

# **COSTING CRITICAL CHILD PROTECTION SERVICES** in Arusha, Tanzania



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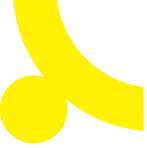
THE CAUCUS FOR CHILDREN'S RIGHTS (CCR) is comprised of people and organisations committed to the protection of children and youth in Tanzania. The CCR wants both Tanzanians and the government to recognise that our choices about children in homes and communities have implications for the nation.

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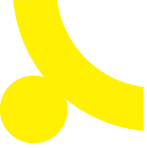


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The research team thanks everyone who has contributed, directly or indirectly, to the information and analysis presented here including Helen Epstein for her guidance and encouragement throughout the research and writing process. Special thanks to the Caucus for Children's Rights, particularly staff members Kate McAlpine, Njeri Kagucia and Mathias Mkude, for the opportunity to work on this study and to support CCR's work to advance children's rights in Tanzania.

This report is dedicated to the children of Tanzania and to a future where all children are guaranteed their full human rights.

## Key Terms & Definitions

For the purposes of this report, the following definitions have been used to describe a number of key terms. These definitions are based on those used in the UNICEF Violence Against Children report as well as other commonly-used definitions from UNICEF and Save the Children.

### **CHILD**

Any person under the age of 18.

### **CHILD ABUSE**

An umbrella term which encompasses physical, sexual, or emotional violence against a person under the age of 18.

### **CHILDREN IN CONFLICT WITH THE LAW**

Children who have been accused, in official capacity by the government, of having committed a crime.

### **CHILDREN IN CONTACT WITH THE LAW**

Children who have had a crime committed against them and have entered the legal system in order to seek redress.

### **CHILD PROTECTION**

Philosophies, policies, standards, guidelines, and procedures to protect children from both intentional and unintentional harm.

### **EMOTIONAL VIOLENCE**

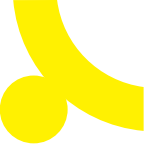
Abuse which may involve being called bad names, being made to feel unwanted, or being threatened with abandonment.

### **PHYSICAL VIOLENCE**

Abuse which may involve being slapped, pushed, hit with a fist, kicked, whipped, or threatened with a weapon such as a gun or knife.

### **SEXUAL VIOLENCE**

Any sexual act that is perpetrated against someone's will and encompasses a range of offenses, including a completed nonconsensual sex act (e.g. rape), attempted nonconsensual sex acts, abusive sexual contact (e.g. unwanted touching), and non-contact sexual abuse (e.g. threatened sexual violence, exhibitionism, verbal sexual harassment).



## Key Acronyms

<b>ALMC</b>	Arusha Lutheran Medical Center
<b>AMHT</b>	Arusha Mental Health Trust
<b>CCR</b>	Caucus for Children’s Rights
<b>CDO</b>	Community Development Officer
<b>DMS</b>	Data Management System
<b>DSW</b>	Department of Social Welfare
<b>LoCA</b>	Law of the Child Act
<b>MCDGC</b>	Ministry of Community Development, Gender and Children
<b>MoHSW</b>	Ministry of Health and Social Welfare
<b>NGO</b>	Non-Governmental Organization
<b>NOLA</b>	National Organization for Legal Assistance
<b>PEO</b>	Planning and Economic Office
<b>SWO</b>	Social Welfare Officer
<b>TZS</b>	Tanzanian Shillings
<b>UNDP</b>	United Nations Development Program
<b>UNICEF</b>	United Nations Children’s Fund
<b>USD</b>	United States Dollars
<b>VAC</b>	Violence Against Children

## EXECUTIVE SUMMARY

This study presents a comprehensive set of interventions and their associated costs for improving the provision of child protection services in the Arusha District of Tanzania. The intent of these interventions is to provide concrete, actionable recommendations in order to operationalize aspects of the country's Law of the Child Act which was passed in 2009. The Act contains a large number of provisions regarding the rights of children which the government is responsible for protecting, but major gaps remain between the language of the law and implementation at the local level.

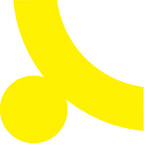
The first phase of the study involved developing the interventions themselves. This was done in a participatory manner with a large number of stakeholders in Arusha, Moshi, and Dar es Salaam who are currently involved in child protection. The interventions are meant to address the most pressing needs of the major actors who provide services to children, both those who have suffered abuse and those who have been accused of committing a crime. The views of children on child protection issues were taken into account as well, through a number of focus group discussions.

The second phase of the study focused on costing the interventions which were developed. This was accomplished through further consultations with relevant stakeholders. The end result is a detailed, evidence-based body of information on what level of resource commitment from the government would be required to increase access to and quality of child protection services in Arusha. While the interventions contained within this paper should not be seen as constituting the entire spectrum of activities needed to ensure that children's rights are protected, it is believed that they comprise an important first step in operationalizing the Law of the Child Act.

Major issues voiced by stakeholders during consultations included insufficient human capacity – in terms of both staffing levels and skills – as well as a lack of resources (especially transportation) to be able to effectively discharge their duties. As a result, the interventions contained in this paper deal primarily with increasing staffing, conducting trainings, and providing other necessary resources. Also important was ensuring that services do not remain concentrated in the urban center of the Arusha District, so the interventions were developed with the intention of increasing geographic coverage.

Findings of this study show that the cost of these critical interventions for child protection actors would require a yearly commitment of approximately 637 million Tanzanian shillings, or 398,000 US dollars. This is in addition to capital costs of approximately 72 million shillings. The bulk of the recurring costs are salaries, due to a focus of the interventions on increasing staffing levels at almost all of the service providers involved. The majority of the overall cost is shared by the police, Social Welfare Office, and healthcare providers, which constitute 67 percent of the total figure.





# 1 | INTRODUCTION

## Child Abuse in Tanzania

The statistics on child abuse in Tanzania are nothing short of staggering: according to a study undertaken by UNICEF in 2009 on behalf of the Government of Tanzania, nearly 75 percent of all children in Tanzania are victims of physical violence.<sup>1</sup> The study also showed that nearly 30 percent of girls and 13 percent of boys will experience at least one incident of sexual violence during childhood, and that 25 percent of girls and nearly 30 percent of boys are subjected to emotional violence before the age of 18.<sup>2</sup> As a result, a *minimum* of three-quarters of children in Tanzania have experienced some kind of violence during childhood, and the real rate of abuse is likely to be significantly higher.

This finding is particularly alarming given the demographic makeup of the country. Approximately half of all Tanzanians are under the age of 18. Taken together, these statistics highlight a concerning social problem that the country is facing. Child abuse has serious implications for the country's future development since abuse can negatively affect every aspect of a child's development, and these negative effects often carry over into adulthood.

## Effects of Child Abuse

The negative effects of child abuse are well-known and have been studied quite extensively. Broadly speaking, abuse affects children in three critical ways: physically, psychologically, and behaviorally. Physical effects may include impaired brain development and poor physical health, as well as the immediate corporeal effects of the abuse itself. Psychological effects may include depression, anger, eating disorders, and lower cognitive performance. Behavioral consequences may include criminal behavior, illegal drug use, and abuse of others (including one's own children).<sup>3</sup> To this last point, the UNICEF study mentions that approximately 60 percent of the females and 50 percent of the males interviewed for the study believed that "it was appropriate for a husband to beat his wife under certain circumstances if she either: goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food."<sup>4</sup>

Given these effects, failure to address child abuse results in high direct and indirect costs to society. A child who has been abused is less likely to be healthy, less likely to succeed in school, and more likely to engage in dangerous activities. Abused children are less likely to contribute towards the betterment of the country, and will also consume a great deal of that country's resources as society attempts to counteract the negative consequences of

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<sup>1</sup> UNICEF Tanzania. *Violence Against Children in Tanzania: Findings from a National Survey, 2009*. Dar es Salaam: UNICEF Tanzania, 2011.

<sup>2</sup> Ibid.

<sup>3</sup> United States Department of Health and Human Services. "Long-term Consequences of Child Abuse and Neglect." Child Welfare Information Gateway, 2008.

<sup>4</sup> UNICEF Tanzania.

the abuse. Remembering that half of Tanzania's population is comprised of children, and that nearly 75 percent of those children have been abused, the implications for the country's future are worrisome.

## Benefits of Child Protection

As child abuse has profound physical, emotional and financial consequences, it follows that the prevention of abuse results in direct and indirect benefits to children, families and society in general. Researchers from disciplines as diverse as economics, psychology, education and healthcare agree that early childhood development (ECD) is crucial to long-term life outcomes. Studies show that quality ECD programming (including a combination of nutrition, health care and cognitive development components) enables children to enjoy more productive lives as adults and lead to an improved society.<sup>5</sup> Child protection services decrease the likelihood of abuse and increase the chance of children accessing and benefiting from ECD programming.

Substantial research has indicated that there are a number of economic, social and emotional benefits of programs to prevent and treat child abuse. Monetary benefits include reduced costs associated with physical and mental health, child welfare services, out-of-home services, other social services (emergency shelters, crisis hotlines, drug and alcohol abuse prevention) and special education. Additionally, reduced child abuse can lower the costs of the criminal justice system as well as the administrative costs of income support programs as a result of better adult economic outcomes due to higher earnings and less dependence on government cash and in-kind income support.<sup>6</sup>

A lower incidence of child abuse can also lead to reduced personal and family stress, fewer incidents of child and spousal abuse, less adult criminality and lower mortality rates. There are also emotional and educational benefits including fewer cognitive and language deficits or developmental delays, less grade retention, reduced risks of drug and alcohol abuse as well as fewer emotional and social adjustment problems.<sup>7</sup>

Another non-monetary payoff of successful child protection programming includes avoiding the emotional costs and social stigma related to a child's removal from the home. Strengthening child protection services allow children to flourish cognitively, behaviorally, and socially. This leads to economic and social returns at the individual, community and national level.

## The Law of the Child Act

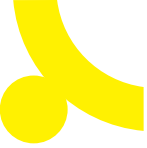
Tanzania has recognized that the rights of its children are often not respected, and the country's legislators have taken concrete action to combat this problem. In 2009, the

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<sup>5</sup> Van der Gaag, Jacques and Tan, Jee-Peng, *The Benefits of Early Child Development Programs: An Economic Analysis*. The World Bank.

<sup>6</sup> Augoustinos, M. *Developmental effects of child abuse: A number of recent findings*. *Child Abuse and Neglect*, 11(1), 15-27. 1987

<sup>7</sup> Gil, E. *Treatment of adult survivors of childhood abuse*. Walnut Creek, CA: Launch Press. 1988.



Parliament of Tanzania passed the Law of the Child Act. The Act was a groundbreaking new law enacted to integrate the provisions of the United Nations Convention on the Rights of the Child – which Tanzania ratified in 1991 – into the country’s own legal system. For the first time Tanzania has a single, unified document which enumerates not only the rights of children, but the responsibilities of the government to both protect and defend them.

The Law of the Child not only pertains to the protection of children from abuse, but also stipulates how children who are accused of committing a crime are to be treated by law enforcement and during court proceedings. It is easy to forget among the horrifying abuse statistics that children who may have committed crimes are entitled to protection as well. This is an important point for the context of this study, as the needs of both categories of children will be considered. It should also be recognized that children who commit crimes are often the victims of abuse themselves.

## **Challenges to Protecting Children in Tanzania**

Despite the great success in passing the Law of the Child Act, significant challenges remain before a well-functioning, well-coordinated child protection system can be brought into existence. Perhaps the biggest challenge arises from the combination of high poverty and high rates of abuse. Tanzania is a nation of approximately 45 million people, and therefore approximately 22.5 million children. If according to the UNICEF VAC study nearly 75 percent of children in Tanzania are victims of abuse, then approximately 17 million children are in need of some kind of service in order to provide them with care and redress for the abuses to which they have been subjected. Yet Tanzania is a very poor country and has extremely limited resources. When the country is still struggling to provide the most basic level of healthcare, law enforcement, legal, and social services, it is hard to imagine expanding those services to accommodate millions of additional recipients.

Another challenge is the ministerial structure of the Tanzanian government. A reading of the Law of the Child Act gives the impression that Social Welfare Officers in many ways are the most pivotal actors when it comes to protecting children. Yet the Department of Social Welfare is located within the Ministry of Health and Social Welfare, which was created in 2005 by tacking on the Department of Social Welfare to the Ministry of Health. The DSW previously resided within the Ministry of Labor, Youth and Sports (now the Ministry of Labor and Employment). While the MoHSW likely has greater resources available to it, due to large donor interest in the health sector in Tanzania, an ongoing concern is that the healthcare aspects of the ministry will subsume the DSW.

Moreover, there are two other ministries (in addition to MoHSW) currently responsible for aspects of children’s rights and development. One is the Ministry of Community Development, Gender and Children; the other is the Ministry of Information, Youth, Culture and Sports. Therefore, there is no single ministry which deals with all issues regarding children, and the result is a fractured landscape with a large number of actors.

Of particular concern is the interplay between the MoHSW and MCDGC. The country is currently facing a major shortage of Social Welfare Officers, meaning many districts in

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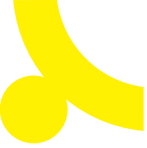
Tanzania do not have a Social Welfare Officer.<sup>8</sup> As a result, Community Development Officers may often wind up “standing in” for Social Welfare Officers, creating a number of problems in terms of workload and quality of service provision.<sup>9</sup>

A final policy-level challenge is a lack of data on exactly how much implementing a child protection system will cost. While the Law of the Child Act has been passed and is legally enforceable in the country, policymakers may be hesitant to agree to fund programming with unknown costs. This creates a frustrating situation where costing information is needed to implement policy changes, but that same costing information is not easily obtainable without the policy changes already being in place. It is at this point that this study enters the picture, with the goal of providing concrete information on how much child protection activities will *actually cost*.

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<sup>8</sup> Ministry of Health and Social Welfare. *Human Resource for Health: Strategic Plan 2008-2013*. Dar es Salaam: Ministry of Health and Social Welfare, 2008.

<sup>9</sup> Correll, Lucia, and Tim Correll. *The Tanzanian National Plan of Action for Most Vulnerable Children: A Human Capacity Needs Assessment*. Web. 2006.



## 2 | PURPOSE & OBJECTIVES OF THIS STUDY

### Overall Objectives

The overarching goal of this study is to recommend a set of priority interventions for operationalizing the Law of the Child Act in Arusha, and to determine the costs of implementing those interventions. If the interventions are implemented, it is expected that the following outcomes will be achieved:

1. Service providers will have the capacity to effectively respond to and manage issues of child protection
2. Children in the child protection system will receive adequate and appropriate care
3. Child protection will be consistently provided with a systematic approach

### Rationale for the Study

The Law of the Child Act is still quite new, and as a result large gaps remain in the implementation of the Law's articles. Tanzania's legislators have taken the first step by providing the legal framework under which the rights of children can be protected; the next step must be to ensure that the relevant actors responsible for implementing the law have the resources they require to effectively discharge their duties. This involves first determining *which* resources the various service providers need, and then *how much* those resources cost.

Arusha District has been chosen as the site of this study at the request of the sponsoring client, the Caucus for Children's Rights, which is located in the city. A municipal level of analysis has been selected due to the familiarity of CCR with local actors, as well as time constraints on field work. However, it is hoped that the findings of this study will provide a model for child protection which can be scaled-up to other cities and regions in the country.

It should be noted that the interventions developed during the course of this study are not meant to operationalize every aspect of the Law of the Child Act. Nor should they be taken as constituting an "ideal" situation from which no further development is needed. Given the results of the UNICEF VAC study, nearly 75 percent of children in Arusha are in need of services as a result of abuses committed against them. This number is simply far too large to address all at once from a policy and budgetary standpoint. Instead, the goal of the interventions which have been developed is to provide critical improvements to child protection actors so that they may more effectively discharge their duties.

A final note is that the recommended priority interventions which have been developed are only meant to address the institutional capacity of the various child protection actors. While not addressed directly in this study, mention should be given to the fact that awareness-raising and preventive activities are crucially important to any child protection system. Though broader attitude change has not been considered here for direct costing, a number of stakeholders (including the police and Social Welfare Office) already include awareness-

raising as a part of their job duties and there should, as a result, be a spillover effect. Nevertheless, it cannot be stressed enough that intensive awareness-raising is necessary to ensure both that cases of child abuse are reported and that the incidence of abuse itself decreases.

### **Child Protection Scenarios Considered**

Two primary child protection scenarios were identified for this study during consultations with CCR. The first scenario occurs when a child has suffered some kind of physical, sexual, or emotional violence and is therefore in need of services to provide them with care and redress for the crimes which have been committed against them. These children are said to be *in contact with the law*. The second scenario occurs when a child has been accused of committing a crime, and therefore requires legal protection in order to ensure that their rights during detention and trial are respected. These children are said to be *in conflict with the law*. Though the Law of the Child Act speaks to other scenarios in which children need protection (such as adoption), the above are the ones which are considered in this study.

## **Methodology**

### **Data Collection**

Research began with a literature review of relevant documents on child protection and other social services in Tanzania in order to understand the roles that the various service providers are required to perform. Following the literature review, consultations with CCR were used to identify the specific stakeholders that would be interviewed for the study. These stakeholders included government and non-government service providers, as well as children themselves.

Two field visits were undertaken in order to collect data. A large number of interviews were conducted with the purpose of getting stakeholders' views on what are the highest-priority resources that they need in order to effectively do their jobs, as well as the costs of those resources. In addition, four focus group discussions were held with primary and secondary school students in order to take into account their perspectives on what child protection means to them.

### **Development of Priority Interventions and Costs**

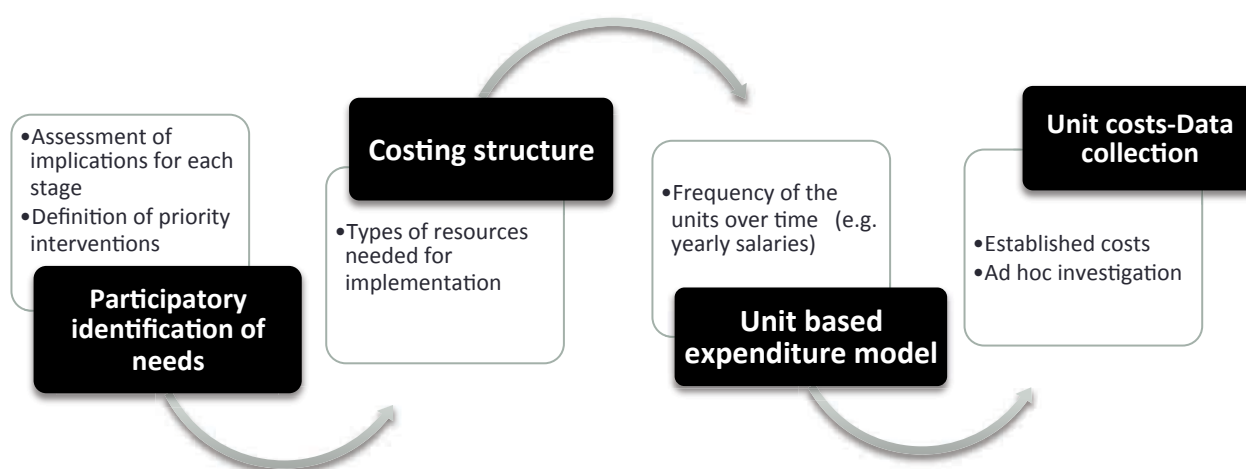
The initial field visit, in January 2012, was primarily focused on the development of the priority interventions by speaking with stakeholders and asking them how they feel their service provision could be improved. It was considered extremely important to develop the priority interventions in a participatory manner, taking into account the views of as many stakeholders as possible within the limited time for field research. In addition to stakeholders' views, development of the interventions was also informed by CCR's own research, the language of the Law of the Child itself, and international best practice (where appropriate).

The second field visit, in March 2012, was focused much more on the determination of the costs of the priority interventions as well as holding focus group discussions with school children. It should be noted that this study does not necessarily specify *who* should be responsible for the costs of the interventions. Tanzania traditionally had (and to a large extent, still has) a very strong central government; however, this has changed in recent years due to a push towards decentralization. As a result, there is still a degree of uncertainty as to the fiscal responsibilities of various levels of government.

A Unit Based Expenditure Model was chosen as the methodology to cost the interventions. For each priority intervention, the unit cost of each item was calculated taking into consideration the frequency of the units over a specific time. The costing data were collected through established cost structures (such as salaries) and an ad hoc investigation process.

The reference year of unit cost for this research is 2011. All costs are expressed in Tanzanian Shillings using an exchange rate of 1,600 shillings per US dollar when appropriate and using data from in-country experts when possible.

**Figure 1: Costing methodology**



## Determination of Beneficiary Numbers

For the purpose of this study, we have employed the following methodology to define the number of children who would benefit from the priority interventions defined (see the appendix for the actual numbers):

### Assumptions and considerations

- This study considers the benefits of implementation of the recommended priority interventions as follows: (i) an increase in the number of children that the system can

attend to and (ii) an improvement in the quality of service that children who enter in contact with the system receive

- Children attended to only by informal organizations (such as community justice organizations or NGOs) are not considered in this calculation
- The calculation of the number of beneficiaries has been made in accordance with the potential capacity of the system after improvements have been made (using the current capacity of the system as a baseline) and assuming all recommended priority interventions have been implemented
- The number of children in Arusha that may need some kind of assistance from the government because they are victims of abuse is larger than the estimation of potential beneficiaries

### **Calculation**

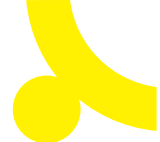
- The capacity of the Arusha District Social Welfare Office was considered as the limiting factor in determining the number of children that can actually receive services from the child protection system
- All estimates have been calculated based on information received from the Arusha District Social Welfare Office
- A linear relationship is assumed between the increases in the different stages of the child protection system; economies of scale are not taken into consideration
- The current percentage of cases that remain in the reporting phase (i.e. those that do not enter the legal system) is conservatively assumed to remain the same; if all proposed interventions are undertaken, however, this number is likely to decrease

### **Challenges and Validity**

There were a number of challenges encountered throughout the study. First, only a total of four weeks were spent in the field conducting interviews and focus group discussions. This limited amount of time placed constraints on the amount of information that was able to be collected. Second, in some instances only a small number of people were interviewed for each stakeholder. For example, there are currently only three Social Welfare Officers in the Arusha District, one of whom is in school. Therefore, even if more time had been available for field work, in many cases there simply were not additional people to speak with. A third challenge encountered was a difficulty in getting budgetary information from stakeholders. A number of stakeholders interviewed do not have line items for child protection in their budgets, and therefore determining how much money they currently spend on child protection activities was quite difficult.

Despite these challenges, it is felt that this study incorporates the views of a wide range of stakeholders involved with child protection. The study's findings should be broadly applicable to other cities and regions of Tanzania. While it is true that each region of Tanzania may have its own context and challenges to protecting children, the basic structure of the child protection system – as nationally mandated in the Law of the Child Act – should remain the same. Costs have been broken down as much as possible, allowing for easy adjustment based on the level of implementation required.





## 3 | THE CURRENT STATE OF CHILD PROTECTION SERVICES IN ARUSHA

### Geography and Demographics

The district of Arusha is located within the Arusha Region in northern Tanzania. While the municipal district only occupies a small percentage of the total land area of the region (approximately 0.6 percent)<sup>10</sup>, it contains a much larger percentage of the total population. Projections for 2012 based on the 2002 national census place the district's population at approximately 400,000 residents out of a total of approximately 1.8 million residents in the region – more than 22 percent.<sup>11</sup> The municipal district is divided into three divisions, which are further subdivided into 19 wards.

### Stages of Child Protection

This study considers the child protection system from the perspective of three stages: reporting, retention, and redress. Each stage of the system involves different actors and difference procedures. These stages are described below first in terms of how they should ideally function, and then in terms of gaps which have been identified in their proper functioning in Arusha.

#### Reporting

In instances of child abuse, the reporting phase begins with notification of relevant authorities that an incident has taken place. Generally, this should be done through either the Social Welfare Office or the police. At the same time, the child who has been abused should have access to medical and mental health services in order to receive immediate care for any injuries they may have suffered.

During the reporting phase, a child will normally be left in the care of their parents or primary guardian. However, it is also possible for a child to be removed from their home and placed in the care of the state (or a caretaker approved by the state) if the need arises. This should only occur when the alleged abuser resides at the child's home and when returning the child to the home would put them at risk of being abused further.

In situations where a child has allegedly committed a crime, the police may take him or her into custody. If the child cannot be brought immediately before a juvenile court, they must be released. In certain instances, however, the child may be placed in a children-only lockup at the police station. This should only occur when the child is accused of homicide or if it is deemed to be in the best interests of the child.

<sup>10</sup> Arusha Planning and Economic Office. *Arusha City Profile*.

<sup>11</sup> National Bureau of Statistics. *Arusha: Regional and District Projections*. Dar es Salaam: Ministry of Planning, Economy and Empowerment, 2006.

For both scenarios, the police and social welfare office are required to conduct an investigation into either the abuse or crime that has occurred. This investigation must be concluded before the case progresses to the retention phase. Once the investigations have been concluded, a decision is made whether or not to file a court case. If a case is filed, the child moves into the retention phase. If the investigation does not discover enough evidence to warrant opening a court case, then the matter is closed and no further action takes place.

The investigation can be undertaken by a number of stakeholders in concert, including Social Welfare Officers, police officers, and healthcare workers. Forensic evidence (especially in cases of sexual abuse) must be collected, as well as possible witnesses interviewed. If the authorities determine that the child cannot remain at his or her home during this period, the Social Welfare Officer may place him or her in a temporary shelter until a final decision is reached.

The reporting phase is perhaps the most problematic of the three phases in Arusha, due to the fact that most occurrences of child abuse are not reported at all. Social norms may act as a barrier to willingness to report child abuse, especially in cases of sexual abuse or when the abuser is a family member or prominent member of the community. The disparity between the number of cases that likely exist and the number of cases that are reported cannot be understated: according to the Arusha District Social Welfare Office, they dealt with 200 cases involving children in 2011.<sup>12</sup> Contrast this with the UNICEF VAC report, which shows that nearly 75 percent of Tanzanians suffer some kind of abuse during childhood. In Arusha, this implies that nearly 200,000 cases of child abuse are likely to have occurred, and as a result the reporting rate is extremely low.

This phase is also problematic because even for cases that do get reported, the vast majority of them – 75 percent – never make it to the retention phase.<sup>13</sup> Two common reasons for this are that a child may be pressured into recanting their story or that insufficient evidence is collected. While the former may be the result of social norms, which are not easily changed, the latter is often the result of limited resources for collecting and storing evidence. In both instances the result is that legal proceedings never even begin, and the child receives no redress for the abuses which they have suffered.

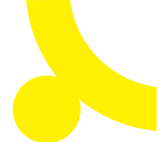
## **Retention**

Once investigations have been concluded and enough evidence has been collected to warrant the opening of a court case, the child moves to the retention phase. In cases of both child abuse and crimes committed by a child, proceedings must be held in a juvenile court. There are a number of stipulations in the Law of the Child Act which govern how a juvenile court should function. These include the presence of a Social Welfare Officer as well as the child's parents or guardians, concluding the court proceedings in as timely a manner as possible, and conducting the proceedings in a child-friendly manner (such as explaining things in simple language).

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<sup>12</sup> Arusha District Social Welfare Office. Personal Interview. January 2012.

<sup>13</sup> Arusha District Social Welfare Office. Personal Interview. March 2012.



For the duration of the court proceedings, a child who has been abused may be removed from their home by a court order if the magistrate decides it is warranted. If such an order is made, the child should be placed in a care facility until such time as a final judgment is rendered in the case. Children who are alleged to have committed a crime may be remanded to the care of the state pending a decision on whether or not to release the child on bail. If the child is not released, they will be placed in a children-only remand home where they will remain until the case is concluded.

The major challenge to this phase in Arusha is a continuing lack of child-friendly legal proceedings. The Law of the Child Act stipulates that juvenile courts should be established to handle all cases involving children, but currently there is no such court in Arusha. A second issue is that in cases where a child has been accused of committing a crime, free legal representation is not provided by the government except in cases of homicide. This results in many children having inadequate or nonexistent representation in court. Finally, a lack of infrastructure for placing abused children who have been ordered to be removed from their homes often means that no removal order can be made, even if the circumstances warrant it.

## Redress

For both children in contact with and in conflict with the law, the redress phase begins once a ruling on the case has been made. In the case of children who have suffered abuse, the most likely outcome will simply be either the conviction or acquittal of the alleged abuser. In some instances, however, the magistrate has the authority to remove a child from their home, though this is considered to be a last resort. Orders for removal are generally given only when the abuser of the child is a parent or other guardian, though according to the UNICEF VAC study this is quite common: nearly 60 percent of respondents to the study experienced physical abuse by a relative, and of those who reported abuse by a relative, approximately 85 percent reported being abused by a parent.<sup>14</sup> In such a case the child may either be placed in a residential care facility or in a foster home, for a length of time determined by the court. Even in cases of removal orders, however, the end goal is for the child to be eventually reintegrated into their home at such a time as deemed appropriate and under the supervision of the social welfare office.

For children who have been convicted of a crime which carries a sentence of imprisonment, they will be remanded to the state for the duration of their sentence. It should be noted that the Law of the Child Act specifically states that children are not to be placed in prisons, but rather in “approved schools”. These are separate facilities from prisons and do not host adult offenders; their goal is rehabilitation, not punishment.

Challenges for the redress phase in Arusha are highlighted by a lack of infrastructure. Though there are a number of care facilities in the district, many of them are for orphans and street children. The result is a lack of ability for the care facility system to absorb abused children who have been ordered to be removed from their homes by a magistrate, again meaning that like in the retention phase, a removal order may be legally warranted but practically impossible. A second issue with care facilities is that nearly all of them are

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<sup>14</sup> UNICEF Tanzania.

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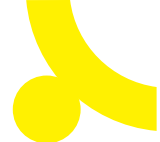
run by private institutions and NGOs; though the Law of the Child Act contains provisions that all care facilities should be properly registered and regularly inspected, this has yet to happen in most instances.<sup>15</sup> Also, because NGOs operate many of the care facilities, the continued operation of many of them is dependent largely or solely on donor funding.

Equally problematic are facilities for children convicted of crimes which carry a custodial sentence. There are currently no approved schools in the Arusha District, meaning children who are remanded to the state for the duration of their sentence are often placed in an approved school that is near Lake Victoria, far away from their families. A more serious issue is that children are still being placed in prisons, and in the same facilities as adults.<sup>16</sup> This is in direct contravention of the Law of the Child Act, which states that children shall not be sentenced to imprisonment.

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<sup>15</sup> Mkombozi Center for Street Children. Personal Interview. January 2012.

<sup>16</sup> Arusha Remand Home. Personal Interview. January 2012.



## 4 | PROPOSED PRIORITY INTERVENTIONS FOR CHILD PROTECTION ACTORS

The following section deals with all of the proposed interventions that have been developed over the course of this study. They are organized by stakeholder; each stakeholder's section contains information on their duties and responsibilities under the Law of the Child, a situation analysis for that stakeholder in Arusha, the proposed interventions, and the costs of those interventions. Effort has been made to ensure that each stakeholder's section is self-contained, so that readers interested only in a particular stakeholder can find all relevant information in one place.

### Social Welfare Office

The District Social Welfare Office is the institution in charge of safeguarding and promoting the Welfare of children in its area of jurisdiction. The work in which this agency is involved requires specific coordinated activities with other public and private institutions active in the system.

### Duties and Responsibilities Under the Law of the Child

The Law of the Child refers a "Social Welfare Officer" as a professional in service and employed by the government. At the local level, the government has the duty to safeguard and promote the welfare of the child within its area of jurisdiction. The Social Welfare Officer exercises these functions in relations to the welfare of the children and may be assisted by other local authorities<sup>17</sup>. In particular, these activities are reflected in each of the different stages of the child protection system.

### Prevention and Reporting

Within this stage, the Social Welfare Officer at the local level is responsible for many activities such as keeping a registry of the most vulnerable children within its area, providing assistance and accommodation for any child that requires assistance or shelter, and tracking the family with the help of the police. They also provide counseling to parents, guardians, relatives and children to mediate better relationships.<sup>18</sup>

When a case of abuse is reported, the Social Welfare Officer and the police are obligated to investigate the case.<sup>19</sup> Once the Social Welfare Officer receives a report from the local government authority with evidence of infraction to a child's right or neglect, the officer summons the person against whom the report was made. Here a decision is made on the situation of the child in terms of his or her best interest.<sup>20</sup> If the person against whom the report was made is not present, the case is sent to court.<sup>21</sup> If the Social Welfare Officer has

<sup>17</sup> United Republic of Tanzania. *Law of the Child Act*. Article 94. 2009.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid. Article 95.

<sup>21</sup> Ibid.

reasonable suspicion of child abuse, they must report to the police to enter and search the premises where the child is kept.<sup>22</sup>

#### **Retention**

After the first investigation by the police and the Social Welfare Officer has been conducted, and it has been determined that the child has been abused or is in need of immediate care, the Social Welfare Officer with the police officer shall remove the child to a safe place for a period of no more than 7 days and bring the child before court within 14 days.<sup>23</sup> Until the court decision, the court may admit the child to an approved residential home, the care of a Social Welfare Officer, or any appropriate adult.

In the case of an investigation with a child in conflict with the law, the court requires the attendance of the Social Welfare Officer.<sup>24</sup> The officer is also required to assist the child in providing advice and support during sentencing.<sup>25</sup>

#### **Redress**

The court can issue different orders regarding the situation of a child. On the one hand, if a care order is issued, the Social Welfare Officer takes custody of the child and determines the most suitable place for the child (as detailed in previous sections).<sup>26</sup> In the case the court issues a supervision or interim order, the Social Welfare Officer will supervise the family while this situation continues. If the Social Welfare Officer determines that the supervision period has to be extended he or she has to present a report to the court in order to ask for this.<sup>27</sup> For any of these orders, the court may require a social investigation report of a child that the Social Welfare Officer has to produce.<sup>28</sup> This investigation could require interviewing the child, their parents, guardians or relatives.

Article 20 in the Law of the Child describes the duties that these officials have related to care and supervision orders:

- Advise and counsel the child and his family
- Hold regular reviews to plan for the future of the child and his parents or guardian
- Apply to court to discharge or vary the order if necessary
- Take necessary steps to ensure that the child is not subjected to harm

Moreover, the care order or supervision has to be reviewed by the Social Welfare Officer at least once a year<sup>29</sup> and has to be in permanent communication with the manager or patron of the approved residential homes or institutions to assess an appropriate return home for the child as soon as possible.<sup>30</sup>

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<sup>22</sup> Ibid. Article 96.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid. Article 112.

<sup>25</sup> Ibid. Article 108.

<sup>26</sup> Ibid. Article 18.

<sup>27</sup> Ibid. Article 19.

<sup>28</sup> Ibid. Article 31, 137.

<sup>29</sup> Ibid. Article 25.

<sup>30</sup> Ibid. Article 27, 137.

If a child is suspected to be suffering harm during the period of care, the court may produce a search and production order authorizing the Social Welfare Officer to enter any premises specified in that order to assess this situation.<sup>31</sup> When a child is in care, the Social Welfare Officer is also responsible to place the child with a person who is willing to be a foster parent.<sup>32</sup> When the court has to decide on maintenance, custody or access, it can request a social enquiry report from the Social Welfare Officer as well.<sup>33</sup>

## Situation Analysis

The Social Welfare Officers that work at the District Social Welfare Office in the municipality of Arusha reports to the Department of Social Welfare that is under the jurisdiction of the national Ministry of Health and Social Welfare. This municipal office currently has three Social Welfare Officers, whose duties are not limited to child-related issues but are responsible for working with vulnerable groups within all of Arusha. Nevertheless, 75 percent of their time is dedicated to dealing with child-related cases.<sup>34</sup>

However, the Social Welfare Officers in Arusha find it challenging to fulfill their duties as specified in the Law due to a number of reasons, including the lack of a specific child protection budget.

### Lack of Child Protection Budget

The District Social Welfare Office receives financial resources from the local government budget for all its activities. For this reason, it is very difficult to determine how much of this budget is actually allocated for child protection services. The budget that the Social Welfare Office receives is mainly determined at the national level, which presents difficulty at the local level to advocate for an increase in resources.

According to UNICEF<sup>35</sup>, national activities for gender and children related activities receive only one percent of the total budget assigned to the Ministry of Health and Social Welfare.

**Table 1: Budget information for 2012**

Total national budget for the Ministry of Health and Social Welfare	1,209.1 billion shillings
Total budget for the Department of Social Welfare	1 percent: 12.09 billion shillings (estimate)

Source: GOVERNMENT BUDGET FOR FINANCIAL YEAR 2011/2012 CITIZENS' BUDGET EDITION, UNICEF

The lack of a specific budget for the activities related to child protection means that Social Welfare Officers do not have enough resources to properly cover transportation and communication costs. The Social Welfare Office in Arusha currently deals with an average of 200 cases involving children in contact or in conflict with the law. With the current staff capacity, each Social Welfare Officer handles an average of 67 cases per year. Moreover,

<sup>31</sup> Ibid. Article 29.

<sup>32</sup> Ibid. Article 32.

<sup>33</sup> Ibid. Article 45.

<sup>34</sup> Social Welfare Officer. Personal Interview. January 2012.

<sup>35</sup> UNICEF Conference. Dar es Salaam. March 2012.

these Social Welfare Officers have additional responsibilities and obligations not involving children alone. The Law of the Child does not stipulate a minimum amount of Social Welfare Officers at the local ward level. However, the general notion is that there needs to be at least one person trained in child protection issues for every ward. There is currently only one para-Social Welfare Officer at one of the 19 wards in Arusha.<sup>36</sup> According to the Social Welfare Officer, the increase of para-Social Welfare Officers at the ward level will increase the number of cases that are reported and enter into the system.<sup>37</sup> Moreover, the current lack of Social Welfare Officers delays trials and prevents proper reintegration processes for children who have been removed from their homes.

### **Box 1: THE ROLE OF PARA-SOCIAL WELFARE OFFICERS IN TANZANIA**

Para-Social Workers are semi-professional individuals that are trained in social work and child protection. They complement the work that professional social workers conduct in the field. These people typically start as volunteers and have great knowledge of the culture in which they operate. They enroll in different types of training to acquire relevant knowledge in a particular area of interest. Many national and local governments in Sub-Saharan Africa have implemented training courses and hiring of this type of personnel as a way of overcoming the resource shortage.

The Institute of Social Welfare and Jane Addams College of Social Work in Chicago established the pilot project that originated the system of Para-Social Workers in 2007 in 8 districts. In this pilot, 70 percent of the people trained came from non-governmental organization, faith-based organizations and community based organizations, 30 percent from government agencies and 45 percent from most vulnerable children committees<sup>38</sup>

#### **Limited Case Management Skills**

Social Welfare Officers who hold university degrees have been trained either at the Institute of Social Work in Dar es Salaam or at another institution outside of the country that provides the same types of degrees. There are four different qualification levels in social work provided by the Institute of Social Work in Tanzania:

- Certificates and diplomas (approximately 500 students per year)
- Three-year bachelor's degree (approximately 180 students per year)
- Post-graduate degrees (approximately 40 students per year)

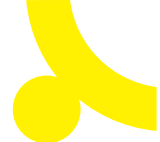
The students who receive a bachelor's degree in Social Work receive, in terms of child protection, two types of training. One is more general and has to do with courses related to psychology, social policy, human rights, social protection, and advocacy (among others). The other is a specific compulsory module on child protection.

<sup>36</sup> Social Welfare Officer. Personal Interview. March 2012.

<sup>37</sup> Social Welfare Officer. Personal Interview. March 2012.

<sup>38</sup> Guga, Eric et al. *Mapping and assessment of formal and informal child protection structures, systems and services in Tanzania*. Save the Children. 28 April 2009.





Nevertheless, at the local level, two problems have been identified in terms of the pre-service training of Social Welfare Officers. First, there is a general disconnect between the knowledge those Social Welfare Officers have received in their programs and the requirements of the actual work they are required to do once employed in the field. According to the Social Welfare Officer interviewed, there is a need of more concrete information on the procedures and the implications of the new law in terms of child protection. This is particularly important for people that have not received their education in Tanzania. Second, there is a lack of people who are properly trained at the ward level to deal with child protection issues. More often than not, there are no professionals that can serve as proper interlocutors with the District Social Welfare Office when referring cases.

#### **Limited Coordination with Other Child Protection Actors**

The basic activities that the Social Welfare office accomplishes in terms of child protection are to work with other organizations and stakeholders to address possible problems of children at risk. They focus mainly on three different types of activities:

- Involvement in first line response when a case is referred to them
- Following the trajectory of the child through the system and work with the family
- Providing support for other organizations that work in the child protection system on how to manage these types of issues

According to the information gathered from field research, there is in general a disconnect in the information flow between the duties of the Social Welfare Officers and the activities that other organizations undertake in terms of child protection.<sup>39</sup> Moreover, cases are mostly dealt with on a case by case basis, rendering it difficult to define standardized practices.

#### **Parallel Social Welfare Structures**

A final source of difficulty arises from the fact that as a result of the Government of Tanzania's decentralization policies, there are both regional- and district-level Social Welfare Offices. The relationship between the two offices is not clear, including which services each is supposed to provide and how they are meant to coordinate. This presence of parallel structures has implications for all stages of child protection, as the two offices may wind up duplicating efforts and not working together effectively.

### **Priority Interventions**

#### **Priority Intervention 1: Increase human capacity at the district and ward levels**

- Activity: Hire 9 Social Welfare Officers and ensure that there is 1 para-Social Welfare Officer in every ward
- Expected outcome: Service providers have the capacity to effectively respond to and manage issues of child protection

According to the information gathered from the field, there is a need to increase the total number of Social Welfare Officers to 12 professionals at the district level in order to operate

<sup>39</sup> Social Welfare Officer. Personal Interview. January 2012.

effectively and efficiently. This would allow three Social Welfare Officers to handle administrative tasks such as case tracking and reporting, another three Social Welfare Officers to focus on managing child protection cases, three for issues regarding family problems and three for other vulnerable groups.

Lastly, the incorporation of at least one para-Social Welfare Officer at the ward level will increase the capacity of the agency to reach children and problems at the local level. This will also improve the first line response capacity of the entire system. The Social Welfare Office estimates that the amount of cases they receive every year could double if there were more para-Social Workers in the field.

#### **Priority Intervention 2: Improve human capacity for case management**

- Activity: Provide one training a year on child protection case management for new Social Welfare Officers and development of one CD with information on case management
- Expected outcome: Service providers have the capacity to effectively respond to and manage issues of child protection

The lack of case management training for officials working in the Social Welfare Office motivates the necessity for this intervention. Although they are knowledgeable in regards to concepts surrounding child protection and the implications for children, they do not receive proper training on case management procedures before appointment.

As a response, this intervention is composed of two main activities. On the one hand, it aims to develop a one-time CD-ROM course available for all newly hired staff in providing them with basic procedures regarding case referrals and management. On the other hand, it includes a one-week training per year for the whole Social Welfare Office in order to reinforce their skills in case management and provide them with means of acquiring additional knowledge on child protection.

#### **Priority Intervention 3: Increase service capacity through transportation needs**

- Activity: Provide financial resources that will cover the cost of transportation and other working materials
- Expected outcome: Service providers have the capacity to effectively respond to and manage issues of child protection

A specific budget line for transportation and communication costs will improve the capacity of response, especially in regard to conducting family assessments, responding to reported cases of abuse, and following up on cases.

#### **Priority Intervention 4: Improve provision of child-friendly services**

- Activity: Allocate a room and supplies for a child-friendly space in the Social Welfare Office
- Expected outcome: Children in the child protection system receive adequate and appropriate care

Quite commonly, when children are in mediation for cases, they spend several hours at the Social Welfare Office waiting for their case to be analyzed. During this waiting period, children are not provided with a dedicated child-friendly space.<sup>40</sup> Therefore, this intervention is a one-time investment (though it may need some maintenance costs in the future.)

**Table 2: Costs of interventions for Social Welfare Office**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>PI 1 Activity:</b> Hire 9 Social Welfare Officers and ensure that there is 1 para-Social Welfare Officer in every ward					
Recurrent	Monthly salary of trained social worker <sup>41</sup>	9	12	450 000	48 600 000
Recurrent	Monthly contribution for para-social worker	18	12	100 000	21 600 000
<b>Subtotal PI 1:</b>					<b>70 200 000</b>
<b>PI 2 Activity:</b> Provide one training a year on child protection case management for new Social Welfare Officers and development of one CD with information on case management					
Capital	Consultant fee for developing a case management training CD	1	1	2 800 000	2 800 000
Capital	Consultant fee for filming and editing case management training CD	1	1	500 000	500 000
Recurrent	Consultant fee for one week of training on case management	1	1	2 000 000	2 000 000
Recurrent	Per diem per participant for one week	12	1	75 000	900 000
<b>Subtotal CAPITAL:</b>					<b>3 300 000</b>
<b>Subtotal RECURRENT:</b>					<b>2 900 000</b>
<b>Subtotal PI 2:</b>					<b>6 200 000</b>

<sup>40</sup> Social Welfare Officer. Personal Interview. March 2012.

<sup>41</sup> The number of Social Welfare Officers needed was calculated on the basis of the information provided by the informant at the District Social Welfare Officer. The salary of the employees was calculated based on figures provided by PEO

<b>PI 3 Activity:</b> Provide financial resources that will cover the cost of transportation and other working materials <sup>42</sup>					
Capital	Vehicle	1	n/a	10 000 000	10 000 000
Capital	Computer	6	n/a	1 000 000	6 000 000
Capital	Printer	1	n/a	240 000	240 000
Recurrent	Fuel and driver fees per case	400	1	17 484	6 993 600
Recurrent	Monthly Internet access fee	1	12	200 000	2 400 000
<i>Subtotal CAPITAL:</i>					16 240 000
<i>Subtotal RECURRENT:</i>					9 393 600
<b><i>Subtotal PI 3:</i></b>					<b>25 663 600</b>
<b>PI 4 Activity:</b> Allocate a room a supplies for a child-friendly space in the Social Welfare office					
Capital	Recreational materials for children	n/a	n/a	240 000	240 000
<b><i>Subtotal PI 4:</i></b>					<b>240 000</b>
<b><i>Total Social Welfare Office</i></b>				<b><i>TZS</i></b>	<b><i>102 303 600</i></b>
				<b><i>USD</i></b>	<b><i>63 940</i></b>

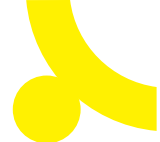
## Police

Police are an integral component of the child protection system. Police officers are often the first and sometimes sole point of contact for victims and are responsible during the investigation, evidence collection as well as legal phases. Police are faced with a number of challenges that undermine the effective functioning of the child protection system. These challenges as well as priority interventions designed to mitigate those obstacles are illustrated below. Addressing these challenges and implementing the following priority interventions will allow children, parents, first responders and community members to access support services and report suspected cases of abuse. Strengthening the police will also strengthen the referral system and the monitoring of a child through that process. With the proper training and resources police will be able to collect forensic evidence in the proper manner, which will lead to an increase in the prosecution of crimes. If properly supported, police should be able to provide a reliable first line of response to child abuse.

### Duties and Responsibilities Under the Law of the Child

The police have the primary responsibility to protect the community and to ensure that offenses are investigated. According to the Law of the Child, it is the duty of local government authorities and the police to safe-guard children. When child abuse is suspected, Article 29 of the Law states that a police officer may accompany a Social Welfare

<sup>42</sup> The description of resources needed was calculated on the bases of the needs assessment provided by the District Social Welfare Officer based on current expenditures (TV, DVD)



Officer during the search of specific premises when abuse is suspected. If an investigation determines that the child has been abused or is in need of immediate care and protection, a police officer can accompany the Social Welfare Officer in removing the child to a place of safety for a period of not more than seven days. According to Article 103, police officers are not allowed to bring a child to court until a full investigation has been completed or the offense requires committal proceedings.

Throughout all phases, police officers should prioritize the reconciliation between parents and a child, when appropriate. Under Article 94 of the Law, it states that each local government authority should collaborate with the police force to trace the parents, guardians or relatives of any lost or abandoned child and to return the child to the place where he ordinarily resides. When this process is unsuccessful, the case should be referred to the Social Welfare Office where Social Welfare and police officers will investigate any breaches or violations of the rights of the child.

### Situation Analysis

Currently, there are 900 police officers in the Arusha municipality and 1500 in the greater Arusha region. According to key informants at police headquarters, officers responded to 212 cases involving a child in 2011 and were unable to respond to 50 others due to staffing and resources constraints. In general, police are often the first and only point of contact for victims and are heavily involved at many stages throughout the child protection system, including collecting information when cases of abuse are reported, ensuring medico-legal links and ultimately assisting during the legal response phases. Despite the important role that police serve, they lack the necessary technical knowledge on child rights and child protection as well as the physical resources to respond to cases of child abuse.

The national government created Gender and Children's Desks in 2010 at every major regional-level police station throughout Tanzania to handle cases of domestic violence and child abuse. These have yet to be fully implemented or resourced. There is one desk located at the Arusha Police Headquarters where one female officer in the Community Police (*polisi jamii*) is stationed and is responsible for responding to all cases related to social protection throughout the Arusha district. This single officer must travel long distances to investigate suspected cases of child abuse and often does not have the time or the resources to respond to all reported cases. A policewoman employed as a Community Police Officer explained that the department lacks adequate transportation, stationery and sufficient office space.<sup>43</sup>

Transportation is a particular challenge. Although the office has access to five police cars, they are often all in use and, as a result, not all reported cases can be investigated. Additionally, fuel is extremely cost-prohibitive, as the force requires approximately 30-50 liters of fuel per day. A key informant in the Community Police explained that the 50 cases that were not investigated in 2011 were a direct result of the limited, understaffed and under-resourced Gender and Children's Desk.

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<sup>43</sup> Community Development Officer. Personal Interview. 11 January 2012.

In addition to staffing and resourcing challenges, cultural or social barriers in the community also affect the police department's effectiveness within the child protection system. Negative perceptions of the police often prevent children from reporting abuse and attending follow-up visits to the police station because they are too scared to report cases directly to the police. Although there are many offenses against children, many are resolved by the family with the perpetrator through compensation and it is often only when this arrangement breaks down that the matter comes to the police and the District Court.<sup>44</sup> This indicates that it is important to strengthen informal and community level systems of child protection including child protection committees as well as supporting the formal mechanisms such as police and social welfare structures. Together, both informal and formal methods can provide comprehensive child protection.

A key informant at the Police Academy indicated that police are often portrayed as brutal and disciplinarians to children and the community.<sup>45</sup> Responses during focus group interviews with female secondary students corroborated this observation. When asked if it would be wise to report cases of child abuse to a police officer, students indicated that it would be difficult since police often do not take issues brought by children seriously. Male secondary students voiced similar concerns.<sup>46</sup>

As a result, sexual and physical abuse cases are often either reported by a concerned third party such as a neighbor or family relative or go unreported altogether. Some of the reasons believed to have contributed to this non-reporting include a significant distance to the police station, limited awareness of child rights, and intimidation tactics or threats from suspected offenders. In addition, some cases are often handled by local leaders and settled before the police are involved as previously mentioned.

Another significant challenge relates to the Police Form Number Three (PF3), which is required as medical documentation for legal proceedings in cases of child abuse. The form must be issued by the police department before the victim can receive medical attention, except for serious cases of sexual violence or seriously injury where the victim needs immediate treatment.<sup>47</sup> The PF3 is obtained at a police station and then must be completed by medical professionals at a district hospital or local clinic. Once the form has been completed, the police department reviews the information and determines whether the case warrants further action. This multi-step process is confusing and incongruous with common practice when child abuse is suspected as victims may be uncomfortable going to the police department before seeking medical attention.

This process often results in the loss of important evidence if the victim is washed or changes clothes after an incident has occurred. If a victim of child abuse or a concerned third-party is reluctant to interact with the police, then the first step in the reporting phase may not be completed and subsequent investigations, medical assistance or legal proceedings will not occur.

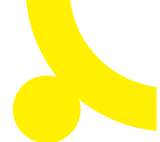
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<sup>44</sup> Guga, Eric et al. *Mapping and assessment of formal and informal child protection structures, systems and services in Tanzania*. Save the Children. 28 April 2009.

<sup>45</sup> Police Academy, Chief Instructor. Personal Interview. 15 March 2012.

<sup>46</sup> Secondary School Students. Focus Group Discussion. 13 March 2012.

<sup>47</sup> Athumani, Rose. "Police set to review PF3 forms." *Daily News*. 16 October 2011. Accessed 3 May 2012. <<http://www.dailynews.co.tz/home/?n=24584&cat=home>>.



The police department is currently reviewing the PF3 procedures especially in cases involving victims of domestic violence and serious injury. The Commissioner of Operations, Paul Chagonja, recently stated in an interview with the Daily News that victims will receive treatment at health facilities without being required to produce a PF3. In these cases, the PF3 can be taken to the facilities later and more details can be added to the form to include facts related to sexual violence. The PF3 is also being revised to include more detailed information and, eventually, may be issued at health centers.

In general, police officers lack sufficient training on children's rights and how to respond to suspected cases of child abuse. According to a 2005 questionnaire about police training distributed by the Consortium for Street Children, 96.8 percent of 67 respondents from 47 countries agreed that there is still a "great need" for police to be trained in child rights and child protection in their countries. Additionally, 91.9 percent thought it would be useful to have a manual that compiles international experiences and information relating to police training and child rights.<sup>48</sup> In Arusha, the police training college currently provides cadets with minimal training on child protection and children's rights within existing courses focused on human rights. Cadets who are interested in specific issues, such as children in conflict with the law, can take additional courses.<sup>49</sup>

This training is relatively superficial and administrators at the training college indicate that there are weaknesses in the training modules. For example, there is confusion over the definition of the child including the specific age at which childhood ends. Furthermore, officers are sometimes unsure of the correct procedures involved with child protection cases. As each case of child abuse is different and can be complicated, officers require additional support and guidance in order to carry out their responsibilities in accordance with the Law of the Child.

## Priority Interventions

### Priority Intervention 1: Expand the presence of Gender and Children's Desks

- Activity: Establish Gender and Children's Desks in all 19 wards and staff all Desks with officers trained on child rights and child protection
- Expected Outcome: Service providers have the capacity to effectively respond to and manage issues of child protection

Adequately staffed Gender and Children's Desks in every ward will increase the capacity of the Police Department to effectively identify and respond to cases of child abuse. In particular, Police Headquarters should be staffed with four trained officers to ensure that there is someone to respond to cases at all times. Gender and Children's Desks located at ward offices should be staffed with at least one trained officer, given limited resources and financial constraints. Ideally, four female officers should be assigned to each desk to ensure that there is always a trained professional available to respond to cases of child abuse. This

<sup>48</sup> Wernham, Marie et al. *Police Training on Child Rights & Child Protection: Lessons Learned & Manual*. Consortium for Street Children. March 2005.

<sup>49</sup> Police Academy, Chief Instructor. Personal Interview. 15 March 2012.

would allow for trained professionals to be on duty and available 24 hours a day while allowing officers to maintain their normal eight-hour shift rotations. A key informant in the Community Police indicated that desks at the ward level would better serve the needs of the community.<sup>50</sup>

In addition, locating officers within the wards will reduce the time spent traveling to investigate cases and make it easier for victims or first responders to report cases of abuse at the police station. This may limit the loss of evidence that occurs during the process, which is currently a serious issue. A key informant at the Police Academy indicated that there should be a Gender and Children's Desk at every police station and that female officers should be stationed at the desks since victims often prefer to report cases of child abuse to female officers.<sup>51</sup>

#### **Priority Intervention 2: Increase service capacity in resource allocation and management**

- Activity: Provide the police department with sufficient resources to properly support the staff and Gender and Children's Desks
- Expected Outcome: Service providers have the capacity to effectively respond to and manage issues of child protection

The provision of sufficient resources to the police department will ensure that cases of suspected child abuse are thoroughly and properly investigated in a manner consistent with the Law of the Child. In particular, the Gender and Children's Desk at Headquarters should be provided two vehicles and necessary fuel with which to respond to cases related to child protection. A policewoman in the Community Police suggested that it was important that a vehicle be allocated specifically for the Gender and Children's Desk because police officers have indicated that they have not been able to respond to cases when the five police cars are in use. An additional vehicle is necessary in remote areas, where transportation is a major challenge. This additional vehicle, which is not located at Police Headquarters, can rotate between Gender and Children's Desks at the outer wards. Officers have also stated that additional office supplies are needed, such as a digital camera to document the signs of physical abuse on a victim. The provisions of these supplies should be seriously considered, however are not costed as part of this study.

#### **Further Recommendations**

**Awareness-raising and in-service training:** To deal with the challenges they face, police feel that there is a need of increasing education to the community to minimize practices that harm children. In particular, junior level police officers who interact most often with the community must be supported and trained on child protection issues. Specialized police officers must also work directly with the Social Welfare Office and be involved with education to caretakers on child abuse and protection.

The Child Instructor at the Police Academy suggested that community policing programs should be supported as well as programs that allow ununiformed police officers to teach children during school. These programs will help to transform the current negative

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<sup>50</sup> Community Development Officer. Personal Interview. 11 January 2012.

<sup>51</sup> Police Academy, Chief Instructor. Personal Interview. 15 March 2012.



perception that children have of police officers and can help reduce the number of unreported cases.

Based on these observations, a child protection manual should be developed, translated and distributed to police officers. Police officers should receive in-service training using this manual to inform them on the proper protocol on the handling of child victims. Additionally, cross-sector trainings can improve linkages between the police, social welfare, legal and health sectors.

**Table 3: Costs of interventions for Police**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>PI 1 Activity:</b> Establish Gender and Children's Desks in all 19 wards and staff all Desks with officers trained on child rights and child protection					
Recurrent	Monthly salary of officers to staff Gender and Children's Desks <sup>52</sup>	22	12	400 000	105 600 000
<b>Subtotal PI 1:</b>					<b>105 600 000</b>
<b>PI 2 Activity:</b> Provide the police department with sufficient resources to properly support the staff and Gender and Children's Desks					
Capital	Vehicle <sup>53</sup>	2	n/a	15 000 000	30 000 000
Recurrent	Fuel and other needed resources for reporting and investigation per case <sup>54,55</sup>	524	1	30 000	15 720 000
<b>Subtotal CAPITAL:</b>					<b>30 000 000</b>
<b>Subtotal RECURRENT:</b>					<b>15 720 000</b>
<b>Subtotal PI 2:</b>					<b>45 720 000</b>
<b>Total Police</b>				<b>TZS</b>	<b>151 320 000</b>
				<b>USD</b>	<b>94 575</b>

<sup>52</sup> The number of police officer and their range needed was calculated on the basis of the information provided by the informant at the Community Police Department. This includes four officers staffed at the Gender and Children's Desk at Police Headquarters as well as one officer at each of the other 18 Desks located at the ward level.

<sup>53</sup> Vehicle cost calculated using estimate of comparable used vehicles on Tanzanian used care website: <http://gvtzl.com>

<sup>54</sup> Key informants at the Police Department stated that police responded to 212 cases involving children and were unable to respond to 50 others during 2011. This costing calculation assumes that given the human and resource allocations, the police will be able to respond to double the number of cases from 2011. Therefore these costs are calculated for a total of 524 cases in a given year.

<sup>55</sup> The description of resources needed was calculated on the bases of the needs assessment provided by the Community Police Department based on current expenditures. These include fuel expenses as well as office resources.

## Healthcare Providers

Provision of adequate healthcare services is an integral component of a child protection system for a number of reasons. Most importantly, children who have been physically or mentally traumatized need access to quality medical care in order to receive treatment for the abuses they have suffered. It is also crucial that trained medical professionals are able to collect and document evidence of abuse, without which the successful prosecution of the abuser may be impossible.

### Duties and Responsibilities Under the Law of the Child

Compared to other thematic areas, the Law of the Child says little about the provision of healthcare services in relation to child protection. One of the few specific mentions in the Act is the following article:

*9.-(1) A child shall have the right to life, dignity, respect, leisure, liberty, health, education and shelter from his parents.*

However, the “right to health” is relatively undefined in terms of what it means for healthcare providers. Despite the ambiguity in the Law of the Child, the Government of Tanzania has recognized the importance of quality health care in other instances. Goal 3 of the country’s National Strategy for Growth and Reduction of Poverty II is titled “Improving Survival, Health, Nutrition and Well Being, Especially for Children, Women and Vulnerable Groups”.<sup>56</sup> Recognition is given to a lack of both human resources and health infrastructure, which impede the country’s ability to improve the general health of its citizens.

Additionally, the Law of the Child contains a mandatory reporting clause which places a burden on all Tanzanians to report cases of child abuse:

*95.-(1) It shall be the duty of any member of the community who has evidence or information that a child's rights are being infringed or that a parent, a guardian or relative having custody of a child who is able to, but refuses or neglects to provide the child with food, shelter, right to play or leisure, clothing, medical care and education, to report the matter to the local government authority of the area.*

### Situation Analysis

According to the Arusha City Profile<sup>57</sup> there are three types of healthcare provision infrastructure in the city: hospitals, health centers and dispensaries. There are 5 hospitals – one of which belongs to a private institution – as well as 7 health centers and 45 dispensaries. The patient-bed ratio is 279 people per bed in hospitals.

In the urban center healthcare services are available, albeit often at significant cost from private hospitals. In outlying wards, however, services are generally of lower quality and are

<sup>56</sup> Ministry of Finance and Economic Affairs. *National Strategy for Growth and Reduction of Poverty II*. Dar es Salaam: Ministry of Finance and Economic Affairs, 2010.

<sup>57</sup> Arusha Planning and Economic Office. *Arusha City Profile*.

often absent entirely. A shortage of doctors and nurses is an acute problem, as are the resources needed to provide the material needs (equipment, medicine, etc.) of hospitals and clinics. The result is poor coverage of health care services, in both geographic and per-capita terms.

Another impediment to victims of abuse being able to receive proper care involves the use of a particular police form, the PF3. If a victim of a crime has been injured and intends to open a police case into the matter, the police require a PF3 to be obtained *before* medical treatment is given. This form should be filled out by the doctor who treats the victim of abuse in the public hospital.

However, PF3s are only available at police stations, meaning a child that has been abused must first go to a police station before going to a hospital to receive medical treatment. This creates an impediment for the successful prosecution of abuse cases, because information gained during interviews suggests that victims of abuse (especially cases of rape) may be washed or otherwise cared for by a parent or guardian before being brought to the police. Doing so may hide what has happened out of fear of social stigma, but can also result in the destruction of evidence which may prevent a successful prosecution.

As a corollary to the difficulties of an abuse victim actually arriving at a hospital with enough evidence intact, the actual collection, documentation and storage of evidence is problematic as well. While healthcare professionals may have adequate training to treat injuries, collecting and storing evidence requires a somewhat different set of skills. Limited training on evidence collection, plus a lack of funding for equipment (such as DNA analysis machines) to perform tests, mean that many cases of abuse do not result in convictions due to a lack of proper evidence.

A third important issue is the dearth of mental health services for the general population. In 2010, the entire country had 17 psychiatrists and 3 clinical psychologists.<sup>58</sup> The vast majority of Tanzanians, therefore, have no access to mental health professionals. This would not necessarily be a problem if there was no unmet demand, yet estimates for Arusha alone suggest that 200,000 children will be in need of counseling services at some point in their childhood.

It therefore becomes critically important to ensure that children who have suffered abuse – especially the worst forms of abuse – are able to receive counseling from qualified mental health professionals. It is also important to provide psychosocial support for families of abused children, families undergoing a reintegration process, and those providing foster care. Yet this lack of mental health services is not only present due to a lack of funding or qualified professionals, but also because the mental health profession is often looked down upon in Tanzania as not being a real medical profession.

## Priority Interventions

### Priority Intervention 1: Improve healthcare infrastructure

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<sup>58</sup> Arusha Mental Health Trust. Personal Interview. January 2012.

- **Activity:** Establish a trauma center that is properly staffed and equipped to care for children who have been abused
- **Expected Outcome:** Children in the child protection system receive adequate and appropriate care and service providers have the capacity to effectively respond to and manage issues of child protection

By establishing a trauma center at Mount Meru Hospital (the government hospital located in the urban center), children who have been abused in the Arusha municipality will have access to medical care which has been specifically implemented to handle cases of child abuse. It will serve as a focal point for the entire district, where all cases of child abuse should be funneled through so that children can receive child-friendly treatment and so that evidence collection can take place in a correct and timely manner. Counseling services will also be offered by the trauma center, so that children who have suffered abuse can receive both medical and psychiatric treatment at the same time in one location.

In order to create the trauma center, the main input that will be required is human resources. The trauma center should be staffed with one doctor, two nurses, and one psychiatrist 24 hours a day, seven days a week. This will require four doctors, eight nurses, and four psychiatrists to provide cover at all times. In addition to the human resources, a computer will be required to facilitate record keeping via a data management system. As the space requirements for such a trauma center are quite small, it is expected that an existing examination room can be converted for use for this purpose.

It should be mentioned that a rape clinic already exists at the Arusha Lutheran Medical Center. While concerns about creating a parallel structure exist, an issue with ALMC is that it is a private hospital and therefore poorer Tanzanians will be less likely to go there for treatment. This is borne out in case statistics, as a doctor at ALMC mentioned that while the rape clinic has the capacity to handle up to one case per day, they only actually handle 1-2 cases per month.<sup>59</sup> Yet Mount Meru Hospital handles approximately 250 rape cases per year, showing the demand for services exists. Ultimately both hospitals will likely need to be employed, because if the child protection system is improved in Arusha, a much larger number of cases will need to be dealt with on an annual basis. In such a circumstance, the ALMC rape clinic could provide referral support for Mount Meru Hospital in cases where the latter is unable to handle its case load.

#### **Priority Intervention 2: Increase service capacity for evidence collection**

- **Activity:** Provide yearly training and resources that are needed for proper forensic evidence collection at the trauma center
- **Expected Outcome:** Service providers have the capacity to effectively respond to and manage issues of child protection

As one of the main purposes of establishing a trauma center is to ensure that forensic evidence collection is done properly, extra emphasis is being placed on this aspect through its own intervention. Doctors and nurses working at the trauma center will receive yearly,

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<sup>59</sup> Arusha Lutheran Medical Center. Personal Interview. January 2012.

week-long trainings on how to collect forensic evidence in a child-friendly manner, and they will be provided with the resources – namely rape kits – to do so.

Rape kits are an especially important part of the evidence collection process, as they provide a standardized method for doing so. The number of rape kits needed is based on information obtained from an interview with the Arusha Lutheran Medical Center that there are approximately 250 rape cases per year. This has been reduced by the percentage of the population in Arusha that is children, to arrive at a final number of 120 rape kits per year. Though the number of rape cases per year that gets reported is expected to increase, due to the high cost of providing well-provisioned rape kits current figures have been used.

### **Priority Intervention 3: Improve healthcare system capacity at the ward level**

- **Activity:** Provide yearly training on child protection and evidence collection resources for one local-level healthcare facility (clinic, dispensary) per ward
- **Expected Outcome:** Service providers have the capacity to effectively respond to and manage issues of child protection

The purpose of this intervention is to expand the geographic coverage of healthcare services for children who have been abused. While it is envisioned that the focal point for caring for abused children in the Arusha municipality will be the trauma center at Mount Meru Hospital, it must also be recognized that residents who live in outlying wards may not be able to travel to the urban center to receive care. For those whose only contact with the healthcare system is at the local level, it is important that the professionals they come in contact with are trained on the basics of child protection including identification of abuse, treatment, evidence collection, and counseling.

At a minimum, one clinic or dispensary per ward in Arusha (18 total excluding the district that Mount Meru Hospital resides in) will be targeted for yearly week-long trainings and resource provision. This number can be increased over time taking into consideration lessons learned from the initial outreach. Rape kits will also be provided to local-level healthcare facilities, but to a much lesser extent than at the Mount Meru trauma center. While it is expected that the majority of evidence collection will take place at the trauma center, it is also recognized that some cases may not end up there.

By providing local-level healthcare facilities with a limited number of rape kits per month (one per facility per ward), they will have the capability in a limited number of instances to collect evidence if necessary.

**Table 4: Costs of interventions for Healthcare Providers**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>PI 1 Activity:</b> Establish a trauma center that is properly staffed and equipped to care for children who have been abused					
Capital	Computer with printer <sup>60</sup>	1	n/a	1 240 000	1 240 000
Recurrent	Monthly salary of doctor <sup>61</sup>	4	12	800 000	38 400 000
Recurrent	Monthly salary of nurse <sup>62</sup>	8	12	400 000	38 400 000
Recurrent	Monthly salary of doctor <sup>63</sup>	4	12	800 000	38 400 000
<i>Subtotal CAPITAL:</i>					<i>1 240 000</i>
<i>Subtotal RECURRENT:</i>					<i>115 200 000</i>
<b>Subtotal PI 1:</b>					<b>116 440 000</b>
<b>PI 2 Activity:</b> Provide yearly training and resources that are needed for proper forensic evidence collection at the trauma center					
Recurrent	Trainer fee for one week of training <sup>64</sup>	1	1	2 000 000	2 000 000
Recurrent	Per diem per participant for one week <sup>65</sup>	12	1	75 000	900 000
Recurrent	Rape kits needed per month <sup>66</sup>	10	12	200 000	24 000 000
<b>Subtotal PI 2:</b>					<b>26 900 000</b>
<b>PI 3 Activity:</b> Provide yearly training on child protection and evidence collection resources for one local-level healthcare facility (clinic, dispensary) per ward					
Recurrent	Trainer fee for one week	1	18	2 000 000	36 000 000
Recurrent	Per diem per participant for one week	2	18	75 000	2 700 000
Recurrent	Rape kits needed per month	18	12	200 000	43 200 000
<b>Subtotal PI 3:</b>					<b>81 900 000</b>
<b>Total Healthcare Providers</b>				<b>TZS</b>	<b>225 240 000</b>
				<b>USD</b>	<b>140 775</b>

<sup>60</sup> Cost based on average price for a basic desktop computer and inkjet printer

<sup>61</sup> Estimate based on increased salary of a newly-employed doctor in 2012, obtained from <http://allafrica.com/stories/201201301385.html>

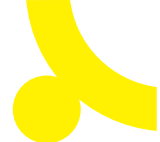
<sup>62</sup> Estimate based on increased salary of a newly-employed nurse in 2009, obtained from <http://www.biomedcentral.com/1472-6963/11/34>

<sup>63</sup> Based on salary of a doctor

<sup>64</sup> Based on likely cost for a Tanzanian facilitator

<sup>65</sup> Figure is intended only to cover cost of food and transportation, as trainings will be in Arusha and lodging not needed

<sup>66</sup> Estimate based on the costs of the likely components of a rape kit (e.g. swabs, blood collection instruments, post-exposure prophylaxis, oral contraceptives, pregnancy test materials)



## Legal Sector

The legal and judiciary sector of child protection is pertinent in many ways. Direct services from the legal sector are outlined in the Law of the Child and improvements to the system can be made. For instance, the lack of resources and funds has hindered Advocates, Public Prosecutors, Magistrates, and other actors from properly discharging their duties. The following expands on their challenges, actions to address those challenges, and what we can expect as outcomes.

### Duties and Responsibilities Under the Law of the Child

Under the Law of the Child, it is required that a juvenile court be established for purposes of hearing and determining matters relating to children, including criminal charges against a child as well as issues of child care, maintenance and protection.<sup>67</sup> Any premises may be used as the primary court and a Resident Magistrate is to be assigned to preside over the Juvenile Court. Importantly, the Law states that the Juvenile Court shall, “whenever possible, sit in a different building from the building ordinarily used for hearing cases by or against adults.”<sup>68</sup>

Court proceedings, under Law, are to be in accordance with the following rules:<sup>69</sup>

- The Juvenile Court sits as often as necessary;
- Proceedings shall be video recorded;
- Proceedings shall be informal as possible and conducted in a child-friendly manner;
- A Social Welfare Officer must be present;
- A Parent, Guardian, or kin must be present;
- A child has a right to be legally represented by an Advocate;
- A child shall be informed about the right to appeal;
- A child has the right to express an opinion and provide a testimony in court.

Children in conflict with the law refers to anyone under the age of 18 who comes into contact with the justice system as a result of being suspected or accused of committing an offense.<sup>70</sup> For these children, a social worker and guardian must be present at the time of arrest. Also during interrogation, the child must be questioned in a child-friendly manner in a non-hostile environment. Under the Law, if found guilty of a crime, a child is not allowed to be sentenced to life imprisonment or death.

Children also have the right to be represented at court without monetary burdens. Article 99 of the Law of the Child states “the child shall have a right to next of kin and representation by an advocate.” This single line is the only lawful decree for legal representation for children. Also, this clause appears under Part IX of the Law which refers to children who are in conflict with the law and not for children in contact with the law,

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<sup>67</sup> United Republic of Tanzania. *Law of the Child Act*. Article 98. 2009.

<sup>68</sup> Ibid. Article 98.

<sup>69</sup> Ibid. Article 99.

<sup>70</sup> UNICEF. Children in Conflict with the Law. *Child Protection Information Sheet*. May 2006.

which includes children who are not the primary suspect of a crime but more often the victims.

#### **The Placement Process**

Once a child enters the system, the court makes considerations for the protection of the child in its best interests which are:<sup>71</sup>

- In the case where a child is brought before the Juvenile Court for any offense other than homicide, the case shall be disposed by that court on that day
- Where a Juvenile Court remands a child or commits a child for trial before the High Court and the child is not released on bail, the Juvenile Court may instead of committing the child to prison, order him to be handed over to the care of the Commissioner, fit person or institution named in the order
- The child shall remain in the custody of that person or institution during the period mentioned in the order and shall be deemed to be in legal custody during that period<sup>72</sup>

The Law of the Child recognizes that circumstances exist in which a child will be better off being cared for either by another family, in a foster setting, or by another institute, such as a residential care facility.

According to the Law, a child is entitled to and cannot be denied the right to live with his/her parents, guardian or family. However, the Law explicitly states that this right is not absolute as it can be denied if a court or another competent authority decides that such living arrangements will harm the child and/or is not in the child's best interest.<sup>73</sup> In such circumstances, the court on application from the Social Welfare Officer may issue a care order or an interim care order to remove the child from a harmful situation. At this point the parental rights should be transferred to the Social Welfare Officer, who will take custody of the child and determine the most suitable place for the child. Such suitable place may include an approved residential home, a fit person, an approved foster parent, or the home of a parent, guardian, or relative.<sup>74</sup> There are many circumstances that the Act acknowledges as causes for action and in which the child is in need for care and protection, including situations in which the child i) has been neglected or ill-treated by the person who has the care and custody of the child or by his guardian or parents, ii) has a parent or guardian who does not exercise proper guardianship, and iii) is exposed to moral or physical danger.<sup>75</sup>

The placement and removal from the family should be seen as a temporary measure, and the Law therefore spells out that the maximum duration of a care order is three years.<sup>76</sup> However, the Law acknowledges that there might be circumstances in which the parent, guardian or relative does not show an interest in the welfare of the child within the stipulated period of the care order issued by the court. If that is the case, the child will be placed with a foster parent or in a residential home on a more long-term basis, or will be

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<sup>71</sup> Caucus for Children's Rights. *What you need to know about the Law of the Child*.

<sup>72</sup> United Republic of Tanzania. *Law of the Child Act*. Article 103-104. 2009.

<sup>73</sup> *Ibid.* Article 7.

<sup>74</sup> *Ibid.* Article 18.

<sup>75</sup> *Ibid.* Article 16.

<sup>76</sup> *Ibid.* Article 18.



put up for adoption.<sup>77</sup> Furthermore, it should be noted that a “child may be admitted to an approved residential home pending the determination by a court for care and protection”,<sup>78</sup> i.e. residential care facilities may serve as a temporary shelter for children who are in immediate danger of abuse but who have not yet received an official order. This idea that there is not necessarily a distinction between temporary shelters and more medium and long-term care facilities is to some degree in line with the UN Guidelines for the Alternative Care of Children that emphasize the importance of minimizing a child’s exposure to disruption and changes in the care setting as it is viewed to be detrimental to the child’s development and ability to form attachments.<sup>79</sup>

It should be noted that currently, foster care in Tanzania is only conceptualized as a prelude to adoption, not as a long-term care option in its own right. This presents problems, as international best practice is currently moving away from institutionalized care and more towards foster care, where it is believed that children can have a better quality of life by growing up in a normal family environment. Viewing foster care as something that only precedes adoption means that the majority of children needing care will continue to be placed in institutionalized facilities.

When a child is convicted of an offense, best practice considers status offenses (those which constitute offenses when committed by children but are not considered such when perpetrated by adults) to not be discriminatory and unnecessarily target children. In such cases, the court can order the child to be admitted to an “approved school.”<sup>80</sup> Within the institution, the child is to stay at the institution for no longer than three years or until he becomes eighteen years of age.<sup>81</sup>

## Situation Analysis

### Juvenile Justice System in Tanzania

The juvenile justice system in Tanzania falls under different ministerial mandates. For instance, children’s welfare and protection is generally dealt with by the Ministry of Labor and Youths Development and the Ministry of Community Development, Gender and Children Affairs. However, the justice system itself comes under the Ministry of Justice and Constitutional Affairs. Tanzania courts are autonomous and the Chief Justice’s Office controls the appointments of court officials and magistrates in the juvenile court.<sup>82</sup>

The court system in Tanzania is three-tiered and consists of a court of appeal, a high court and subordinate courts known as magistrates’ courts and ward tribunals. The Law of the Child also stipulates that juvenile courts must sit in a different building and closed to the general public. However, all district and primary courts do not have a separate building for conducting of juvenile cases except one Juvenile court in Dar es Salaam located at Kisutu.<sup>83</sup> For instance, in Arusha, juvenile hearings are often conducted in side court rooms which are

<sup>77</sup> Ibid. Article 24.

<sup>78</sup> Ibid. Article 137.

<sup>79</sup> UN Guidelines for the Alternative Care of Children. A/RES/64/142. 24 February 2010.

<sup>80</sup> United Republic of Tanzania. *Law of the Child Act*. Article 120. 2009.

<sup>81</sup> Ibid. Article 124.

<sup>82</sup> Maganga, Christina S. *Administration of Juvenile Justice In Tanzania: A study of its compatibility with International Norms and Standards*. Lund University. 2005.

<sup>83</sup> Ibid.

closed to the public with the Resident Magistrate addressing the child. The establishment of a separate location and building solely dedicated to juvenile cases is difficult to justify locally when intake of cases are minimal and irregular.<sup>84</sup>

In practice, many of the requirements listed above are not met or result in delay of court procedures due to various factors. The law, which was passed in 2009, is still considered relatively new and many legal professionals have not been trained in juvenile law. The lack of resources to establish and maintain these requirements is also a challenge. One of the challenges for the judicial system is making the jurisdiction process short.

In Arusha, there are three judges and a resident magistrate court. However, a juvenile correctional facility and juvenile court do not exist as separate facilities to date. Under the Law of the Child, justice must not be rendered beyond a week. Some of the issues with this challenge are the lack of Social Welfare Officers, lack of transportation, and insufficient evidence. Due to the lack of Social Welfare Officers trials are often delayed because they are not present during court proceedings, which is mandatory by law.

Secondly, the lack of transportation and the costs associated with it make it difficult for children, parents, and guardians to also mandatorily be present during court proceedings. Thirdly, insufficient evidence due to lack of equipment and or cultural sensitivities pose challenges in rendering justice. This is also in line with challenges in the police sector.

For free legal representation, the law does not specify who is to provide this service. Yet, it would be most likely that public prosecutors should be the main advocate for children who have been accused of a crime when they go to court. However, due to the minimal cases relating to children that enter the system, a specialized public prosecutor would be underemployed. In 2012 there were only six to eight juvenile cases in the system due to underreporting.<sup>85</sup> In an interview with Public Prosecutors in Arusha, they stated that “maybe 10 percent [of all cases are reported]. Out of those that are reported, sometimes the child starts to calm down and they don't want to go to court anymore.”<sup>86</sup>

The provision of free legal representation also depends on the alleged offense. If a capital crime has been committed, there is a specific defender who is a certified advocate. The cost of these advocates is paid by the court. However, for charges that are deemed less than capital offenses, free legal representation is not provided. Most juvenile cases fall into lesser crimes and therefore children must defend for themselves in court. As a result, the Social Welfare Officer acts as an advocate to help the child understand the court proceedings and provide opinions when appropriate.<sup>87</sup> In practice, the Social Welfare Officer is also supposed to intervene at any time to protect the child from unfair treatment.

#### **Paralegals as Community Justice Facilitators**

A majority of the population cannot afford to pay for legal services and also considering the limited number of lawyers, particularly in rural areas, in which their access to justice may be

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<sup>84</sup> Tanzanian Advocate. Personal Interview. 9 March 2012.

<sup>85</sup> All cases may include those in which a minor was accused as an offender and those in which the complainant or witness is a minor.

<sup>86</sup> Public Prosecutors. Personal Interview. 16 March 2012.

<sup>87</sup> Public Prosecutors. Personal Interview. 16 March 2012.

compromised. With proper training and facilitation, paralegals can enhance access to justice through creation of legal awareness, provision of legal advice and alternative dispute resolution services. Paralegals and social workers intervene through civic engagement, legal education, case management, and tracing and referral.

## Priority Interventions

### Priority Intervention 1: Increase human capacity for child-friendly legal processes

- Activity: Provide personnel within the legal sector with specialized trainings on child protection
- Expected Outcome: Child protection is consistently provided with a systematic approach

The establishment of a separate juvenile court presided over by specially trained magistrate is necessary.<sup>88</sup> For instance, topics that should be covered are children's rights, international and domestic laws regarding children's rights, and government guidelines for juvenile justice and restorative justice which promote reconciliation, restitution and responsibility through the involvement of the child, family members, victims and communities.<sup>89</sup> During an interview at the Remand Home in Arusha, a staff member stated that, "training is very important because the problem right now is that children are sent to jail because the judges don't have training on children's issues."<sup>90</sup> During field research, public prosecutors also mentioned a need for training on child psychology as they often encounter children reacting differently to adults.<sup>91</sup> For this study, it is estimated that personnel in the legal sector who are directly involved with children should receive pre-service training for six months, six hours a day and five days a week. For in-service training, one-week per year is recommended. Trainers could be government officials or experts within this field.<sup>92</sup>

If a proper reporting mechanism was in place and citizens felt confident and safe to report, it can be anticipated that the court will begin to receive an increase in cases pertaining to children. As a result, all juvenile cases involving children are heard in a court and are conducted in a child-friendly manner.

### Priority Intervention 2: Increase human capacity for free legal services

- Activity: Hire full-time Defense Attorneys to provide legal advice and free legal representation for children in court
- Expected Outcome: Service providers have the capacity to effectively respond to and manage issues of child protection

For free legal representation, it will be important for at least two defense advocates to be hired full-time to provide free legal representation for children in contact and or in conflict with the law. In the case that a juvenile case enters the legal system, these advocates will be

<sup>88</sup> Maganga, Christina S. *Administration of Juvenile Justice In Tanzania: A study of its compatibility with International Norms and Standards*. Lund University. 2005.

<sup>89</sup> UNICEF. Children in Conflict with the Law. *Child Protection Information Sheet*. May 2006.

<sup>90</sup> Remand Home Arusha. Personal Interview. 19 January 2012.

<sup>91</sup> Public Prosecutors. Personal Interview. March 2012.

<sup>92</sup> NOLA. Personal Interview. 19 January 2012.

responsible for taking the case and defending the child in court. Their role will also be to counsel the child and their guardian in legal procedures and to negotiate any sentencing if needed. As the Law already stipulates, children in conflict with the law and charged with capital offenses should already be provided with legal representation.

As a result, this priority intervention addresses the gap for children who are in conflict with the law but are not mandated to receive free legal representation.

**Table 5: Costs of interventions for Legal Sector**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>PI 1 Activity:</b> Provide personnel within the legal sector specialized trainings on child protection					
Recurrent	Trainer fee for one week of training <sup>93</sup>	1	1	2 000 000	2 000 000
Recurrent	Per diem per participant for one week <sup>94</sup>	4	1	75 000	300 000
<b>Subtotal PI 1:</b>					<b>2 300 000</b>
<b>PI 2 Activity:</b> Hire full-time Defense Attorneys to provide legal advice and free legal representation for children in court					
Recurrent	Monthly salary of Advocate <sup>95</sup>	2	12	800 000	19 200 000
<b>Subtotal PI 2:</b>					<b>19 200 000</b>
<b>Total Legal System</b>				<b>TZS</b>	<b>21 500 000</b>
				<b>USD</b>	<b>13 438</b>

## Remand Home

Remand homes are institutions where children charged with offenses are legally kept while awaiting the hearings of their cases. The main purpose of a remand home is to “avoid abuse of children by adults” while awaiting court proceedings.

## Duties and Responsibilities Under the Law of the Child

An ongoing problem related to remand homes is that the Law of the Child does not currently have provisions specified for stays in remand homes. The law provides general requirements for post-conviction and court proceedings. “For the purposes of this Act, a

<sup>93</sup> Based on likely cost for a Tanzanian facilitator

<sup>94</sup> Assumption that the trainings will consist of one magistrate, one public prosecutor, and two defense attorneys until caseloads increase

<sup>95</sup> Average Salary of advocate (2 year standing): 800 - 2000 USD. NOLA used to be paid 1000 USD. (Source: NOLA Personal Interview)

child is in need of care and protection if that child – (n.) is below the age of criminal responsibility and is involved in an offense other than a minor criminal matter.” This statement gives rights to all children in conflict with the law, including health, both emotional and physical, and educational.

### **Situation Analysis**

Arusha currently has only one remand home, established in 1970 by the Ministry of Health and Social Welfare. It currently has four staff members overseeing 29 children.

Remand homes are chronically understaffed and under resourced to fully provide the needs of a child in this situation. They are currently able to take in all children who are required to be housed during the legal process, but lack the staffing and resources needed to fulfill their required role as caretakers during and after the legal process.

There are many examples in everyday activities where low staff levels represent threats to the overall health of a child; educationally, physically and legally. Children do not receive secondary school education while in custody at the home. A teacher comes in once a week on a voluntary basis to teach basic primary school education for two hours. Under the Law of the Child, children are entitled to education. This includes adequate primary school education as well as secondary school. The staff lacks the ability to adequately monitor children during routine court visits and rely on taxis to take children to all routine and non-routine appointments, including medical emergencies.

### **Priority Interventions**

#### **Priority Intervention 1: Increase human capacity for educational needs**

- Activity: Hire a full-time teacher to teach both primary- and secondary-level students
- Expected Outcome: Children in the child protection system receive adequate and appropriate care

Children in the secondary school forms do not currently have the ability to keep up with the studies of their peers. This harms the child as they may be required to repeat forms after release from the remand home. As they cannot leave the remand home and all services, including education, must be provided in-house, a full-time staffed teacher will be able to provide consistent and constant teaching for children in both the primary and secondary levels.

Universal and free primary school education is part of the law, and free and mandated secondary school education will soon be required as well.

#### **Priority Intervention 2: Increase human and service capacity for legal needs**

- Activity: Purchase an eight-passenger van to replace public transportation and increase funding to hire additional staff members to be able to monitor children at the courthouse and en route
- Expected Outcome: Child protection is consistently provided with a systematic approach

During necessary trips to the courthouse, staff members are currently forced to use public transportation and one staff member to oversee upwards of seven or eight children. During an interview, a remand home director stated that he once went to the courthouse with seven children and returned home with three.<sup>96</sup>

Children have the right to remain in an adequate and appropriate facility during court proceedings, even if that stay is against their will. Children must be effectively monitored while outside the remand home. This is to ensure that they do not run away and end up back in a street situation.

Owning their own transportation will enable remand homes to provide consistent services to the children. This will also decrease the money spent on public transportation. The money currently used for public transportation will be moved in a fuel category and fuel needs will not require extra spending.

#### **Priority Intervention 3: Increase human capacity for reintegration needs**

- Activity: Hire additional staff members that can travel with children back to their homes to explain the current situation to parents and next steps
- Expected Outcome: Service providers have the capacity to effectively respond to and manage issues of child protection

When children are returned to their homes after sentencing, the remand home lacks the staff to travel with the child and explain the situation to both the child and his/her parents. This conversation is crucial to ensure proper reintegration with the family. Parents need to understand their responsibility if a child is placed on probation. Alternatively, if a child is found to be innocent, the social worker will be able to assure parents of this so that the child is not punished. These same social workers will also conduct follow up visits as dictated by the guidelines of the Social Welfare Office. Follow up visits will check on the child to ensure the conditions of parole are being met as well as comment on the overall health and social progress of the child.

#### **Priority Intervention 4: Increase human capacity for health needs**

- Activity: Hire a full-time nurse as part of the staff, who will be able to help children with minor medical needs or stabilize them in case of emergencies prior to going to a hospital
- Expected Outcome: Children in the child protection system receive adequate and appropriate care

Due to a lack of consistent transportation, children are taken to hospitals for routine and emergency services via taxis and other modes of public transportation. In the event of a medical emergency, this situation is against the needs of the child as dictated under the law. Children must have easy access to appropriate medical care. A nurse on staff would be able to conduct routine check-ups on the children as necessary. This will help decrease the possibility of emergencies as threatening conditions and symptoms would be caught in early

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<sup>96</sup> Remand Home Moshi. Personal Interview. 20 March 2012.

stages. The nurse would also be able to stabilize children in the case of emergencies or accidents prior to them being taken to the hospital.

**Table 6: Costs of interventions for Remand Home**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>PI 1 Activity:</b> Hire a full-time teacher to teach both primary- and secondary-level students					
Recurrent	Monthly salary of full-time primary school and secondary school teacher	1	12	400 000	4 800 000
<b>Subtotal PI 1:</b>					<b>4 800 000</b>
<b>PI 2 Activity:</b> Purchase an eight-passenger van to replace public transportation and increase funding to hire additional staff members to be able to monitor children at the courthouse and en route					
Capital	Vehicle (8-person van) <sup>97</sup>	1	n/a	13 000 000	13 000 000
Recurrent	Monthly salary of trained social worker <sup>98</sup>	2	12	400 000	9 600 000
<b>Subtotal CAPITAL:</b>					<b>13 000 000</b>
<b>Subtotal RECURRENT:</b>					<b>9 600 000</b>
<b>Subtotal PI 2:</b>					<b>22 600 000</b>
<b>PI 3 Activity:</b> Hire additional staff members that can travel with children back to their homes to explain the current situation to parents and next steps					
Recurrent	Monthly salary of trained social worker	2	12	400 000	9 600 000
<b>Subtotal PI 3:</b>					<b>9 600 000</b>
<b>PI 4 Activity:</b> Hire a full-time nurse as part of the staff					
Recurrent	Monthly salary of trained nurse/social worker	1	12	400 000	4 800 000
<b>Subtotal PI 4:</b>					<b>4 800 000</b>
<b>Total Remand Home</b>				<b>TZS</b>	<b>41 800 000</b>
				<b>USD</b>	<b>26 125</b>

<sup>97</sup> Van cost calculated using estimable of comparable used vehicles on Tanzanian used car website: <http://gvtzl.com>

<sup>98</sup> Personnel costs have been estimated using several in-person interviews regarding pay scales for skilled workers

## Care Facilities and Foster Care

Residential care facilities and foster caretakers are needed to ensure short-, medium- and long-term safe havens for children who have been exposed to abuse and where the circumstance is such that the child might need to be removed from the family in order to ensure his/her protection. These alternative living arrangements typically come into play when a child is abused in his/her own home. The existence of these alternative care providers are of utmost importance in Tanzania, as violence against children often occurs within the home and where it is likely that the perpetrator of abuse is either the mother or the father of the child.<sup>99</sup> Several care facilities are already operating in Arusha, but due to funding constraints, the organizations are not always able to properly deal with the children who are entitled to this type of protection.

Furthermore, the formal foster care system is only used in practice on a small scale, partly due to similar funding constraints. Providing financial resources to both residential care facilities and foster care families is therefore essential to ensure that all children who enter the child protection system and deemed to be in need of alternative living arrangements receive the care to which they are entitled to under the Law of the Child.

## Duties and Responsibilities Under the Law of the Child

### Duties of Custodians

Once a child has been removed from its home and placed in a different care setting, it is the responsibility of the custodian, i.e. the residential care facility, foster parent or other party to provide the child with primary care services. More specifically, the Law spells out that the custodian is responsible for providing shelter, food, clothing, medical care, including immunization, and education. Furthermore, the custodian is not allowed to employ or engage a child who it cares for in an activity that may be harmful to the child's health, education, mental, physical or moral development. The custodian is also obliged under Law to provide the child with liberty, the right to play and leisure and should protect the child from any physical or mental harm. In short, the staff at the residential home or the foster parent should assume parental responsibilities and ensure that all the rights of the child are protected.<sup>100</sup>

Interestingly, the Law does not mention that custodians are responsible for providing psychosocial support, despite the fact that research show that such support is of vital importance for children who have suffered abuse.

Moreover, custodians, whether it is the patron and the staff at residential care facilities or foster parents, are responsible for facilitating the reintegration process of the child in situations where it is deemed to be in the best interest of the child to reunite with the family. This responsibility is shared with the Social Welfare Officer. It is up to the custodian and the Social Welfare Officer to make follow-up visits to ensure that the child's best interest is maintained once it has been reintegrated.<sup>101</sup> The Law's inclusion of reintegration

<sup>99</sup> UNICEF. *Violence Against Children in Tanzania: Findings from a National Survey 2009*. Dar es Salaam. August 2011.

<sup>100</sup> United Republic of Tanzania. *Law of the Child Act*. Articles 8, 12, 138. 2009.

<sup>101</sup> *Ibid.* Articles 137.



efforts is also consistent with international standards on children in alternative care settings, which strongly emphasize that a removal of child from the family should be a last resort, and when circumstances make it a necessity, every effort should be made to return the child to his/her family.<sup>102</sup>

### License to Operate

The Law allows both the Government and other actors to establish and operate residential homes, but as indicated above, such home must be approved and registered. An approved home can lose its license to operate if it does not live up to the required standards.<sup>103</sup> In Zanzibar, guidelines pertaining to the establishment and management of residential care for most vulnerable children have been developed and were published in July of 2011. Updated regulations governing Children's Homes for the Mainland based on the new stipulations in the Law are currently being developed but not yet finalized. Foster parents must also be approved by the Commissioner of Social Welfare and such approval is received after it is deemed that the foster parent is capable of maintaining the child.<sup>104</sup>

Although the Law does not express preference of foster care over residential care, research conducted by local stakeholders in Tanzania show that many children would prefer being placed in a family setting.<sup>105</sup> Furthermore, the international trend is to advocate for foster care over residential care, as there has been an increased concern about the quality of care that children receive in residential care settings, which might have negative consequences for the child both in the short and long-term.<sup>106</sup>

## Situation Analysis

### Residential Care Facilities

Residential care is the main strategy in Tanzania for dealing with children who are in need of protection and an alternative living arrangement.<sup>107</sup> The country currently has 282 children's homes, also referred to as orphanages or residential care facilities, in all of Tanzania that provide care to approximately 11,000 vulnerable children, including street children, orphans and children who have been subject to abuse. In the Arusha district, there are currently 39 care facilities that care for approximately 1,400 children.<sup>108</sup> This represents approximately 12 percent of the total number of children in care in Tanzania.

### Funding

As evident by the above figures, there are many care facilities in Arusha that aim to address the needs of abused and otherwise vulnerable children. However, the problem is that many care facilities are not able to provide good quality of care due to insufficient funding. Furthermore, the organizations that are known for providing good quality care also suffer from resource constraints, and are therefore limited in their ability to accept new children who are deemed to be in need of care. According to one staff member of a care facility that

<sup>102</sup> UN Guidelines for the Alternative Care of Children. A/RES/64/142. 24 February 2010.

<sup>103</sup> United Republic of Tanzania. *Law of the Child Act*. Articles 133, 137, 140. 2009

<sup>104</sup> *Ibid.* Articles 32.

<sup>105</sup> Moledina, Shermin. *Enabling Child Rights to Family: Mkombozi Position Paper*. Mkombozi.

<sup>106</sup> Save the Children. *A Last Resort: The growing concern about children in residential care*. 2003.

<sup>107</sup> Moledina, Shermin. *Enabling Child Rights to Family: Mkombozi Position Paper*. Mkombozi.

<sup>108</sup> Department of Social Welfare, Dar es Salaam. Personal interview. March 2012.

is well known for its high standard of care indicated that they would happily provide care to more children, but limited funding hindered them from doing so<sup>109</sup>.

This funding challenge primarily stems from the fact that care facilities do not receive any financial support from the government. More specifically, only one of the 282 children's homes in Tanzania receives government funding - Kurasini - a national children's home that was established in 1968 in Dar es Salaam. It is however not fully funded, receiving only approximately 4,500 USD per year, which at its current capacity of 100 children represents 45 USD per year per child.<sup>110</sup>

Given that residential care facilities do not receive any financial support from the government, they must rely on funds from other donor. These funds typically come from abroad and some are solely financed by private foreign individuals, a source of income that is neither sufficient nor reliable. For instance, one residential care facility, caring for approximately 75 children, indicated that 95 percent of its funding comes from outside of Africa of which the large majority comes from foreign individual donors.

With this background, it is not surprising that research show that organizations in Tanzania providing care to vulnerable children operate within severe resource constraints<sup>111</sup> and that the care facilities interviewed identified the issues of insufficient funds, the constant challenge of raising funds from abroad, and the lack of government support as the biggest constraining factors in regards to providing proper care for the children in Arusha.<sup>112</sup>

### Temporary Shelters

The private residential care facilities are not only used to address the medium- and long-term needs of children in the redress phase, but are also used as temporary shelters for children removed from their homes during the reporting phase, i.e. prior to an official court order has been provided, as the government of Arusha does not have temporary shelter to offer these children. This is not a problem in itself, as international standards emphasize that children should be exposed to minimal disruption. Hence, it might in fact be beneficial for a child to be placed in a facility that has the capacity to address the child's need both in the short-term and the long-term.

The issue is rather that due to the capacity constraints of the currently operating care facilities in Arusha, the Social Welfare Office has limited options when it needs to refer a child to a care facility for provision of temporary shelter. In an interview with the Social Welfare Office, it was noted that children are sometimes dropped off at vocational centers, i.e. centers that do not have the proper resources or skill set to deal with these children. As a result, children often do not receive the protection and care that they are entitled to under the Law of the Child when they are temporarily removed from the home.

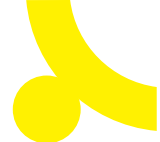
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<sup>109</sup> Registered Care Facility Staff. Personal Interview. Arusha. March 2012.

<sup>110</sup> Beginning with You. Web. April 2012. <<http://beginningwithyou.org/>>.

<sup>111</sup> Mamdani, Masuma et al. *Influencing Policy for Children in Tanzania: Lessons from Education, Legislation and Social Protection*. REPOA. 2009.

<sup>112</sup> Registered Care Facility Staff. Personal Interview. Arusha. January 2012.



### Registration

The problematic funding situation also hinders the registration process of care facilities. Currently, only 95 of the 282 homes in Tanzania are registered, indicating that a majority of the residential care facilities currently operating in Tanzania are not approved, i.e. many of the care facilities operating in Arusha are not registered or regulated and do not have child protection policies in place. According to a key informant at the Department of Social Welfare in Dar es Salaam, one reason for the small percentage of registered and approved homes is the fact that the organizations are not able to prove that they have a steady income, which is a requirement that must be fulfilled prior to registration. Since the Law stipulates that a child can only be referred to an *approved* care facility, this limits the options of the Social Welfare Office further and makes it difficult to ensure that appropriate standards are upheld.

### Foster Care

In Tanzania, informal fostering is more common than formal fostering, which can partially be contributed to the Tanzanian culture of caring for children within the extended family or within the community. The formal foster care system, in which the Social Welfare Office places children with approved foster families, is currently limited in use despite the fact that the government of Tanzania as well as the Commissioner of Social Welfare has expressed a desire to scale up and strengthen foster care.<sup>113</sup>

There are two main reasons why formal foster care is only practiced on a very limited level. First, rules and regulations on foster care have not yet been developed. Secondly, foster families in Tanzania do not receive financial support. In the absence of financial support it is challenging for the government to find foster families, given the high levels of poverty in Tanzania, which makes it difficult for families in Tanzania to care for children outside the family. In fact, studies show that many people these days refuse to take care of other people's children even when those children are part of the extended family, despite the fact that it is culturally expected.<sup>114</sup>

The lack of funding also hinders the Social Welfare Office to follow the foster care procedures of making follow-visits that are supposed to take place once a month. In reality, the follow-up visits are very infrequent and as a result, the government does not know whether or not children placed in foster care receive the protection and care they are entitled to and whether the foster families comply with their duty as custodians in accordance to the Law of the Child.<sup>115</sup>

## Priority Interventions

### Priority Intervention 1: Increase service capacity for child care

- Activity: Provide a capitation grant to residential care facilities and a stipend to foster families to cover the cost of primary care services and reintegration costs

<sup>113</sup> Moledina, Shermin. *Enabling Child Rights to Family: Mkombozi Position Paper*. Mkombozi.

<sup>114</sup> Ibid.

<sup>115</sup> Ibid.

- **Expected Outcome:** Children in the child protection system receive adequate and appropriate care

Considering that funding constraints hinders current residential care facilities to either provide proper quality of care or to accept more children in need of care it is important to address this by providing financial support to these integral organizations. In addition, as noted above, the formal foster system is not well developed, partly due to the difficulties of finding families who are willing to bare the financial burden of providing care to children who are not their own. It is therefore recommended that the governments provides a capitation grant to care facilities and a stipend to foster families that will cover the cost of providing food, clothing, medical care and education. The amount of the stipend will be directly related to the duration of the child's stay with the care facility/foster family. The first capitation grant or stipend provided should also include a one-time additional amount that should cover the reintegration cost for the child.

Although the reintegration process is a responsibility shared by the Social Welfare Officer, it is ultimately the new custodian, i.e. the staff of the residential care facility or the foster parent that will establish a closer relationship with the child and should therefore facilitate this process. Providing financial support will help ensure that the child is indeed properly reintegrated.

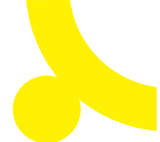
Furthermore, in order to facilitate the placement process, it is recommended that the Social Welfare Office maintains a list of and keeps a close dialogue with care facilities that uphold appropriate standards and that are geographically dispersed. This will allow the Social Welfare Officer to place the child in a facility that has the proper skill set to address the needs of the child and to ensure, to the extent it is possible, that the child is not removed too far away from its current community.

#### **Further recommendation**

Registered residential care facilities should already be staffed by educated social workers, and should therefore have the appropriate skill set to deal with a child's emotional wellbeing and to properly facilitate the reintegration process. Foster parents, on the other hand, will come from different backgrounds and may not have previous experience with dealing with children who have been traumatized and is in need of psychosocial support. They are most likely also not familiar with the procedures of how to reintegrate a child.

It is therefore recommended that training be provided to foster parents once they have become approved as foster parents. Staff representatives from care facilities should be welcomed to join such training sessions.

Lastly, it should be noted that to ensure quality of care in alternative care settings, they need to be monitored regularly and properly. This will require enhancing the Social Welfare Office's human capacity, which was recommended in the Social Welfare Office section.



**Table 7: Costs of interventions for Care Facilities and Foster Care**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>PI 1 Activity:</b> Provide a capitation grant to residential care facilities and a stipend to foster families to cover the cost of primary care services and reintegration					
Recurrent	Monthly capitation grant/stipend for provision of temporary shelter <sup>116</sup>	48	1	62 325	2 991 600
Recurrent	Monthly capitation grant/stipend for provision of medium- and long-term shelter <sup>117</sup>	16	12	62 325	11 966 400
<b>Subtotal PI 1:</b>					<b>14 958 000</b>
<b>Total Care Facilities &amp; Foster Care</b>				<b>TZS</b>	<b>14 958 000</b>
				<b>USD</b>	<b>9 349</b>

## Cross-Cutting: In-service Training

Training is essential because it allows relevant stakeholders and first responders to understand child rights and the importance of child protection. Training sessions will also educate first responders as to how to operationalize the Law of the Child including specific actions that must be undertaken in order to fulfill their responsibilities to the children of Arusha.

## Duties and Responsibilities Under the Law of the Child

The single instance where training is stipulated in the Law of the Child mandates that training centers be established for personnel responsible for the care of children:

*153-(1) The Minister responsible for social welfare shall establish training centers for child care workers intending to work in approved residential homes, institutions and day care centers.*

<sup>116</sup> The capitation grant/stipend includes cost for food, medicine, education and clothing (clothes, shoes, blankets, bednets etc), as well as reintegration costs (transportation and communication). Cost estimates are based on field data and complemented with literature reviews where gap existed in the field data. Education is based on comprehensive *primary* school support; hence, the cost per child will increase if secondary school is accounted for. It should further be noted that the *actual* cost for providing care in care facilities vs. foster homes differ. Although care facilities may enjoy economics of scale, they are more expensive due to the cost of salaries etc. This difference is not accounted for, due to consideration of Tanzania's budget constraints.

<sup>117</sup> Key informant at Social Welfare Office stated that every year they have 24 children in need of temporary shelter and eight children in need of medium- to long-term shelter. It is assumed that the capacity will double from 2011. It is assumed that a child that is placed in an alternative care setting remains one year on average.

## Situation Analysis

Although most first responders receive some training on child protection during their pre-service instruction, additional “refresher” courses are currently not provided but are necessary to equip relevant stakeholders with the information and knowledge to respond to cases of child abuse. As a result, first responders lack adequate knowledge about child rights, the importance of child protection and how to operationalize the Law of the Child in their respective positions. In addition, there is limited coordination and information sharing between first responders, especially key stakeholders that provide child protection services.

The Social Welfare Office indicated that cross-sector training is crucial to solving the issue of child abuse and providing sufficient child protection. According to the Social Welfare Office, no child protection related training is provided to officers once they are hired. Although some officers are trained on the Law of the Child through the Ministry of Health and Social Welfare, most officers are not trained on the Law. According to the Social Welfare Office, the most important issues that need to be addressed during training include (1) the law regarding child protection (2) police involvement and responsibilities and (3) the role of psychologists.<sup>118</sup> The Social Welfare Office indicated that CCR might be well positioned to organize trainings for different stakeholders.<sup>119</sup>

A key informant employed at the Community Police said that officers require more on-the-job training because they have a basic understanding of their duty to protect children, but it is insufficient.<sup>120</sup> Currently, in-service trainings are mostly funded by international organizations including Tanzanian Women, Human Rights Center and UNDP. These training sessions occur irregularly due to limited and inconsistent funding.

Reports from Save the Children emphasize the necessity and benefits of training. In particular, Save the Children has created a number of indicators to determine the strength and effectiveness of the child protection system. Some of these indicators include the proportion of government and NGO workers that have received initial or in-service training in child protection; the existence of a central training agency in child protection; the existence of a child protection curriculum offered by local universities or other education providers; and whether workers in health, law enforcement and other sectors receive training in recognizing and responding appropriately to child protection concerns.<sup>121</sup>

## Priority Interventions

### Priority Intervention 1: Develop human capacity across all sectors

- Activity: Provide integrated cross-sector training of trainers on children’s rights and child protection

<sup>118</sup> Social Welfare Officer. Personal Interview. 13 March 2012.

<sup>119</sup> Social Welfare Officer. Personal Interview. 13 March 2012.

<sup>120</sup> Police Officer. Personal Interview. 11 January 2012.

<sup>121</sup> Save the Children. *A Rough Guide to Child Protection Systems*. Available at: <[http://saievac.info/editor\\_uploads/File/A%20Rough%20Guide%20to%20Child%20Protection%20System\\_9\\_Feb09.pdf](http://saievac.info/editor_uploads/File/A%20Rough%20Guide%20to%20Child%20Protection%20System_9_Feb09.pdf)>.

- Expected Outcome: Service providers have the capacity to effectively respond to and manage issues of child protection, and child protection is consistently provided with a systematic approach

It is recommended that two formal week-long trainings of trainers on child protection be held each year. These trainings should utilize the expertise of local professionals, consultants from Save the Children, UNICEF or other organizations that have extensive experience working on issues of child protection in Tanzania. The purpose of the trainings is to provide information to enable local trainers to design, implement, monitor and evaluate effective and practical training courses in relation to child rights and child protection for all relevant stakeholders and first responders. Participants will include high-level officers from the Social Welfare Office, the Community Police, an officer from the Gender and Children's Desk located at Police Headquarters in Arusha, legal professionals, district health officers, as well as representatives from care facilities. Policy makers at the municipal and national level will also be encouraged to attend. The training sessions will allow local trainers to:

- Develop the knowledge, understanding, attitudes and skills of first responders so that every child who comes into contact with them is treated in compliance with the Law of the Child
- Provide first responders with a better understanding of national and international laws related to children and how they should be applied, in particular the Law of the Child
- Bridge the gap between theory and practice relevant to first responders and child rights and child protection so that stakeholders are able to act in the best interests of children
- Support the ability of service providers to provide psycho-social support and counseling to all those affected by child abuse
- Enable first responders to distinguish between a child in need of care and protection and a child who is in conflict with the law

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, members of child protection teams developed by UNICEF reported that the increased understanding of child protection has enabled dialogue about traditionally tabooed issues. "In our health sector, we do not talk much of children's rights. I am always coming up since being in the District Child Protection Team with different thinking, for example about a child with a burn injury. In medical school we would learn to treat a burn. Now I think about whether maybe the stepmother was harming the child."

Reporting as well as follow up has also improved as a result of trainings. "With the knowledge I have from the District Child Protection Team, I help fellow court workers to arrive at rational decisions, for example by helping them with preparation for social inquiry reports."<sup>122</sup>

<sup>122</sup> Tanzania: Linking Community Systems to a National Model for Child Protection, November 2011

These sessions will disseminate “lessons learned” in relation to training on child rights and child protection from around the world and develop and promote policy recommendations for the municipal governments and first responders. Finally, the trainings will serve to compile a list of resources and contacts working internationally in the field of child rights and child protection, which first responders can utilize to further their knowledge base and skills.

#### **Priority Intervention 2: Create cross-sector dialogue and support information sharing**

- **Activity:** Provide cross-sector workshops during which first responders can share lessons learned, innovative and new practices and discuss challenges with respect to specific cases or general constraints
- **Expected Outcome:** Service providers have the capacity to effectively respond to and manage issues of child protection and Child protection is consistently provided with a systematic approach

Six workshops should be implemented each year to give first responders an opportunity to discuss issues related to child protection. Sessions can be held over the course of one afternoon or during a weekend. Participants will include officers from the Social Welfare Office, the Police Department, the Community Police as well as teachers and school administrators, members of Child Protection Committees and MVC Committees, health and legal professionals, staff from care facilities and non-governmental organizations providing child protection services. Participants will have the opportunity to share their experiences, successes and challenges with other service providers working with issues of child protection.

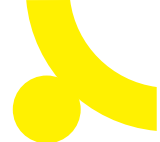
As a result of information sharing and collective problem-solving sessions, first responders will better understand the importance of child protection and the benefit of a coordinated approach among all stakeholders. In particular, first responders will be able to compare different approaches to child protection and discuss how to strengthen cross-sector relationships to address child abuse more effectively. Participants will also develop short and long term strategies to improve practices related to child protection.

The Social Welfare Office indicated that it would be beneficial to bring different stakeholders together to discuss various cases and share lessons learned. This would allow everyone to understand the different stakeholders’ perspectives. He suggests that these training sessions be held once a month in order to allow stakeholders to interact and ensure that all child protection related cases are resolved, however due to time and transportation constraints, these workshops is recommended to be held every other month.<sup>123</sup>

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<sup>123</sup> Social Welfare Officer. Personal interview. March 13, 2012.



**Table 8: Costs of interventions for In-service Training**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>PI 1 Activity:</b> Provide integrated cross-sector training of trainers on children's rights and child protection					
Recurrent	Consultant fee for one week of training (including development of training materials) <sup>124</sup>	1	2	2 000 000	4 000 000
Recurrent	Per diem per participant for one week	30	2	75 000	4 500 000
<b>Subtotal PI 1:</b>					<b>8 500 000</b>
<b>PI 2 Activity:</b> Provide cross-sector workshops during which first responders can share lessons learned, innovative and new practices and discuss challenges with respect to specific cases or general constraints					
Recurrent	Consultant fee for two days of workshop facilitation and training <sup>125</sup>	1	6	800 000	4 800 000
Recurrent	Per diem per participant for two days	120	6	30 000	21 600 000
<b>Subtotal PI 2:</b>					<b>26 400 000</b>
<b>Total In-Service Training</b>				<b>TZS</b>	<b>34 900 000</b>
				<b>USD</b>	<b>21 813</b>

## Cross-Cutting: Child Protection Committees

The creation of Child Protection Committees responds to a concrete need within the child protection system to address the needs of families in a multidisciplinary way. This combines the efforts of officials of different agencies at the district level as well as at the local level. Moreover, local volunteer organizations are crucial to enhancing the child protection system. There exists in Arusha a system of Community Justice Facilitators at the ward level who work on a voluntary basis, as well as those already established in some of the Most

<sup>124</sup> Consultant fee has been calculated based on the assumption of 300,000/week for a local Tanzanian professional. Additional costs have been determined from previous trainings that have been developed and implemented by the Consortium for Street Children.

<sup>125</sup> Consultant fee has been calculated based on the assumption of 300,000/week for a local Tanzanian professional. Additional costs have been determined from previous trainings that have been developed and implemented by the Consortium for Street Children.

Vulnerable Children Committees. Their purpose is to detect and create awareness on child abuse in the community.

### **Duties and Responsibilities Under the Law of the Child**

Child Protection Committees, Community Justice Facilitators and Most Vulnerable Children Committees are part of the informal network in the child protection system; the Law of the Child does not stipulate concrete activities or components. However, they are important components to the system and are likely to improve the reporting stage of the entire child protection system as well as the capacity to respond to cases.

### **Situation Analysis**

The importance of informal community-based child protection organizations at the district and local level is rooted in the idea that these are low-cost ways of reaching a large number of children, specifically in places where there is a lack of institutionalization. These models contradict the idea that child protection can be reached through a “one size fits all” model.<sup>126</sup> Informal mechanisms have proven to be one of the most important channels through which child protection cases are routed and enhancing their capacity of analysis and detection of child protection problems are crucial.

Two main organizations are relevant to the scope of our analysis in the category of informal groups. First are the Child Protection Committees, which UNICEF has helped implement in Hai District in Kilimanjaro. These committees include representatives from different organizations that are part of the child protection system. They aim at providing a more coordinated answer to the problems that children may have. The committees may also be composed of volunteers at the local level, such as Community Justice Facilitators or representatives of the Most Vulnerable Children Committees. The District Social Welfare Office currently has training activities for these types of local organizations, but they are not held as frequently as needed due to lack of funding.

Two main challenges arise when elaborating a strategy to include informal mechanisms in the child protection system. First, it is not always the case that people in these organizations have a professional understanding of the child protection system and the needed steps to deal with child abuse. Although they are often people very well connected with the community, they lack formalized training in social work or knowledge about the necessary steps for reporting cases. The role of the government, in this sense, is often seen as responsible for supporting these organizations with proper training that could allow them to provide better responses to these challenges.

Secondly, these community-based organizations pose a danger to the child protection system by overlapping their activities with other formal institutions. The system could end up creating “parallel” regimes, which may undermine the national and local child protection strategy. “The representation of voluntary and community groups on partnerships can be a

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<sup>126</sup> Wessells, Mike. What Are We Learning About Community-Based Child Protection Mechanisms?: An Inter-Agency Review of the Evidence From Humanitarian and Development Settings. 28 July 2009.

particularly thorny issue, because of their size, diversity and varying mandates. Elected councilors and line-managed officers from public sector bureaucracies can be dismissive of the sources of their legitimacy or, by contrast, accord them a representativeness which they do not possess and feel uneasy about.”<sup>127</sup>

All in all, in order to have a proper system between formal and informal organizations in the child protection system, good coordination is needed. In the case of Arusha, it is possible that the creation of Child Protection Committees, as an inter-institutional agreement between the Social Welfare Office, police, health, and legal sectors, can be a good strategy to strengthen case management.

For the purpose of this study, this intervention is not costed, as it has to do with an inter-agency coordination strategy of the district government. Nevertheless, the transfer of management skills and child protection knowledge to the voluntary organizations at the local level may be crucial for the child protection system, and is included in this analysis.

## Priority Interventions

### Priority Intervention 1: Develop human capacity

- Activity: Provide training for community members involved in child protection
- Expected Outcome: Service providers have the capacity to effectively respond to and manage issues of child protection

This priority intervention increases training for community members involved in child protection at the ward level. Content of trainings will include major aspects of child protection, including information on the Law of the Child, how to work with children, and child development. Child development is considered an important topic to include, as many community members who are not trained professionals may not have an understanding of how children develop and why protecting them from violence is important for this.

It also provides an incentive to these people to participate. For instance, those wards that send at least one person to 80 percent of these training sessions will receive an annual financial stimulus as an incentive to conduct their activities.

<sup>127</sup> Ranade, W. *Conceptual Issues in Inter-Agency Collaboration in Local Government Studies*. Volume 29, Issue 3. 2003.

**Table 9: Costs of interventions for Child Protection Committees**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>P1 Activity:</b> Provide training for community members involved in child protection					
Recurrent	Consultant fee for one week of training <sup>128</sup>	1	3	2 000 000	6 000 000
Recurrent	Contribution to wards that send representatives who attend at least 80% of training sessions	19	1	350 000	6 650 000
<i>Subtotal RECURRENT</i>					12 650 000
<b>Subtotal PI 1:</b>					<b>12 650 000</b>
<b>Total Child Protection Committees</b>				<b>TZS</b>	<b>12 650 000</b>
				<b>USD</b>	<b>7 906</b>

## Cross-Cutting: Data Management

An integrated data management system (DMS) could be an advantage for the entire child protection system in Arusha. Nevertheless, the current situation in which there is no system at all (even within individual stakeholders) represents a challenge that must be addressed. This is not a situation particular to Arusha, however: “Globally, the field of child protection clearly lags behind other sectors - such as health, education and nutrition - in terms of routine data collection”.<sup>129</sup> In any event, this intervention should be at some point prioritized by the national government in order to be effectively implemented.

## Duties and Responsibilities Under the Law of the Child

The Law of the Child does not specifically mention or deal with data management, as there is no clear mandate of creating a unified system in this regard. However, data management is a crucial aspect for all related stakeholders. Irregular reporting mechanisms among stakeholders lead to ad hoc measures and lack of knowledge regarding child vulnerability. This lack of ability of stakeholders to track and document issues related to child abuse is directly contravening the Law of the Child.

## Situation Analysis

Primary data collection and storage for all stakeholders is currently done manually, primarily paper-based and extremely time intensive. Forms are filled out on paper and they are then stored in boxes or in piles with nonexistent management systems or eye for order and

<sup>128</sup> Based on likely cost for a Tanzanian facilitator

<sup>129</sup> Ager, et al. Developing a Template for National Child Protection Index Reports. *Child Abuse & Neglect* 35(2011) 1002-1008.

organization. This has led to poor case management, data entry errors and severe lag time in service delivery, follow-up and managing stated expectations. Children who should be processed out of the system are not, and children who are at risk are not properly identified.

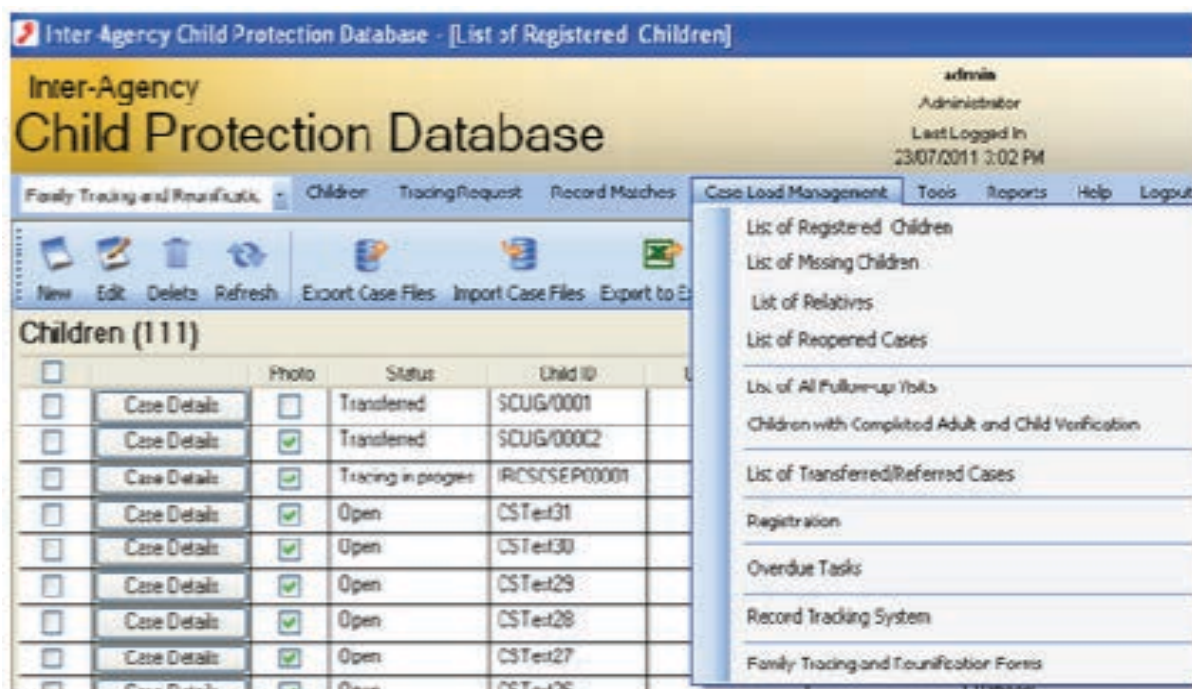
Stakeholders have an opportunity to streamline their efforts and digitize their data management systems in a way that is efficient and increasingly transparent. This would improve the coordination that is a crucial component of our recommendations. The police, for example, must use risk measures used by the Social Welfare Office, so that triggers can be put into place and acted upon.

## Priority Interventions

### Priority Intervention 1: Implement short-term data standardization

- Activity: Standardize data collection methods and form inputs across all stakeholders engaged in child protection
- Expected Outcome: Child protection is consistently provided with a systematic approach

**Figure 2: An example of an integrated DMS used by UNICEF**



Data standardization will improve communication and information sharing between stakeholders. “Victim” will be coded as “victim” in all cases, for example. This will help all stakeholders to coordinate resources around the most vulnerable and needed cases and help them to speak in and act in a unified manner. Additionally, stakeholders should meet periodically to share best practices, current status of cases and emerging trends that affect the child protection system. Standardization will assist these meetings, as everyone will be speaking in the same language. All stakeholders will be included in this intervention and standardization process or else it loses its efficacy. In order to accomplish this, a consultant

must be hired (for approximately 6 months) who is capable of analyzing all the forms for the different stakeholders and defining the new formats.

**Priority Intervention 2: Implement and integrate long-term computerized database management systems**

- Activity: Stakeholders will input all records into a computerized database system
- Expected Outcome: Child protection is consistently provided with a systematic approach

Standardized systems will naturally lead to the use of computer-based databases, such as Microsoft Access. Past experience with standardized language, forms and entries will ease the transition across all stakeholders.

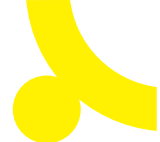
At least one employee in each organization will be trained in database creation and management. All cases will be entered into computers within each stakeholder's designated central office. This will reduce errors and data loss endemic in paper-based reporting systems. These databases will allow reports to be generated that will be shared across all stakeholders in an effort to continually push integration of services. These reports will begin to be generated monthly and stored for the use of auditors and other external audiences.

**Priority Intervention 3: Create long-term cloud-based shared DMS**

- Activity: Online database integrated among stakeholders
- Expected Outcome: Child protection is consistently provided with a systematic approach

A cloud-based database will be created and accessed by all stakeholders. This will allow for real-time data reporting and case management systems. For example, if a child is in a remand home and the police know that his/her parents recently passed away, the Social Welfare Office will know to send an officer to counsel that child in the home.

Based on best practices, stakeholders will have access to a shared database where layered levels of access allow for confidentiality of information. Social Welfare Officers and the courts will have the highest level of access with individual stakeholders, such as care facilities having less. This will decrease the need for face-to-face sharing of information and allow for the creation of a comprehensive vulnerability index.

**Table 10: Costs of interventions for Data Management**

Type of Cost	Input Description	Quantity (of input)	Frequency (per year)	Unit Cost (per month/ per input)	Total
<b>PI 1 Activity:</b> Standardize data collection methods and form inputs across all stakeholders engaged in child protection					
Recurrent	Data management consultant for six months of training <sup>130</sup>	1	6	8 000 000	48 000 000
<b>Subtotal PI 1:</b>					<b>48 000 000</b>
<b>PI 2 Activity:</b> Stakeholders will input all records into a computerized database system					
Capital	Database software <sup>131</sup>	7	n/a	1 100 000	7 700 000
Recurrent	Database trainer fee	1	2	400 000	800 000
<b>Subtotal CAPITAL:</b>					<b>7 700 000</b>
<b>Subtotal RECURRENT:</b>					<b>800 000</b>
<b>Subtotal PI 2:</b>					<b>8 500 000</b>
<b>PI 3 Activity:</b> Online database integrated among stakeholders					
Recurrent	Fee for consultant developing reporting mechanism <sup>132</sup>	1	6	8 000 000	48 000 000
<b>Subtotal PI 3:</b>					<b>48 000 000</b>
<b>Total Data Management</b>				<b>TZS</b>	<b>104 500 000</b>
				<b>USD</b>	<b>65 313</b>

## Summary of Proposed Interventions

If the priority interventions recommended in the previous sections are implemented it is expected that children who experience physical, sexual and emotional abuse in Tanzania will receive the protection and care that they are entitled to under the Law of the Child.

The total cost for implementing these interventions amounts to TZS 709.1 million, of which 10 percent is comprised of capital costs. Hence, after these one-time investments of TZS 71.7 million have been made, funds needed on an annual basis to implement the priority interventions amount to TZS 637.4 million.

Enhancing human capacity is integral to improving child protection services in Arusha. Hiring additional personnel has therefore been a common theme for many sectors, and on an aggregated basis it is recommended that 73 people be added to the government payroll.

<sup>130</sup> Local technical expert for six months

<sup>131</sup> Software based on Microsoft Access prices for NGOs

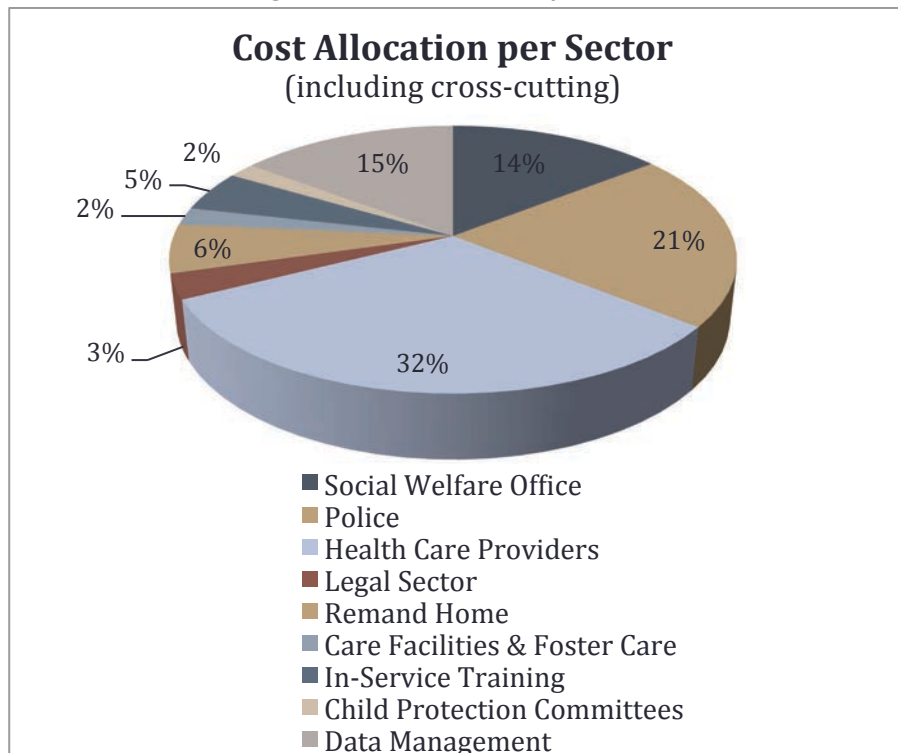
<sup>132</sup> Consultant is a best-practice consultant from outside Arusha

The cost of personnel, e.g. salaries, is therefore the largest cost component, representing 48 percent of total costs. Improving human capacity also requires that the personnel be properly trained; hence several interventions have addressed this need.

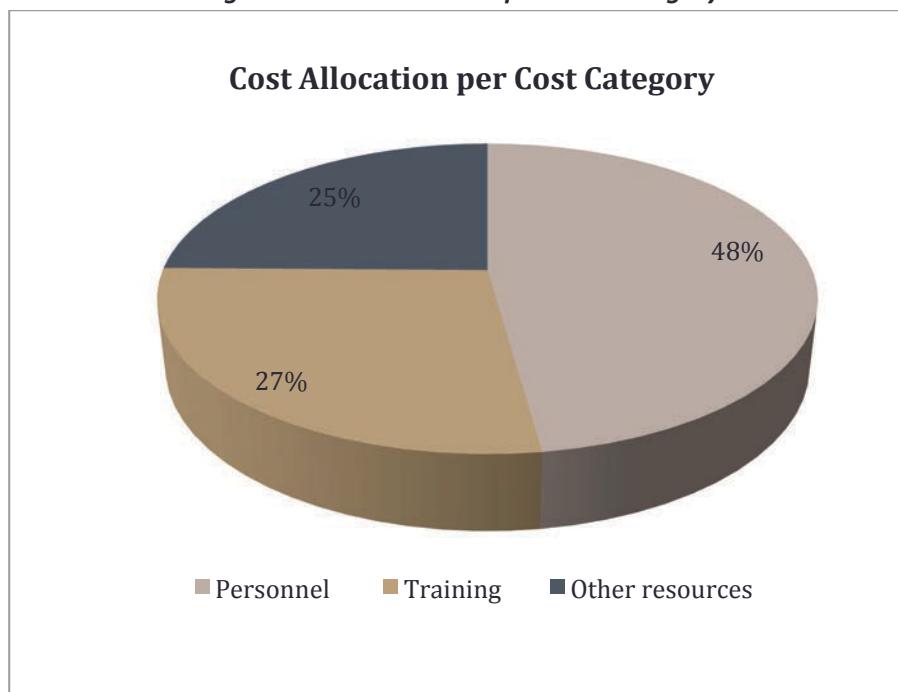
As noted in Figure 4 below, despite the high number of recommended training interventions, training costs only account for 27 percent of total costs. Therefore, ensuring that actors providing child protection services have the appropriate skill set is one cost-effective way of enhancing the quality of those services.

As can be seen in Figure 3, the first line responders, e.g. the Social Welfare Office, the police and the health sector, would accrue 67 percent of the total costs. The health sector is relatively expensive to improve due to the high cost of rape kits. The Social Welfare Office and the police sector, on the other hand, accrue a large portion of the cost due to the need for increasing the number of officers that can adequately respond to and manage cases of abuse.

**Figure 3: Cost Allocation per Sector**



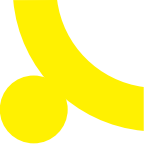


**Figure 4: Cost Allocation per Cost Category****Table 11: Total Costs by Stakeholder**

<i>(in thousands)</i>	Social Welfare Office	Police	Health	Legal	Remand Home	Care Facilities
<b>Cost per Category</b>						
Subtotal Personnel	70,200	105,600	115,200	19,200	28,800	0
Subtotal Training	6,200	0	41,600	2,300	0	0
Subtotal Other Resources	25,874	45,720	68,440	0	13,000	14,958
<b>Type of Cost</b>						
Subtotal Capital	19,780	30,000	1,240	0	13,000	0
Subtotal Recurrent	82,494	121,320	224,000	21,500	28,800	14,958
<b>TOTAL</b>	<b>102,304</b>	<b>151,320</b>	<b>225,240</b>	<b>21,500</b>	<b>41,800</b>	<b>14,958</b>
	<b>TZS</b>					
	<b>USD</b>	<b>64</b>	<b>95</b>	<b>141</b>	<b>13</b>	<b>26</b>

**Table 12: Total Costs for Cross-Cutting Sectors**

<i>(in thousands)</i>	CROSS-CUTTING			
	Child Protection Committees	In-Service Training	Data Management	
<b>Cost per Category</b>				
Subtotal Personnel	0	0	0	
Subtotal Training	12,650	34,900	96,800	
Subtotal In-Service Resources	0	0	7,700	
<b>Type of Cost</b>				
Subtotal Capital	0	0	7,700	
Subtotal Recurrent	12,650	34,900	96,800	
<b>TOTAL</b>	<b>TZS</b>	<b>12,650</b>	<b>34,900</b>	<b>104,500</b>
	<b>USD</b>	<b>8</b>	<b>22</b>	<b>65</b>



## 5 | CONCLUSION & RECOMMENDATIONS FOR FURTHER STUDY

While the results of this study have provided concrete information on the costs of improving child protection in Arusha, it must be recognized that a great deal of further study needs to be done. Several avenues for further inquiry have emerged during the course of this study, though this is certainly not an exhaustive list:

- Fiscal space and budgetary analysis: due to the governmental decentralization currently in place in Tanzania, determining how flows of money occur within government ministries and from national to local governments can be extremely confusing. In order to best determine who should be responsible for funding which activities, more analysis is needed.
- Cost-benefit analysis: while there are a number of studies on the benefits of child protection, it would add to the evidence base if a full cost-benefit analysis were done on child protection activities. This would allow policymakers to better understand the benefit that protecting children provides not only to society, but to the government (in monetary terms) as well.
- Understanding attitudes towards child abuse: while the Law of the Child Act gives an explicit enumeration of many of the rights of children in Tanzania, it also must be recognized that simply passing a law will not immediately result in attitude change. In order to further improve child protection in Tanzania, understanding why abuse happens and how this could be counteracted through awareness-raising is extremely important.
- Further definition of what child protection means: in many developing countries, including Tanzania, child protection may have different meanings in different contexts due to the newness of the concept. This results in confusion as to what exactly child protection *is*, making further clarification of what it means necessary.

To conclude, it is hoped that this study provides a useful first step towards securing greater government funding for child protection activities in both the Arusha municipality itself and Tanzania as a whole. By providing policymakers as well as advocates and implementing organizations with a participatory, evidence-based approach to costing improvements in child protection systems, the debate regarding how much funding and to what end such funding should be used for can be advanced. This is critically important, as child protection debates must move from conceptual discussions to actionable policy changes if real differences in the lives of Tanzania's children are to be made.

## APPENDIX

*Table 13: Articles in the Law of the Child pertaining to DSW*

Aspect	Duties	Articles
<b>General information</b>	The Social Welfare Officer exercises these functions in relations to the Welfare of the children and may be assisted by other local authorities	Art 94
	The District Social Welfare Officer has to keep and maintain separate registers in the prescribed for in respect of registered day care centers	Art 150
<b>Prevention and reporting</b>	Responsible to providing parental counseling to parents, guardians, relatives and children to promote a better relationship among them	Art 94
	The Social Welfare Officer and the Police have to investigate the cases of breach or violation of children's rights	Art 94
	When there is evidence of infraction to a child's right or neglect, the SWO has to summon the person against whom the report was made and decide on the situation of the child in terms of his or her best interest	Art 95
	With reasonable suspicion of a child abuse, SWO is able to go with the Police to enter and search the premises where the child is kept	Art 96
<b>Retention</b>	If a child has been abused or is in need of immediate care, SWO with the Police Officer shall remove the child to a safety place for a period and bring the child before to court	Art 96
	In the case of an investigation with a child in conflict with the law, the court may require the attendance of the Social Welfare Officer	Art 112
	SWO may assist the accused child in the conduct of his case, in particular of the examination and cross-examination of the witness	Art 108
	In the case of a child that is reported in prison with her or his mother (who is no longer breast-feeding) SWO must decide which is the most suitable alternative for the child to live. SWO has to cause the child to be admitted in a residential home if needed	Art 144
	In the case of a care order: SWO takes custody of the child and determines the most suitable place for the child	Art 18
<b>Redress</b>	In the case of a supervision or interim order: SWO will supervise the family while this situation continues. SWO can determines that the supervision period has to be extended presenting a report	Art 19
	For any order: the court may require a Social investigation report	Art 31 Art 137
	SWO Duties related to care and supervision orders. Advise and counsel the child and his family	Art 20

Aspect	Duties	Articles
	<p>Hold regular reviews to plan for the future of the child and his parents or guardian</p> <p>Apply to court to discharge or vary the order if necessary</p> <p>Take necessary steps to ensure that the child is not subjected to harm</p>	
	The care order or supervision has to be reviewed by the Social Welfare Officer at least once a year	Art 25
	SWO has to be in permanent communication with the manager or patron of the approved residential homes or institutions to assess an appropriate return to home by the child as soon as possible.	Art 27 Art 137
	SWO was an active participation in the trial process when children return to their homes	Art 137
	If a child is suspected to be suffering harm during the period of care, the court may produce a search and production order authorizing SWO to enter any premises specified in that order to assess this situation	Art 29
	When a child is in care, SWO is also responsible to place the child with a person who is willing to be a foster parent.	Art 32
	When the court has to decide on maintenance, custody or access, it can request a Social enquiry report to SWO	Art 45
	Adoption: the court cannot make an adoption order unless there is a Social investigation report prepared by the SWO supporting this application.	Art 59 Art 74 Art 75
	In the possible probation time of the adoptive family (up to 2 years), the Social Welfare Officer has to supervise the child	Art 60

**Table 14: Calculation of number of beneficiaries**

	<b>Total capacity (cases per year)</b>	<b>Total number that need temporary shelters</b>	<b>Total number of cases that remain in reporting phase</b>	<b>Total number of cases that go to court</b>	<b>Total number of cases that result in a removal order</b>
<b>Current situation</b>	<b>200</b>	<b>24</b>	<b>150</b>	<b>50</b>	<b>8</b>
<b>Rationale</b>	Direct data provided	There are approx. 2 per month	75 percent of total cases	25 percent of total cases	Direct data provided
<b>Source of information</b>	Interview with SWO	Research team calculation based on SWO data	Research team calculation based on SWO data	Research team calculation based on SWO data	Interview with SWO
<b>Scenario 1 (increased capacity of SWO in accordance with PIs)</b>	<b>400</b>	<b>48</b>	<b>300</b>	<b>100</b>	<b>16</b>
<b>Rationale</b>	Cases will double because there are para-social workers and police officers at ward level	SWO number doubles	75 percent of total cases	25 percent of total cases	SWO number doubles
<b>Source of information</b>	Interview with SWO	Research team calculation	Research team calculation	Research team calculation	Research team calculation

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