COMMUNITY ATTITUDES AND SUSTAINABILITY OF MOST VULNERABLE CHILDREN PROJECTS: A CASE OF MOROGORO MUNICIPALITY

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ABSTRACT

This study investigated the influence of community attitude on sustainability of Most Vulnerable Children (MVC) projects. It was conducted in Morogoro Municipality with the view to establish the nature of support provided by CARE International to MVC, examine community involvement in MVC projects, explore community attitudes towards MVC and MVC projects, find out whether *mtaa* Most Vulnerable Children (MVCC) continued to support MVC, assess the effect of community attitudes on sustainability of *mtaa* MVCC and evaluate the livelihood security of MVC households. The study was descriptive and involved 130 respondents. Sampling of the study area and key informants was done purposively while household respondents were sampled by simple random sampling technique. Quantitative data were collected by using an interview schedule while qualitative data were collected through interviews and focus group discussions. Secondary data were collected through document review. Quantitative data were analysed by using Statistical Package for Social Sciences (SPSS) software while qualitative data were analysed by using content analysis technique. Study findings show that few MVC and household heads were supported by MVC projects, that community members were not involved adequately to identify MVC, their needs and how to address them, that community members had negative attitude towards MVC and MVC projects, that *mtaa* MVCCs were not sustainable, that negative attitude towards MVC significantly affected sustainability of *mtaa* MVCC projects, and that support provision by MVC projects had not improved the economic and food security of MVC households.

DECLARATION

I, BEATRICE STEPHEN KASHEGA, do hereby declare to the Senate of the Sokoine University of Agriculture that this dissertation is my own original work done within period of registration and that it has neither been submitted nor being concurrently submitted to any institution for a higher degree award.

_____ _____

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The above declaration is confirmed by

_____ _____

Dr. Nombo, C.I. Date

(Supervisor)

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DEDICATION

This work is dedicated to Willyhardus Buberwa Karumuna, my beloved husband and to Bibiana Asimwe, Wilvina Kokuhaisa, Eudosia Kahumbya, Wilbroad Rutakumwa and Sweetberth Rwehikira, my children.

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AIDS	Acquired Immune Deficiency Syndrome
CHF	Community Health Fund
CSOs	Civil Society Organisations
DEDs	District Executive Directors
FGD	Focus Group Discussion
HACOCA	Huruma Aids Concern and Care
HFIAS	Household Food Insecurity Access Scale
HIV	Human Immunodeficiency Virus
IFAD	International Fund for Agriculture Development
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA	National Costed Plan of Action
NGOs	Non-Governmental Organisations
REPOA	Research in Poverty Alleviation
SACCOS	Saving and Credit Cooperative Society
SPSS	Statistical Package for Social Sciences
UNICEF	United Nation Children's Fund
URT	United Republic of Tanzania
USAID	United States Agency for International Development
VICOBA	Village Community Bank
WCED	World Commission on Environment and Development
WEOs	Ward Executive Officers
WHO	World Health Organisation

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background information

Most Vulnerable Children (MVC) can be defined as children whose safety, well-being or development is at significant risk. The United Republic of Tanzania (URT) (2008) describes most vulnerable children (MVC) as children who experience any of the following conditions: lives in extreme poverty; is affected by a chronic illness and lacks adequate care and support; lives without adequate adult support; lives outside of family care; is marginalized, stigmatized, or discriminated against; has disabilities and lacks adequate support. In the context of this study, MVC are defined as children aged between 0-18 years who lack enough care, support and protection and who have been officially identified through the national MVC identification process. The criteria for identifying MVC in a particular village or *mtaa* (in Tanzania urban context, a *mtaa* is an administrative unit lower to ward level) are set by community members at a public village/*mtaa* meeting.

Approximately, 26.3% of the global population is children (World Demographic Profile, 2011). In Tanzania, approximately 50% of the population, amounting to over 18 million was children aged below 18 years (REPOA, 2008a). Although children constitute an important segment of society, they are increasingly becoming subjected to conditions and practices that deny them access to basic rights and needs, care and support; rendering them most vulnerable children. Worldwide, 15 million children have been orphaned due to AIDS, with 11.6 million orphans due to

AIDS in sub-Saharan Africa alone (UNICEF, 2009). Sub-Saharan Africa has the greatest proportion of children who are orphans. According to URT (2008a), in 2006 the number of MVC in Mainland Tanzania was estimated to be close to 930 000 which was five percent of child population (URT, 2008). By 2009, this number had increased by eleven percent, amounting to sixteen percent of the child population in Tanzania (Mamdani *et al.*, 2009). In Morogoro Municipality, with an approximate child population of 90 707, the number of children identified as most vulnerable in 2009 were 9 073, among whom 4654 (51.3%) were girls and 4419 (48.7%) were boys (HACOCA, 2010).

Traditionally, orphans and other vulnerable children in Tanzania were well taken care of by their close relatives and neighbours. When the number of MVC increased beyond the capacity of the community to handle some of these children were taken to orphanages, others were taken by step parents, and others were adopted (URT, 2009). By 2004, 53% MVC were being cared for by the elderly while 12% were living in child-headed households (ibid, 9pp). Due to the ever increasing number of MVC and weakening of traditional safety nets the government and donor funded nongovernmental organisations (NGOs) started to provide care, support and protection to MVC.

Among donor funded NGOs that emerged to support MVC was CARE International. Principally, the NGO aimed at creating a programme that would be sustainably managed by community members upon ending donor support. It operated in Morogoro Municipality from 1994 and phased out in 2010. Thereafter, the

responsibility to support MVC was entrusted to *Mtaa* Most Vulnerable Children Committees (MVCC). The prime responsibility of MVCC was to identify MVC and ensure that they have adequate protection and access to all essential services (URT, 2008; Mamdani *et al.*, 2009).

Besides, the Government of Tanzania passed Child Development Policy in 1996. The policy, among other issues, addresses protection of MVC by: (i) educating and mobilizing parents, guardians, communities and institutions to understand and implement child righst; (ii) establishing a system of caring for children in difficult circumstances by identifying them and recognizing their needs, (iii) mobilizing and involving the community in providing services for MVC; (iv) setting aside adequate resources for supporting MVC; (v) Providing MVC with expertise and services which cater for their needs, and (vii) Providing MVC with guidance and counseling (URT, 1996).

Furthermore, the Government established national guidelines for improving quality of care, support and protection for most vulnerable children in 2008 and 2009 so as to ensure that MVC get quality care, support and protection (URT, 2009). According to these guidelines, these activities should ensure access, continuity, compassionate relations, and participation of various stakeholders and sustainability of MVC projects (URT, 2009).

Amidst these efforts by the Government and NGOs to address MVC menace, Obiero and Nyangara (2009); Nyangara *et al.* (2009), reported perception of negative

attitude towards the services MVC and their families received. It is generally known that attitude can influence disposition to participate and/or support project interventions. While positive attitude can foster willingness to participate and/or support, negative attitude has adverse effects. It can undermine the willingness of community members to participate and/or support project interventions on voluntary basis.

1.2 Problem statement

Although the Government of Tanzania and NGOs, both local and foreign do a lot to support MVC projects, experience shows, generally, that these projects lack sustainability. While advocates of sustainable development (Leiserowitz, *et al.*, 2006) recognize that its realisation requires changes in human values, attitudes and behaviours, Nyangara *et al.* (2009); Obiero and Nyangara, (2009) found that beneficiaries commonly reported perception of jealousy, resentment, stigma and other forms of negative attitudes and increased expectations of external support from NGOs supporting MVC. However, information on whether negative community attitudes affected sustainability of MVC projects was not yet clearly known hence, the need for undertaking a formal investigation on the influence of community attitudes on the sustainability of MVC projects.

1.3 Objectives of the study

1.3.1 General objective

To investigate the influence of community attitudes on sustainability of MVC projects.

1.3.2 Specific objectives

i. To establish the nature of support provided by CARE International to MVC;

ii. To examine community involvement in MVC projects;

iii. To explore community attitudes towards MVC and MVC projects;

iv. To find out whether *mtaa* MVCC continued to support MVC;

v. To assess the effects of community attitudes on sustainability of *mtaa* MVCC.

vi. To evaluate livelihood security of households with MVC.

1.4 Research questions

i. What support was provided by CARE International to MVC?

ii. What support was provided by CARE International to MVC households?

iii. In which ways did community members involve in MVC projects?

iv. What were community attitudes towards MVC?

v. What were community attitudes towards CARE International interventions?

vi. Did *mtaa* MVCC continue to support MVC?

vii. Did community attitudes affect sustainability of *mtaa* MVCC projects?

viii. Did community support lead to food and economic security for MVC households?

1.5 Justification and significance of the study

Recently, the number of children who had been orphaned or made vulnerable had been enormous; amounting to 16 percent of child population (Mamdan *et al.*, 2009). Meanwhile, there had been a tendency on the part of MVC programme/project

managers and policymakers to perceive the situation as an emergency; demanding rapid, short-term action to mitigate its immediate consequences. However, it has increasingly been recognised that MVC menace is a long-term development need (UNICEF, 2009) that requires collective community action (Mkama, 2007). Therefore, it is important to undertake studies on community attitudes so that newly established projects consider its influence in the design and implementation of MVC projects.

Lack of sustainability for MVC projects affects a wide range of actors. Therefore, study findings will be used as baseline information by policy makers in the course of formulating policies and guidelines about MVC interventions. For development practitioners, the study will serve as an "add on" to their endeavor to make MVC projects sustainable by reviewing their design and approach towards MVC projects.

1.6 Conceptual framework of the study

Of recent, taking care and supporting MVC has increasingly become the responsibility of community members in collaboration with voluntary agencies, both in private and public sectors. Support provision is aimed to improve livelihood security of MVC and their households in various ways including food and economic security. Nonetheless, the willingness of community members to support MVC and their households, depend on, among other factors, the attitude of community members towards MVC and their families. While positive attitude can scale up care and support, and eventually sustainability of the project, negative attitude has adverse effects. In either case, the consequences of community and attitude and

support can change or reinforce existing knowledge and attitude about MVC and their families thereby providing a mechanism either for or against supporting MVC and their families. In the same vein, background variables such as age, education, marital status, household size, occupation and sex of household head can impact on the success of the project either positively or negatively.

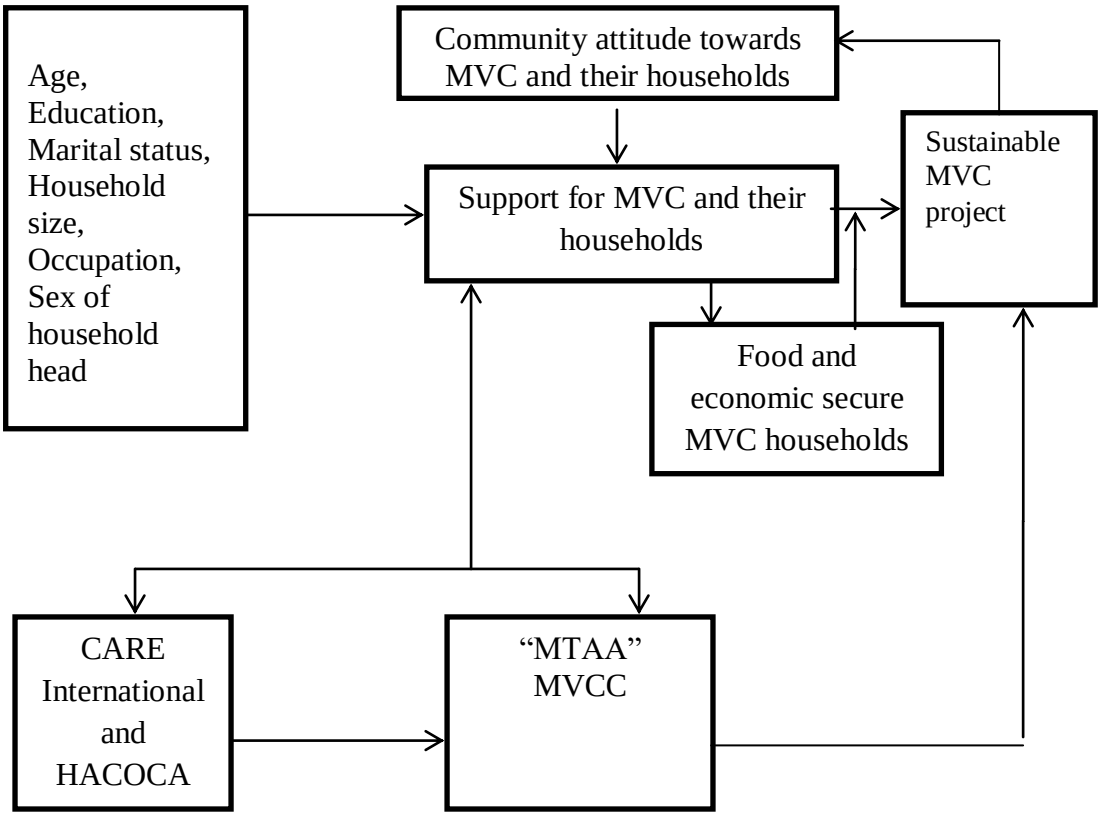

Figure 1: Conceptual framework of the study

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Conceptualisation of MVC

Most Vulnerable Children (MVC) can be defined as children whose safety, well-being or development is at significant risk (UNICEF, 2009). This includes those living in child-headed households, or cared for by the elderly, or orphans, or those with disabilities, or those caring for chronically ill parents (URT, 2009). In the context of this study, MVC referred are children aged between 0-18 years who lack enough care, support and protection and who have been officially identified through the national MVC identification process.

2.2 Support provided by MVC projects to MVC and their families

In many countries, MVC are cared for largely through the support of Civil Society Organisations (CSOs). Much of this support comes through small-scale projects and direct material assistance to MVC and their families to complement family and community resources so that the needs of children are met (Brown, 2008). Since the family is generally, the optimal environment for a child to develop, assistance programmes/projects are encouraged to support MVC in their respective loving family situation (URT, 2009).

In Tanzania, for a long time, majority of MVC have been cared for by relatives, parents and guardians at home whereas extended families have been indispensable units for supporting MVC (URT, 2009). Over time, however, extended families are

fading out due to rampant household income poverty, effects of globalization, and socio-economic changes; rendering them increasingly unable to meet the basic needs of MVC (URT, 2009; 2008; REPOA, 2008). At the same time, the number of MVC has continued to grow unprecedented. This necessitated the government and other stakeholders to support both MVC and their households. The main service areas for household and child level care are food and non-food support. Non food support includes shelter, clothing, bedding and other household equipment and necessities, health care, educational and vocational training, and economic capacity strengthening (URT, 2008).

Supporting MVC and their households with food aims to ensure that MVC have nutritional resources similar to those of other children in their communities (URT, 2009) and facilitate physiological and emotional development of children (URT, 2008). The support also targets at providing training for the child's care giver on nutrition, diet, and food preparation, and optimizing access to food through either production or purchase (URT, 2009). In most projects supporting MVC, however, the tendency has been to provide MVC and/or their families with food for direct intake. This kind of support is short lived and in most cases bear diminutive significance for the food itself is inadequate and irregularly provided (Daniel 2007).

The provision of shelter services aim at ensuring that MVC have access to safe, secure of wind and water tight housing, comparable to other types of shelter in the community (URT, 2009). However, important shelter support is, not all MVC need shelter and that the magnitude of MVC needs for shelter vary from household to

household, and from place to place (for example, between rural and urban areas) depending on the economic status of the household and location. According to URT (2008), MVC who qualify for shelter support are (i) those who do not have shelter at all and whose parents/guardians are not capable of constructing any due to their age, physical disability, and/or economic status; (ii) MVC who have shelter but of poor quality, requiring replacement and/or major upgrading; (iii) MVC who have shelter that needs repairs and maintenance to improve its habitability; (iv) MVC who live in rented shelter in urban areas and are not able to meet the cost of monthly rent. Therefore, based on these criteria, community members are encouraged to identify MVC in need of shelter and support them through *mtaa* MVCC.

The provision of primary health services to MVC and other household members target at making MVC develop to their full potential physically, mentally and emotionally (URT, 2009). One of the best practices for realizing this objective is to provide Community Health Fund (CHF) cards to MVC and their household members (Mamdan *et al.*, 2009). Possession of CHF card entitles MVC and other household members to “free” medical services in government health centres and dispensaries throughout the year (URT, 2001). Entitlement to this card, however, calls for annual fees payment which vary from TZS 5 000 to 10 000, depending on the amount set by the relevant authority. For that reason, an NGO or *mtaa* MVCC supporting MVC is obliged to pay for that card on behalf of MVC and their households.

2.3 Defining community

The word 'community' is an umbrella term that is defined and applied in numerous ways. For some people, it may be used to refer to geographic communities where members are based on region (Ife, 1997). For others, it refers to a unit of social organisations such as worker and community associations (Ismail, 2001). Additionally, cultural groups that can be identified through religions or races can also constitute a community (Ismail, 2001). Despite the latitude of meanings the term community bear, a more comprehensive definition is provided by Garcia *et al.* (1999). A community is a group of people that shares a common territory, a set of common resources, and a common culture, that interacts frequently, and that considers themselves as part of a social group defined as a community. This study adopted this definition with respect to Morogoro Municipality. Administratively, a municipal is made up of several wards, which in turn are made up of several *mitaa* (plural form of *mtaa).* In respect to MVC response, *Mtaa* MVCC is formed at the *mtaa* level while Ward MVCC is formed at the ward level (URT, 2008; Mamdani *et al.*, 2009).

2.4 Community involvement

In some literature the word involvement is synonymous with participation while in others it is contested. For those contesting, the argument is that involvement connotes the passive forms of participation while participation connotes active forms of participation (Dekeba, 2001). Despite this debate there is a consensus that participation is an umbrella term that is so widely used that its meaning is often unclear (WHO, 2002). Pretty *et al.* (1995), for example, argue that the term

participation has been used to build local capacity and self reliance, but also to justify the extension of control of the state. It has been used to devolve power and decision making away from external agencies, but also to justify external decisions. It has been used for data collection and also for interactive analysis. But more often than not, people are dragged into participating in operations of no interest to them, in the very name of participation.

The assertion above shows that participation is an all-embracing concept and is practiced in different ways. In this study the synonymous use of involvement and participation was preferred. Thus, it is important to provide a coherent definition that combines the terms community and involvement. According to Dekeba (2001), community involvement means that people, who have both the right and duty to participate in solving their own problems, have greater responsibilities in assessing their needs, mobilizing local resources and suggesting new solutions, as well as creating and maintaining local organizations. This definition considers involvement as a right and underpins mobilization of community members and effective utilization of local resources with the prime objective of empowering local communities to sustainably manage development processes affecting their lives. For that reason, in this study the definition by Dekeba was adopted.

2.5 Sustainability of MVC projects

Before defining the term project sustainability it was considered necessary to elucidate the concept of sustainable development first. As a concept, sustainable development arose from two main sources: increasingly worrisome evidence of

ecological degradation and other biophysical damage resulting from economic growth, and the largely disappointing record of post-World War II 'development' efforts, particularly the persistence, and in some places worsening of poverty and desperation in a period of huge overall global increases in material wealth (Kemp *et al.*, 2005). The concept gained momentum in the mid 1980s, especially after the publication of World Commission on Environment and Development (WCED) final report in 1987 (Ferndriger, 2010).

The report defines sustainable development as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (WCED, 1987 quoted in Ferndriger, 2010, 12pp). This definition strives to balance three pillars of development: Economic, social and ecology so as to maintain the integrity of biophysical systems, better services for more people, freedom from hunger, nuisance and deprivation (Kemp *et al.*, 2005; Leiserowitz *et al.*, 2004). In reality, however, it may prove difficult to strike such a balance. Nonetheless, the objective remains to recognize the intertwined importance of social, economic and ecological imperatives and to find ways of contributing to all of them and make choices that strengthen the whole in a lasting ways (Kemp**,** *et al.*, 2005). Apart from the forms of sustainability highlighted in the WCED, Davis and Sankar (2006) point to other forms, namely: sustainability of participation, capacity, outcomes and activities and recommend that a project should make explicit the form of sustainability it wants to sustain. From the discussion above, it is clear that sustainable development is a controversial issue that has resulted into debates on its meanings and how it can be measured. Despite the ongoing debate and

controversies, this research focused on sustainability of MVC projects managed by *mtaa* MVCC. These are community based structures that took the responsibility to support MVC after phasing out of CARE International in Tanzania interventions in MVC. For the purposes of this study, sustainability of MVC projects was defined as continued support for MVC and their families by *mtaa* MVCC.

2.6 Community participation and sustainability of development projects

It is widely accepted that for projects to be sustainable community members should participate actively. This is because through participation, community members develop skills for collective action, maintenance and sustainability (Musa, 2000). Olukotun (2008) concurs with Musa (2000) and adds that when communities are involved in project initiation and implementation, there is the assurance of sustainability subject to some conditions unlike when they have no idea about the project or when it is imposed on them. According to Olukotun (2008), community participation helps to eliminate the tendency to abandon the projects when they are half-way completed and sustains the interest of communities or groups within them in maintenance and protection of those projects. In addition, when local groups are actively involved in project design and implementation they take on ownership and are more likely to continue the project when donor funding ends, compared with externally imposed projects (Ford, 1993). In the context of MVC projects, the importance of involving community members is clearly explained by USAID (2004) in that care givers and MVC are not simply a passive, powerless target group to be aided; they are part of the solution to the problem and, can play a vital role in mitigating its impact. Whether or not, communities and/households accept and owns

the product of a development intervention in ways that are sustainable depends on a range of factors, including involvement of community members. The effectiveness of such involvement however, depends on the approach undertaken; whether the project takes a top down, bottom up or partnership in the course of its life cycle. The bottom up approach is advocated in situation when people are able to define their own problems and having ability and capacity to solve them through organizing and participating themselves in project interventions. Everything is managed for the community by the community (Nikkhah and Redzuan, 2009). According to Finger (1994), the bottom-up approach emphasizes community participation, grassroots movements and local decision making. Proponents of this approach (Panda, 2007) argue that community participation and grassroots initiatives promote participatory decision making and local self-reliance.

In contrast, when people lack of ability and capacity to make and to take action in developing their community, government and implementing agency concerned should take over the process of development for some period of time in order to upgrade their awareness, knowledge and skill needed for self-reliance (Nikkhah and Redzuan, 2009). Under such circumstances, the top-down approach of community development could be developed. The partnership approach of community development could be initiated when an attempt of government authority or private voluntary agency united with those of people to promote better living for the whole community with the active participation of the individuals of community (Nikkhah and Redzuan, 2009). Notwithstanding the strengths of each approach, experience has shown that projects that take a top down and partnership approaches have fewer

chances of inculcating a sense of ownership than those which take a bottom up approach. While top down approaches are criticized for limiting community networks and self-reliance bottom up approaches are hailed for being participatory, inculcating a sense of ownership and empowering local participants. According to IFAD (2009) while many development programmes include participatory measures in project design, programmes that obtain sustainable results use bottom-up planning to determine priorities and then accurately reflect community needs in project design. IFAD (2009) further articulate that designs with promising sustainability results include plans for communities to manage both external and internal resources, which in turn promote a greater sense of ownership.

It should be recalled that community ownership is a process that needs to be inculcated throughout a project life cycle. To that effect, community members should participate in project designs, access information about the programme/project and its performance, have progress reports, and actively participate in decision making (WHO, 2003). The need for involving community members in decision making is clearly illustrated by Igboeli (1992) who noted that no matter the level of technical and financial assistance offered to self-help groups, the members should share actively in decision making processes in matters affecting their lives. All these, however, call for strategic planning and coordination so as to enable community members participate in projects in different ways at different levels (WHO, 2003). Since development projects operate in areas with pre-determined jurisdiction, the role of government support (local or central government) in fostering sustainability of development projects cannot be over

emphasized. The government can support communities in ways that help to build social and human capacity; arouses community members to contribute financially to the management of local affairs and get involved in local management as elected or appointed officials (Olukotun, 2008). However, for sustainability to be achieved meaningfully, government/institutional support and the community leaders must be accountable and transparent (Olukotun, 2008). At this point, it is imperative to narrow down and contextualise the discussion to *mtaa* MVCC so as to broaden our understanding about its genesis, roles and responsibilities, and other beneficiaries from the government structure.

Mtaa MVCC is a grassroot structure established in 2007 by the government of Mainland Tanzania with the prime responsibility to identify MVC and ensure that they have adequate protection and access to all essential services (URT, 2008; 2009; REPOA, 2008). *Mtaa* MVCC is duty bound to mobilise communities to support MVC and their families. The support could be in kind and/or financial resources through *mtaa* MVC fund. *Mtaa* MVCC is also required to plan, implement and monitor service provision to MVC and ensure their participation during *mtaa* MVCC meeting. Furthermore, *mtaa* MVCC is required to monitor service provision for MVC; hold regular monthly or quarterly *mtaa* MVCC meeting to map services in the area, and update service provided, to mention a few (URT, 2009).

Effective execution of these roles requires efforts from various actors in the government structure. The ward and *mtaa* executive officers are responsible for providing supervision at ward and *mtaa* levels, respectively. Ward Executive

Officers (WEOs) are required to report to their respective council authorities. The Council is required to provide supervision and guidance from council social welfare officers who report to the District/Municipal Executive Director, who are required to provide overall coordination and supervision in their respective councils /municipality (URT, 2009).

2.7 Conceptualisation of attitude

Attitude has been a difficult concept to define adequately, primarily because several meanings have been attached to it, and the word's different lay uses and connotations. Leiserowitz, *et al.* (2006) define attitude as evaluation of a specific object, quality or behavior as good or bad, positive or negative. Another definition is offered by Zimbardo and Leippe (1991). They define attitude as an evaluative disposition toward some object based upon cognitive, affective reactions, behavioral intentions, and past behaviors that can influence cognitions, affective responses, and future intentions and behaviors. This definition is comprehensive; embracing the cognitive, affective and behavioural components of attitude. In this study, however, attitude is defined as a persistent tendency to feel and behave in a positive or negative way toward MVC, their households and MVC projects.

Attitudes are latent and not directly observable in themselves, but they act to organise or provide direction to actions and behaviours that are observable (Bednar and Levie, 1993). Many refer to attitudes as predispositions to respond (Zimbardo and Leippe, 1991). Attitudes are related to how people perceive the situations in which they find themselves. Also, attitudes vary in direction (either positive or

negative), in degree (the amount of positiveness or negativeness), and in intensity. Today, most researchers agree that attitudes are acquired and therefore, subject to fairly predictable change (Simmons and Maushak, 2001). Some researchers do believe that some attitudes may be innate or may have biological origins (Eagly and Chaiken, 1993).

In a study by the Sahee Foundation (2008) in Swaziland on *Why Development Projects Succeed or Fail*, jealous between project members and non-members is pointed as one of contextual issue that affected development projects. The author point out that if someone exceeded his/her neighbour, in any form, is regarded jealously whereas neighbours are often bad mouthed that individuals or groups, or sabotage altogether by destroying the input that led to the increase of wealth of the project beneficiary. The study concluded that such incidences usually, did not lead to project failure. The study by Sahee basically, addressed projects in Swaziland as such; it was unclear whether the scenario also existed in MVC projects in the study area.

In another study by Nyangara and Obiero (2009) and Nyangara *et al.* (2009) it is reported that beneficiaries suffered from perception of jealous, resentment, stigma and other forms of negative attitude. These studies addressed community attitudes from the perspective of care givers only. This made it imperative for this study to further it to other key actors; MVC and MVC project. This helped this study to uncover the forms of jealous, stigma and resentment MVC and their households suffered from and the motives behind.

The studies by Nyangara and Obiero (2009) and Nyangara *et al.* (2009) above have highlighted the presence of negative attitude among community members. However, it was unclear whether community attitudes affected the willingness of community members to involve and support MVC and their families. Again, the underlying motives for negative attitude were not clearly documented. Also, it was not clear whether community attitudes affected sustainability of mtaa MVCC. It was imperative therefore, to undertake a formal investigation about the influence of community attitudes on sustainability of MVC projects.

2.8 Livelihood security

Livelihood security is defined as adequate and sustainable access to income and other resources to enable households to meet basic needs (Frankenberger, 1996). Put simply, livelihood security refers to household ability to continuously meet its needs. The needs include adequate access to food, potable water, health facilities, educational opportunities, housing, and time for community participation and social integration (TANGO International, 2002). In order to meet its needs, a household continuously involves in various livelihood strategies such as on-farm and/or off farm activities that together provide a variety of procurement strategies for food and cash (Frankenberger and McCaston, 1998).

According to Chambers and Conway (1991), livelihood strategies can be predetermined by accident of birth, gender or socialization process. The same authors note that in most cases however, many livelihoods are less predetermined. Some people improvise their livelihood with degree of desperation, what they do

being largely determined by socio-economic, political, cultural contexts and ecological environment within which they find themselves (Rahman and Akter, 2010; Chambers and Conway, 1991). Besides, a person or household may choose a livelihood, especially through education and migration. In the words of Chambers and Conway, "…those who are better off have wider choice than those who are worse off" (Chambers and Conway, 1991 6pp). Differences in sources of livelihood and predispositions to choose a source of livelihood inevitably influence a household's livelihood security.

When households have secure ownership of, or access to, resources and income earning activities, including reserves and assets, to offset risks, ease shocks and meet contingencies, they are said to be secure (Chambers, 1989). Livelihood secure Households are able to acquire, protect, develop, utilize, exchange, and benefit from assets and resources (TANGO International, 2002). Conversely, when a household is vulnerable to income, food, health and nutritional insecurity, it runs the risk of livelihood failure (Frankenberger and McCaston, 1998). The risk of livelihood failure, in retrospect, determines the level of vulnerability of a household to income, food, health and nutritional insecurity (Frankenberger and McCaston, 1998; TANGO International, 2002). The greater a household devotes a share of resources to food and health service acquisition, the higher the vulnerability of that household to food and nutritional insecurity becomes (TANGO International, 2002).

In the context of this study, livelihood failure determines vulnerability of households with MVC to meet income, food, educational, health and nutritional needs of their

MVC. On the contrary, when a supported household with MVC meets the need of such children, its livelihood is termed as secure. In that light, the current study was interested to evaluate whether support provision to MVC and their households by CARE International in Tanzania and *Mtaa* MVCC had improved household livelihood security in the short and long run. The evaluation was limited to economic and food security. Educational, health and nutritional security were out of scope of this study.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Study area

The study was conducted in Morogoro Municipal and it involved three out of 29 wards. The wards involved in the study were Chamwino, Kihonda and Mazimbu. According to the population census report (2002), the population of the Municipal stood at 228 863 people. Among these, 115 224 (50.35%) were women while men were 113 639 (49.65%). The growth rate is 4.6% (URT, 2007). The main economic activities in Morogoro Municipal include: Industries of primary and secondary level, subsistence and commercial farming, small scale enterprises and commercial retail as well as whole sale. In the Municipal, farming is carried out in the outskirts, mainly in the following wards: Kihonda, Mazimbu, Bigwa, Kingolwira, Mzinga, Mbuyuni and Mlimani. The main agriculture products include: Maize, rice, tomatoes, legumes, banana, cassava, and horticultural (URT, 2007).

Morogoro Municipality was chosen purposively because it benefited from CARE International interventions from 1994 to 2010. Also, the Municipal (10.1%) ranked third among districts where more than ten percent of children are considered most vulnerable after Dodoma Rural (13.3%) and Singida Rural (10.8%). Districts with more than ten percent are considered to be having the highest number of MVC (URT, 2008).

3.2 Research design

In order to investigate the influence of community attitudes in sustaining MVC projects this study used a cross-sectional design. According to Babbie (1999), this design allows data to be collected at a single point of time. This strength was considered advantageous to the researcher as it saved cost and time.

3.3 Study population

The population of this study consisted of MVC, and household heads with and without MVC in Morogoro Municipality. Household heads without MVC were included in the study so as to triangulate data provided by respondents with MVC. The names for household heads without MVC were obtained from respective *mtaa* register while the names of MVC and their respective household heads were obtained from *Mtaa* MVCC.

3.4 Sample size

A total of 130 respondents, out of whom 50 were MVC and 80 were household heads were selected as respondents for this study. This sample size was considered optimum to fulfill the requirements of representativeness as suggested by Kothari (2010). Also, 130 respondents were considered to surpass the usually recommended one hundred respondents (Bailey, 1994).

3.5 Sampling unit

The sampling unit of the study was MVC, and household heads with and without MVC.

3.6 Sampling procedure

The sampling of the study area involved two stages. In the first stage, 3 wards out of 29 were selected. In the second stage, nine *mitaa* were selected from the three identified wards. MVC and household heads with and without MVC were sampled from the selected *mitaa by* simple random sampling technique. The appropriate ages for MVC were 10-18 years. This age category was preferred so as to get children who could express themselves. Key informants were selected purposively based on their ability to provide information about study questions. These included: CARE International staff who were involved in the MVC project intervention, ward MVCC chairpersons and the Municipal Community Development Officer.

3.7 Unit of data analysis

The unit of analysis was MVC, household heads, and *mtaa* MVCC.

3.8 Data collection methods

Both quantitative and qualitative data collection methods were used to collect quantitative and qualitative data.

3.8.1 Quantitative data

In this study quantitative data were collected from MVC and household heads with and without MVC using interview schedule. The tool was designed and used to collect quantitative primary data from both selected MVC and household heads. The tool had both closed and open ended questions. The interview schedules were used to collect data about households profile, community attitudes and support towards

MVC, support provided to MVC and their families by both CARE International and ward MVCC. Information addressing MVC household socio economic development and food security were specifically addressed in the questionnaire for household heads. In this study, the use of a questionnaire was preferred so as to collect the same types of data from many people in the same way, with view to analyse them quantitatively and systematically (Stewart, 2009; Kothari, 2010).

Prior to data collection, the interview schedule for both household heads and MVC, and FGD guides for household heads and MVC were pre tested in Chamwino, Kihonda and Mazimbu wards. This was done to serve the following purposes, as suggested by Dekeba, (2001): (i) To test whether the instrument would elicit responses required to achieve the research objectives, (ii) to test whether the content of the instrument was relevant and adequate, (iii) to test whether wording of questions was clear and suited to the understanding of the respondents, (iv) to test the question structure and question sequence, and (v) to develop appropriate procedure for administering the instrument with reference to field conditions. Thereafter, the tools were modified to accommodate changes deemed necessary.

3.8.2 Qualitative data

Qualitative data were collected by interview and Focus Group Discussion (FGD).

3.8.2.1 Interview

Semi structured interview was used to collect qualitative data from key informants. These were Municipal Community Development Officer (Appendix 1), CARE

International representative (Appendix 2), and ward MVCC chairpersons (Appendix 4). Data collected from the District Community Development Officer concerned with planning and performance of ward MVCC, and challenges facing *mtaa* MVCC. Data which were collected from the representative of CARE International concerned with support provided to MVC, strategies to involve community in project interventions before and during transition periods, and community attitudes towards MVC and their households. Data collected from ward MVCC chairpersons concerned with MVC identification process; community attitudes towards MVC, their household and MVC projects; performance of ward MVCC; effects of community attitudes and support on MVC households and *mtaa* MVCC, and challenges facing *mtaa* MVCC. Semi structured interview was preferred because it enabled the researcher to prompt and probe deeper into situation investigated (Kothari, 2010).

3.8.2.2 Focus group discussion

Focus group discussions (FGD) involved selected MVC, *mtaa* MVCC members, care givers of MVC and household heads without MVC. Two FGD were conducted, one for MVC and another for household heads with and without MVC. Household heads with and without were combined during the discussion so as to allow triangulation of views and opinions. The discussion with MVC was done in a separate setting with that of household heads. Focus group discussion guide was prepared in advance to facilitate the discussions. It contained themes and guiding questions covering specific objectives of the study. The discussions were held in a place and time that was suggested by participants.

3.8.3 Secondary data

In this study, secondary data were collected through document review. The documents reviewed were the National Costed Plan of Action for Most Vulnerable Children, 2007/2010, Child Development Policy (1996), and the National Guideline for Improving Quality of Care, Support and Protection for Most Vulnerable Children in Tanzania (URT, 2088; 2009). Data which were actually collected included: Policy statements about care and protection of children in difficult circumstances; roles of parents, guardians, communities and institutions in taking care and protection of MVC. Other data concerned with intervention strategies that could have positive impact in the lives of MVC and their families through a process of dialogue. A researcher's diary was used to facilitate documentation of data.

3.9 Ethical consideration

Consent and ethical consideration were taken into account before data collection. An introductory letter was obtained from Sokoine University of Agriculture and sent to the Municipal Executive Director to seek permission for undertaking the study in the proposed wards and *mitaa*. Informed consent was obtained from respondents before participating in the study. MVC were only interviewed after obtaining parental or caregivers' permission. During the interview, MVC parents' or care giver were excluded.

3.10 Data processing and analysis

Quantitative primary data collected from MVC and household heads were edited, classified, coded and then entered in a computer using Statistical Package for Social

Sciences (SPSS) for processing. Reverse coding was done for responses of statements about community attitudes towards MVC and their families to make lower scores indicate negative attitude and vice versa. This was so done because the statements were negatively worded. Qualitative primary data collected from key informants and FGD were construed into interview notes. Secondary data were summarized and categorised in accordance to study objectives.

Socioeconomic variables and support provided to MVC and their families were analysed by using descriptive statistics in form of frequencies and percentages. Similarly, community attitudes and its effects on MVC, their households and ward MVCC; community involvement in MVC projects, and household food security were analysed using descriptive statistics in form of frequencies and percentages. Chi square analysis was done to establish statistical differences between socio economic variables and community attitudes towards MVC and their families. Also, an independent *t*-test was conducted to compare mean score of the opinion of household heads with and without MVC regarding MVC household food security.

Multiple regression analysis was used to test the influence of community attitudes towards sustainability of *mtaa* MVCC project.

The regression model used was:

$Y_i = \beta_o + \beta_1 X_1 + \beta_2 X_2 + ... \beta_n X_n + ei$

Where:

βo =constant;

ei= error term;

Yi= sustainability of MVC projects;

X_1= household size;

X_2= age of respondent;

X_3= community attitudes towards MVC and their families;

X_4= community attitudes towards MVC projects.

Assumptions behind the model:

Household size: Larger household size increases household vulnerability to care and support MVC. Also, having many MVC could constrain community efforts to care and support MVC.

Age: Elderly MVC care givers may affect negatively household capability to care and support MVC due to age and illness. Thus, having more MVC cared for by elderly people could impede *mtaa* MVCC to support MVC on a sustainable basis.

Community attitudes: Negative community attitudes towards MVC and their families can limit the willingness of community members to support MVC and MVC projects. Qualitative data were analysed by content analysis technique. This technique was preferred so as to make inferences by objectively and systematically identifying specified characteristics of contents of documents (Dekeba, 2001).

3.11 Operationalisation of key variables of the study

3.11.1 Community involvement

Community involvement was measured by a Likert scale to ascertain study respondents' agreement/disagreement on selected variables with respect to CARE International/HACOCA and mtaa MVCC interventions in MVC projects.

3.11.2 Community attitude

Community attitude was measured by using a Likert scale to determine whether community members had positive or negative attitude towards MVC and their households, and MVC projects. Attitude indices with 30 scores were developed and formed the basis for establishing three categories of community attitude: Negative attitude (6-17); neutral (exactly 18) and positive attitude (19-30).

3.11.3 Support provided to MVC by CARE International and *mtaa* MVCC

Support provided by CARE International and *mtaa* MVCC was measured in terms of such services as food, shelter, clothing, bedding materials, household equipment, health care, vocational skills trainings and small scale enterprise training. MVC had to ascertain whether or not had received any of the items listed above in form of yes/no responses.

3.11.4 Sustainability of MVC projects

Sustainability of MVC projects was measured by the number of years for which *mtaa* MVCC had supported MVC and their households since phasing out of CARE International/HACOCA.

3.11.5 Food security

Household food security was measured by adapting Household Food Insecurity Access Scale (HFIAS). HFIAS is a nine-item scale designed to measure the prevalence and severity of household food insecurity (access). The tool assesses whether households had experienced food insecurity (access) in the previous 30

days. Based on the response to the nine questions and frequency of occurrence over the past 30 days, households were assigned a score that ranged from 0 to 27. If the condition was experienced once or twice in the past four week it was considered rarely and is scored 1; three to ten times in the past four weeks, sometimes and is scored 2, and more than ten times in the past four weeks, often and is scored 3. A higher HFIAS score indicated poorer access to food and greater household food insecurity. Finally, household food security was classified into four categories: food secure (score of 0-6); mild insecure (scores 7-13); moderately insecure (scores 14-20), and severely insecure (scores 21-27) as suggested by Coates *et al.* (2007).

According to HFIAS operationalisation, food secure households experienced none of the food insecurity (access). Mildly food insecure (access) household worried about not having enough food sometimes or often, and/or were unable to eat preferred foods, and/or ate more monotonous diet than desired and/or some foods considered undesirable, but only rarely. Moderately food insecure households ate monotonous diet or undesirable foods sometimes or often, and/or had started to cut back on quantity by reducing the size of meals or number of meals, rarely or sometimes. Severely food insecure households reduced meal size or number of meals often, nd/or ran out of food, went to bed hungry, or went a whole day and night without eating (Coates *et al.*, 2007).

3.11.6 Economic security

Economic security was measured by Likert scale. An index about household economic security was developed with scores ranging from 6-30. Scores 6-17

indicated economic security, score 18 indicated indifference, while scores 19-30 indicated household economic insecurity.

CHAPTER FOUR

4.0 RESULTS AND DISCUSSIONS

4.1 Demographic and socio economic characteristics of household heads

This section presents a discussion about demographic and socio economic characteristics of household heads based on household sizes, age, sex, education level, occupation, and marital status. These variables were considered important because they can affect household capability to care and support MVC.

4.1.1 Age

In this study, considering the age of MVC care givers was important because it may affect household capability to care and support MVC. Elderly people, for example, because of age and illness, quite often are unable to support MVC. Results in Table 1 show that the mean age of household heads was 41 and nearly two- third of study respondents (68.8%) aged between 21- 45 years. This age category is considered energetic Tanzanian work force group. For that case, their inability to support MVC could be a result of other factors out of age limitations. Such factors can include education level of household head, household size, size of land owned (REPOA, 2010), and impact of rapid urbanization (UNHABITAT, 2009). Less than one-third, 29%, of study respondents had ages above 46.

4.1.2 Occupation

Different economic activities have different production output, which determines the household total annual income. In this study, more than a half of respondents, 53.8%, involved themselves in subsistence farming. According to URT (2007),

farming is done in the vicinity of the town, including wards in the study area. While 35% involved themselves in petty business a small proportion of respondents, 11.3%, were employees. Since subsistence farming was the main occupation for most respondents, it follows that farm yields and production (maize, rice, tomatoes, legumes, banana, cassava, and horticultural) determined households' ability to support MVC. Yields from these farming activities, however, are generally low due to poor methods of farming employed by farmers; hence, their production is limited subsistence level. Besides, the use of improved seeds, inorganic fetilisers and pesticides are in very limited use (URT, 2007). Further more, as observed by REPOA (2010) the productivity of individuals with higher levels of education who are engaged in agriculture activities is likely to be higher than individuals with less education.

4.1.3 Household size

In this study, it was important to consider household size because larger household size could increase household vulnerability to support MVC. Also, having many MVC could constrain community efforts to care and support MVC. Results in Table 1 show that average household size was 6.2. This figure was higher by 1.3 compared to 4.8 National Household size (HBS, 2007). Also, households amounting to 95% had medium to large household sizes.

4.1.4 Sex of respondent

The sex of household head was also considered as an important factor in taking care and support for MVC. Female headed households are perceived to be more

susceptible to vulnerability or poverty (Kumiko, 2011); hence, are likely fail to support their MVC. Results in Table 1 show that the majority of respondents, 78.8%, were females while males were 21.3%. The reason for the variation could be that the study was done at a period when farm activities (the main occupation of respondents) had not started yet. Thus, men as bread winners had got out to earn living for their families leaving the females to look after their homes and other domestic chores. Also, petty businesses undertaken by females (such as selling charcoal, *vitumbua, chapati*, etc.) were largely done in the vicinity of their households, which gave them more chance of being found at homes than males.

4.1.5 Education level of respondent

Education level generally, influences the chances to secure employment in either formal or informal sector. People with no formal education and even standard seven leavers have fewer chances to secure employment and are likely to engage in casual labour than those with secondary and tertiary education. In that respect, people with no formal education or with primary education are more susceptible to economic vulnerability than those with higher education. Study results in Table 1 show that most respondents, 81.3%, had primary education. Others had secondary education, 10%, illiterates were 7.5% and those with tertiary education, 1.3%. As noted by REPOA (2010) household heads with relatively higher education are likely to have skills and opportunities to successfully diversify into other, more lucrative income generating activities. The results imply that most of respondents had education levels which limited them to low income activities, hence, could hardly support MVC.

Table 1: Socio economic characteristics of household heads interviewed (n=80)

	With MVC		Without MVC		Total	Total
Variable	**n=47**	**%**	**n=33**	**%**	**n=80**	**%**
Household members						
0-3 (small)	1	2.1	3	9.1	4	5
4-6 (medium)	28	59.6	20	60.6	48	60
7+ (large)	18	38.3	10	30.3	28	35
Age of respondents						
0-20	2	4.3	0	0	2	2.5
21-45	35	74.5	20	60.6	55	68.8
46-60	9	19.1	9	27.3	18	22.5
61+	1	1.1	4	12.1	5	6.3
Mean age: 41 years						
Sex of respondents						
Male	7	14.9	10	30.3	17	21.2
Female	40	85.1	23	69.7	63	78.8
Education level						
Primary	38	80.9	27	81.8	65	81.3
Secondary	3	6.4	5	12.5	8	10
Tertiary	1	2.1	0	0	1	1.3
Illiterate	5	10.6	1	3	6	7.5
Occupation						
Farmer	24	51.1	19	57.6	43	53.8
Employee	3	6.4	6	18.2	9	11.3
Petty trade	20	42.6	8	24.2	28	35
Marital status						
Married	17	36.2	17	51.5	34	42.5
Widow/widower	15	31.9	8	24.2	23	28.8
Separated	4	8.5	4	12.1	8	10
Single	11	23.4	4	12.1	15	18.8

4.1.6 Marital status

Focusing on the marital status of the respondents, study results in Table 1 show that 42.5% of respondent were married widow/widower was 28.8% and single was 18.8%. Separated respondents were only 10%. These results show that more than a half of respondents lived in single parent/guardian household as widowed, separated or single household heads.

4.2 Support provided by CARE International/HACOCA to MVC and their families

According to its MVC support policy, CARE International partnered with local NGOs that involved in supporting MVC and their families rather than supporting them directly. For that reason, in Morogoro Municipality, CARE International partnered with HACOCA (Huruma Aids Concern and Care) to support MVC and their families with: food; shelter; clothing; bedding materials; household equipment, health care; educational equipment; vocational trainings and small scale enterprise trainings. With exception of shelter, these services were to be provided to both MVC and their families once each year.

While the National Child Policy (URT, 1996) emphasize providing MVC with expertise and services which cater for their needs, and guidance and counseling, results in Table 2 show that none of the MVC interviewed had received small scale enterprise training, access to a trained councilor, and vocational training. Also, they were supported in neither bedding materials nor household equipment. The reason behind, according to the representative of CARE International/HACOCA

interviewed, was that CARE International/HACOCA had inadequate resources to cover a wider proportion of MVC.

Table 2: Supports received by MVC from CARE International /HACOCA (n=50)

	YES		NO	
Kind of support	**n**	**%**	**n**	**%**
Food	3	13	47	87
Shelter	2	8.7	48	91.3
Clothing	3	13	47	87
Bedding materials	0	0	50	100
Household equipment	0	0	50	100
Health care	18	36	32	64
Education equipment/facilities	17	34	33	66
Vocational skill training	0	0	50	100
Small scale enterprise for MVC and/or household	0	0	50	100
Access to trained counselors	0	0	50	100

Experience from studies about Humanitarian Aid to Vulnerable Children in Makete and Iringa towns show that MVC were inadequately and inconsistently supported (Daniel, 2007). The same author report that the flow of support was irregular and did not meet the needs of MVC.

Experience from Mozambique (Save the Children Fund, 2007) show that supporting MVC with micro enterprise enhances their ability to obtain material needs and their livelihood skills that help them serve in adulthood. The author gives evidence of a small group of vulnerable children which after being trained in husbandry, received

goats and were responsible for taking proper care of the animals. As the goats reproduced, the project enabled group members to obtain materials, which otherwise, could not be accessed. In another example from Namibia (USAID, 2010) provision of loans to MVC care givers resulted into seventy six percent increase in their ability to contribute to household income among participants and ten percent increase in household assets. Other results (Brizay, 2008) show that selling of animals or crops can enable MVC households finance health or education.

The current study (Table 2) found that only 8.7% of MVC were supported with shelter. Qualitative results show that the support involved construction of 3 houses in Mazimbu ward for MVC who were living in houses which were considered unfit for human habitation. Unfortunately, these houses were left unfinished by the time CARE International phased out its interventions due to reluctance of community members to offer their contribution in form of sand, gravel and casual labour. The reason for the reluctance was found to be the belief of community members that CARE International/HACOCA had the responsibility to construct the houses by using its own resources. Such mismatch implies that there was information gap between CARE International and community members on the roles to be played by each side.

Study results in Table 2 show that only 36% of MVC interviewed received health services. Qualitative results show that health services were provided in form of Community Health Fund (CHF) cards. CARE International/HACOCA paid for these cards in 2010. The cards were to be used by MVC and their families to access “free”

health services in government dispensaries and health centres. Payment for this card is done annually and for that reason, a household is required to renew it upon expiry. Qualitative results from household head participating in FGD in Chamwino, Kihonda and Mazimbu wards however, showed that the cards offered by CARE International were not accepted in government health centres and dispensaries as one member noted: "…they are not accepted; we have just kept them at home".. The reason for inacceptance of CHF cards paid for by CARE International/HACOCA was found to be that by 2010, the Municipal had not formalized their yet. Also, the cards could not be used in the subsequent years because they had expired and their owners had not renewed them. Results in Table 2 also show that about 34% of interviewed MVC received educational equipment. According to MVC participating in FGD, the equipment included: Pens, pencils and exercise books.

Considering the frequency of support provision, it was found from the representative of CARE International/HACOCA that in the last four years (2006/07-2009/10), MVC were supported only once; signaling inadequacy and irregularity of support provision. The findings supports Mhamba *et al.* (2007) who did a study in Bagamoyo, Makete, Magu, Mwanza, Singida Rural and Songea Rural and found that support provision to MVC in those districts was unpredictable, inadequate and inconsistent. Also, Daniel (2007) reporting on how NGO Humanitarian Aid that Targets Vulnerable Children Affects Social Cohesion in the Local Community in Makete and Iringa towns noted that in those towns MVC were inconsistently supported.

4.3 Community involvement in MVC projects

National guidelines about MVC identification and support (URT, 2008; 2009) emphasize participation of *mtaa* residents through *mtaa* meeting in addressing MVC issues. The meeting is mandated to identify MVC and their households according to their needs and economic vulnerability. In other words, the criteria of who should be supported, with what, for how long etc. is set by that meeting. This study attempted to examine how community members were involved in MVC projects during CARE International and *mtaa* MVCC. Household heads were presented with statements in a Likert scale and had to express their agreement or disagreement. Agreement with a statement implied contentment while disagreement implied lack of contentment. "Did not know" implied being unaware of the variable inquired. The statements addressed involvement of MVC and *mtaa* members in identifying MVC, their needs and how to address them, transparency during identification process, and information sharing.

Study results in Table 3 show that only 2.5% and 7.5% of respondents agreed that MVC were involved to identify their needs and how to address them during CARE International/HACOCA and *mtaa* MVCC interventions, respectively. Generally, these results imply that community members were turned into passive recipient of what had been decided as necessary needs for them (USAID, 2004). In practice, however, they are part of the solution to the problem and, could play a vital role in mitigating its impact. In addition, the findings are not congruent with Ford (1993) who noted that when community members are actively involved in project design and implementation they take ownership of the project and are more likely to

continue the project when donor funding ends. While the figure of study respondents who “did not know” whether MVC were involved or not was about 64% during CARE International interventions, it dropped to about 31% during *mtaa* MVCC interventions. The decline implies there was improvement in information sharing during *mtaa* MVCC interventions.

According to URT (1996; 2007), social mobilization and enhancement of community participation are important elements of MVC responses programming. However, results in Table 3 show that only 2.5% and 8.8% of respondents agreed that MVC identification process was transparent during CARE International/HACOCA and *mtaa* MVCC, respectively. Results from qualitative data show that during CARE international/HACOCA, the identification of MVC was done by *mtaa* leaders. One of household head participating in FGD notes: “We have not attended any meeting to identify MVC because it was done by *mtaa* leaders”. Lack of transparency, coupled with absence of meeting and information sharing could explain why over a half of study respondents were indifferent about variables inquired by the researcher during CARE International interventions.

Table 3: Household heads' opinions about community involvement in MVC projects (n=80)

	Disagree		Don't know		Agree	
Statement	**n**	**%**	**n**	**%**	**n**	**%**
CARE International/HACOCA involved MVC to identify their needs and how to address them	27	33.8	51	63.8	2	2.5
CARE International/HACOCA identified MVC transparently	28	35.1	50	62.5	2	2.5
There was adequate information sharing between CARE International/HACOCA management and community members on matters concerning MVC	29	71.2	51	63.8	0	0
Mtaa MVCC involved MVC adequately to identify their needs and how to address them	49	61.2	25	31.3	6	7.5
Mtaa MVCC identify MVC transparently	54	55	29	36.2	7	8.8
There was adequate information sharing between *mtaa* management and community members on matters concerning MVC	50	62.6	25	31.3	5	6.1

It was also found that mtaa MVCC had not managed to identify MVC since they assumed office after phasing out of CARE International in 2010. According to ward MVCC chairpersons of Kihonda and Chamwino wards, *mtaa* MVCC were unable to hold meetings to identify MVC because they lacked clear instructions on how to undertake their responsibilities. The chairperson of Chamwino ward MVCC complains:

"whenever we go to the ward to seek for instructions on how to undertake our job, we don't get any help".

This assertion proved true for even Ward Executive Officers (WEOs) in the study area did not consider supervision of *mtaa* MVCC as one of their "classical" responsibility.

According to national guideline on provision of quality care, support and protection (URT, 2009) the district/municipal council are supposed to provide supervision and guidance through Council Social Welfare Officers so as to ensure that grassroot structures function effectively. In this study, however, it was found that neither the Municipality nor CARE International attempted to ensure that *mtaa* MVCC were equipped with necessary information and facilities to make them perform their roles effectively. The chairperson of Chamwino ward MVCC complains:

"Basically, CARE International did not put in place any mechanisms to enable mtaa MVCC to play its roles. As their time ended, they simply left. It is obvious that lack of preparation of mtaa MVCC is one of the reasons for their poor performance. In a way, these committees are almost dead".

The findings that *mtaa* leaders lacked clear instructions on how to undertake their responsibility compelled the researcher to probe deeper into the process of *mtaa* MVCC formation. According to ward MVCC chairpersons interviewed, the process was characteristically top down. They said that community members, were not mobilised and the leaders who assumed responsibility were not sensitised on how to undertake their responsibilities. On contrast, Donahue and Mwewa (2006) reported that mobilizing community action to assist MVC is a worthwhile and sustainable approach over the long term. The authors concluded that community mobilization

catalyses genuine ownership that in turn, generates wide levels of community participation and community-led action. Also, Nikkhah and Redzuan (2009) concluded that limited community participation in the inception, implementation and management of projects resulted into fewer chances of project sustainability. Other results (Olukotun, 2008) show that when communities are involved in project initiation and implementation there is assurance of sustainability unlike when they have no idea about the project or when it is imposed on them.

Considering information sharing between community members and CARE International/HACOCA, study results in Table 3 show that no respondents (0%) agreed that there was adequate information sharing between CARE International and community members. mtaa On the other hand, only 6.1% of respondents agreed that there was adequate information sharing between mtaa MVCC and community members. This was because, according to household head FGD participants, neither CARE International nor mtaa MVCC held meetings with community members. The results imply that there was poor information sharing between community members and *mtaa* MVCC. The results in Table 3 are not congruent with Brizay (2008) who reported that holding annual participatory meetings is a very good way to evaluate the work done and to plan the goals for the future. The same author points that through such meetings the organisation involved in MVC intervention can explain the challenges it goes through and identify responsibilities and tasks of MVC caretakers and community.

4.4 Community attitudes

In this study, community attitude was defined as persistent tendency of community members to feel and behave in a positive or negative way towards MVC and their households. It was important to find out the attitude of community members because it can influence their participation in MVC projects, willingness to support MVC and their families, and eventually, sustainability of MVC projects.

4.4.1 Community attitudes towards MVC

While positive attitude is desired for continued provision of support, negative attitude has adverse effects. The latter undermines the willingness of community members to support MVC and their families on a voluntary basis. This in turn, constrains the ability of *mtaa* MVCC to generate resources to support MVC and their families. In order to determine community attitudes towards MVC, household heads were presented with statements in a Likert scale to express their opinions. The statements sought to determine whether MVC were called bad names at their homes and outside their homes; being made fun of their situation; being spoken badly; isolated from others, and not supported by community members. Respondents' scores ranged between 6 and 30. These scores were used to make an attitude index whereas scores up to 17 indicated negative attitude; the middle score [18] indicated neutrality, while scores above 19 indicated positive attitude.

Study results in Table 4 indicate that community members (96.3%) had negative attitude towards MVC and their households. Similar results were reported by Whitehouse (2002) in a situation analysis of orphans and other vulnerable children

in Mwanza Region. The author documented that the attitude of the local populations towards MVC was generally very negative. Negative community attitudes made continuity of project activities, participation of community members and eventual sustainability, as envisioned in National Guidelines (URT, 2008; 2009) remain untenable.

Table 4: Household heads opinions about community attitudes towards MVC

	With MVC		**Without MVC**		**Total**	
Kind of attitude	**n=47**	**%**	**n=33**	**%**	**n=80**	**Total %**
Negative	47	100	30	90.9	77	96.3
Neutral	0	0	3	9.1	3	3.8%
Positive	0	0	0	0	0	0

Qualitative data from both ward MVCC chairpersons (in the three wards involved in the study) and FGD participants (both MVC and household heads) also showed that community members had negative attitude towards MVC. According to MVC who participated in FGD, negative attitude manifested in form of discrimination within and outside their homes. Within their home MVC were discriminated either by their new guardians or by step parents who had their own biological children. This fact was supported by results from MVC questionnaire which showed that only 30% of interviewed MVC lived with their parents, giving an impression that more than two-third of interviewed MVC lived with guardians or step-parents. One of the discriminations cited by MVC was denial of time for private studies. A girl MVC from Kihonda ward complains:

"I hardly get time for private studies after school hours. As soon as I return at home, I start cleaning utensils and washing the clothes".

The study also found that step parents and guardians treated their own children and MVC differently. MVC received the least attention when it came to provision of school materials such as uniforms and exercise books. Furthermore, it was found, that MVC received the least priority, especially when it came to joining to secondary education. One of household head FGD participant from Mazimbu ward note:

"First priority to education is given to children born in the family and then to MVC. In most cases, however, MVC are left out so as to serve as sources of income. They are sent to sell things or carry luggage in the market or bus stand so as to earn money for the family".

Incidences of denial to attend school were also reported by MVC interviewed. They noted that some of them were treated like house girls and sometimes were not allowed to go to school until some domestic chores were completed. One of the MVC from Kihonda ward complains*:*

"If there are a lot of activities at home, my aunt stops me from going to school".

In a study by Whitehouse (2002) in Mwanza Region, it was also reported that some orphans were discriminated against within households; either by their new guardians or by step-parents who had their own biological children. In that study, it was further reported that some MVC in Mwanza Region were not allowed to attend school or were unable to go to school because their families could not provide clothes or

'proper' shoes. Other results (Mhamba, *et al*. 2007) show that in some villages in Singida Region the presence of MVC was considered as a vital source of cheap labour source. The same authors note that the relatively better-off members of the community are happy with increased numbers of vulnerable children in the village as labour becomes less expensive.

This study also found that MVC were also discriminated outside their homes. This was done by fellow children (at school and outside school) and neighbouring adults. At school, MVC who participated in FGD noted that sometimes they were being laughed at by fellow children for their inability to get some basic needs such as decent clothes (for both home and school use), and other educational materials such as pens, pencils and exercise books. One MVC note*:*

"Some of my fellow pupils isolated me because my school uniforms were worn out".

Discriminating MVC by their guardians or step parents was reported by household head FGD members in Chamwino and Kihonda wards. They alluded that MVC were called bad names by some neighbours and even their guardians or step parents. Some of those names were mentioned to be: beggars, unethical children and *misalaba* (a Swahili terminology implying carrying out unnecessary responsibilities). This study sought to find out reasons for negative attitudes towards MVC and found jealous was one of them. Such jealousy was related to the support MVC received. It was reported by household head FGD participants that some community members whose registered children did not receive support considered jealously those who happened to receive support. Jealousy was also reported among

community members whose children were not registered. Parents, guardians or step parents whose children were not registered perceived that ward and *mtaa* leaders were not fair in the identification of MVC by including some children who did not deserve to be supported. So when such children received support, they were considered jealously. Studies by Nyangara and Obiero (2009) also reported that caregivers in Kagera perceived that people in the community were jealous of the services MVC and their families received. Also, in its study about factors that make projects succeed or fail in Swaziland, the Sahee Foundation (2008) identified jealousy among project beneficiaries as one of contextual factors that affected sustainability of development projects. The presence of jealous among community members towards support which MVC received imply that community members were divided among themselves and therefore, lacked collective voice and common vision in supporting MVC. This was a limiting factor towards sustainability of *mtaa* MVCC. Jealousy towards support MVC received was also reported within MVC families. Household head FGD participants in Chamwino ward noted that sometimes MVC were grabbed support they received from CARE International/HACOCA by their guardians and/or step parents. Mention was made to: bed sheets, mattresses and school uniforms.

Chi square analysis was done to establish if there were statistical differences between the counts (or frequencies) of selected socioeconomic variables and community attitudes towards MVC. The variables were: education level, occupation, sex, marital status, and household size. Results were considered significantly different if p values were ≤ 0.05. Results show that there was significant statistical

differences between the counts for community attitudes and education level ($p = 0.05$) and occupation ($p = 0.029$). The differences in education level could be due to the fact that over three quarters of respondents had primary education while remaining had either secondary, tertiary education or illiterate. Similarly, about 54% of respondents were farmers. The remaining proportions were either petty traders or employees.

4.4.2 Community attitudes towards MVC projects

In this study, it was assumed that community attitudes towards MVC projects influenced community involvement and support, and eventual sustainability of MVC projects. It was important therefore, to explore the attitude of community members towards MVC projects. This was achieved by enquiring opinions from study respondents about MVC projects interventions by using a Likert scale. The scale consisted of six statements. An attitude index of 30 scores was developed on the basis of which three categories of community attitudes was established: Negative attitude (6-17); neutral (exactly 18) and positive attitude (19-30). Positive attitude represented contentment with CARE International/HACOCA interventions with MVC while negative attitude represented lack of contentment.

Study results in Table 5 show that 51.3%, 47.5%, and 1.3%; of respondents had neutral, negative, and positive attitude, towards MVC projects, respectively. The results reveal that very few respondents had positive attitudes. One of the reasons according to household heads who participated in FGD was that community members were not actively involved in project interventions.

Table 5: Household heads opinions about community attitudes towards MVC projects (n=80)

Respondents' opinion	With MVC		Without MVC		Total	Total
	n=47	%	n=33	%	n=80	%
Negative attitude	28	59.6	10	30.3	38	47.5
Neutral attitude	18	38.3	23	69.7	41	51.3
Positive attitude	1	1.3	0	0	1	1.3

Participants of the FGD in all wards involved in the study noted that MVC were identified by *mtaa* and ward leaders without conveying *mtaa* meeting. The names of identified MVC were presented to CARE International in Tanzania for validation. It was argued that MVC identification was not fair. Leaders involved in the process were condemned for leaving out intentionally some of the neediest MVC while including children who were not really MVC. Such faults were notable during CARE International/HACOCA interventions. *Mtaa* MVCC had not managed to identify MVC.

Transparency on financial issues was another factor mentioned by household heads who participated in FGD. The participants complained about "secrecy" in financial matters and argued that information about financial matters was not disseminated to project beneficiaries. Such incidences made community members consider MVC projects as mere private investment for self economic advancement. One member from Chamwino ward complained:

"If they really intended to assist MVC and their families, we would sit together with them and share about whom should get what, be informed of their plans and what is available for supporting MVC. This would have minimized grudges".

In their study about community action and the test of time in learning from community experiences and perceptions, Donahue and Mwewa (2006) noted that lack of transparency often undermined credibility of those involved in a development intervention. This was true for the case of CARE International/HACOCA as evidenced in the above statement. Lack of transparency undermined the credibility of MVC projects among community members resulting into negative attitude towards them.

Another reason for negative attitude towards MVC projects was that the quality of materials/support provided by CARE International/HACOCA to MVC was poor. It was said that school bags and uniforms hardly lasted for a year. It was also pointed that bed sheets were being cut into two pieces; rendering them too small to use. Such incidences made community members question the integrity of NGO involved in MVC projects. Since *mtaa* MVCC had, generally, not supported MVC, complaints regarding the quality of materials provided did not feature out during the FGD.

While Rogers and Marcia (2004) noted that clear and consistent communication from the beginning of the programme/project helps prepare the community for graduation, in this study it was found that poor information sharing was another reason for negative community attitudes towards MVC projects. Qualitative results

from household head participants in FGD show that information sharing between CARE International/HACOCA and community members regarding MVC interventions was poor. In that light, it was difficult for community members to know what CARE International intended to do, its capability (in terms of resources) and what community members could do before and after its phase out.

4.5 Sustainability of *mtaa* MVCC

Mtaa MVCC assumed responsibility to support MVC after phasing out of CARE International/HACOCA in 2010 with the prime responsibility to identify and ensuring that MVC were supported with essential services. Continued undertaking of these responsibilities implied sustainability of *mtaa* MVCC projects. As such, this study sought to determine whether *mtaa* MVCC were sustainable.

The current study found that *mtaa* MVCC had not identified MVC since phasing out of CARE International in 2010. The study further found that generally, both MVC and their households had not received any support from *mtaa* MVCC. The current study sought the reasons for the failure to identify and support MVC and found, according to household head FGD participants in Chamwino and Mazimbu wards, that *mtaa* MVCCs were inactive and that community members were not willing to support MVC. These findings emphasize the fact that the leaders of *mtaa* MVCC were not adequately prepared to assume their responsibilities. As a result, could not perform their responsibility to support MVC and their families through community mobilisation. These findings are not congruent to McAdam and Scott (2005) who noted that it is necessary to make provision for the target population to learn and

assimilate the practical and administrative skills required to support a project's operation through capacity building. Capacity building, according to them, enables people who assume responsibility to perform the tasks necessary for the operation of the project themselves after the donor had left.

Qualitative data from household head FGD participants further revealed that *mtaa* MVCC lacked the capacity to raise funds and other resources required to run the project. it was further found that none of the wards/*mitaa* involved in the study had managed to establish *mtaa* MVC Fund to support MVC and their families, as suggested by national guidelines for supporting MVC (URT, 2009). According to Rogers and Marcia (2004), capability to raise funds and other resources is an indispensable way to ensure continuity of service provision after donor support had come to an end. Inability to raise funds and other resources, therefore, adversely affected the prospects of *mtaa* MVCC to support MVC leading to unsustainability of MVC projects in the study area.

The current study enquired from household heads FGD participants the reasons for community members' unwillingness to support MVC and their families. Three reasons were eminent: Over reliance on external support; poverty, and lack of community mobilisation to support MVC. It was found that community members increasingly longed for external support than their internal initiatives to support MVC and their households. According to the representative of CARE International, community members perceived that the responsibility to care and support MVC lied in the hands of government and NGOs that dealt with MVC. He notes:

"If you ask people who should care and support MVC, the immediate answer is 'the government and NGOs".

Experience from Malawi, however, shows that reliance on external resources was perceived to subvert local ownership, responsibility and eventual sustainability of community led MVC groups that involved in MVC interventions (Donahue and Mwewa, 2006). The authors show that external support, though necessary, was not an important factor for sustaining MVC project. According to them, factors essential to sustaining efforts to care and support MVC were: compassion for children; unity; creation of a common vision; community participation, and transparency. Conversely, in this study these factors appeared to be lacking. Consequently, no sooner than support from CARE International/HACOCA ended than supporting MVC halted.

According to household head FGD participants, poverty was a stumbling block to support MVC. One member from Chamwino ward jokes:

"We are all vulnerable; it is difficult for the vulnerable to support each other". However, true the statement above might be, it signals that community members had a narrow perception of support for MVC; by focusing on material support only. It should be remembered that meeting of children's physical needs is only one aspect of child development. The emotional needs of children are significant to positive child development as well. Although community members cited poverty as a constraining factor to support MVC, it must be emphasized that people, organisation, institutions or companies who are capable of supporting charitable

projects can be found in every community. Such people, organisations or institutions could vitally support MVC if approached formerly. In this study, however, it was found from Chamwino and Kihonda ward MVCC chairpersons that no efforts had been made to approach people, institutions or organisations directly to mobilise support for MVC. Mobilisation of individuals, organisations or agencies to support MVC was important for the success of *mtaa* MVCC because traditionally MVC were being cared for in extended families (URT, 2009). In contemporary communities, however, extended families are disintegrating making it imperative for communities to fill the vacuum (Mkama, 2007). The need for community mobilisation to support MVC was clearly stated by one of the household head participant of FGD who notes:

"You know, in the past MVC were not as many as they are today and children were considered to belong to community. But, nowadays, things have changed; the number of MVC is increasing every day. At the same time, community members are increasingly becoming concerned with the welfare of their own families and children. The result of this change is that MVC are increasingly left with nobody to support them".

Experience from Cameroon (Save the Children Fund, 2009) show that community groups caring for MVC managed to conduct fundraising campaigns and others collected local goods such as food, clothing, and school supplies. One group managed to mobilise remittances from community members who were working abroad in the United States. This shows that if well established, community based initiatives are indispensable way of support MVC. In another example, the same

authors report that after realizing that they could hardly raise financial and material resources within their communities to respond to MVC problem the committee organized MVC families to form income generating activities groups (IGA) and assisted them to apply for business loans. As the groups flourished, they managed to access additional funding from other micro finance schemes in the area.

The discussion above has shown that, generally, since the phase out of CARE International in Tanzania in 2010, *mtaa* MVCC had neither identified nor supported MVC. It has also been shown that *mtaa* MVCC lacked capability and resources to support MVC and their families. More specifically, MVC projects under the auspice of *mtaa* MVCC were unsustainable. Implicitly, *mtaa* MVCC had not enabled MVC and their households overcome their predicaments. The findings support Ferndriger (2010) who found that many projects, while initially appearing to be successful, lack the systems and resources that would contribute to their long term success. The same author concluded that such projects collapse once outside assistance is withdrawn.

4.6 The effect of community attitudes towards sustainability of *Mtaa* MVCC

This study assumed that sustainability of *mtaa* MVCC projects could be influenced by some factors, including household sizes, age of respondents, and community attitudes. Thus, statistical analysis was carried out by using a multiple regression model to test the significance of the above mentioned factors (independent variables) to the sustainability of *mtaa* MVCC project (dependent variable). The assumptions behind this analysis were thrice. Firstly, larger MVC household sizes could constrain community efforts and ability to support MVC. Secondly, elderly people

could fail to support their MVC because of age and illness, and thirdly, negative community attitudes could constrain the willingness of community members to involve in MVC projects, to support MVC and their household, and MVC projects at large. Sustainability of *mtaa* MVCC projects was measured through a 30 point Likert scale. Scores below 15 represented lack of sustainability while scores above 15 represented sustainability. The statements in the scale inquired opinions whether *mtaa* MVCC: Identified MVC and supported them; was transparent in identification and supporting MVC; shared information regarding MVC with community members; had common vision with community members, and had provided support that enabled MVC and their household respond to their predicaments.

Study results in Table 6 show that community attitudes towards MVC and their households was significantly related to sustainability of *mtaa* MVCC ($p = 0.000$). The results imply that negative community attitudes affected negatively sustainability of *mtaa* MVCC projects by undermining the willingness of community members to support MVC and their families through *mtaa* MVCC. Household size, age of respondents, and community attitudes towards CARE International/HACOCA did not affect negatively sustainability of *mtaa* MVCC.

Table 6: The influence of community attitudes towards sustainability of *Mtaa* MVCC projects

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error			
Household size	-0.188	0.218	-0.089	-0.860	0.392
Age of respondents	0.063	0.040	0.169	1.595	0.115
Community attitudes towards MVC and their households	1.024	0.274	0.393	3.738	0.000
Community attitudes towards MVC projects interventions	0.157	0.143	0.119	1.104	0.273

4.7 Livelihood security of MVC households

The object of *mtaa* MVCC to support MVC and their households was to enable the latter to improve their livelihood by facilitating them to respond to their predicaments on a sustainable basis. Specifically, material support could strengthen their economic capacity and subsequently, improve access to adequate income, food and resources to meet basic needs. In this study, efforts were made to evaluate whether support provided to MVC and their households had improved their livelihood security with respect to household economic and food security.

4.7.1 Economic security

Economic security is one of the components of livelihood security. In the current study, economic security was defined as enhanced capability of MVC households to respond to their predicaments with minimum disruptions. It was measured by a Likert scale based on ability to involve in income generating activities; ability to save money; ability to invest in productive ventures, and access to credit schemes..

MVC households' economic security index was developed based on the respondents' score. Respondents who scored 6-17 indicated economic insecurity; those who scored 18, indicated neutrality, and those who scored 19-30 indicated economic security.

Study results in Table 7 show that 98.7% of respondents had the opinion that MVC households were economically insecure. The results means that these households were unable to involve in income generating activities, to save money, to invest in productive ventures and to access credit schemes. The implication behind these findings is that *mtaa* MVCC had not succeeded to achieve their prime objective to support MVC and their household on a sustainable basis.

Table 7: Household heads' opinions about MVC households' economic security (n=80)

Household economic status	With MVC		Without MVC		Total	Total
	n=47	%	n=33	%	n=80	%
Economically insecure	47	100	32	97.0	79	98.7
Neutral	0	0.0	1	3.0	1	1.3
Economically secure	0	0.0	0	0.0	0	0

This study further found that economic insecurity forced MVC households to adopt coping strategies some of which further eroded their resource bases. Such strategies, according to household head participating in FGD, included sale of family properties such as land, furniture and clothes. Similar views were held by 86.3 % of household heads who disagreed with the statement that 'MVC households hardly sell off family property to cover other costs'.

4.7.2 Food security

Food security is another component of livelihood security. In this study, food security measured by adapting Household Food Insecurity Access Scale (HFIAS). The tool was developed by Food and Nutrition Technical Assistance (FANTA) Project in the United States of America. It comprised of nine questions that measured household experience in the past thirty days. The frequency of the experience was considered never (0 score), rarely (1 score), sometimes (2 scores) or often (3 scores). Based on these scores, a twenty seven score index was developed and used to develop four categories of food security: Food secure; mild food insecure; moderate food insecure and severe food insecure. According to this tool, severity of food insecurity increases with increase in the score on the index.

Study results in Table 8 show that both households with and without MVC were food insecure ranging from mild to severely food insecurity. While the proportion of household without MVC who were food insecure was about 76%, the figure was about 95% among households with MVC. The results imply that household with MVC were more food insecure than those without MVC.

Table 8: Food security status among study respondents (n=80)

	Household without MVC		**Household with MVC**		**Total n=80**	**Total %**
Status of food security	**n=33**	**%**	**n=47**	**%**		
Food secure	8	24.2	3	6.4	11	13.8
Mildly food insecure	17	51.5	15	31.9	32	40
Moderately food insecure	7	21.2	25	53.2	32	40
Severely food insecure	1	03.0	04	8.5	5	6.3

An independent t-test was also conducted to compare the food security scores for households with and without MVC. There was significant difference in scores for households with MVC (M = 15.51, SD =.5.32) and households without MVC (M = 10.03, SD=5.39); t (78) =-4.51, p = 0.000)]. The results further confirm that support provided by CARE International/HACOCA to households with MVC did not make notable difference in improving the food security status of households with MVC; rendering most of them (about 94%) food insecure. The results above, regarding economic and food security generally, show that support provision by both CARE International and *mtaa* MVCC did not contribute to improve livelihood security of MVC and their households. Implicitly, MVC projects under had not enhanced long term functioning of MVC and their households to respond to their predicaments on their own.

CHAPTER FIVE

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

This study has clearly shown that few MVC and MVC household heads were supported by CARE International/HACOCA with school materials for primary school pupils, food and clothes while household heads benefited from shelter and food. The study showed that supports were inadequately and irregularly provided due to shortage of resources. The current study further found that community members were not involved to identify MVC, their needs and how to address them during both CARE International/HACOCA and *mtaa* MVCC interventions. Besides, the formation of *mtaa* MVCC was characteristically top down and did not prepare community members and the leaders who assumed responsibility to play their roles effectively. It was also found that community attitudes towards MVC and MVC projects, generally, was negative. The current study also established that community attitude towards MVC and their households significantly influenced sustainability of mtaa MVCC projects. *Mtaa* MVCCs were inactive and had not managed to support MVC and their households since phasing out of CARE International in 2010; hence, the project was unsustainable. Finally, this study found that MVC households were economically and food insecure.

5.2 Conclusions

Based on study findings the current study concludes that negative community attitude negatively affected provision of material support during both CARE

International/HACOCA and *mtaa* MVCC interventions in MVC project in Morogoro Municipality leading to lack of sustainability of MVC projects. It is further concluded that failure to form *mtaa* MVCC on participatory lines undermined community ownership and eventual sustainability of the *mtaa* MVCC project. In the same veins, it is further concluded that the failure of CARE International/HACOCA and *mtaa* MVCC to actively involve community members in project implementation processes undermined credibility of MVC projects among community members paving a way of community members not to support MVC project. As a result, MVC and their household remained economically and food insecure.

5.3 Recommendations

Based on the conclusions drawn from the study, this study recommends the following:

i. MVC projects should be designed on participatory lines taking into consideration, among other things, the attitude community members towards MVC and their families.

ii. Support provision should be household-centered focusing on improving the wellbeing of MVC. Care and support services to MVC households need to be comprehensive and broad enough to enable them meet all common needs and expectations of the MVC.

iii. NGOs involved in MVC intervention can improve livelihood of MVC and their households by facilitating MVC household to get farm inputs from relevant support available in the community; facilitating MVC households to receive regular and on-going advice on farming techniques and best use of a family's farm so as to promote household food and economic security; facilitating MVC household head to join with Saving and Credit Cooperative Society (SACCOS) or Village Community Banks (VICOBA), or any other low interest credit schemes so as to access credit services for establishing micro enterprises that could supplement farm activities, and training MVC or household heads with vocational skills which would enable them to self-employ.

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APPENDICES

Appendix 1: Interview guide for Municipal Community Development Officer

1. What is the number of Most Vulnerable Children in the Municipal?
2. What is the number of households with Most Vulnerable Children?
3. How do you plan for ward MVCC project?
4. Whom do you consult in the project-planning process?
5. How do you plan for their sustainability?
6. How effective are ward MVCC in performing their roles?
7. Do you think MVC and their families are capacitated by ward MVCC enough to respond to their predicaments?
8. Which community challenges are experienced in the course of ward MVCC interventions?

Thank you for participating in this study

Appendix 2: Interview guide for CARE International Representative

Designation:……Date of interview…….

1. When did you start intervening in MVC project?
2. What was the attitude of community members toward MVC, their families and the project at large?
3. Which care and supports did the project provide to MVC and/or their families?
4. Which project activities and outcomes were to be continued by community members and ward MVCC? How were they to be continued?
5. In which ways were community members prepared to continue with project interventions?
6. Do you think the attitude of community members and support provided by CARE International affected sustainability of the project?
7. Which community challenges were encountered during project implementation?

Thank you for participating in this study

Appendix 3: Focus group Discussion Guide

Date of interview ……

Proposed Participants: 2 ward MVCC members, 3 caregivers of MVC, 2 household heads without MVCs and 3 MVC.

Theme 1: Community attitudes towards MVC, Care givers and MVC projects.

Sub theme 1.1: Perceptions, resentment, stigma, discrimination and jealousy.

Question: How does the community feel and act upon MVC?

Theme 2: Care and support provided to MVC.

Sub theme 2.1: Material, psychosocial and economic capacity strengthening

Question 1: What support and services are provided by ward MVCC?

Theme 3: Effectiveness of service delivery under ward MVCC

Sub theme 3.1: Community participation, capacity to manage project activities and resources

Question 1: Has MVC care and support from CARE International being sustained, improved or expanded by ward MVCC?

Theme 4: Effects of community attitudes and support towards MVC and their families

Sub theme 4.1: MVC capacity development

Question 1: Do you think community attitudes and support towards most vulnerable children and their households affect project sustainability?

Question 2: What are some of the obstacles for sustainability of ward MVC project?

Thank you for participating in this study

Appendix 4: Appendix 1: Interview Guide for Ward MVCC Chairperson

Name of ward:…… Date of interview……

1. What is the attitude of community members towards MVC, their care givers and MVC projects?

2. What care and support community members provide for MVC?

3. Are ward MVCC members facilitated to perform their duties effectively?

If yes,

Who facilitates them and in which areas of capacity?

If no,

Why not? Who is responsible for the facilitation? What alternatives are available?

4. Has MVC care and supports from CARE International being sustained, improved or expanded by ward MVCC?

5. How would you describe a successful MVC project?

6. Do you think the attitude of community members has facilitated or hindered sustainability of the project?

7. Do you think support provided by ward MVCC enable MVC and their care givers to overcome their predicaments?

8. What community obstacles constrain the sustainability of ward MVC project?

Thank you for participating in this study

Appendix 5: Interview Schedule for MVC

A: Background Information

1) Name of ward……Date of interview……

2) Name of street……

3) Name of respondent……..

4) Respondent's relation with household head

1) Parent 2) guardian 3. Others (specify) |___|

5. Occupation of head of household

1) Peasant 2) employee 3) petty trader 4) others (specify) |___|

6. Sex of respondent 1) male 2) female |___|

7. Age of respondent…….

8. Which parent(s) do you have? |___|

1) Both parents 2) only mother 3) only father 4) neither mother nor father

B: Community Attitudes Towards MVC and their Families

9. Answer the following questions by choosing the correct answer from the options below: 1=Yes 0=No

a) Do you feel that people speak badly about you or your family? |___|

b) Do you think people make fun of your situation, and would rather hurt you than help you? |___|

c) Do you feel isolated from others in the community? |___|

d) Do you feel only family members and relatives care and support you? |___|

e) Do you think community members are ready and willing to care and support you and your family?

C: Services and Support Provided, Project Effectiveness and MVC Capacity Development

10. Have you ever received support from either CARE International or *mtaa* MVCC? 0) no 1) yes |___|

If yes continue with question (11) If no, go to question (16)

11. The table below has a series of support for MVC. Tick appropriate items you received from either CARE International or *mtaa* MVCC, or both.

	Item (support) received	**CARE International**	***Mtaa* MVCC**
1	Food and nutrition		
2	Shelter		
3	Clothing		
4	Bedding materials		
5	Household equipment		
6	Health care		
7	Education equipment/facilities		
8	Vocational skill training		
9	Small scale enterprise for MVC and/or household		
10	Access to trained counselors		

12. Was the supports received enough to meet your demands? Tick (√) in Yes/No columns for each support provider. If no, suggest for improvement.

Support Provider	**No**	**Yes**	**If no, suggest for improvement**
Care International			
mtaaMVCC			

13. Do you think you as well as your family are adequately involved in identifying your needs and suggest ways to meet them? 0) No 1) Yes |___|
14. Do you think the care and support you receive can enable you to overcome predicaments you suffer from? 0) No 1) Yes |___|
15. If you got support from both CARE International and *mtaa* MVCC, do you think *mtaa* MVCC has improved support provision? 0) No 1) Yes |___|
16. Do you think the care and support you receive from parents and relatives enable you to overcome your predicaments? 0) No 1) Yes |___|

Thank you for participating in this study

Appendix 6: Interview Schedule for Household Heads

Part A: Background information

1. Name of ward……Date of interview……

2. Name of street……respondent's code ……

3. Name of respondent……

4. Household size…….

5. Age of respondent…….

6. Education level of respondent

1) Primary 2) secondary 3) tertiary 4) illiterate |___|

7. Occupation

1) Peasant 2) employee 3) petty trader 4) others (specify) |___|

8. Sex 1) Male 2) female |___|

9. Marital status

1) Married 2) widow/widower 3) separated/divorced 4) single |___|

10. Is your household having MVC? 0) No 1) yes |___|

If yes, continue with question 11. If no, proceed to question 12.

11. a) What is the number of children in your household?

b) how many children have ages between i) 0-5…… ii) 6-14…… iii) 15-18……

c) How many children are i) male…….ii) female……...

d) How many children have i) father only…….... ii) mother only……

iii) Both parents……iv) neither father nor mother ……..

Part B: Community Attitudes toward MVC and their Families

12. Do you think MVC and their families experience jealousy, resentment and stigmatization from community members? 0) No 1) Yes |___|

If yes, continue with question 13. If no, proceed to question 14.

13. Below are a series of statements. Please select one of the five choices provided that most closely corresponds to your opinion. Use the codes below:

1) Strongly disagree 2) Disagree 3) Not sure 4) Agree 5) Strongly agree

s/n	Statement	1	2	3	4	5
a	MVC are called bad names at homes and outside their homes					
b	Fellow children make fun and bully MVC					
c	Community members speak badly about MVC and their families					
d	MVC are isolated from others in the community					
e	Community members are unwilling to care and support MVC and their families					

Part C: Community Attitudes towards MVC Projects

14. Below are a series of statements about Care International interventions. Please select one of the five choices provided that most closely corresponds to your opinion. Use the codes: 1) strongly disagree 2) disagree 3) not sure 4) agree 5) strongly disagree

s/n	Statement	1	2	3	4	5
a	CARE International/HACOCA involved adequately MVC in identifying their needs and how to address them.					
	If strongly disagree/disagree, give reasons					
b	CARE International/HACOCA identified MVC transparently					
	If strongly disagree/disagree, give reasons					
c	Support provide by CARE International/HACOCA enabled MVC and their families to manage their life on their own					
	If strongly disagree/disagree, give reasons					
d	Both CARE International/HACOCA and community members had common vision on assisting MVC					
	If strongly disagree/disagree, give reasons					
e	CARE International/HACOCA managed project fund and materials transparently					
	If strongly disagree/disagree, give reasons					
f	There was adequate information sharing between CARE International/HACOCA and community members on matters concerning MVC					
	If strongly disagree/disagree, give reasons					

Part D: Services and Support Received MVC Households and Sustainability of MVC Project.

Question 16 – 23 should be answered by supported household heads only

16. Which among the following organization/institution ever supported your household?

1) CARE International 2) *mtaa* MVCC 3) both CARE International and *mtaa* MVCC 4) none of the above |___|

If yes, continue with question 17. If no, go to question 21.

17. Which support (as distinct from that of the MVC) has your household received? Write the number of the support received below the columns labeled CARE International, Ward MVCC and others.

	Item (support) received	**CARE International**	**Mtaa MVCC**	**Others (Specify)**
1	Fund			
2	Trainings			
3	Food			
4	Others (mention)……..			

0) 18. If you received support from CARE International, did it meet household needs to care for the MVC? 0) No 1) Yes |___|

19. If you received support from CARE International, did it meet household needs to care for the MVC? 0) No 1) Yes |___|

20. If no, why?

……

21. In your opinion, what improvements need to be done by *mtaa* MVCC?

……

22. How can you describe the current status of support provision by *mtaa* MVCC?

1) Same as during CARE International/HACOCA 2) Has been improved

3) Has declined |___|

23. Below are a series of statements about mtaa MVCC interventions. Please select one of the five choices provided that most closely corresponds to your opinion. Use the codes: 1) strongly disagree 2) disagree 3) not sure 4) agree 5) strongly disagree

Statement	1	2	3	4	5
Mtaa MVCC involve MVC adequately in identifying their needs and how to address them.					
If strongly disagree/disagree, give reasons					
Mtaa MVCC identify MVC transparently					
If strongly disagree/disagree, give reasons					
Support by *Mtaa* MVCC enables MVC and their families to manage their life on their own					
If strongly disagree/disagree, give reasons					
Both *Mtaa* MVCC and community members have common vision on assisting MVC					
If strongly disagree/disagree, give reasons					
Mtaa MVCC manage project fund and materials transparently					
If strongly disagree/disagree, give reasons					
There is adequate information sharing between *Mtaa* MVCC management and community members on matters concerning MVC.					
If strongly disagree/disagree, give reasons					

Part E: Livelihood Security of MVC Households and Projects

24. Below are statements about socioeconomic security for MVC households. What is your position about these statements? Choose the correct answer by using the codes:

1) Strongly disagrees 2) disagree 3) I don't know 4) agree 5) strongly agree |___|

Statement	1	2	3	4	5
Supported MVC household are facilitated in income-generating activities					
Supported MVC household are able to save some money (in a savings box, microfinance institution or bank)					
MVC households have capital to invest in tools, seeds, livestock and other means to earn income.					
Savings groups and microfinance institutions include MVC households in their programmes					
Most vulnerable children and households hardly sell off family property to cover other costs, leaving them with no assets					

Question 25 is specifically for household heads with MVC

25. Has the support received from MVC projects enabled your household to be food secure? 0) No 1) yes |___|

If no, continue with question 26.

26. Choose the correct response about your household food security experience. If your answer is "no", write 0 and skip to the next question. If your answer is "yes",

choose the appropriate response in the frequency column and write your answer using the codes: 1 = rarely (once or twice in the past four week); 2 = sometimes (three to ten times in the past four weeks); 3 = often (more than ten times in the past four weeks).

Household experience in past four weeks	**no (0)**	**yes (1)**	**Frequency**	**Codes**		
				1	**2**	**3**
Did you worry that your household would not have enough food			1=rarely; 2=sometimes 3=often			
You or any household member not able to eat the kinds of foods you preferred because of a lack of resources?			1=rarely; 2=sometimes 3=often			
Did you or any household member have to eat a limited variety of foods due to a lack of resources?			1=rarely; 2=sometimes 3=often			
Did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?			1=rarely; 2=sometimes 3=often			
Did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?			1=rarely; 2=sometimes 3=often			
Did you or other household member have to eat fewer meals in a day because there was not enough food?			1=rarely; 2=sometimes 3=often			
Was there ever no food to eat of any kind in your household because of lack of resources to get food?			1=rarely; 2=sometimes 3=often			
Did you or any household member go to sleep at night hungry because there was not enough food?			1=rarely; 2=sometimes 3=often			
Did you or any household member go a whole day and night without eating anything because there was not enough food?			1=rarely; 2=sometimes 3=often			