

TANZANIA: LINKING COMMUNITY SYSTEMS TO A NATIONAL MODEL FOR CHILD PROTECTION

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This report describes a child protection system strengthening initiative that is being piloted in four districts in Tanzania - Hai, Kasulu, Magu and Temeke. The aim of the initiative is to improve the delivery of social and protective services to all children, especially the most vulnerable, with a view towards building an evidence base for an effective child protection model that can be scaled up nationally.

The report draws together lessons learned to date, and explores how the district initiative might be best linked to the diverse national child protection initiatives, in order to inform the development of a national child protection system. Part 1 summarises current global, regional and national thinking on child protection systems. Part 2 describes the current district initiative – how and why it started, key steps in its establishment, the current structure and resource needs, and lessons learned. Part 3 concludes with some key opportunities and next steps for scaling up and linking this initiative to a national systems approach to child protection.

Part 1: Child Protection in Tanzania: A Systems Response

Sexual, physical and emotional abuse is common for all children, boys and girls, growing up in Tanzania, as the recent Violence against Children survey shows (UNICEF et al, 2011a). Almost one in three females and one in seven males experience at least one incident of sexual violence before the age of 18. Most children do not report sexual abuse; few children seek services and even if they do report even fewer receive services. Girls are particularly vulnerable to sexual violence and physical violence rates are very high, with almost three quarters (72% of girls, 71% of boys) being punched, whipped, kicked, or threatened with a weapon by a family member, an authority figure or an intimate partner over their childhood. One quarter of all children are emotionally abused. The impact of this level of violence carries on beyond the abuse into adulthood.

Child protection is the prevention and response to violence, exploitation and abuse of children.¹ In recent years, the global community has increasingly recognised that (i) the number of children experiencing these risks is significant, and is rising in some areas; (ii) efforts to address child protection issues have been poorly coordinated and resourced, with a focus on stand-alone projects with limited sustainability; and (iii) children face multiple risks – abuse can be combined with exploitation and/or abandonment, for example, yet many programs are designed to address a single risk. As a result, there is growing recognition that children's issues should be addressed holistically with preventive and response programs dealing with the array of poverty, protection and rights issues in tandem, rather than in isolated silos.

¹This is the definition used by UNICEF, defined in their 2008 Global Child Protection Strategy. Save the Children has a similar definition, including neglect.

A systems approach creates an integrated, holistic approach to child protection and child well-being, by having a linked and coherent set of structures, functions and capacities to meet the goal of child protection. A system integrates the actions of families (and children themselves), communities, formal and informal laws and practices, state and non-state actors across all sectors, to work together to protect children. It looks at all the actions needed to protect children along a continuum, from promotion of a safe environment for the child, to prevention through response and restorative services for children at risk of, or experiencing, violence, exploitation and abuse.

Health, education and social protection systems can improve the protective environment. But none are designed to address protection issues directly: the increased risk of abuse, violence and exploitation to children without family care, for example due to HIV, labour migration, natural disaster or conflict; child victims of physical, emotional or sexual violence and neglect in other circumstances; and children without basic rights due to the lack of birth registration.

A number of supporting activities have been spearheaded at the global level, including (i) adoption of the UNICEF Child Protection Strategy (2008) , which outlined the child protection systems approach; (ii) development of a 'rough guide to child protection systems' by Save the Children UK(2009); (iii) development of mapping and assessment toolkits and resources;² (iv) a decision by the US government's PEPFAR II initiative to integrate child protection robustly into its responses; (v) support by USAID, UNICEF and others to strengthen the social welfare workforce; (vi) response by INGOs, such as Save the Children and World Vision International, to focus on a rights-based child protection system.

Tanzania does not yet have a single, national definition of a child protection system, built with the consensus of all key stakeholders including children and caregivers. While this is necessary, it is not expected that such definition will significantly detract from the general understanding of what child protection is and what system needs to be in place. Currently, the district child protection system initiative is using the following definition for training district teams: "formal and informal interrelated functioning mechanisms which prevent and respond to violence, exploitation and abuse committed against children" (Mhamba & Mtembei, 2010).

The following are the key components of a child protection system and can be adapted to the Tanzanian context:

Commitment by the state and citizens to preventing violence, abuse, exploitation and neglect of children, through a programme that promotes a positive environment (for example, through promotion of community awareness about children's rights), prevents harm to children (for example, through poverty alleviation programmes for households where children may have to leave school or work, or through family support and education), identifies children or families and risk, responds to child protection concerns, taking action for the child, provides support to children who have experienced violence, abuse or exploitation or come into contact with the law (restorative elements). Commitment to child protection includes the participation of children themselves with programmes and interventions that develop children's own resilience, life skills and knowledge.

² For example, a global toolkit for mapping and costing child protection systems that is now being rolled out in many countries in Eastern and Southern Africa by Maestral International, and a Research Manual on Child Protection Systems Mapping and Analysis in Western and Central Africa by Child Frontiers.

Knowledge on the root causes of child protection failures and the extent of abuse, neglect, exploitation and violence against children in all settings in the country, which can be regularly updated and used for designing the response. The Violence against Children survey and the Government and Civil Society Priority Responses launched in August 2011 is an important first step in this process. Several of the identified Government Priority Responses are the key components that need to be considered as part of a national child protection system.

Laws and policies that are aligned with other national laws and international laws and policies and that are backed up by regulations and clarity about mandates and accountability. The Law of the Child Act 2009 offers key components of this framework. The juvenile justice system is another key element of this framework.

A national strategy, policy or plan of action that has one body responsible for overall coordination and a multi-sectoral body with specific responsibilities for implementation. The plan should have realistic and time bound targets and should be costed. There are a number of national strategies and plans on social welfare, social protection and responses to vulnerable children but they are not currently aligned with similar and linked child protection commitments. The plan must be multi-sectoral and include preventive, responsive and restorative services.

Structures that can deliver a child protection response, including clarity about everyone's roles and responsibilities and sufficient resources to deliver the response.

Human and financial resources to prevent and respond to child protection violations from supporting families under stress, to communities that are competent to recognise and respond to possible child protection risks to a human workforce that is trained and has the mandate and resources to work.

Evidence about what is happening and what is working through a robust monitoring and surveillance system.

Part 2: Developing Tanzania's District Child Protection System

This section describes the key steps in establishing the current District Child Protection Systems Strengthening model and then identifies the emerging evidence of the impact of this approach on enhanced protection for children from abuse, violence, exploitation and neglect.

A. The district child protection systems strengthening approach

In 2009, the Department of Social Welfare (DSW) and UNICEF mapped formal and informal child protection mechanisms in the seven UNICEF-supported districts.³ The mapping process found that structures for prevention and responding to abuse, neglect and exploitation at national, district and community level were either weak or non-existent. It found "no joined up police, health and social welfare response to violence and abuse against children, as yet no evidence of MVC structures reducing levels of violence, early marriage, teenage pregnancy, street children or children living in residential care, a shortage of social welfare officers, volunteers filling the void with minimal support and guidance." (Guga et al, 2009)

³The seven districts were Bagamoyo, Hai, Magu, Makete, Mtwara, Siha, and Temeke.

The report had three key recommendations. (i) establish a coherent child protection system operating at all levels, with clear roles and responsibilities and a structured case management system. (ii) develop a child protection system coordinated with the emerging social protection framework; (iii) support the development of a guiding framework and a supportive policy environment with clearly specified roles and responsibilities.

UNICEF and the Department of Social Welfare acted on the first recommendation by initiating a structure to strengthen child protection from community to district level.

CHRONOLOGY OF DISTRICT AND NATIONAL CHILD PROTECTION SYSTEMS STRENGTHENING	
2006-2007	The National Costed Plan of Action for Most Vulnerable Children (MVC) designed. Community Justice Facilitators (CJFs) trained (2 CJFs in each community).
Apr 2008	Gender and Children's desks introduced within the police force, Ministry of Home Affairs.
Apr 2009	Mapping of formal and informal child protection mechanisms in 7 districts.
Nov 2009	Law of the Child Act passed.
Nov 2009	Department of Social Welfare completed a capacity assessment and development plan.
Dec 2009	UNICEF, Department of Social Welfare and Institute of Social Work (ISW) introduce a pilot district child protection systems strengthening programme in 7 districts.
Jan 2010	Districts reduced from seven to three – Hai, Magu and Temeke (due to lack of human resources and/ or political will in the other four districts).
Mar 2010	Districts received training from ISW and completed a baseline survey on priority protection risks for children. This was used to develop priorities and their work plans.
Dec 2010	First National Costed Plan of Action on MVC completed. (An evaluation completed in 2011 provides recommendations on the way forward.)
2011	PACT Tanzania initiates district child protection systems strengthening programme in 2 districts.
Mar 2011	Save the Children (SC) joins the systems strengthening national team (DSW, ISW, UNICEF).
Mar 2011	Child Justice Forum convened by the Ministry of Constitutional and Legal Affairs to oversee two major child justice studies and develop strategies for reform
Apr 2011	International Rescue Committee (IRC) becomes a partner in Kasulu District.
June 2011	Seven sets of the LCA regulations submitted to the Attorney General – Approved School rules, Retention Home rules, foster care, adoption, Children's Homes, child employment and child apprenticeship.

Aug 2011	Violence against Children report launched. Key Priority Responses to address the child protection concerns raised by the report were publicly announced by the Government and Civil Society on 9th August 2011.
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B. Key steps in developing the district child protection system

The following steps have been undertaken in all four districts and have been found to be essential in the process of building a child protection system. These steps were not all possible in the remaining four of the initially mapped districts, primarily due to lack of political will at district council level and lack of a minimum social welfare workforce within the district but also due to insufficient capacity on the part of UNICEF and partners to support the process in all the districts.

Step 1: Establish a partnership

The Institute of Social Work was contracted as partner to support the District Councils was identified and contracted. A coordinator and three technical support staff were recruited. The coordinator is based at the Institute of Social Work in Dar es Salaam and three technical support staff are based in the three districts of Hai, Magu and Temeke. (As of 2010, the district support partners are managed by Save the Children).⁴

Step 2: Establish a District Child Protection Team (DCPT)

ISW, DSW and UNICEF first introduced the idea to local government authorities. Then ISW trained district teams, made up of district Social Welfare Officers (SWOs), representatives from the Gender and Children Desks in the police, magistrates, probation officers, prison services, residential care social workers, civil society representatives and others. The exact composition varies across districts, depending on which services are available. The districts themselves decided who should participate.

The diagram on the next page shows the current structure. This will vary according to local context. The priority is to build on the existing structures, both formal and non-formal, that are available within that district, ward and village or mitaa.

⁴ The technical support staff have been identified in this pilot phase, in order to intensively pilot new ways of working. It is not expected that technical support staff will be needed in each district once the initiative has generated sufficient learning.

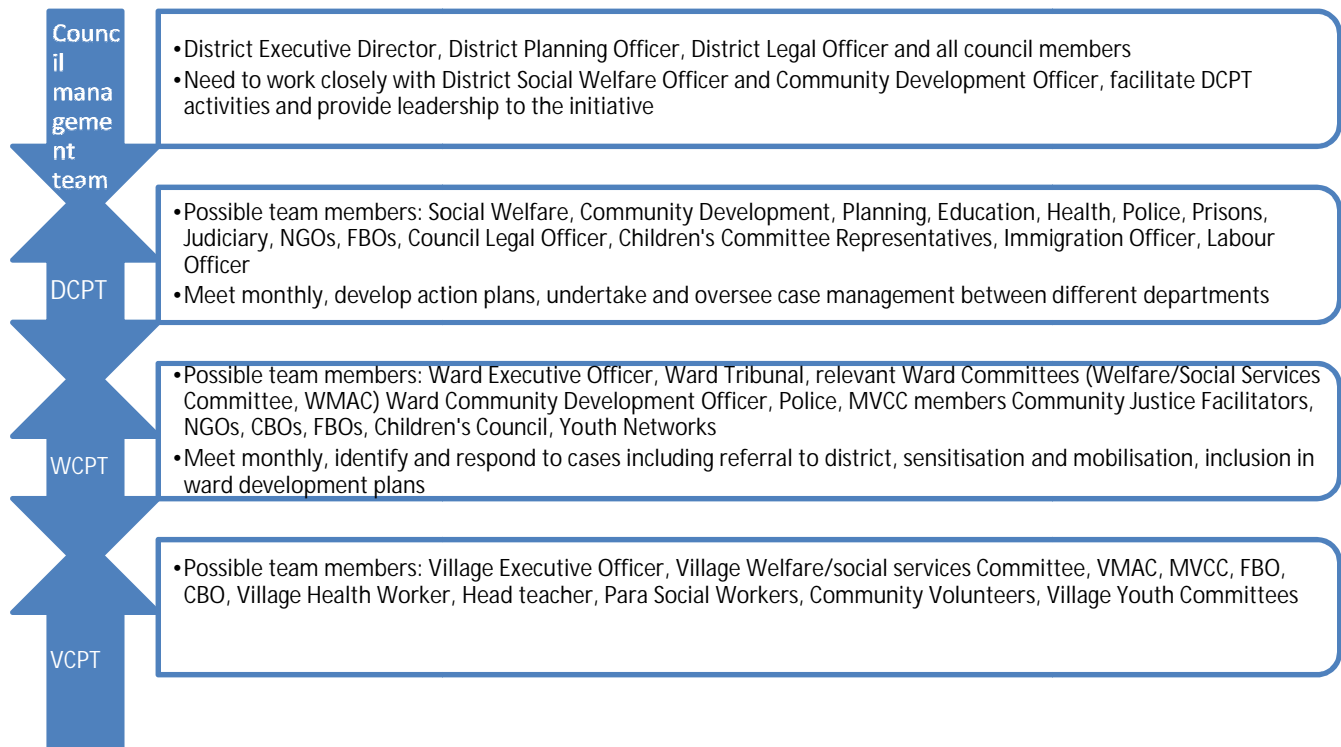


Diagram 1: District Child Protection System Strengthening structure

Step 3: Capacity needs assessment of DCPT members

ISW and partners conducted a capacity needs assessment for district and sub-district CPT members. A framework for coaching and mentoring of district child protection teams was developed, with technical support people placed in each district and periodic technical support visits by ISW and later through the partnership with Save the Children. The DCPT is responsible for peer training and support, with individual DCPT members providing training and information sessions during quarterly meetings. The training tools are being reviewed by the ISW with a view to their integration into new social worker training at national level. The training modules will also contribute to the gender and children desks training modules of the Police. This initiative complements efforts at the national level to implement the capacity development strategy for the DSW.

Step 4: Baseline survey

Each district team carried out a baseline survey and, using the results, prepared a Child Protection District Action Plan. The teams determined their key roles and responsibilities which were shared amongst members of the team along with others. One of the first actions in all three districts was establishment and training of Ward and Village/Mitaa Child Protection Teams (WCPTs).

Example from the field: Conducting baseline surveys and translating the findings into plans

Each DCPT used standard data collection tools, a qualitative tool for focus group discussions with children and community members, and a questionnaire for interviewing duty bearers from the service areas/units at district, ward and community levels. The surveys found the following across all districts, with some local variations:

- Child abuse is mostly associated with physical and sexual abuse, with less understanding of other forms of exploitation and neglect. Many harmful acts such as early marriages, emotional abuse, holding children in custody and child labour are considered to be normal.

- Child neglect is especially prevalent amongst the poorest households.
- People in communities generally report cases through the police or the local government administration.
- Laws, policies and guidelines are either not known or not available at district level and below.
- Children participate in decisions and discussions mainly through Children's Councils.

Step 5: Action plans

Annual and quarterly action plans are developed by CPT members. These focus on developing capacity and increasing awareness, strengthening coordination and referrals, increasing birth registration, and addressing the specific concerns of children at risk of abuse and violence children without family care. The plans were first submitted to the technical support partners and were developed jointly with district planning officials in order to align the child protection activities with the Medium Term Expenditure Framework (MTEF) cycle. Each district team meets monthly. To date monthly meetings have occurred regularly, although they are less regular at ward and village level. Individual team members bring cases forward for discussion with the team. The teams also plan team interventions, such as community awareness raising or visits to inspect residential homes. They monitor progress against the action plan and assess gaps in the response, which inform future quarterly action plans. For example, in Temeke the team have realised that one of the biggest points of entry for child protection is in the school. This year they have included training of teachers on child protection in their action plan. In all districts, they have realised that there is not enough link between the CPTs and faith-based groups and initiatives and so they are organising awareness raising and dialogue with religious leaders and have included faith-based institutions in the DCPT.

Step 6: Implementation

DCPTs and the sub-district CPTs plan prevention and promotion activities on child protection, and collectively discuss individual cases of abuse that they are addressing. Cases are brought to the team for discussion where a joint response is required, or where a member who is dealing with a particular case is seeking expertise from others in the team as a whole. Both Ward and Village CPTs are expected to meet monthly, although actual meeting times do vary. The team is expected to coordinate actions overall.

Prevention: The CPTs at all levels conduct community outreach, through sensitisation and community dialogue meetings, using civil society, community development expertise and social media. For example, in Hai District, the local radio has invited children to talk about violence and given information on where people can go with child protection concerns, police representatives have talked about the gender and children's desk and more are planned.

"Families and communities used to cover up abuse. Now children are able to come out because they know something will be done, they see things happening." (Technical support partner)

Response: A referral mechanism has been piloted, using a standard tool that tracks individual children across different sectors. The Referral Form/Tool is used by any CPT member to request another member to take action on a case. The tool consists of two parts. The first part is completed by the originator of the referral and is sent to the CPT member being asked to take action based on the nature of the case. The second part is used by the CPT member that has been asked to take the action. The

form is completed and provides feedback to the originator of the referral. Copies of all forms are sent to the District Social Welfare Officer, who has overall responsibility for managing the case and tracking progress until the case is closed. Currently there is no direct case management responsibility at ward or village level, given the absence of qualified child protection workers.

Experience from the field: Rapid response to serious cases of abuse against children
DCPTs have provided a rapid response to child protection concerns brought to their attention. Cases have been brought to the attention of the team from village level, via the WCPT, to the district. Once alerted, the referral tools have led to a more streamlined response. The data collection tool has significantly assisted with this.

Case study: A. is a girl of 9 years whose father, with whom she lives, attempted to rape her following excessive drinking. The case was reported to the gender and children desk at the local police station by A's teacher, who is a VCPT member. The Gender and Children Desk Officer (who is a DCPT member) referred A to a local hospital for medical examinations and to the District Social Welfare Officer for counselling, after supporting the girl herself. She completed the form and gave a copy to both doctor and SWO. Both doctor and SWO assisted the girl. Currently the father is under police custody and the girl is living temporarily with her teacher while waiting for the SWO and other VCPT members to find her mother, with whom she plans to live for permanent security.

By meeting regularly and sharing information about challenges, the DCPT members have been able to resolve cases more rapidly and tackle bottlenecks in service delivery.

Accountability and oversight: In all three districts, teams have started to systematise the inspection, supervision and enforcement of statutory child protection mechanisms. In Hai, the DCPT inspected 22 institutions caring for children. Now there are only seven institutions and all are inspected regularly. The other 15 homes have been closed down and procedures have been followed to reintegrate as many children as possible with their family. The team is ensuring that all children who could not be reintegrated with their family have been moved to other homes where they can be accommodated.

Step 7: Working toward sustainability

In three districts, district budgets have allocated a budget for the first time to the activities of the DCPT within the District Medium Term Expenditure Framework 2011-12. The districts have recruited more social welfare officers, and each district has mobilised access to resources to cover emergency response costs, for example fuel and transport. For example, Temeke Municipality has allocated TSh 20,000,000, Magu TSh 26,000,000 and Hai TSh 11,000,000 this year. Even though the amounts are small, it is a significant contribution toward longer-term sustainability of the initiative. CPTs at district and ward level report the engagement and interest of councillors, who are responsible for budget allocation decisions. Their interest had been stimulated after DCPT members provided awareness raising on the extent of child abuse and the concrete steps that the district could take to address this.

A small emergency response fund covers transport and fuel for DCPT members responding to emergencies. UNICEF currently provides a budget for printing of referral forms and other essential monitoring tools and this will gradually need to be funded by district financial allocations.

Recognition of role of child protection system in local government

In August 2009, the Prime Minister's Office - Regional and Local Government (PMO-RALG) committed to the scaling up of child protection systems throughout the country : PMO-RALG will ensure all Local Government

Authorities make budget commitments for child protection through District Medium Term Expenditure Frameworks (MTEFs) and will strengthen existing structures at district and lower level local government, including Most Vulnerable Children Committees, Council Multi-Sectoral Aids Committees and District Child Protection Teams, to ensure all child abuse cases are reported and referred to the appropriate authorities so that communities and authorities have the knowledge, skills and resources to respond effectively to prevent and respond to violence against children (UNICEF et al, 2011b).

C. Lessons learned: Establishing a district child protection system

The district level initiative has been functioning for over a year now and is starting to generate learning about the value and impact of a 'systems approach' at district level and below.

Providing a response for the worst child protection violations has stimulated community interest

It is important to ensure that there can be an effective response to the most extreme violations right from the start, even though the long-term priority for a national child protection system is to have promotion and prevention.

"Community members knew that things were going on behind closed doors but were not saying anything. Now people have somewhere that they can take their concerns – they are developing confidence because they are seeing results." (VCPT member)

Stakeholders in the pilot districts all report that having a child protection system in place, with a proven response from social workers and police where necessary, is critical. People with child protection concerns report that once they see that action is taken when children are severely abused or exploited, they are becoming more confident to refer cases. Being able to protect children from abuse – and feeling confident to challenge harmful or abusive actions against children within the community – is giving people tremendous satisfaction.

Working together as a team has increased the speed and efficiency of response

The most significant element of the child protection team, at all levels, is its multi-sectoral nature. The diverse factors that lead to the risk of abuse can be addressed simultaneously when different actors work together. The referral tool is the key element of case management. This approach has reduced individual case loads. For example, the DCPT in Temeke has managed to get 1,540 birth certificates issued to vulnerable children and 2,500 are in progress. It was at the monthly meetings that the representative from the Ministry of Home Affairs was able to explain the process, especially for children in residential care, and to fast track the process. A social worker in a children's home brings the documents in bulk to the meetings and hands them to her colleague in Home Affairs.

"We have reduced distances between us... We can pick up the phone." (DCPT member)

"As a team we work together. Whenever we need transport we have requested assistance from the planning office. When there have been hygiene issues (when inspecting residential homes) health has assessed hygiene and sanitation." (DCPT member)

"The secret of success is that the team is from different sectors. We share information back in our sector, so all members of the sectors know the issues and it is easier to advocate for resources. These members reinforce messages between different members." (Community Development Officer & DCPT member)

Building on existing structures at community and ward level (such as village and ward executive committees, MVC Committees) has meant that CPT members pool their technical knowledge, their skills as well as their own professional networks. According to anecdotal feedback, introducing concepts of child protection to existing committees has enabled them to take action with children who they previously knew were vulnerable, but felt unable to support.

All actors need time to understand the meaning of 'child protection'

A commonly heard statement is "child protection is a new concept; we did not know what it was". Time and resources are needed to provide the space for open discussion about the definition of child protection and what can and should be done to prevent and respond to violence, abuse, exploitation and neglect towards children. Many professionals with a statutory responsibility for child protection, such as health workers and magistrates, report that the chance to learn about child protection has made their jobs easier. In village and ward level discussions, CPT members report that the increased understanding of protection has enabled discussions about traditionally tabooed issues.

Training is essential, because without it team members do not understand the value of working together.

"With the knowledge I have from the DCPT, I help fellow court workers to arrive at rational decisions, for example by helping them with preparation for social inquiry reports." (Probation officer, DCPT)

"In our health sector, we do not talk much of children's rights. I am always coming up since being in the DCPT with different thinking, for example about a child with a burn injury. In medical school we would learn to treat the burn. Now I think about whether maybe the stepmother was harming the child." (Doctor, DCPT member)

The response is enhanced when teams include both prevention and response expertise. For the model to work, there has to be at least one District Social Welfare Officer who is able to dedicate his or her time to child protection, as part of a larger team, ideally at least the four SWOs at district level as recommended by PMO RALG, also reflected in the commitments by the DSW in response to the VAC, in which the DSW commits to scaling up the ongoing establishment of Child Protection Systems in all councils (UNICEF et al, 2011b). The focal SWO brings together the teams, provide secretarial support for district coordination and link districts to wards and villages initially.

The role of the community development officer is one of the key focal points. At present the CDO is based in the community with a formal link to district structures, and is in a position to make direct referrals to the district. The CDO does not have child protection in his or her job description. The potential role in prevention work and in statutory reporting and tracking is immense and needs to be elaborated within the Law of the Child Act child protection regulations, to avoid conflicting mandates as is currently the case.

The role of the community in mobilisation and advocacy is critical.

Community volunteers are engaging on public awareness. They have an essential role as advocates for child protection and community agents of change to tackle abusive practices. The current district teams report increased awareness at community level, but there is not enough evidence at present to demonstrate the positive impacts. It is important that the evidence from other aspects of community

mobilisation and prevention work – HIV prevention, for example – is used to inform the development of strong violence prevention responses, especially through Council Multi-Sectoral Aids Committees and other committees that have a social responsibility for the community. Ward Development Committees and Village Assemblies, for example, have an important role in community mobilisation and advocacy on the issue of child protection. It is also important to build on the experience of the MVC partners in the field with regard to strengthening community structures.

Children raise awareness and are often a first point of referral

Some village and ward level CPTs involve children as members. They raise awareness and are a first point of referral for children who may be uncomfortable talking to adults. A recent appraisal of Children's Councils (Children's Dignity Forum, 2010) found that children can play an important role in identifying children in need and referring them to the relevant authorities or resources and offered peer support to their friends. The appraisal established that children have the potential to contribute to child protection in their communities, but they need supportive adults who can assist them by taking up the cases that children report and by considering children's recommendations for prevention.

District level political support and leadership is essential

The model works well where the District Executive Director, key council members and Councillors are committed to the project. They have given their time to be briefed on DCPT activities; they include child protection issues in council affairs and support the allocation of resources. It is also very likely that leadership from above has made it easier for the DCPT to act on decisions and to gain support and respect from others in the District or Municipal Councils who may not have heard of child protection. This is why it is extremely important that the political leadership is on board from the start and have an understanding of the short and long term benefits of a systems approach to protection of children

Creating the learning and platform for identifying and addressing child protection issues is intensive and requires heavy engagement with the district authorities initially but the time has paid off.

Executive Officers at Ward level are essential to success. They enable the communication flow up to district or municipal level. They also have a strong role in setting development, and therefore budget, priorities to feed into the budgeting exercise. One major opportunity of the district CPSS is that it provides a mandate for the social worker to take action, which has not happened before. The teams have identified the need for Social Welfare Officers, as chair of the district team, to be able to advocate robustly within council planning processes.

"We sensitised councillors. They agreed on training on the Law of the Child and afterwards they have been supportive, including voting our budget." (DCPT member)

"We need to build the capacity of the Social Welfare Officer to be proactive. Many of us are too afraid to talk to the District Executive Director. We need to be able to go beyond the municipality and talk to District Commissioners of Police and so on." (District Social Welfare Officer)

A systems approach has increased accountability

Reports of updated activities, challenges and needed support are prepared by the team and submitted to the chair of the DCPT. This mutual accountability is one of the key factors of success and requires the commitment of a full time staff member. This role is currently provided by the full time technical

support in each district currently funded by the implementing partners and this enables other essential social welfare functions to continue in places where there is only one DSWO.

“The value of the DCPT is that they hold me accountable because I know I am going to be asked about my work at the next monthly meeting.” (Magistrate / DCPT member)

This capacity building plus regular meetings between all those with a child protection responsibility has made it easier for DCPTs to fulfil their oversight function. For example, some DCPTs have been able to enforce good practice standards at residential homes, close homes that do not meet standards and reunify many children with their extended families.

All teams have been trained in the new Law of the Child Act. Prior to the LCA, the obligation to respond to children harmed by the actions of others was not legally binding. “The Law of the Child Act is important but we need to translate the law into concrete action, so that people feel the pressure to adhere to policies that protect children.” (UNICEF staff member)

Part 3: moving forward and scaling up

The most important lesson learned from the district initiative is that communities and service providers understand and recognise the need for a coordinated and responsive child protection structure. The challenge is to link this emerging district model with national initiatives already underway and integrate it into existing systems to maximise resources. This section provides a series of action points on each of the following components: law and policies, coordination, capacity building, functions, and accountability.

A. Laws and policies

The Law of the Child Act 2009 is the first comprehensive legal framework that looks at the whole child in Tanzania. Currently regulations are being developed that will set out the statutory roles and responsibilities required to protect children. The mandate to develop regulations sits with the Ministry of Health and Social Welfare, which has designated the DSW to lead the process.

Action point:

- As a first step to developing the regulations, it is suggested that the team responsible for developing the child protection and child rights regulations visit the four districts, with the goal of facilitating dialogue with key actors on key elements that can inform the draft regulations.

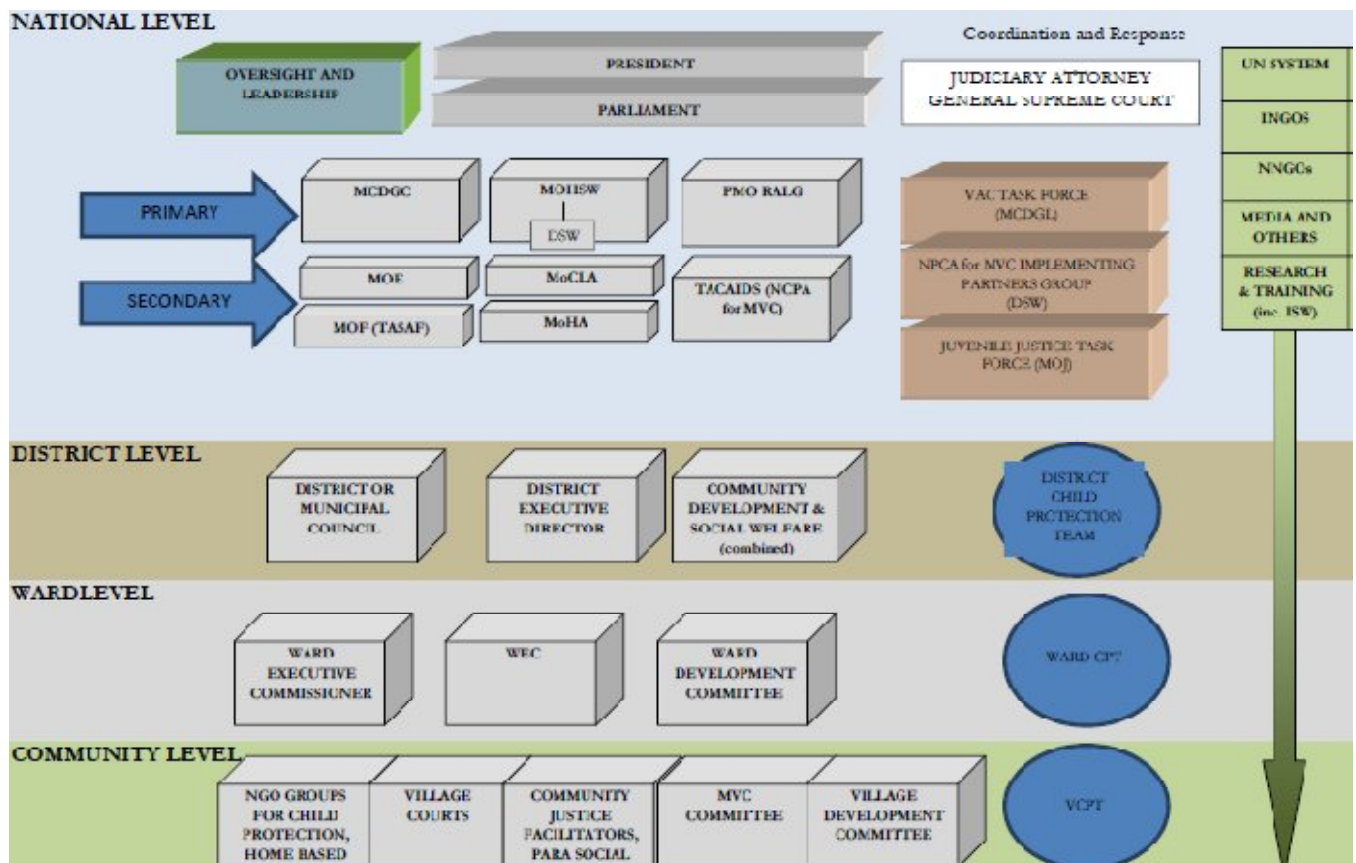
A review tool would need to cover at least some of the following key elements:

- A review of roles and responsibilities and capacity requirements of the DCPT and individual sectors within the team. The roles of extension workers and unpaid community representatives should also be articulated. It must be clear who has the legal mandate to intervene and how others can support through promotion, prevention and reintegration;
- Sample referral pathway;
- How the formal child protection mechanisms link to non-formal child rights and child protection mechanisms;

- District planning and legal officers must review financial expenditures and budget expectations to identify some of the financial implications.⁵
- PMO RALG should bring its expertise in local planning and cross-sectoral coordination of services at district and municipal level to develop regulations.

B. Coordination

Currently coordination appears relatively clear at district level and below. However, it is more complex at national level. The different mandates between key players are illustrated in the following figure (with more detail included in Annex 1):



The key challenges are the fact that both MCDGC and DSW hold potentially overlapping mandates on child protection and that there are at least three national coordination mechanisms currently engaged on child protection. Currently, key child protection and social protection actors meet in various forums, including the VAC Task Force, NCPA Implementing Partners' Group and Juvenile Justice Task Force, but there is limited explicit linkage and coordination or harmonisation of approach between the different sectors. Coordination of a response from community up to district is hindered by the fact that community development and social workers have different lines of responsibility at different levels, although this points to the centrality of PMO RALG in any coordinated system response.

⁵ This should build on the Child Protection Expenditure review currently being undertaken by PMO RALG and UNICEF.

Action points:

- As a first step, MCDGC and DSW need to agree on whether the VAC Task Force should shift its focus to a broader Child Protection Systems Task Force. If this is the case, then the initiative would be jointly chaired by the two ministries/departments.
- Until now, the Task Force has focused on implementing and analysing the research and identifying priority responses to the report's findings. This focus should shift from research to support to key stakeholders to translate the priority response commitments made at the VAC study launch into action. This requires sustained engagement with and by Government and continued institutional commitment from all actors. This should also offer opportunities for senior level planners and policy makers to consider issues such as costing and reallocation of sectoral budgets to implement the priority responses.
- If the VAC MSTF becomes a lead body, it will be necessary to keep the focus on VAC commitments already made but also to articulate the actions within a systems framework. In order not to lose energy or focus, this should be done quickly and simply.
- DSW is in a position to link social protection and child protection discussions, through engagement with TASAF and its lead role on the National Costed Plan of Action. A clear linkage between the social protection (TASAF, possibly NCPA) and child protection engagements is essential. Ideally MVC Committees offer the key entry point for this work. The NCPA II currently under development is committed to integrating child protection concerns into the plan. This is a good opportunity to clarify the interface between child-focused social protection and child protection.

C. CAPACITIES

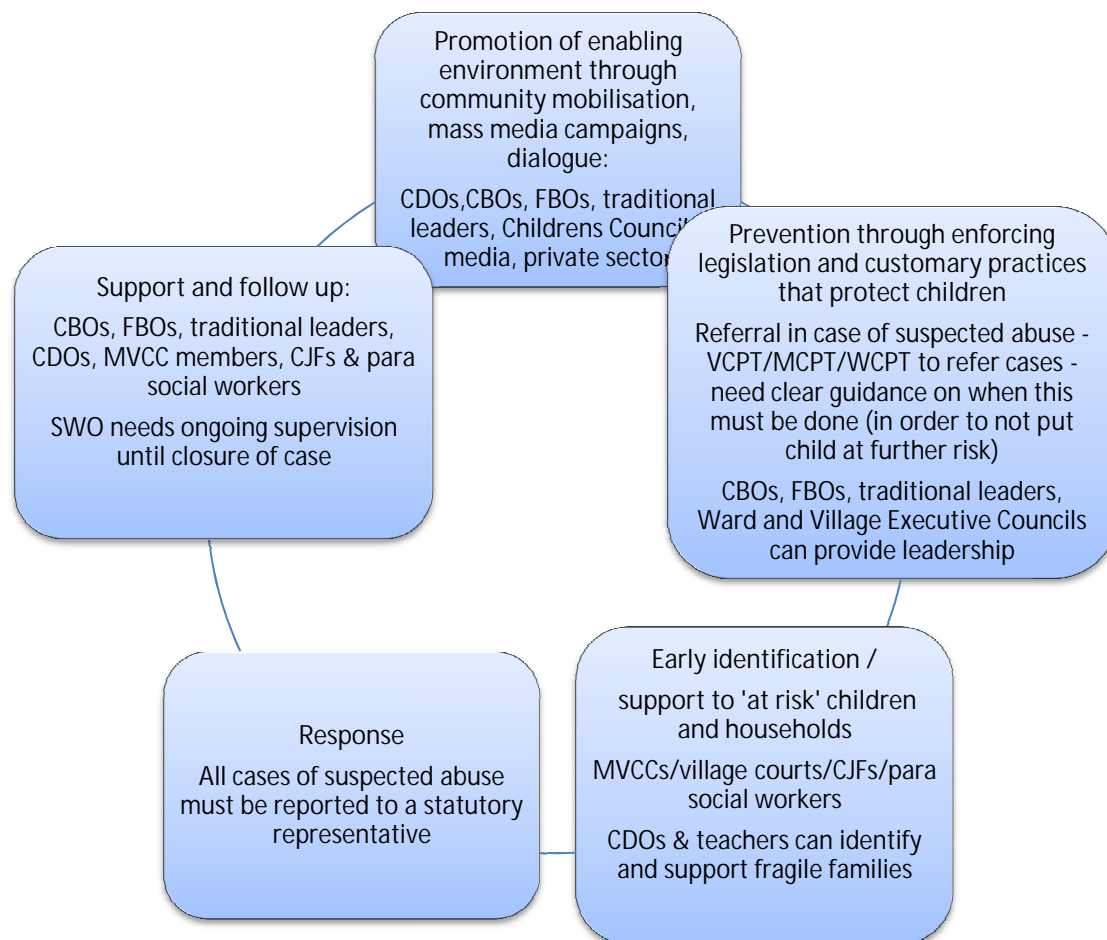
The district coordination response has been effective where police, magistrates, health workers and others who can also act in the best interests of the child see that they have a role. Currently these front-line workers also do not have their child protection roles clearly defined in job descriptions and are not routinely taught about child protection in their training.

A strong child protection system needs trained social workers to be able to respond to child protection cases where a child is at risk where they are living. PMO RALG has recommended having four district Social Welfare Officers (with social work training) in each district, one of whom will be fully committed to children's concerns.

A child protection system depends primarily on community-level workers, such as the 5,000 trained para social workers and the many community justice facilitators. Currently their role in prevention, response and support is not clearly spelled out. Volunteers such as MVC volunteers, CJFs or para social workers can give support to children in counselling, prevention of risk and promotion of healthy environments, but should not intervene in the immediate response where a child has been severely abused or has come into conflict with the law, although they do have an important role in prevention, referral, rehabilitation and reintegration.

There is as yet an unclear balance between the need for training community stakeholders to play this role, and for auxiliary professionals to be trained at a higher level but with no current budget for them to be absorbed in the formal social welfare sector workforce.

The diagram below shows some of the possible actions by different players:



Action points:

- The district CPSS training needs to be evaluated, to ensure quality and appropriate training for all the key players.
- In the longer-term, this training should be incorporated into the training of all staff who have a statutory child protection responsibility. This includes:
 - social workers, police, teachers, magistrates etc;
 - government staff who are central to policy and implementation, notably political cadres at village up to district level;
 - community-based volunteers, such as MVCC members, CJFs and religious groups.

D. FUNCTIONS

There are three distinct structures for identifying 'vulnerable children':

- a) The district child protection system, focusing on statutory responses to abuse, violence, exploitation and neglect of children, led by statutory social workers and related service providers, within an enabling environment in which communities and all those who work with children promote a supportive environment, prevent child abuse and provide care and support to children affected by abuse, violence, exploitation and neglect. Children are currently identified through a range of formal and informal referral mechanisms, currently responding to individual need;
- b) MVC Committees identify and register vulnerable children in their communities. Children are largely primarily those without parental care due to chronic illness and children whose families cannot afford food, education or health care. MVCCs are the most widespread community-based groups with a responsibility for children in the country, with 95 districts having an MVC identification process in 2011;
- c) Some poor families are eligible for public works programmes or cash transfers through TASAF II. TASAF III will include a social safety net system that may consider both poor and labour constrained households, who cannot participate in public works.

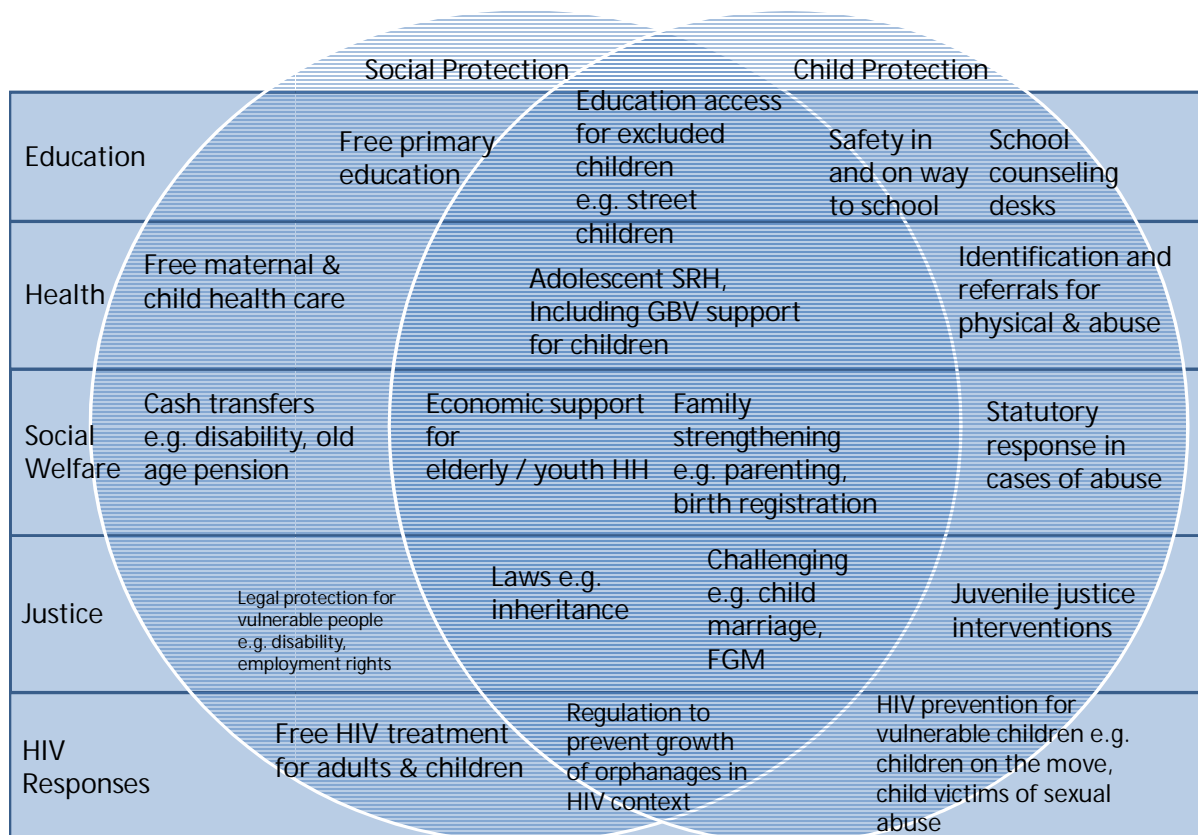
There is a risk that establishing child protection committees at ward and village level may lead to duplication of effort, especially when people are voluntarily undertaking this work. Most community and ward level CPT members are directly involved in MVC Committees, or oversee them because of their role in local government structures.

There is still insufficient information in the district model on non-formal protection mechanisms. This information may be available from civil society partners already implementing child protection or child rights activities (including targeted interventions addressing issues such as FGM), and partially from the VAC study data.

More understanding is needed of how children themselves identify protective mechanisms, both informally and into the formal child protection system. A starting point is to review the findings from the VAC survey from children's perspectives and the appraisal of the functioning of Children's Councils.

Action points:

- MCDGC, DSW and those responsible for TASAF, with UNICEF, should review the identification and referral procedures for the district CPSS, forthcoming TASAF and new NCPA. Terms of reference for the design of TASAF III and NCPA II should specify this process – consultants are currently being recruited for these processes.
- DSW and MCDGC, with the district CPSS implementing partners and the NCPA IPG should begin to clearly articulate the overlaps between economic/social protection responses for economically poor families with child protection responses. The table below is illustrative.



- It is suggested that child protection teams at ward and community level, be integrated within MVC Committees where these exist and that MVCC members be trained to recognise the non-material risks facing children. A distinct child protection team at district level able to respond to child protection violations is critical.

E. Accountability

Currently the monitoring of the child protection system is in its infancy. The monitoring tools are working well and should continue to be used, with ongoing monitoring. The district tool is to be modified for use at ward and community level. The national Poverty Reduction Strategy monitoring indicators include VAC survey data. These indicators are: (1) % of children 13 to 17 years who have suffered from sexual violence in the previous 12 months; and (2) % of children 13 to 17 years who have suffered physical violence in the previous 12 months

Action points:

- Data from all districts needs to be simply and consistently stored and reviewed by the technical support partners, as well as reviewed at least six monthly in DCPTs.
- The initial baseline surveys need to be undertaken periodically and as the model is replicated, data needs comparisons as well as being quality assured.

All emerging child protection initiatives, plus action plans on violence and MVC, should routinely report on VAC indicators.

Next steps for scaling up

Whilst there is a commitment to scaling up the district CPSS model nationally, it would be a risk to invest in national replication immediately, given the small scale of the initiative to date.

UNICEF, Save the Children, ISW and IRC are supporting the pilot in 4 (out of 133) districts. PACT Tanzania is developing an initiative in two further districts, as is Family Health International. There are an unspecified number of child protection initiatives being developed by child rights groups and international and national NGOs.

Ideally, if an additional 15 to 20 districts started to scale up a similar model over the next 12-18 months, a more robust data base would be available. Districts could be provided with a small core budget and draw on the existing technical support tools (referrals, training manuals etc). This could be done by:

- Auditing any initiative that is undertaking some form of child protection system strengthening, to identify coverage, key approaches and tools which would form the key components (e.g. agreement process with district management, essential training, team composition at district level and below, staffing and minimum resource requirements).
- Exploring the potential with PMO RALG and NCPA members (IPG members and USAID) to identify technical support partners to scale up key components of the model through the next phase of the Most Vulnerable Children Costed Plan of Action.

These efforts should generate an additional 15-20 districts to use common evaluation tools and with a common set of objectives, but building on local capacities. This would include both urban and rural districts as well as district with child labour-sending and those heavily affected by HIV.

LIST OF KEY RESOURCES

Brooks, A (June 2010) Re-focusing the OVC/ MVC agenda in Tanzania – unpublished paper

Ernst & Young (2009) Final report: Capacity Assessment of the Department of Social Welfare to fulfil and deliver its core functions and mandate.

Guga, E., Parry-Williams, J. & A. Dunn (2009) Mapping and assessment of formal and informal child protection structures, systems and services in Tanzania. Final Draft 28th April 2009. Report for UNICEF Tanzania

Mhamba, R & Mtembei, K. (July 2010) Child Protection Baseline Survey. Report submitted to UNICEF.

Ministry of Finance and Economic Affairs, Poverty Eradication and Empowerment Division. June 2010. National Social Protection Framework

Save the Children UK (2009) A Rough Guide to Child Protection.

UNICEF Tanzania (2011) Child protection system strengthening: Temeke, Magu and Hai. Experience sharing with PEPFAR OVC partners, August 2011. Powerpoint presentation. Synthesis of progress so far and what the current mechanism has been.

UNICEF Tanzania/U.S. Centers for Disease Control and Prevention/Muhimbili University of Health and Allied Sciences (2011a) Violence Against Children in Tanzania: Findings from a National Survey 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood. Dar es Salaam: UNICEF Tanzania, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences.

UNICEF Tanzania/U.S. Centers for Disease Control and Prevention/Muhimbili University of Health and Allied Sciences (2011b) Working Together to Stop Violence against Children: Priority Responses towards a Multi-Sectoral National Prevention and Response Plan (2011 - 2015), delivered on the occasion of the Launch of the Tanzanian "Violence against Children" Survey Report, Karimjee Hall, August 9th 2011. Dar es Salaam: UNICEF Tanzania, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences.

World Vision International (2011) A Systems Approach to Child Protection: A World Vision Discussion Paper

ANNEX 1: KEY ROLES AND RESPONSIBILITIES FOR CHILD PROTECTION AT NATIONAL LEVEL

MCDGC holds the convening role for all children. It chairs the VAC Multi-Sector Task Force and the National Task Force for Street Children. The Ministry of Community Development, Gender and Children (MCDGC) has an important function in prevention and promoting an enabling environment, including poverty alleviation, with over 3,000 Community Development Officers active at district and ward level. The Ministry also leads on gender based violence (GBV) which has important links with VAC. CDOs are receiving training on child protection but do not currently have child protection in their job description.

Department of Social Welfare (DSW) is housed within the Ministry of Health and Social Welfare (MOHSW) and is mandated to ensure effective welfare support systems in the country, promote community based care, support and protection of vulnerable groups including elderly, disability and ECD. This includes juvenile justice and child protection. The MoHSW is mandated to develop regulations on the Law of the Child Act and has designated the DSW to lead this process. DSW is responsible for designing a social welfare policy and a Social Welfare Plan has been developed and submitted to Cabinet. DSW is represented in discussions on TASAF. DSW steers the MVC response and is leading the development of the next National Costed Plan of Action for MVC. DSW does not have a direct role at district level, because social welfare officers are employed by, and report to, the local government authorities.

Prime Minister's Office Regional and Local Government (PMO RALG) is the ministry responsible for local government affairs, including district and municipal decentralised financial management and employment of staff, such as decisions on staffing of social welfare officers.

The Tanzania Social Action Fund (TASAF) provides a social protection mechanism at village and community level. The forthcoming TASAF III (a 10 year programme in two 5-year phases) has a Productive Social Safety Net component that will feature a combination of public works programmes and cash transfers and is seeking coherence with the MVC programme. Community identification of vulnerable households has a strong overlap with child protection by potentially both identifying children in poor households who face protection risks (e.g. households that dissolve because adult members die or have to migrate for work) and ensuring that households benefiting from economic support do not inadvertently put children at risk of exploitation or abuse.