees, school uniforms and other essential requirements
- 6) There will be an increase in number of children living on streets

G: REFERRAL RESOURCES: Where can we refer the child to (for this service) when we are not able to provide education and vocational training support?

- 1) These will be added by local implementing partners and direct service providers following a local implementing partners group meeting organized to develop a council-level MVC service providers directory
- 2) Keep record of all referrals made (and feedback on services received)

H: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome in education and vocational training?

- 1) % of most vulnerable children in our program/ village/ street who are enrolled in school or pre school or vocational training
- 2) % of most vulnerable children in our program/ village/ street who are attending school regularly
- 3) % of most vulnerable children who successfully move on to the next grade/ class

I: Underpinning international / national legislation / guidance

- 1) Article 28, UNCRC: "States Parties recognize the right of the child to education [and shall] make primary education compulsory and available free to all..."
- 2) Tanzania law related to education
- 3) Education is the child's right
- 4) Child Friendly Schools Project, CFS under MoEVT/ UNICEF
- 5) Education Sector Development Program ESDP (1999) that is implemented through the PEDP (2002-06) and second phase of PEDP (2007-2011) and SEDP (2004-09)
- 6) URT (2004b) Education Sector Development Program: Guidelines for Provision of Scholarship Grants to Secondary School Pupils from Low Income Households. Ministry of Education and Culture, BEDC, July 2004

Service Area 8: Household Economic Strengthening

HOUSEHOLD ECONOMIC STRENGTHENING**A: DESIRED OUTCOME: what outcome are we aiming for when providing household economic strengthening?**

Caregivers/ households are able to meet most vulnerable children's basic needs without relying on external support

B: Why is household economic strengthening an important service to children?

1. Household economic capacity reduces dependency and minimizes most vulnerable children vulnerability
2. It helps a child and household to progress well in their life

C: ESSENTIAL ACTIONS: what minimum actions does a standard household economic strengthening service consist of?

- 1) Work with community to map economic strengthening opportunities and activities in community and refer MVC households.
- 2) Work with families/ households to map economic opportunities at household level
- 3) Support households to engage in selected income generating activities
- 4) Engage district, ward or village extension workers able to give advice (e.g. formation of marketing associations) and support.
- 5) Monitor whether increased income is being used to meet basic needs of household, especially children in household

D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this service area?

- 1) Facilitate/ link to training on: setting up and managing a small business, book keeping, budgeting activities, credit and savings schemes, small-business loan programs and record keeping, selling and marketing of products, and technical skills and expertise related to running a particular type of business
- 2) Facilitate access to credit schemes (those currently provided by the Government and related institutions) and or refer participants to SACCOS and VICOBA, and other low-interest credit schemes
- 3) Facilitate provision of tools, seeds, equipment and or materials to establish a small business
- 4) Offer advise, guidance, support and mentoring in identifying resources required to establish a particular type of business or income generating activities
- 5) Refer to district, ward or village extension workers able to give advice and support
- 6) Motivate and involve the community in provision of land to most vulnerable children households to enable them cultivate food and cash crops so as to increase their income

E: Additional guidance/ best practice notes

- 1) Household economic strengthening is a central or key service to meet the needs of most vulnerable children e.g. education, health care, and shelter
- 2) In families where the adults are sick or elderly, the income generation scheme should be one that can involve the children in its management
- 3) It will be very important that the volunteer for the family continues to visit and monitors the use and effectiveness of the IGA on a regular basis, and that a referral is made for advice to the relevant organization or experienced individual to support the effectiveness of the IGA
- 4) Where household income is the case, women have been found to often be better managers of money. However, this will need to be assessed on an individual and case by case basis and to identify how training could be offered to both men and women in order to equip them with skills managing finances especially those obtained from different projects
- 5) Make sure that child does not miss school because of work on household economic strengthening activities
- 6) Assess income before and after intervention to verify improvements

F: What happens to children when we don't provide a good household economic strengthening service?

- 1) Families remain poor and also with high dependence on external support
- 2) Children's school performance and attendance become poor
- 3) Small businesses that are established do fail
- 4) Families are unable to get access to credit because of poor management of the already established businesses
- 5) The impact of our work in providing services to children will not be noticed unless there are successful sustainable income generating activities

G: REFERRAL RESOURCES: Where can we refer the child or the household to (for this service) when we are not able to provide household economic strengthening?

- 1) These will be added by local implementing partners and direct service providers following a local implementing partners group meeting organized to develop a council-level MVC service providers directory
- 2) Keep record of all referrals made (and feedback on services received)

H: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome in household economic strengthening?

Number and % of MVC caregivers who are able to meet their household basic needs as a result of economic strengthening interventions

I: Underpinning international / national legislation / guidance

1. ILO Guidelines on Child Labor

5. Cross Cutting Areas: Prevention, Coordination and Sustainability

PREVENTION, COORDINATION AND SUSTAINABILITY

A: DESIRED OUTCOME: what outcome are we aiming for in prevention, coordination and sustainability?

Communities are aware of determinants of child vulnerability and are able to take action to prevent children from becoming most vulnerable. Children and their household needs are routinely assessed, prioritized, and addressed through a well coordinated mechanism which avoids service overlap/ duplication and fosters continuity of care. Children are receiving services in all service areas according to needs where child status is rated bad or very bad

B: Why prevention, coordination and sustainability are important

- 1) If we address causes of child vulnerability, we will reduce the number of children becoming vulnerable in our society
- 2) Coordination is important because this is the process whereby the holistic needs of most vulnerable children and their households are assessed, prioritized, and addressed directly by direct service providers (such as a volunteers and MVCC members) or through linkages and referrals to other services
- 3) Coordination avoids overlap and duplication, while maximizing coverage and links to other services
- 4) Most vulnerable children care and support become effective when holistic, interdependent and sustainable
- 5) Sustainability is key to achieving all desired outcomes stated above

C: ESSENTIAL ACTIONS: what minimum actions do prevention, coordination and sustainability consist of?

- 1) Collaborate with communities and other stakeholders to identify and mitigate causes of child vulnerability
- 2) Conduct household assessment and develop care and support plans for each child and household
- 3) Work together with other direct service providers to map services in your area and neighborhood that are relevant to child wellbeing
- 4) Perform joint monitoring (with other direct service providers) of needs and fairness in service provision and impact on child
- 5) Mobilize communities to support most vulnerable children and their families or households
- 6) Provide child-focused, household-centered care and support which address the needs of the household
- 7) Work with MVCC to advocate for inclusion of MVC action plan in village comprehensive plans

D: ILLUSTRATIVE ACTIVITIES: what are some examples of how we can implement these essential actions in this area?

- 1) Map and collaborate with other stakeholders providing services which aim to prevent child vulnerability
- 2) Work with MVCCs in planning, implementation and monitoring of service provision to most vulnerable children.
- 3) Ensure active participation of most vulnerable children during MVCC meetings and monitoring of service provision.
- 4) Attend regular monthly or quarterly ward/ village MVCC meetings to map services in your area and update service directory.
- 5) Maintain a directory of services for most vulnerable children for reference when considering referrals or when considering linking children to other service providers for services you can not provide.
- 6) Perform joint monitoring and reporting (with other service providers) of needs and status of service provision and impact on child.
- 7) Document unavailable but needed services and identify how they may be pursued.
- 8) Through the village MVCC, mobilize communities to support most vulnerable children and their families, e.g. by communities contributing resources (in-kind or financial) to the village MVC fund

E: Additional guidance/ best practice notes

- 1) MVCC is an ideal base for coordinating MVC care
- 2) Timely reporting and referral of children (and their caregivers) to appropriate service or authority, with follow up to ensure that the service was rendered, are essential components in ensuring comprehensive care

F: What happens to children when we don't ensure there is prevention, coordination and sustainability?

- 1) More children will become vulnerable and the problem will grow bigger
- 2) Children will lack services you cannot provide and so it will be difficult to achieve a continuum of comprehensive care and support
- 3) There may be overlap or duplication of service for some children
- 4) We won't make any meaningful change to the lives of children if our support is not going to be sustainable in the long run

G: INDICATORS: what should we monitor to ensure we are on track or ensure that we are achieving desired outcome in prevention, coordination and sustainability?

- 1) Number of most vulnerable children in each council
- 2) % of most vulnerable children and households whose needs have been assessed, prioritized and addressed
- 3) % of most vulnerable children who receive a home visit at least once a month
- 4) % of MVCC (within each district) that have submitted MVC action plans to district council

H: Underpinning international / national legislation / guidance

- 1) National Costed Plan of Action 2007 – 2010
- 2) Child Development Policy
- 3) UN Convention on Child rights

6. Resources Requirement for Quality Improvement

The government, local government, development partners, and communities will provide resources for quality improvement. These will include financial and human resources. However, your effort and commitment to facilitate quality improvement at the point of service delivery is the most required resource for positive change in the lives of most vulnerable children.

7. Public Health Education

Public health education is a strategy employed by the government to increase community awareness on MVC needs and services. The government will continue to use different types of media to engage the community to increase their commitment to support most vulnerable children.

8. Monitoring and Evaluation

REPORTING TO RELEVANT LEVELS
A: Why is reporting important?
<ol style="list-style-type: none">1) Provides authorities at all levels with important information for planning, decision-making, and taking corrective actions2) Can be used to tell whether our service has had any impact on the lives of the children
B: ESSENTIAL ACTIONS: what minimum actions does reporting consist of?
<ol style="list-style-type: none">1) Ensure that relevant forms are filled for each visit and or each service. This will include filling household assessment tool and or family version of child status index tool at least once in every six months2) Prepare and send monthly/ quarterly summary forms to MVC program/field officer3) Keep a record of children served, and the kind and frequency of service provided4) Attend and share reports in monthly/ quarterly MVCC meetings
C: Underpinning international / national legislation / guidance
<ol style="list-style-type: none">1) National Monitoring and Evaluation Plan

9. Conclusion

If we ensure that all children and their households are getting good and quality service, enabling them to be protected and receive good care, then we will be able to see real changes in their lives. They and their households will be guaranteed a better quality of life just like other people – we all have the right to reach our potential as human beings. If we work together with love, we will be able to accomplish this and we will enable the community to experience love and live happily. All of us together with the children can bring changes.

All children belong to all of us, let us care and love them.

10. References

- 1) National Costed Plan of Action for Most Vulnerable Children 2007 – 2010 (2007), Ministry of Health and Social Welfare, United Republic of Tanzania
- 2) National Framework on Quality Standards of Care for Service Provision to Most Vulnerable Children (2008), Ministry of Health and Social Welfare, United Republic of Tanzania
- 3) Guidelines for Service Providers in Villages and Streets for Delivery of Services to Most

Vulnerable Children in the Jali Watoto Programme (2007), Pact Tanzania

- 4) Quality programs for Orphans and Vulnerable Children; A Facilitator's Guide to Establishing Service Standards (2008), Pact, Washington DC and USAID HCI, Bethesda, DM
- 5) FHI Quality Improvement Guidelines for Care and Support Programs for Orphans and Other Vulnerable Children (2009), Family Health International publication

11. Appendices

11.1 Glossary

Best practices

Best practices are examples of what has worked in other areas, and they are included here to provide you with additional guidance.

Desired outcome

These are statements that state the expected observable changes or status in the lives of individuals (in this case, Most Vulnerable Children) that a service hopes to accomplish.

Essential actions

These are actions which a standard service consists of. Thus for it to be effective in achieving the desired outcome, each service in these guidelines must endeavor to include essential actions listed under each service area.

Guidelines

Guidelines are recommendations indicating how something should be done or what sort of action should be taken in a particular circumstance. Organizations establish and use guidelines to promote excellence and function more optimally.

Illustrative activities

These activities are included under each service area to provide you with guidance on kind of activities you should do in delivering the service.

Indicators

Indicators constitute what you should monitor in order to know whether you are on track to achieving desired outcome.

Most Vulnerable Children

These are children under 18 who lack enough care, support and protection and who have been officially identified through the national MVC identification process being implemented by the Ministry of Health and Social Welfare and the Prime Minister's Office Regional Administration and Local Government, through council authorities and communities. The criteria for identifying MVC in a particular village or street are set by community members at a public village/street meeting. But in general, Most Vulnerable Children are those living in child-headed households, or cared for by elderly, or orphans, or those with disabilities, or those caring for chronically ill parents.

11.2 Child Status Index (CSI) Household Version

CHILD STATUS INDEX (CSI) HOUSEHOLD VERSION (September 2009)

Location: Region: _____ District: _____ Ward _____
Village/Neighborhood _____

Household Background:

Name of Caregiver: _____ Age of Caregiver: _____ Sex (M/F)
No. of Children (<18 yrs) in household: _____ Below List Other Adults in the Household (Name(s), Age(s), and Relation)

Has the caretaker had training on PSS/care taking skills? (yes/no)

Prime source of household income: _____ Highest level of education of caregiver: _____

Monthly household income: (Below/Same/above the per capita income of Tsh 48,000/month)

Does the caregiver own land? (Yes/No)

Household environment Condition (walls/roofing and floor material) Good Fair Bad Very Bad

Walls: 1) Mud 2) Cement 3) Mixture of mud and chalk;

Roofing material 1) Aluminium 2) Thatch 3) Tiles; **Floor** 1) Mud 2) Cement

I. IMPORTANT HOUSEHOLD EVENTS:

(Check any events that have happened since the last CSI assessment or 6 Months.)

___ Child(ren) left program

___ Child(ren) pregnant

___ Child(ren) died

___ Parent ill

___ Parent/guardian died (specify who-_____)

___ Family member died

___ Change in caregiver

___ Change in living location

___ Community violence

___ Other (Specify) _____

Comment(s) if necessary:

SCALE FOR CSI SCORES:

- 4 = Good No concerns and no apparent risk for this factor
- 3 = Fair Generally acceptable. Little concerns from caregiver or field worker.
- 2 = Bad Concern, additional services or resources are needed.
- 1 = Very bad Serious risk on this factor; urgent attention may be needed.

Evaluator's Name or ID:	Child: M/F		Child Name:		Child: M/F		Child Name:	
	Age:	Date	Relationship to caregiver:	Age:	Date	Relationship to caregiver:	Age:	Date
	Scores (Circle One)		Action taken today/ comments	Scores (Circle One)		Action taken today/ comments	Scores (Circle One)	
II. CSI SCORES								
Domains								
1. FAMILY-BASED CARE								
1a. Presence of able-bodied adult	yes/no		yes/no		yes/no		yes/no	
2- SHELTER								
2a. Child's Sleeping Area	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
3. PSYCHOSOCIAL								
3a. Emotional Health	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
3b. Social Behavior	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
4. EDUCATION AND SKILLS								
4a. Performance	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
4b. Education/Work	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
5- HEALTH								
4a. Wellness	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
4b. Health Care Services	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
6-FOOD AND NUTRITION								
6a. Food Security	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
6b. Nutrition & Growth	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
7-ECONOMIC STRENGTHENING								
7a. Source of cash income	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	
8- PROTECTION								
8a. Abuse & Exploitation	4 3 2 1		4 3 2 1		4 3 2 1		4 3 2 1	

<p>8b. Legal Protection</p> <p>Source of Information: (Circle all that apply)</p>	<p>4 3 2 1 </p> <p>Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker, Other _____</p>	<p>4 3 2 1 </p> <p>Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker, Other _____</p>	<p>4 3 2 1 </p> <p>Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker, Other _____</p>	
<p>III. TYPES OF SUPPORT / SERVICES PROVIDED (at present):</p>				
<p>a. Food & nutrition support (such as supplemental foods)</p>	<p>What was provided and to whom?</p>			<p>Who provided services? (e.g. NGO, neighbor, teacher, church, or other)</p>
<p>b. Shelter & other material support (such as house repair, clothes, bedding)</p>				
<p>c. Care (caregiver received training or support, child placed with family)</p>				
<p>d. Protection from abuse (education on abuse provided to child or caregiver)</p>				
<p>e. Legal support (birth certificate, legal services, succession plans prepared)</p>				
<p>f. Health care services (such as vaccinations, medicine, ARV, fees waived, HIV/AIDS education, referrals)</p>				
<p>g. Psychosocial support (clubs, group support, individual counseling)</p>				
<p>h. Educational support (fees waived; provision of uniforms, school supplies, tutorials, other)</p>				
<p>i. Livelihood support (vocational training, micro-finance opportunities for family, etc)</p>				
<p>j. Other:</p>				
<p>Additional Actions Required and/or services needed:</p>				



Thirty one young people ages 12 – 19 came from eight regions of Tanzania to Morogoro in March 2009 to represent their peers – the country’s most vulnerable children – at an unprecedented two-day workshop that provided their expert feedback on services they receive and inputs on how to improve them

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