

**ANALYSING THE EFFECTIVENESS OF THE PROPOSED CHILD
PROTECTION SYSTEM MODEL IN PREVENTING AND
RESPONDING TO VIOLENCE AGAINST CHILDREN
IN TEMEKE DISTRICT, TANZANIA**

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IN TEMEKE DISTRICT, TANZANIA**

**By
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**A Dissertation Submitted in Partial Fulfillment of the Requirements for Award of
the Degree of Master of Science in Development Policy of Mzumbe University**

2015

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for the acceptance by the Mzumbe University, a dissertation entitled **Analyzing the Effectiveness of the Proposed Child Protection System Model in Preventing and Responding to Violence Against Children in Temeke District, Tanzania**, in partial fulfillment of the requirements for award of the degree of Master of Science in Development Policy of Mzumbe University

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Signature

Date.....

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DEDICATION

I dedicate this work to my parents in a way that cannot be forgotten due to their vital responsibility of forming, directing and influencing me in all circumstances to get my education.

LIST OF ABBREVIATION

CDC	-	Center for Disease and Control
CRC	-	The Convention on the Rights of the child
DSW	-	Department of Social Welfare
FGD	-	Focus Group Discussion
KAP	-	Knowledge Attitude and Practice
MSTF	-	Multi-sectoral Task Force
MUHAS	-	Muhimbili University of Health and Allied Sciences
NGOs	-	Non Governmental Organizations
UN	-	United Nations
UNICEF	-	United Nations Children's Fund
UNSG	-	United Nations Secretary- General
USAID	-	United States Agency for international development
VAC	-	Violence against Children
WHO	-	World Health Organisation

ABSTRACT

Generally, the study intended to analyze the effectiveness of the proposed child protection system model in preventing and responding to violence against children. The study was conducted at Temeke District. The objectives of the study were; to examine the status of violence against children in Temeke District, to assess the implementation of Child Protection System Model (CPSM), to identify the extent to which the child protection system model has been effective and to examine challenges in implementing the child protection system model. The case study research design was used whereas a sample of 40 respondents was used in collecting data. Primary data was collected through questionnaire and interview guide while secondary data was collected through documentary analysis. The study found that, there are 54 cases that are recorded from July 2013 to June 2014. The study found that, the number of recorded cases dropped from 3 to 2 cases in July and September respectively. In October the number of recorded cases increases to 11 cases. Also, the study found that, there are different types of VAC in Temeke District. Moreover, the study found that, the large number of the respondents identified mental impairment as a major effect facing victims. The major effects facing victims involve; death, aggressive behavior and physical impairment. The study concludes that child protection system model has been effective for some extent. Although significant steps have been taken to improve child protection system model for the protection of the rights of children in the piloted areas in Tanzania, the study recommends that there is a need to improve the effectiveness of the child protection system model, this requires accountability and transparency, good laws and policies cannot protect children unless all duty bearers are held accountable to them.

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CHAPTER ONE

INTRODUCTION

1.1 Overview

The study looked at the status of violence against children in the World, types of violence like physical, emotional and sexual violence. Also the study look at who are perpetrators of violence against children, where the violence takes place, the global and country specific concerns against prevention to violence against children. This is because violence against children is typical violation of human rights. There has been increased awareness of protecting children's rights for their proper development as human beings. In addition, the Convention on the Right of a Child stipulates that children must be protected from all sorts of violence including physical, emotional and sexual violence worldwide. This chapter has several sections. It comprises the background to the problem, statement of the problem, research of questions, objective of the study, significance of the study and scope of the study.

1.2 Background to the Problem

Violence takes place when someone uses their strength or position of power to hurt someone else on purpose not by accident. This includes threats of violence and acts which could possibly cause harm and this kind of harm involved, can be to a person's mind and their general health and well –being as wells to their body (Elizabeth & Sophie, 2001) .

Governments under the convention on the rights of the child (CRC) have agreed to protect children from all forms of violence but children's own stories and research from many different sources show that governments are not doing enough and that much violence is still not being reported (Elizabeth & Sophie, 2001). For example, the world health organization (WHO, 2007) estimated that almost 53,000 children were murdered worldwide in 2002. A survey from a wide range of countries found that between 20 and 65 percent of school-aged children reported having been bullied, verbally or physically (Elizabeth & Sophie, 2001). WHO estimated that 150 million girls and 73 million boys under 18 were forced to have sex or experienced other forms of sexual violence during 2002 (Elizabeth & Sophie, 2001). Between 100 and 140 million girls and women in the

world underwent some form of female genital mutilation (Elizabeth & Sophie, 2001). The International Labour Organization (ILO) estimated that in 2004, 218 million children were involved in child labour, 126 million of whom were doing work that was dangerous. The ILO also estimated that 5.7 million children were forced to work in forced and bonded labour that 1.8 million children worked in prostitution and pornography and that 1.2 million children were victims of trafficking (Elizabeth & Sophie, 2001).

Elizabeth and Sophie (2001) argue that there are a number of reasons why much violence remains hidden. For example: fear, many children are afraid to report violence. Or sometimes family members know about the violence, but don't report it because it is committed by someone powerful, like a parent, a police officer, a boss or a community leader, who may harm them again. The second reason is stigma-children may be afraid that if others know about the violence, they will be blamed or isolated. In some place when a girl is raped, some communities and perhaps even here own family blame the girl for bringing shame on to them.

Another reason for the children violence is 'normal' sometimes violence is seen as 'normal' way of dealing with things, for example when people use violence as discipline or in the form of bullying or sexual harassment . Not reported is another reason for hidden violence that sometimes children and adults don't trust the authorities or sometimes there are simply no authorities to go to when violence takes place. The last reason is being not recorded that even if violence is reported, often no record is kept so that no one knows the extent of the problem. This is particularly the case in institutions such as jails and other detention centers or orphanages.

Furthermore, Elizabeth and Sophie (2001) give the possible effects of violence on children, which can still be felt many years later . This effect include physical health problems, such as changes in the development of the brain, injuries, bruises and fractures, difficulties in dealing with other people, learning problems, finding it hard to express feelings in a way that other people understand, emotional health problems including anxiety, depression or even wanting to kill him or herself and more likely to

do dangerous things like using drugs or having sex at a very young age . Also the violence study on VAC 2001 found that children experience violence in five different setting or places: at home, in school or other educational settings, in institutions such as orphanages, children's homes, in prisons or detention centers in work place and in the community (Elizabeth & Sophie 2001).

Forms of physical violence against young women from Violence Against children in Africa has been reported to be of various forms including psychological, sexual, harmful traditional practices like early marriage female genital Mutilation (FGM), modeling of breasts, child trafficking (The African Child Policy Forum, 2011) .A study conducted by ACPF in 2011 indicates that forms of violence against young women from the age between 18 and 24 years are reported to be beating followed by hitting (ACPF, 2011). Beating is the most reported form of physical violence in Nigeria (90%), Senegal (83%) and Cameroon 79% (ACPF, 2011). Hitting on the other hand is highest in Burking Faso 91% followed by Nigeria 84% and Democratic republic of Congo 74%. Other forms of violence are reported to be hard work, chocking / burning (ACPF, 2011).

Furthermore, the ACPF (2011) explains that the perpetrators of physical violence on girl by females is from their mothers who are ranked highest in Burking Faso 85%, Cameroon 71%, DRC and Senegal 70% and Nigeria 60%, (ACPF,2011). Fathers emerge as the highest perpetrators of physical violence against girls (ACPF, 2011). Brothers and male teachers are also reported to be perpetrators of physical violence against girls but also other relatives peers and adult neighbours' girls (ACPF 2011). Also forms of psychological violence are reported to be insults, being shouted at or glared at witnessing severe beating /hitting, being embarrassed in front of others and being ignored, (ACPF,2011). In Ethiopia, Kenya and Uganda, the most prevalent form of psychological abuse is being glared at ranking from 67.6% in Ethiopia to 88.8% in Uganda (ACPF, 2011).

The Tanzania violence Against children study (Tanzania VAC, 2009) urges that violence against young men, women and children is increasingly seen as an important human and children rights, health and social challenge in Tanzania, The unprecedented number of orphans and vulnerable children resulting from the AIDS pandemic, combined with the weakening of family care structures increase the risks of violence and exploitation faced by children (Tanzania VACS, 2009). A sub –national data on sexual violence against children in Tanzania shows that sexual violence is a serious concern. According to WHO multi –country study on woman’s health and domestic violence against women, up to 11% of women surveyed in Moshi and Dar es salaam in Tanzania reported sexually abused before the age of 15.3% of females described their intercourse as being forced or unwanted (Tanzania VACS, 2009). Also 31% of females and 25% of males reported having experienced at least one type of sexual violence before the age of 18, 11% of males and 8.8% of males have experienced unwanted intercourse during their life time, (Tanzania VACS, 2009).

An interview by the social welfare officer in the Department of Social Welfare in Temeke Municipality revealed that the forms of violence against children as being physical, child neglect, early marriages, early pregnancies, child labour, and child trafficking. Also the social welfare officer highlighted the reasons for the existence of violence against children in Temeke district as being poverty, step mothers, divorce, norms and values and gender inequalities.

1.3 Statement of the Problem

Long (2010) argues that, sexual physical and emotional abuse is common for all children, boys and girls, growing up in Tanzania. As a response to this the department of social welfare with the support from UNICEF developed a child protection system model in January, 2010 reducing piloted districts from seven to three districts, Hai, Magu and Temeke due to lack of human resources and political will. Since that time, there has not been a study conducted to evaluate the effectiveness of the child protection in Temeke District (DSW, 2013). Therefore this study intended to analyze the effectiveness of the child protection system model in preventing and responding to violence against children being implemented in Temeke District, Dar es Salaam.

1.4 Research Questions

1.4.1 Main Research Question

The main question was: has the child protection system model for preventing and responding to violence against children implemented in Temeke District been effective?

1.4.2 Specific Research Questions

- i. What is the status of violence against children in Temeke District?
- ii. How is the child protection system model being implemented?
- iii. To what extent has the child protection system model been effective?
- iv. What are the challenges in implementing the child protection system model?

1.5 Objectives of the Study

1.5.1 Overall Objective

The overall objective of the study is to analyze the effectiveness of the proposed child protection system model in preventing and responding to violence against children in Temeke District.

1.5.2 Specific Objectives

Specific objectives of the study were:

- i. To explore the status of violence against children in Temeke District.
- ii. To examine how the child protection system model is implemented
- iii. To find out the extent to which the child protection system model has been effective.
- iv. To examine the challenges in implementing the child protection system model.

1.6 Justification of the Study

This study is important for three major reasons. First, Temeke district is among the three pilot districts in Tanzania implementing the proposed child protection system model. Therefore it is worth conducting a study analyzing the effectiveness of the model. Second the study will be of great importance at practical level in informing field workers, implementers of child protection system model on the best strategy for

effective implementation in Tanzania. The system approach towards prevention of violence against children is on a nascent stage, so findings from this study may add knowledge on how to strengthen the systems approach.

1.7 Limitations of the Study

The study was limited by insufficient information. The data collected were not sufficient to make the research completely effective. This is because sometimes the respondents were not cooperative or could not return the questionnaires on time. Furthermore, the study encountered resource limitation in terms of funds.

Scarcity of reference books on this topic was also among the major limitation to the study. Researches on this topic in Tanzania are fairly few. Nevertheless, the sample that was visited is adequate enough to provide a basis for sound assessment and judgment of the factors constraining child protection in Tanzania.

A researcher explained the significance of the study to the respondents and to the country in general. This encouraged the participation of respondents to the study; moreover, the study used online references instead of text books from the library. Furthermore, the study focused on the case study because covering the whole population involves high administration cost.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter presents related literature on child protection model. It will look at the different approaches from the International Non –Governmental Organization (NGOs) like UNICEF, Save the Children, country specific initiatives in trying to adopt the systems approach towards preventing violence against children including Tanzania. Both theoretical and empirical literature will be reviewed. The theoretical review will provide the definition of key terms while the empirical review will include what has been done by other researchers in relation to the research topic.

2.2 Theoretical Literature Review

2.2.1 Definition of Key Concepts

This part presents definition on key concepts on child protection and response on violence against children which include a child, child abuse, prevention, child protection system. Other key concepts include; Sexual violence, Emotional violence , physical violence,

According to article one (1) of the convention on the rights of the child (CRC) a child is defined as every human being below the age 18 years unless under the law applicable to the child majority is attained earlier. A child under the law act of 2009 of Tanzania is defined as any person less than 18 years of age, child act, 2009 (Tanzania VAC, 2009).

Child abuse means contravention of the right of the child which causes physical, moral, or emotional harm including beatings, discrimination, neglect, sexuality abuse and exploitative labor, law of the child Act, 2009 (Tanzania VAC 2009)

Prevention in relation to children is inter linkage with protection it refers to caretakers, community members and the state’s responsibility to create protective environment which protect child from all forms of abuses. Caretakers, community members and state have an obligation to prevent any abuse or harm to children. Article 19 of the CRC requires the state to take a variety of legislative administrative, social and Education

measures to protect children. This includes introduction of social programs and other prevention initiatives, law of child Act 2009 (Tanzania VAC 2009).

Child protection system

It refers to formal and informal systems which prevents and respond to violence, exploitation and abuse neglect of children. This includes sexual abuse and commercial exploitation, physically abuse, neglect of children, trafficking, and child labor and harmful traditional and child marriage. Where there is functional child protection system, the following elements are out to be in place, standard setting – legal and policy framework, regulations and oversight- with guidelines, prevention and response coordination between government and NGOS, information collection, knowledge management, capacity skilled protection workforce training and monitoring children’s voices and participation, cited in the survey on VAC (2009).

Emotional violence refers to abuses such as being called bad names, being made to feel unwanted or being threaded with abandonment, survey on VAC (2009). Physical violence refers to acts of violence such as slapping, pushing, hitting a fist referred to as punching, kicking or whipping or threatening with a weapon such as a gun or knife, survey on VAC (2009). Sexual violence refers to any sexual act that is perpetrated against someone’s will and encompasses a range of offences including a completed non consensual sex act (rape), attempted nonconsensual sex acts, abusive contact (unwanted touching) and non- contact sexual abuse (e.g. threatened sexual violence, verbal sexual harassment, survey on VAC (2009).

2.2.2 Approaches and Frameworks in Child Protection against Violence

Davis and McCaffery (2012) argue that, violence against children is experienced by all children in the world and this has brought about a growing interest in applying the systems approach to strengthening child protection efforts. The systems approach shifts attention to a larger systemic framework that includes legal and policy contexts, institutional capacity, community contexts, planning budgeting and monitoring and evaluation subsystems. This approach differs from child protection efforts that focus on single thematic issues such as HIV/AIDS, disability, child trafficking strict children,

child labour, emergencies and institutionalization. These single-issue approaches often result in a fragmented and unsustainable child protection response.

According to Davis and McCaffery (2012) governments and international organization are utilizing the systems approach in the establishment and strengthening of child protection system. For example, the systems approach by UNICEF's 2005 protective Environment framework as well as the main conclusion of the 2008 UN Secretary – General's study on violence against children call for expanding protective mechanisms to more holistic, comprehensive and long term responses.

World vision's approach that links laws, services and capacities, with a circle of care concept and utilizing a child-focused resilience and participatory approach. Save the children approach outlines the critical components of national child protection systems and emphasizes the importance of community-based mechanism at the grassroots level that allows immediate action which is especially helpful in emergence situations.

Furthermore, Davis and McCaffery (2012) argue that at the institutional level, various ministries, departments and agencies within a respective country context share responsibilities for children's development and the overall well- being of children and families. As a consequence that has created a political space for child protection system strengthening initiated by leaders in all sectors involved, for example in Ghana the national policy directives for children including the departments and agencies of the ministries of health, education and social welfare and community development. This process served as a foundation for establishing across-sector political will.

Another example according to Davis and McCaffery (2012) is in Cot d'Ivoire where the government used the publications of the national mapping and analysis of child protection as a way to engage the health education and labour sectors in discussions on ways in which collective and systematic actions could be carried out. Sierra Leone has initiated similar processes of cross sector-wide consultations in the development of a shared vision for child protection.

Davis and McCaffery (2012) still argue that in Tanzania, a research data conducted on the very high prevalence of school-based violence helped put the issue of violence as a national priority for action, for example, the Tanzania government has highlighted the need to invest in ending violence against children as it poses major threat to national development and to achieving the MKUKUTA vision and to achieving Millennium development goals. Each relevant ministry has inserted coherent and coordinated violence continuum of care service structures and responses within their annual budget in line with a 5-year national plan of action to prevent and respond to violence against children.

The efforts done by sub-Saharan countries to engage child protection system as National priorities were facilitated by different tools. Tools like National development plans; a country like Malawi embedded child protection system strengthening strategies within broader national strategy and planning documents. For example within the national poverty reduction strategy paper (PRSP), the growth and development strategy (2011-2016) poverty reduction strategy, the UN development assistance framework, these strategies move consequently with significant national resources (Davis & McCaffery, 2012).

Tanzania in her efforts to link the formal and in formal systems to child protection used the work force approach a system-strengthening entry point in order to implement the development of structure provision; attention was paid to the work force with the districts. The district councils partnered with the institute of social work (ISW) for addressing the work force needs. This structure consists of the council management team, district child protection team (DCPT), ward child protection team (WCPT) and village child protection team (VCPT) (Davis & McCaffery, 2012).

To implement this child protection model, three districts in Tanzania-Hai, Magu and Temeke were piloted due to lack of human resources and political will with the aim to improve the delivery of social and protective service to all children, especially the most vulnerable, with the view towards building evidence base for an effective child protection model that can be scaled up nationally (Long, 2011)

2.2.3 The Scope of Child Protection

Child protection work aims to prevent, respond and resolve the abuse, neglect, exploitation and violence experienced by children in all settings. It is a specialist sector in its own right but of necessity it works very closely with other sectors (McAlpine, 2007). Child protection should not be confused with the protection of all children's rights, which is the responsibility of everyone working with children. Similarly, child protection is related to but distinct from the organizational protocols, policies and procedures aiming to ensure that every child with whom Save the Children and its partners works is safe while they are in our care (Wald *et al.*, 2008).

Child protection requires a multi-disciplinary and multi-sectoral approach (linking closely, for example, with work in education, health and criminal justice). Increasing the effective protection of children also involves working with a wide range of formal and informal bodies, including governments, multilateral agencies, donors, communities, care takers, and families.

Importantly, it also requires close partnership with children, including initiatives to strengthen their capacity to protect themselves (Panter-Brick, 2002).

Child protection work aims to strengthen the capacity of all these actors to protect children and to develop systems and mechanisms that provide meaningful protection for all children in the longer term. It seeks to address the root causes of child protection failures such as chronic poverty, insecurity, power imbalances and harmful traditional attitudes and behaviours (Riitta *et al.*, 2011).

The government has the main responsibility for the fulfilment of children's protection rights and should establish a national and community-based child protection system with a coordinated and holistic approach, integrating the contributions of the different sectors and actors (McAlpine, 2007). Such a system should be based on a combination of law and knowledge (in line with human rights standards), and include well-trained staff, children's participation and awareness raising on the nature and response to child protection concerns (Panter-Brick, 2002).

The accountability of the State for such a system is essential for its effectiveness and sustainability. In situations of conflict and disaster where the government is unable or unwilling to ensure the protection of children, international bodies need to take on the responsibility for the fulfilment of children's protection rights (Andersson, 2005).

Child protection is an important component of broader protection activities aiming to ensure the care and protection of vulnerable population groups such as elderly persons, disabled persons, and the chronically ill, as well as children. This includes emergency settings where child protection practitioners work with others to provide a specialist component of overall humanitarian protection for displaced and refugee populations (Lachman, 1996).

The term 'child protection' is used in different ways by different organizations in different situations. In its simplest form, child protection addresses every child's right not to be subjected to harm. It complements other rights that, inter alia, ensure that children receive that which they need in order to survive, develop and thrive (Elmer, 2006).

Child protection covers a wide range of important, diverse and urgent issues. Many, such as child prostitution, are very closely linked to economic factors. Others, such as violence in the home or in schools, may relate more closely to poverty, social values, norms and traditions. Often criminality is involved, for example, with regard to child trafficking. Even technological advance has its protection aspects, as has been seen with the growth in child pornography (Nhlapo, 2005).

For analytical and intervention purposes it is very essential to recognize the difference between these two concepts. If we take an example of children experiencing the problem of limited basic needs such as shelter, food and healthcare, this problem falls categorically under child social protection. However, if we take an example of children who have been sexually abused, that is a problem which squarely falls under child protection category. It naturally follows that the intervention needs of the two categories of the nature of children's problems are essentially different in the sense that

the former calls for social protection measures; while the latter calls for both child social protection measures and child protection measures (Andersson, 2005).

A consideration of these two concepts suggests that there is an ideal childhood whose degree of attainment is measured against the extent there is both child protection and child social protection in the society. Children movements can therefore be considered as pushing for the construct of ideal childhood experience, where every nation, community and family should be striving to provide or construct that kind of childhood for its young people (Elmer, 2006).

However, what is universally true across communities is that ideally childhood is a multistage continuum process that occurs within an institutional context and it is this institutional context which is primarily responsible for ensuring child protection and child social protection. Under a normal livelihood atmosphere, in principle the first and most common institution responsible for children is the family, whether nuclear or extended. The family forms first-line institutions responsible for caring of children and it is obligated to facilitate and ensure child protection and expected to provide child social protection (Dyer, 2007).

Children are the group most vulnerable to political and economic changes at the state and community level as they cannot react to and interact with these changes in the same way as adults do. Children's ability to cope with the surrounding environment is limited if compared to that of the adult community. Research, reports and documents have shown that children's suffering is actually increasing globally, due to ongoing wars and armed conflicts and the economic strains resulting from these situations (Nhlapo, 2005).

An increased global awareness of the concept of childhood and the needs and rights of children has been exhibited in the United Nations Convention on the Rights of the Child (CRC) and the many other declarations of child rights. In spite of this, the situation of many children is becoming worse and the violation of their rights is constantly increasing. Indicative of this is the increasing phenomenon of "street children", which sometimes has catastrophic manifestations that include child neglect,

exclusion, homelessness, and regular loitering. “Street children” are found primarily in urban centres (though the children may originate from rural areas) and many depend on themselves for meeting their daily life needs.¹ In order to survive, many are forced to search for work or beg for money or handouts (Nhlapo, 2005).

Child Protection is a multi-sectoral and multi-disciplinary affair that requires involvement of everyone. Taking Kenya, for instance, over a half of its population is constituted by children some of who live in different situations of vulnerability. It is vital that Kenya has an effective and functional child protection system which is guided by a framework. The overall purpose of any child protection system is to promote the well-being of children through prevention of violence and exploitation, ensuring that in case it happens, prompt and coordinated action is taken to prevent further occurrence (Andersson, 2005).

The system includes a set of laws and policies that protect children from violence and exploitation; a central government coordination mechanism bringing together; government departments and civil society organizations at all levels; a centralized management information system that ensures regular collection of information on both prevalence and incidence of child protection issues; services and responses that are effectively regulated and coordinated (Andersson, 2005).

Quality in interventions and child protection processes (Dyer, 2007). Child protection as evidence-based practice in the strictest sense, it can, be characterized by the terms quality and good practices, which are documented in many municipalities as well as in many development projects.

With regard to child protection, municipalities make an annual report of their performance indicators for statistics, and these are collected in national statistics. These child welfare statistics show some trends in child protection and are used as national indicators of well-being, in particular, as indicators of deficits in well-being amongst children (Dyer, 2007).

Studies show that, when a child is taken into care, several risk factors are present in the family, and in many cases, these risks are cumulative (Elmer, 2006). In addition to the risks, there are also protective factors and mechanisms in communities, families and services. This knowledge could already be benefited from in the prevention of problems and early intervention in universal services and also during substitute care (Nhlapo, 2005). Studies also suggest that children in substitute care have an increased rate of psychosocial problems (Lachman, 1996), and after the care period, in many respects, the well-being of former child protection clients is worse than that of mainstream young people (Nhlapo, 2005).

Child welfare in is based on the principle of mild intervention, which means that the mildest ways of interventions come first, and the strength of measures gradually increases if there is a need for stronger interventions. The Child Welfare Act obligates public sector authorities to support families in their upbringing task, and this is done through family policy and through different basic services such as school, day care or health services. If the basic services are not adequate for the needs of a child and a family, child welfare and child protection may assess the situation. Sometimes the assessment process alone may provide the help for the child and there is no need for further procedures (Lachman, 1996).

2.2.4 Child Protection in Tanzania

While significant steps have been taken to improve the legal framework for the protection of the rights of children in Tanzania, many children are still vulnerable to violence, exploitation, neglect and abuse. Commonly, the very institutions and individuals that are supposed to protect children such as teachers, police, and relatives are cited as the perpetrators of the violence or abuse (Runyan & Carolyn, 2005).

The Law of the Child Act, approved by the Tanzanian Parliament in November 2009 and the Children's Act, passed by Zanzibar's Parliament in March 2011, enshrine fundamental rights of children and lay the foundation for a child protection system that will oblige a range of bodies to prevent and respond to violence, abuse and exploitation of children (McAlpine, 2007).

Tanzania is committed to ensuring that the rights of children are respected. Nevertheless, the challenge remains to use and translate laws and policies effectively to deliver equitable and lasting results for children. Child protection issues intersect with every one of the Millennium Development Goals (MDGs) from poverty reduction to getting children into school, from tackling gender inequality to reducing child mortality (Elmer, 2006).

There is little hope of achieving most of the MDGs if children are not protected from violence, exploitation, neglect and abuse. Children's care and development in Tanzania suffers from severe domestic insecurity. There are over two million children who have lost both parents or are abandoned, meanwhile 20 percent of 5 to 17 year olds are engaged in child labour and only 8 percent of Tanzanian children under five have a birth certificate. There has been little focus on identifying and responding to children in need of protection from abuse, violence and exploitation (Davis et al., 2008).

The structures, systems and services for protecting children, especially those with disabilities, are lacking. Women's rights to protection from abuse and violence are similarly neglected (Andersson, 2005). Violence against children in the country has a profound impact on emotional, behavioural and physical health and social development throughout life. A National Survey on Violence against Children, launched in 2011, exposes that almost a third of females aged 13 to 24 experienced at least one incident of sexual violence before the age of 18. The most common form of sexual violence experienced was unwanted sexual touching followed by attempted unwanted sexual intercourse (Runyan and Carolyn, 2005).

Among males in the same age group, more than 13 per cent stated that they had experienced at least one incident of sexual abuse prior to the age of 18. Few of those who experienced sexual violence received any service (Davis et al., 2008). Victims of sexual violence are often reluctant to let others know about their experiences due to confusion, feelings of guilt, shame, fear of not being believed or being reprimanded, or even of being abandoned for what has occurred. The survey revealed that nearly one half of the females and over two thirds of the males who had experienced childhood

sexual violence had never disclosed their abuse prior to the survey. The structures and systems to protect children are either weak, under resourced or non-existence (McAlpine, 2007).

On physical violence, about 72 per cent of girls and 71 per cent of boys experience being punched, whipped, kicked, or threatened with a weapon like a gun or knife by a relative, authority figure (such as teachers), or an intimate partner during their childhood (McAlpine, 2007). While 60 per cent of children name fathers and mothers as the most common perpetrators of physical violence, 78 per cent of girls and 67 per cent of boys who have been abused by teachers are punched, kicked, or whipped more than five times going well beyond what is sanctioned as corporal punishment. The survey says corporal punishment is still a common practice in Tanzania, it is perceived as a legitimate form of correction of behaviour in homes and schools, and is even sanctioned as a legal punishment (Andersson, 2005).

Police stations are not child friendly places and as a result put off children from reporting cases of abuse. Cases that are prosecuted are subjected to long delays, and even where the case does reach the trial stage, children and their families are often not able to travel long distances to reach a court, leading to cases being dropped and impunity for the perpetrator (Davis et al., 2008). Too often children and youth in conflict with the law are treated as adults, ignoring the many developmental differences and violating children's rights. Tanzania does not have separate justice procedures for children, and has set the age for criminal responsibility at 10 years very low by international standards (Davis et al., 2008). The country has only one juvenile court and so the majority of children's cases are heard in adult courts. Children face being detained for long periods, both pre and post-trial, in adult prisons. In 2011, as part of an assessment of children in detention carried out by CHRAGG, it was estimated that over 1400 children were held in adult prisons, 75 per cent of whom were awaiting trial. Few alternatives exist to detention and the alternatives that are available are not rehabilitative. Tanzania retains caning as a punishment known as 'stroking'. Children who are arrested or detained are vulnerable to violence and abuse from law enforcement officials and from fellow (Runyan & Carolyn, 2005).

This creates a need for a comprehensive national system of child protection that will provide adequate coverage to vulnerable groups and help translate Tanzania's decent record of economic growth into increased protection for its most vulnerable citizens (Davis et al., 2008).

The United Nations Children's Fund (UNICEF) is working with the government and other partners in the country to build and strengthen a national child protection system which includes the set of laws, policies, regulations and services needed across all social sectors especially social welfare, education, health and justice which provide protection services. Such a system is key to securing and operationalizing a protective environment for children (Andersson, 2005).

In Tanzania UNICEF is working closely with a number of different Government Ministries to support the establishment of a well coordinated Child Protection System, both at national and local government level. Building on the landmark legislation for children in Tanzania, the Law of the Child Act, the Department of Social Welfare has developed already 7 sets of rules and regulations. These regulations have now been gazette and thus provide legally binding procedures on children's care and protection in Tanzania (McAlpine, 2007).

In the first phase, regulations were developed for adoption, foster care, children's homes, child labour, apprenticeships, approved schools and retention homes. In Phase II, UNICEF is supporting the Department to develop regulations on child protection which will formally set out how a child protection system will work at the local level and set out the minimum package of child protection services to be provided by the Local Government Authorities (LGAs) (Andersson, 2005).

The child protection regulations will deliver a legally binding set of multi-disciplinary procedures that provide standards for identifying, referring and responding to cases of child abuse, as well as the roles and responsibilities of all concerned agencies and competent officers (Davis et al., 2008).

Moreover, UNICEF in Tanzania, supporting the development and implementation of a Social Welfare Workforce Strategy for the Department of Social Welfare (DSW) in order to address the dearth of social welfare personnel which adversely impacts on the protection of children (Elmer, 2006).

Concerning on building a model for a child protection system in Tanzania, it was disclosed that UNICEF is supporting the practical application of a child protection system in four districts, engaging all relevant sectors of local government and civil society. In these districts, the social welfare, police, justice, health and education sectors and informal community structures are working together to ensure cases of child abuse are dealt with swiftly and appropriately (McAlpine, 2007).

Furthermore, in Tanzania a Child Protection Management Information System (CPMIS) is also being piloted in these districts, beginning with the development of case management tools for use by the teams responsible for child protection interventions. The knowledge and evidence of these pilot districts will help to inform the development of a national child protection system linked to, and reinforced by the Law of the Child Act, that provides a comprehensive range of prevention and response services to address child protection issues, such as those evidenced by the National Survey on Violence against Children. By 2015, the goal is for the Department of Social Welfare, with the support of UNICEF and national and international partners, to have scaled up its support to a total of 25 districts in the country (McAlpine, 2007).

Child protection issues intersect with every one of the Millennium Development Goals (MDGs) from poverty reduction to getting children into school, from tackling gender inequality to reducing child mortality (Andersson, 2005). There is little hope of achieving most of the MDGs if children are not protected from violence, exploitation, neglect and abuse. But whilst there are clear, if inadequate, funding streams for education, health, HIV/ AIDS. Budgeting for social welfare and child protection remains a major challenge and currently partners are looking at opportunities to address

this through the development of a budgeting guideline at both national and local authority level (Runyan & Carolyn, 2005).

Over the past two decades, CP in development and in emergency situations has improved significantly. The dynamics of several protection problems, such as child trafficking and the impact of HIV on children, are clearer now. However, the fragmented approach to protection issues has caused problems, because many children contend with multiple issues simultaneously. By addressing one issue and ignoring others, most CP interventions have failed as comprehensive solutions. Moreover, donors and NGOS generally have not coordinated their efforts well and governments have not understood CP as a sector in its own right. Dissatisfied with such fragmentation, several agencies that specialize in development and CP, including UNICEF and Save the Children, decided to implement an integrated and holistic strategy: the child protection system (CP system) approach. This innovation will change the way agencies in the CP sector work. Because ideas about the approach are evolving, what follows is a brief outline of some of the basic elements of a CP system (Andersson, 2005).

All parts of society families, communities and governments have important roles to play in ensuring children's safety and well being. Children have roles, too, appropriate to their ages, maturity levels and capacities. One of the best ways to protect children is to empower them to protect themselves through knowledge and skills for self-care. Children can also contribute to make CP systems stronger when they have meaningful opportunities to participate (Elmer, 2006).

Families are the first safety net for children. Families' primary social, moral and legal responsibility in society is to care for children and meet their basic needs. Some families are overwhelmed by social and economic problems and can't fully protect their children. Communities are the second safety net for children. Informal networks of kin, friends and neighbors usually step in to help children in need. Communities also provide more formal responses through groups such as churches and grassroots organizations. These groups can assess the needs of children and families, mobilize

resources to support them and monitor and report child protection violations (Elmer, 2006).

The ability of communities to protect children is enhanced when stakeholders join forces; community child protection committees are an example. Community oversight is especially important in countries where national child protection systems are weak or nonexistent. In these countries, communities play a vital role in supporting children and families in need of protection. However, although community stakeholders usually have the will and commitment to help, sometimes they lack the resources and expertise necessary to meet the needs of all those at risk adequately. The state has the main responsibility for securing children's right to protection. Governments should establish national CP systems and make sure they work well (Gelles, 2000).

The most comprehensive human rights treaty and legal instrument for the promotion and protection of children's rights is the Convention on the Rights of the Child (CRC), a human rights treaty that the United Nations (UN) adopted in 1989. The CRC was developed because it was generally felt that the universal Declaration of Human Rights adopted in 1948 and applying equally to all human beings, children and adults alike did not define the rights of children with enough precision (Dyer, 2007). The CRC addresses civil, political, economic and cultural rights in one comprehensive framework. It applies to all children at all times in all situations. Most of the countries that have ratified the CRC have established national systems to fulfill children's right to protection. The CRC comprises 54 articles and is guided by four basic principles: the best interests of the child, nondiscrimination, the right to survival, well-being and development, and respect for the views of the child (Gelles, 2000).

2.2.5 Needs for Child Protection

Child protection is important for a number of reasons such as; it prevents cases of child abuse and it provides a safe environment for children to grow up in. Child protection requires the participation of police, parents and doctors. If a family is unable to care for the child, steps should be taken by the authorities to address the reasons and make every effort to keep the family together (Panter-Brick, 2002).

Also, it helps the community to know that every child has a right to a name and nationality. It is important to register a child's birth helps to ensure a child's right to education, health care, legal and social services. Birth registration is a vital step towards protection from abuse and exploitation (Bicego et al., 2003).

Child protection enables families, communities and authorities to know the importance of girls and boys in all forms of violence and abuse. This includes physical, sexual and emotional abuse, neglect and harmful practices such as child marriage and female genital mutilation. Families, communities and authorities are responsible for ensuring this protection (Gelles, 2000). The society will be aware that children must be protected from all works that are hazardous. Work should not prevent them from attending school. Children should never be involved in the worst forms of child labour, such as slavery, forced labour, drug production or trafficking (Panter-Brick, 2002). Moreover, girls and boys can be at risk of sexual abuse and exploitation in their home, school, workplace or community. Understanding child protection will help the community to take measures to prevent sexual abuse and exploitation. Sexually abused and exploited children need immediate help to stop such abuse. Children are vulnerable to trafficking where protection for children is weak or missing. Knowledge on child protection will help the government, civil society and families to be responsible for preventing trafficking, as well as helping children who are victims to reintegrate into their families and communities, if it is in their best interest (Nhlapo, 2005). Justice for children should be based on child rights. Depriving children of their liberty (incarcerating them) must always be a last resort. Procedures that are sensitive to children should be put in place for children who are victims or witnesses of crime (Dyer, 2007).

Furthermore, Income support and social welfare services can help keep families together and children in school and ensure access to health care to children. All children have a right to age-appropriate information, to be heard and to participate in making decisions that concern them. Fulfilment of this right enables children to take an active role in their own protection against abuse, violence and exploitation, and to become active citizens (Gelles, 2000).

Human rights treaties are often followed by optional protocols additional legal mechanisms that complement and add to the treaty. A protocol may be on any topic relevant to the original treaty and is used to further address something in the original treaty, address a new or emerging concern or add a procedure for the operation and enforcement of the treaty. To help stem the growing abuse and exploitation of children worldwide, the UN's General assembly adopted two optional protocols to the CRC in 2000 to increase the protection of children from involvement in armed conflicts and from sexual exploitation (Elmer, 2006).

Supporting the development of child-specific rules, procedures and programmes to ensure the rights of children in conflict with the law are respected, to reduce the use of detention and to ensure that children in detention are protected from abuse (Gelles, 2000).

Ensuring that lawyers, judges, police, social workers and other professionals are trained and understand how to implement the Law of the Child Act and to know the factors that expose children to risk of abuse and neglect and to put in place appropriate measures for prevention and response (Panter-Brick, 2002).

Establishing Gender and Children's Desks in all police stations staffed by trained police officers sensitive to situation of children and families affected by violence, strengthening referral pathways and services, including the Child Helpline, in line with provisions within the National Plan of Action for the Prevention and Response to Violence against Children; enhancing coordination among all sectors responsible for prevention, response, care, protection and justice for children (Panter-Brick, 2002).

Developing and implementing national strategies to increase children's access to justice and their care and protection within the Justice system. Building an evidence base through research and data collection to make the case for a strengthened national child protection response, scaling up of the child protection system strengthening models being demonstrated in four districts to national level (Wald et al., 2008)

These children have formed groups that have their own specific culture, values and structure. These groups have special relations with the policemen that serve in the areas where the groups stay (such as in railway stations) and they have special relations with adult brokers, who provide them with protection and assist them in solving their problems with the policemen (Runyan and Carolyn 2005). Although it is difficult to obtain official statistics on the number of street children globally, in the mid-1990s the UN World Health Organization (WHO) and the UN Children's Fund (UNICEF) estimated the number to be 100 million. This number is on the rise. Thus, the phenomenon of street children is one of the most significant problems. All countries, developed and developing alike, suffer from it and it is likely to have wide-ranging, long-term impacts on societies throughout the world unless effectively addressed (Panter-Brick, 2002)

While at micro level child protection and child social protection may be guided by societal or community norms, values and morals, the child rights movements employ the concept natural rights which imply that each child is born with certain inalienable rights. The 'natural rights concept suggests that these rights are legally protected entitlements, and therefore firmly establishes what practices are within national and supra-national acceptable standard and which practices contravene such standards (McAlpine, 2007).

It is in this sense that Lachman, (1996) argues that intrusion into families by child protection authorities is permitted only when parents violate minimum standards for the care of children and that the primary focus of child protection is to protect children from harm even)in their own homes. For instance, in an African context, the family is perceived as a custodian of morals and traditional values and that these values permeate African family law (Nhlapo, 1995); however those values, morals and laws are only acceptable if they do not override legally established national or/and supra-national laws; for example, while culture might support female circumcision; the Tanzanian law identifies such acts if conducted to a girl below 18 years old as cruelty to children and sanction against it in the Sexual Offences .

It is therefore apparent that issues of child social protection and child protection are primarily institutional concerns because they can only be provided, protected and guaranteed in an institutional context because the vulnerable nature of children necessitate that there are effective and efficient mechanisms that ensures child social protection and child protection (Lachman, 1996).

The question that this study sought to explore was to what extent are relevant institutional categories in Tanzania coping with issues of child protection and child social protection in the face of increasing abuse of children rights. In particular, this exploratory analytical study, intends to document the experiences of Tanzania with regard to the nature, magnitude, application, interpretation, and operationalization of the concepts child protection and child social protection, as well as to assess the efficacy of the stakeholders, both state and non-state agents in effectuation of children rights in the context of child social protection and child protection. It was also the interest of this study to document the extent in which the social-cultural and economic context and differing child rearing patterns challenge principles of child protection and child social protection in Tanzania (Nhlapo, 2005).

2.2.6 Strategies for Building a Protective Environment for Children

The scale, extent, nature, urgency and complexity of child protection issues are daunting (Runyan and Carolyn, 2005). Yet there are numerous examples among many countries of the varied ways in which governments, civil society actors, communities and children themselves can help prevent and respond to violence, abuse and exploitation. It is clear that the response to child protection has to be holistic, recognize the duties of all people at all levels to respect children's protection rights and apply to all children in all circumstances without discrimination. There is no legal or other agreed definition of what constitutes a protective environment. According to Riitta et al (2011), it should address at least the following elements:

Governmental commitment to fulfilling protection rights, Government interest in, recognition of and commitment to child protection is an essential element for a protective environment. This includes ensuring that adequate resources are made available for child protection, for example, for programmes to combat child labour. It also includes political leaders being proactive in raising protection on the agenda and acting as advocates for protection (Panter-Brick, 2002).

Attitudes, traditions, customs, behaviour and practices, In societies where attitudes or traditions facilitate abuse for example, regarding sex with minors, the appropriateness of severe corporal punishment, the application of harmful traditional practices or differences in the perceived status and value of boys and girls, the environment will not be protective. In societies where all forms of violence against children are taboo, and where the rights of children are broadly respected by custom and tradition, children are more likely to be protected (Lugalla & Kibassa 2002).

At the most basic level, children need to be free to speak up about child protection concerns affecting them or other children. At the national level, both media attention to and civil society engagement with child protection issues contribute to child protection. Partnerships among actors at all levels are essential for an effective and coordinated response (Gelles, 2000). Legislation and enforcement, an adequate legislative framework, its consistent implementation, accountability and a lack of impunity are essential elements of a protective environment (Lachman, 1996).

Capacity, parents, health workers, teachers, police, social workers and many others who care for and live, deal and work with children need to be equipped with the skills, knowledge, authority and motivation to identify and respond to child protection problems. There are other broader types of capacity that relate to the protective environment, including the provision of education and safe areas for play (Goerge et al, 2004).

Children's life skills, knowledge and participation: If children are unaware of their right not to be abused, or are not warned of the dangers of, for example, trafficking, they are more vulnerable to abuse. Children need information and knowledge to be equipped to

protect themselves. Children also need to be provided with safe and protective channels for participation and self-expression. Where children have no opportunities for participation, they are more likely to become involved in crime or other dangerous or harmful activities (Runyan & Carolyn, 2005).

Monitoring and reporting, a protective environment for children requires an effective monitoring system that records the incidence and nature of child protection abuses and allows for informed and strategic responses. Such systems can be more effective where they are participatory and locally based. It is a responsibility of government to make sure that everyone knows the situation of its children with regard to violence, abuse and exploitation (Dyer, 2007).

Services for recovery and reintegration: Child victims of any form of neglect, exploitation or abuse are entitled to care and non-discriminatory access to basic social services. These services must be provided in an environment that fosters the health, self-respect and dignity of the child (Nhlapo, 2005).

2.2.7 Challenges Facing Child Protection

In many developing and low resource countries, there is often a general paucity of information on the prevalence of child abuse, violence, neglect and exploitation at the national level, with limited data on the actual functioning of the system. This means that policy-makers and practitioners may have little information at hand to guide and shape the priorities of an emerging system capable of meeting the needs of children facing specific issues. For example, reliable national data about street-connected children tends to be scarce and lack depth. Indeed, few countries collect systemic data which can be disaggregated to document the changing numbers of children in street situations. This kind of data is critical to establish policies that mitigate vulnerability and priorities resources to tailored services (Lachman, 1996)

Child welfare agencies often have difficulty in engaging and cooperating with other sectors whose policies and practices directly impact on children's wellbeing. Many children face a number of interconnected specific issues: while a social welfare

ministry usually has the leading mandate to prevent and respond to child abuse, neglect, violence and exploitation, a number of other sector agencies also have responsibilities including those related to health, education and justice. For example, many street-connected children are not in school, some are in conflict with the criminal justice system, and tend to have multiple health problems (Lachman, 1996)

Budgetary allocations for child protection systems are often insufficient (Andersson, 2005). This is especially, but by no means exclusively, pertinent to resource-poor countries. For example, Sierra Leone has one social worker for every 71,000 children; Timor-Leste has one for every 75,000; and Niger has one social worker for every 168,000. In many countries, less than one percent of the total government budget may be allocated to child welfare and protection even when children represent a significant proportion of the total population. With such few human and financial resources available, there has been a tendency to focus efforts towards individual children who are already recognized as abused or most likely to be abused. Given that there may be large numbers of children facing specific issues such as street connectedness, the challenge is to ensure that investment is targeted at both preventative and responsive tailored services (Gelles, 2000).

Universal services aim to prevent child abuse, neglect, violence and exploitation and promote children's wellbeing. However, specialized services for children facing specific issues also need to be incorporated within the overall service paradigm to ensure that a national child protection system reaches all children. For example, street-connected children may require night shelters; drop-in centers and outreach services; trauma counseling; support for drug and alcohol addiction; sexual health services; family reunification programs; and tailored informal education and training. A linear model of care may not meet the needs of children facing specific issues. A linear model of support expects a child to enter a service, receive regular support for a set period of time, and then exit the service successfully once his/her problems have been resolved.

These actions aim to stop or alleviate the worst effects of abuses (e.g. negotiating and advocating directly with owners of factories to stop using child labor, or to halt child traffickers and provide shelter for the children trafficked (Lachman, 1996).

These actions aim to help children after maltreatment while they live with the subsequent effects of a particular pattern of abuse. They aim to help children recover for example, by providing them with psychological or psychosocial support and necessary health care (Dyer, 2007).

Preventive actions aim to build a protective environment for children. They aim both to prevent children from becoming vulnerable and to strengthen protective mechanisms within society that will prevent maltreatment of children. This is the most long-term and structural sphere of action aimed at creating and/or consolidating an environment (political, social, cultural, institutional, economic and legal) conducive to full respect for the rights of the child. An Example of a preventive action is to advocate for government funding of a national CP system. The life skills education sometimes also called “social And emotional learning”, or skills-based health education” refers to education that helps children develop critical thinking, problem solving, negotiation and decision making skills; helps them manage challenges and risks and maximize their opportunities; and helps them solve problems in a cooperative, nonviolent way. Life Skills education builds children’s sense of personal worth and agency and teaches them to interact with others constructively and effectively (Dyer, 2007).

Providing opportunities for children to Participate and express their opinions regarding issues that concern them and to advocate on their own behalf not only fulfills their human rights but also provides them with opportunities to practice key life skills. The participation of children must be carefully planned to avoid placing them at further risk. Gender differences and the abilities of children in different developmental stages must also be taken into account. During the planning and implementing child participation activities, organizations must ensure that boys and girls have equal opportunities to join in. Educating children’s parents or caregivers on key issues such as child development and parenting helps them understand and respond better to the developmental needs of

their children and to be better equipped to deal with the problems and challenges of child-rearing.

It May also be a way to foster greater engagement of men in parenting and care giving. Parenting education will be particularly helpful for new, very young or elderly caregivers, who usually are not well prepared for child-rearing.

Economic strengthening interventions and providing alternative livelihood options increase household income and assets and eliminate parents' or caregivers' stress associated with not being able to meet their children's basic needs. These interventions are preventive in nature, because they reduce stress that contributes to domestic violence and abuse; reduce the possibility of children being separated from, or abandoned, by their families as a result of extreme poverty; and prevent children from being engaged in child labor or other forms of exploitation by their parents or caregivers to help with the sustenance of Their homes. These interventions are also responsive, because they can help return children to their families and take them out of situations of exploitation (Gelles, 2000).

These committees are an important Structure in national CP systems, because they allow communities to participate in and take responsibility for CP. They operate at the village or community level and are usually voluntary and informal.

The committees can identify children at Risk and link them to prevention, response, recovery and reintegration services. Community-based CP committees are often the first point of contact for CP Violations, particularly where services and referral mechanisms are absent (Andersson, 2005).

Without government leadership and political will, development and enforcement of CP legislation will fail. Enhancing governmental commitment to CP is vital in countries where governments do not recognize their obligation to protect children, where governments themselves are benefiting from exploitative practices (such As child labor), and/or where governments do not have the capacity, technical expertise, and resources to implement policies and enforce laws (Lugalla & Kibassa,2002).

2.3 Empirical Literature Review

Child welfare policies and practices vary across nations, but most comparative studies have focused on differences between North America and European countries in how they address the abuse and exploitation of children, (Mildred & Plumber 2008).

Child sexual abuse is generally viewed in the United States as a child protection issue and policy responses to it are embedded in a larger child welfare system that focuses on a whole range of protective issues including physical maltreatment and neglect. But researches for example, Gilbert (1997), who compared nine countries in North America and Europe, found that English speaking countries use what he calls a child protection approach while other European countries have more of a family service approach. Responses in countries that emphasize child protection tend to be more legalistic, less optimistic and more likely to delay interaction while family service approaches focus more on prevention and offer service to families earlier and more generously,(Mildred & Plummer 2008).

The two differences in responding to violence against children by individual countries, a child protection approach and family service approach were further explained by Hetherington, (2006) who examined Gilbert's findings in the light of a model proposed by Esping- Andersen (1990); cite in Hetherington, (2006) categorizes different types of social welfare regimes according to the country is socio-economic philosophy,(Mildred & Plummer, 2008).

Esping –Andersen(2006) describes as “social democratic” and conservative” tend to have a family service approach to child welfare, while liberal countries tend to have child protection model, according to this model which uses terms like conservative and “liberal” somewhat differently than in the United states, both social democratic countries and conservative countries share the philosophy that society should be responsible for helping people in need though social democratic countries tend to offer Service though the government, while services are primarily provided by NGOS in conservation countries (Mildred & Plummer, 2008).

Liberal countries, such as the United States of America (USA) and United Kingdom (UK) are more likely to see individuals as being responsible for their own needs and try to limit social expenditures. In examining their findings, Hetherington, (2006) concludes that social-cultural factors, may be the strongest determinants in shaping a nation's responses to abuse, neglect and other forms of violence against children, (Mildred & Plummer 2008.).

Mildred and Plummer (2008) argue that responses to child sexual abuse in North America were shaped by a convergence of several factors. Public awareness about the extent and consequences of child sexual abuse was raised by adult survivors of childhood sexual abuse who spoke publicly about their abuse. Increased media attention to the issue led to widespread support for legislative and legal remedies that emphasized the criminal nature of extra-familial child molestation and focused on punishing perpetrators.

In Kenya organizers and practitioners have developed and implemented low cost, community-based strategies for preventing and identifying sexual abuse in poverty-stricken neighborhoods. Strategies such as promoting a sense of responsibility for neighborhoods children, establishing children's rights clubs in school, making use of taxi drivers to interrupt tourists seeking children for sex and outreach programs designed to meet a range of street children's needs (Mildred & Plummer, 2008).

Lachman (1996) highlights a few concerns that make it difficult to define child abuse in the African context. Cultural attitudes that vary towards abuse for example differentiating between abuse and discipline, male domination being the root cause of sexual abuse, socioeconomic and political factors like war, poverty have drastic effects on the position of the African child.

Lachman(1996) suggests on appropriate response to child abuse in developing countries. He suggests that advocacy for child is an important aspect in child protection since it influences institutions and individuals with power to use that authority in the interests of children. The outcomes of the advocacy process include the building of networks between different NGOS and state structures.

Furthermore Lachman (1996) suggests that, child abuse prevention can be operated at two broad levels, Macro programs that aims at altering structure of a society that promotes child abuse and localized and operate at the community level, with the aims of preventing abuse in all neighborhoods and at all levels being essential as part of an overall strategy.

Kenny and Machumu (2010) conducted a study in Mara and Kagera region using the Knowledge, Attitude and Practice (KAP) study design with the aim of establishing relevant baseline information on the prevention of and response to child abuse including child protection system in a community setting . They found out that the most reliable form of child care and support was households. However, the devastating effect of the HV/AIDS has made many households vulnerable to different shocks and hence their inability to protect children against abuse.

They suggested a need to provide financial support and entrepreneurial skills to such households, provide education on the rights of children to avoid children from engaging in petty business, this can help households take care and protect children from abuse.

Long (2011) conducted a study describing a child protection strengthening initiative that is being piloted in the four districts in Tanzania – Hai, Magu, Kasulu and Temeke .The aim was to improve the delivery of social and protective services to all children especially the most vulnerable. The study found that the efforts to address child protection issues have been poorly coordinated and resourced with a focus on stand-alone projects with limited sustainability. As a result there is a need to have a systems approach that integrates the action of families (and children themselves), communities, formal and informal laws and practices, state and non-state actors across all sectors to work together to protect children. But this study did not show to what extent violence against children has been reduce.

With reference to the above literature, authors have agreed that in the past, child protection services or programmes were conducted in isolation and as a result there was a need to develop a systems approach that deals with children issues in holistic manner involving both the formal and informal mechanisms. Including communities, families

and children in preventing violence. Since the systems approach is in a nascent stage, authors have written more on the country specific initiatives to adopt the system but have not showed the extent to which violence against children has been reduced or increased since the implementation. Therefore this study intends to analyze the effectiveness of the proposed child protection systems model in preventing and responding to violence against children in Temeke district in Tanzania looking on the extent to which violence against children has reduced since the time the model was implemented.

CHAPTER THREE

RESEARCH METHODOLOGY

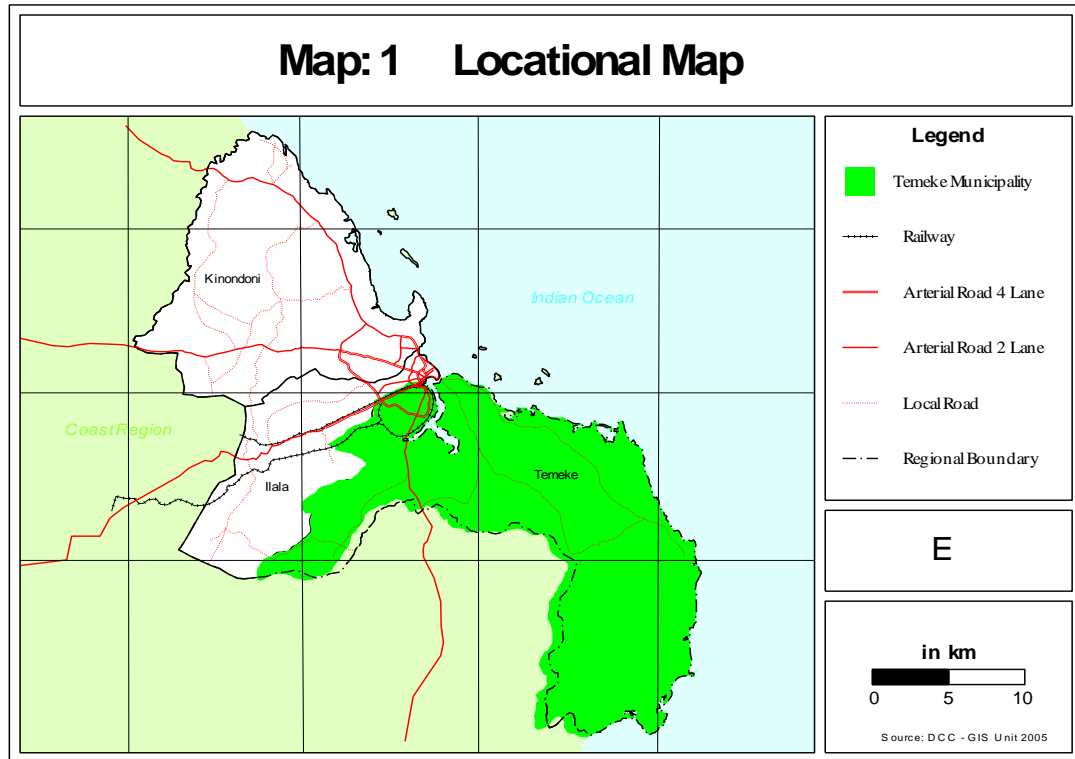
3.1 Introduction

This chapter shows how the research questions and objectives were achieved. It therefore, offers a description of how this research was conducted. The study also shows the type of data required, source of data, research techniques, processing and data analysis.

3.2 Study area

The study was conducted in Temeke District. This is for convenience reasons; first the model is being piloted in Temeke, second all the agencies implementing the model are in Dar es Salaam. According to the nation population census results of 2002, Temeke district had a total population of about 768,451 and a total of 187,607 households. This statistics reveal that this was about 38 percent of the total Dar es Salaam population and makes Temeke Municipal council the second population Municipal council after Kinondoni. With annual average rate of 4.6 percent. The population of the Municipal is estimated to be 1,104,447 people in the year 2010. This increase population density by 31 percent from 83 persons sq km in 2002 to 109 persons per sq km in 2008. The impact of higher population densities always is associated with wide spread of poverty and other serious social problems such as crimes, leading to unsustainable development.

Figure 3.1: Temeke District Council Map: Administrative Boundaries.



Source: Temeke Municipal Council (2012).

3.3 Research Design

A case study design was used because participants come from a single case. A case study is mostly associated to qualitative research method use to study organization (Saunders *et al*, 2009). Case study was opted because it allows the use of various data collection methods so as to reach the validity and reliability coverage of the study and also it is cheaper and it serves both time resources. It also gives a researcher the opportunity of having much focused study because unity under the study is intensively studied.

3.4 Population, Sample Size and Sampling Techniques

The study include officials from the Ministry of Community Development Gender and Children, Ministry of Health and Social Welfare, NGOs like UNICEF, Save The Children, Tanzania child right forum and the District Child protection teams. The sample take 10% of the total population, thus the study had 40 respondents. Non

probability sampling techniques purposive sampling techniques was employed to select Chang'ombe division and two wards which are Tandika and Chang'ombe.

3.5 Methods of Data Collection

Both qualitative and quantitative information was collected from primary and secondary sources. Primary data were collected through interviews, questionnaires and focused group discussion. Secondary data was obtained through documentary review whereby various reports books and articles related to Child protection systems were reviewed.

Table 3.1: Summary of Methods of data collection

Research questions	Data required	Source of data	Technique	Processing and Data Analysis
1. What is the status of violence against children in Temeke district?	Incidences of VAC, types of VAC, effects of VAC on victims	Ministry of community development gender and children, Ministry of health and Social Welfare, UNICEF, Save the Children, District Child Protection Team, Tanzania Child right Forum, selected community members and local government officials	Documentary review, interviews, questionnaire	Create categories/create themes, coding, frequencies.
2. How is the child protection system model implemented?	Referral mechanisms, management of cases, reporting system	Ministry of community development gender and children, Ministry of health and Social Welfare, UNICEF, Save the Children, District Child Protection Team, Tanzania Child right Forum, selected community members and local government officials	Focus Group Discussion, interview questionnaire	Create categories, create themes, coding, transcription
3. What are the challenges of implementing the model?	Number of challenges, types of challenges	Ministry of community development gender and children, Ministry of health and Social Welfare, UNICEF, Save the Children, District Child Protection Team, Tanzania Child right Forum, selected community members and local government officials	Interviews questionnaire	Create categories, create themes, coding, frequencies.
4. To what extent has the child protection system model been effective?	Number of cases reported, time of hearing the case, number of decided cases, extent of reduction of VAC, measures/preventive actions taken against perpetrators, change of mindset community, number of reported cases increased	Ministry of community development gender and children, Ministry of health and Social Welfare, UNICEF, Save the Children, District Child Protection Team, Tanzania Child right Forum, selected community members and local government officials.	Interviews, documentary review, questionnaire	Create categories/create themes, coding, frequencies.

3.6 Data Analysis

Quantitative data were analyzed by using Microsoft Excel. The data were presented in descriptive and tabular form; tabulation was used in order to establish relationship between variables. In presenting the finding of the study, tabulation was done to present some of the findings.

Data processing involves editing, coding, tabulation was used as a key factor in whole process of research. This was done in the area of study in order to make the research accurate and effective. Editing was done immediately after receiving questionnaire from the respondents; it involved correction of errors that might have appeared during the data recording process. Coding was done in order to ensure that the response categories were appropriately classified and exhausted to the problem under the study and arrange data collected according to group or classes they based on the basis of their common characteristics. Tabulation was done so as to assemble data into concise and logical order, researcher analyzed data collected qualitatively where words were used to explain findings and quantitative analysis where the data used numbers, computation of total and percentages

CHAPTER FOUR

THE FINDINGS AND DISCUSSION

4.1 Introduction

There has been increased awareness of protecting children's rights for their development as human beings. This is because violence against children is typical violation of human rights. Governments including Tanzania under the convention on the rights of the child (CRC) have agreed to protect children from all forms of violence. In response to that, the Department of social welfare with the support from UNICEF developed a child protection system model. This study therefore has provided highlights on its effectiveness, challenges and way forward.

This chapter presents findings and discussion in line with the objectives of the study. The first section of the chapter gives background characteristics of the respondents. Section two explores the status of violence against children in Temeke District whereas section three provides discussion on how the child protection system model is implemented. Section four puts down the extent to which the child protection system model has been effective. The last section of the chapter explains challenges in implementing the child protection system model.

4.2 Descriptive Statistics of the Respondents

This section presents the respondents' composition in terms of age, gender and level of education.

4.2.1 Age of the Respondents

Found that as presented in Table 4.1.

Table 4.1: Age of the Respondents

Responses	Number of the Respondents	Percentage (%)
15 – 25 Years	4	10.0
26 – 30 Years	21	52.5
31- 40 Years	9	22.5
41 – 50 Years	3	7.5
51- 60 Years	2	5.0
More than 60 Years	1	2.5
Total	40	100.0

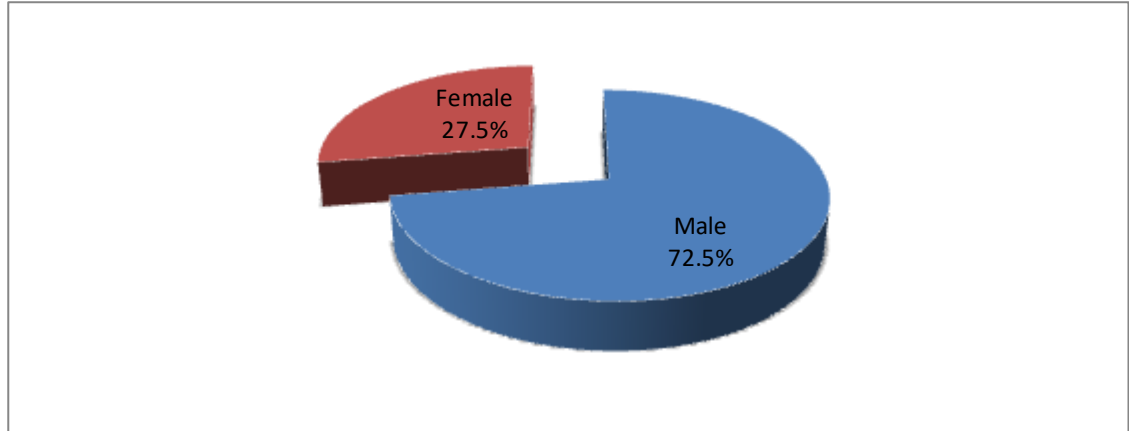
Source: Field Data, (2014).

Table 4.1 presents the age of the respondents. The study found that a small number of the respondents (2.5%) and (5.0%) were more than 60 years and between 51 to 60 years respectively. Also, the study found that a significant number of the respondents (22.5%) was aged between 31- 40 years. Moreover, the study found that out of 40 respondents, 4 (10) were aged between 15 – 25 Years. The majority of the respondents (52.5%) were aged between 26 and 30 years. These results imply that respondents were capable to provide responses for the study. Therefore, their opinions were considered.

4.2.2 Gender of the Respondents

The study involved both males and females. Figure 4.1 shows that 29 (72.5%) were males whereas a minority of the respondents (27.5%) were female. This implies that the study was bias free.

Figure 4. 1: Gender of the Respondents



Source: Field Data, (2014)

4.2.3 Marital Status

The study was interested to examine marital status of the respondents.

Table 4. 2: Respondents by marital status

Responses	Number of the Respondents	Percentage (%)
Married	28	70.0
Not Married	11	27.5
Divorced	1	2.5
Total	40	100.0

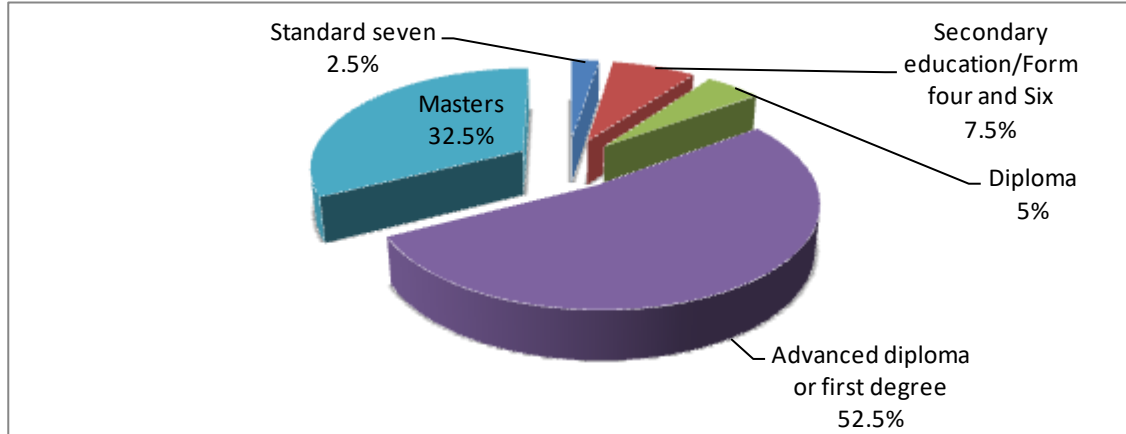
Source: Field Data, (2014)

Table 4.2 presents marital status of the respondents. It shows that 28(70.0%) were married; 11(27.5%) respondents were not married and only one respondent (2.5%) was divorced. Therefore the majority of the respondents were married.

4.2.4 Level of Education

Figure 4.2 shows that a small number of the respondents (2.5%), (7.5%) and (5.0%) had Standard seven qualification, Form four and Six and Diploma qualification respectively while the majority of the respondents (52.5%) had advanced diploma or first degree. This implies that majority of the respondents have sufficient education

Figure 4. 2: Level of Education

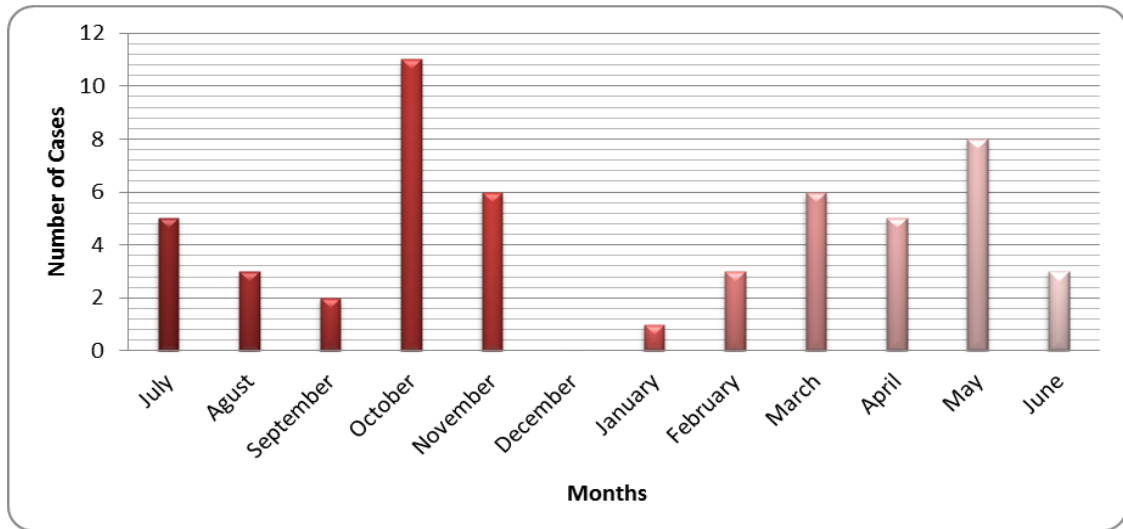


Source: Field Data, (2014)

4.3 The Status of Violence against Children in Temeke District

The study was interested to examine the status of violence against children in Temeke District. Respondents from the District Child Protection Team were asked individually to identify the status of violence against children. The study found that 54 cases were recorded from July 2013 to June 2014, as illustrated in Figure 4.3

Figure 4. 3: The Status of Violence



Source: Field Data, (2014)

Figure 4.3 presents the status of violence against children in Temeke District. The study found that in July 2013 the district recorded 5 cases. The study also found that the

number of recorded cases dropped from 3 to 2 cases in August and September respectively. In October the number of recorded cases increased to 11. This is due to increase in awareness as pointed out by one interviewee.

“Training is provided to the District Child Protection Team. This increase awareness and ability to detect and report cases. Before training, incidents of child abuse and neglect often go undetected because police and other people coming into contact with children do not identify injuries, conditions, or behaviors as suspicious”.

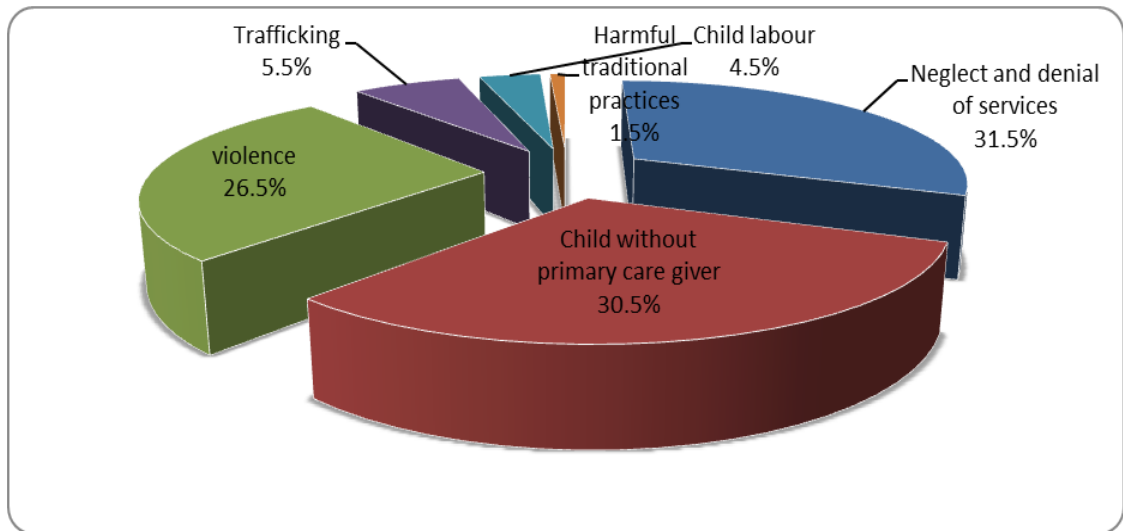
This is similar to the finding by Elmer (2006) that the awareness of the people involved in child protection system model increases due to training. In the same vein, Figure 4.2 shows also that the number of cases dropped in November and December 2013. Moreover, the study found that, in May 2014 the number of reported cases dropped from 8 to 3 cases.

4.3.1 Types of Violence against Children (VAC)

The study was also interested to examine the types of violence against children (VAC) in Temeke District. Respondents from the District Child Protection Team were asked individually to identify the types of Violence against Children (VAC) in Temeke District. The study found that there are different types of VAC. Figure 4.4 shows the types of violence against children. Most respondents (31.5%) identified neglect and denial of services as a major type of VAC; 26.5% identified violence as a major type of violence against children; 1.5%, 4.5% and 5.5% identified harmful traditional practices, child labour and trafficking respectively. These results show that the most respondents (31.5%) identified neglect and denial of services as a major type of VAC in Temeke District.

These findings are consistent with those by Nhlapo (2005), who found that the majority of children in developing countries lack primary care due to economic hardship. They are also similar to those by Elmer, (2006), the study found that, millions of children all over the world continue to be victims of violence and exploitation in the homes, at schools or within their communities, the very settings that are supposed to provide a protective environment for them.

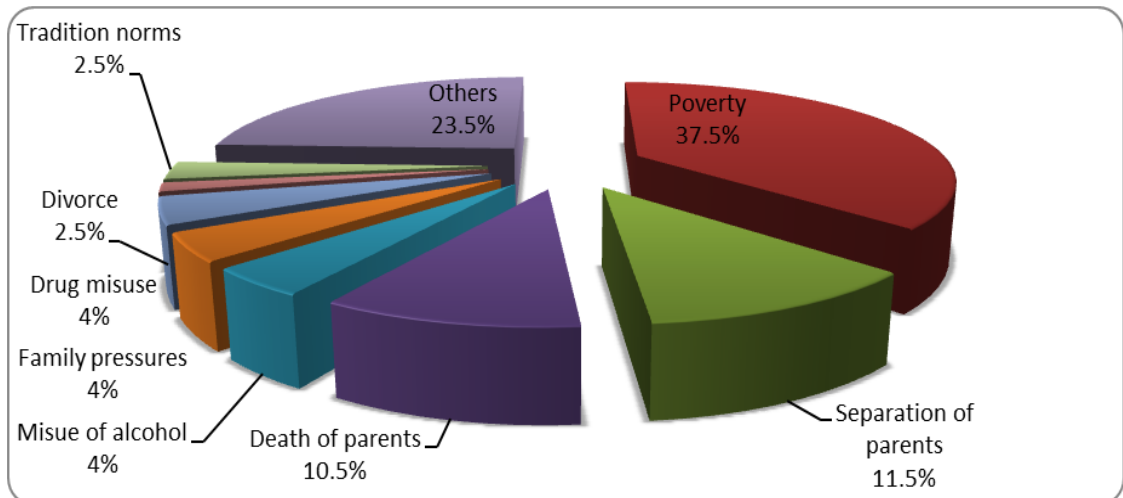
Figure 4. 4: Types of Violence against Children (VAC)



Source: Field Data, (2015)

“There are various types of violence against Children in Temeke District. Therefore, the government should prevent and respond to violence, exploitation and abuse against children including commercial sexual exploitation, child trafficking, child labour and harmful traditional practices, such as female genital mutilation and childhood marriage”.

Figure 4.5: Factors influencing Violence against Children (VAC)



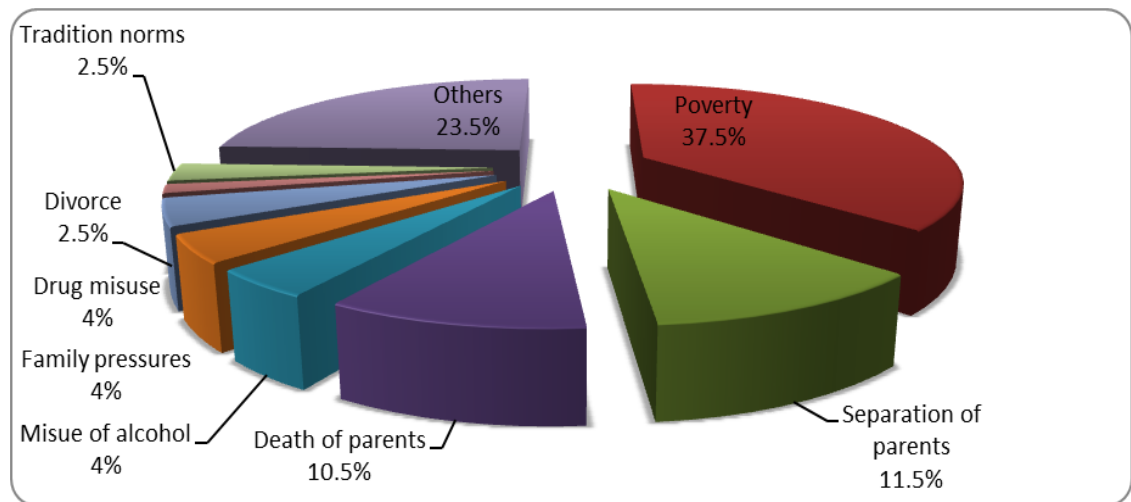
Source: Field Data, (2015)

The study was also interested in examining factors influencing violence against children. The study found that, there are different factors influencing VAC. Figure 4.5 presents factors influencing violence against children.

Thirty seven and half percent of the respondents identified poverty as a major factor influencing violence against children; 11.5% identified separations of parents as a factor; 2.5% said divorce was a source of violence against children; 10.5% mentioned death of parents; and 2.5%, 4% and 4% identified traditional norms, drug abuse and family pressures as the factors influencing violence against children

Divorce as a factor is similar to the finding by Davis *et al.* (2012), that the impact of divorce on children violence is well documented. Most react to their parents' divorce with painful emotions including sadness, confusion, and fear of abandonment, guilt, misconceptions, anger, loyalty conflicts, worry and grief. Many children experience feelings of loss when one parent moves out of the family residence. In situations of intense conflict and domestic violence, children may have a sense of relief.

Figure 4. 6: Factors influencing Violence against Children (VAC)



Source: Field Data, (2015)

4.3.4 The Effect of VAC on Victims

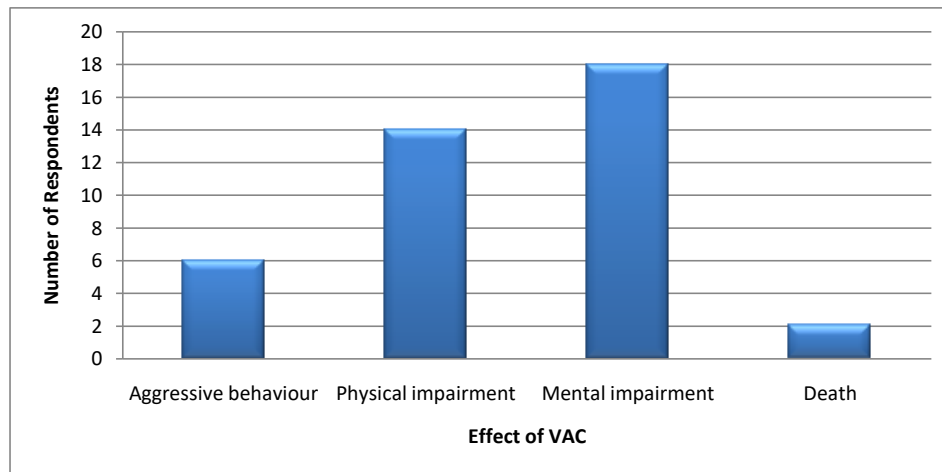
With regard to the effects of violence against children, respondents were asked to identify the effect of VAC. Figure 4.6 shows the effect of violation against children.

Most respondents (45.0%) identified mental impairment as a major effect facing victims; 2.0% identified death as one of the effects of violation against children; 15.0% identified aggressive behavior as one of the effects of VAC and 35.0 % said that VAC caused physical impairment.

According to Riitta *et al.* (2011) VAC may cause death to victims. Children who experience VAC are also at increased risk for adverse health effects and certain chronic diseases as adults, including heart disease, cancer, chronic lung disease, liver disease, obesity, high blood pressure, high cholesterol, and high levels of C-reactive protein. The finding on aggressive behavior is similar to that by Elmer (2006) that, children who experience VAC increase risk for smoking, alcoholism, and drug abuse as adults, as well as engaging in high-risk sexual behaviors.

Those with a history of VAC and neglect are more likely to use illicit drugs, especially marijuana, in middle adulthood. VAC victims are more likely to experience problems such as delinquency, teen pregnancy, and low academic achievement.

Figure 4.7: The effect of VAC on Victims



Source: Field Data, (2014)

4.4 Implementation of Child Protection System Model

The study was interested to examine how the child protection system model is implemented. Respondents were asked if they were aware of the implementation of child protection system model. Table 4.3 presents awareness of the respondents concerning the implementation of CPSM. The majority of the respondents (92.5%) were aware of the implementation of Child Protection System Model (CPSM) while a minority (7.5%) was not aware of the implementation of child protection system model.

Table 4.3: Awareness concerning the Implementation of CPSM

Responses	Number of Respondents	Percentage (%)
Aware	37	92.5
Not Aware	3	7.5
Total	40	100.0

Source: Field Data, (2014)

Respondents were asked to explain how the child protection system model was implemented. According to the interviews the District Child Protection Team are categorized into three levels. The District level that consists of different professionals like; the District social welfare Officer who is the coordinator of the team, District Lawyer, a Doctor, Resident Magistrate, Prisons Officer, Police, Education Officer, community development officer and a Planning Officer. The Ward level comprises of the ward executive Officer and the Community development officer and the third level is *hamlet* that involves village executive officer, child representative from the child junior council and community development officer. The essence here is to create referral mechanisms from the grass root level, to the ward and then to the District level. The referral mechanism depends on the nature of violence for example if a child is denied to attend school; village chairperson can resolve that with parents. Rape case a child is taken to the hospital where he or she is taken to a doctor who is member of the DCPT, will get medical treatment, the police will get the perpetrator to the court where the magistrate is also part of the DCPT. If found guilty taken to Prison while a victim receives counseling from social welfare officer. Here each member performs his or her duty to deal with issues of violence against children. The study also found out that the function of the DCPT is not to manage cases but individual members in the team are. It

was found in the study that different professionals in the DCPT team work as Push Forces in their respect work place to mainstream children’s concern or issues in their sector by raising awareness about prevention of violence against children. Fundraising is another function of the DCPT, this money entirely is taken for prevention and protection of VAC.

The study found that the DCPT staff have meetings as part of giving themselves feedback this mechanisms speeds up the whole process of reporting case, it makes every member responsible to perform his or her duty thus effectiveness of the model.

4.5 Effectiveness of the Child Protection System Model

The study was interested to examine the extent to which the child protection system model has been effective. Respondents from the District Child Protection Team were asked individually to identify the extent to which child protection system model has been effective. Table 4.4 shows the extent to which the child protection system model has been effective. The study found that, the majority, 21(52.5%) respondents said that to a large extent the child protection system model has been effective; 7(17.5%) said that the system was effective to a small extent and 12(30.0%) were of the opinion that the model was effective to a medium extent.

Table 4.4: Effectiveness of the CPSM

Responses	Number of Respondents	Percentage (%)
Small Extent	7	17.5
Medium Extent	12	30.0
Large Extent	21	52.5
Total	40	100.0

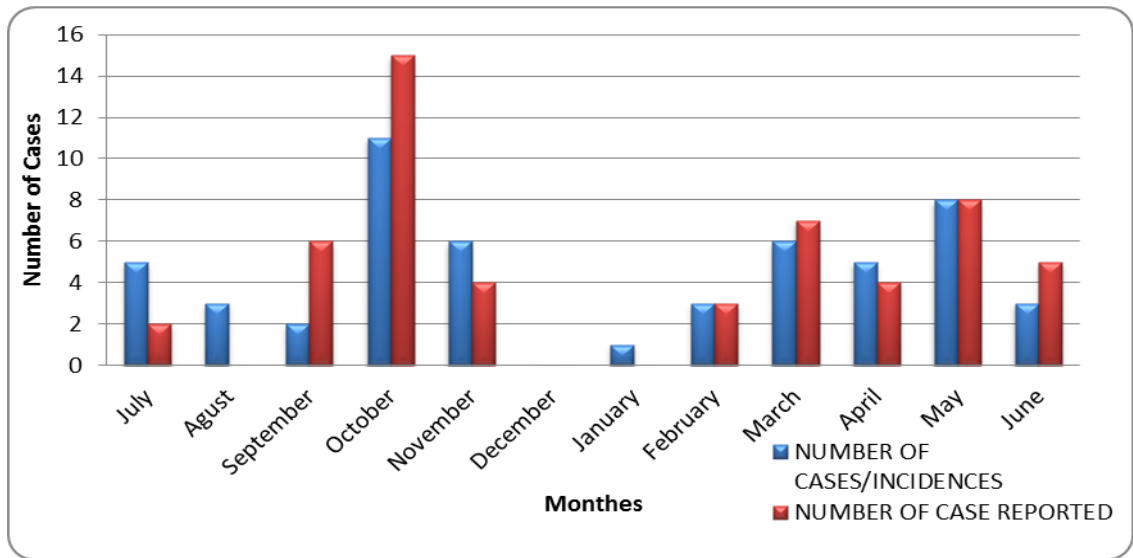
Source: Field Data, (2015)

In the same vein, one interviewee said:

“Child protection system model has been effective to some extent. Although significant steps have been taken to improve child protection system model for the protection of the rights of children in the piloted areas in Tanzania, many children are still vulnerable to violence, exploitation, neglect and abuse”

The effectiveness of the model was also assessed by examining the number of incidences per month and the number of reported cases as shown in Figure 4.7. The study found that, in July 2013 the number of cases was five cases, but two cases were reported.

Figure 4.8 : The Effectiveness of CPSM

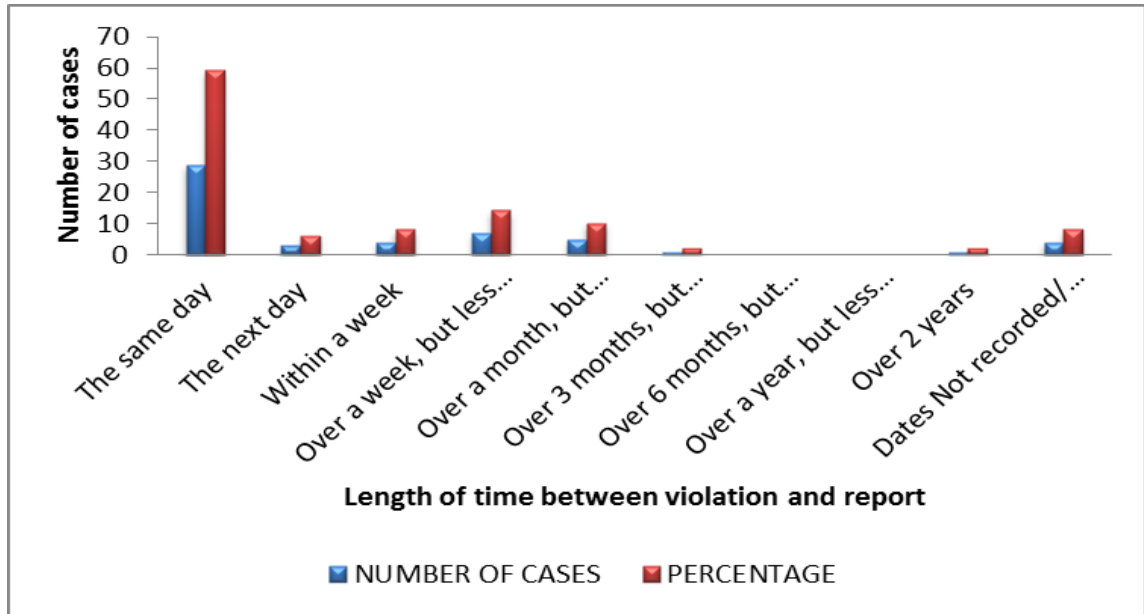


Source: Field Data, (2014)

Similarly, in October 2013 the number of incidences were ten, but 15 cases were reported. This implies that the effectiveness of CPSM had increased. Also, the study found that, in May 2014 the number of reported cases was equal to the number of incidence.

Furthermore, the effectiveness of the model was assessed by examining the time of hearing the cases. Figure 4.8 presents the time of hearing the case. The study found that the majority of the respondents (60.0%) said that; the cases were heard the same day while . a small number of the respondents (10.0%) said that it took one day to hear the case; 10.0% said that it takes a week and a small number of the respondents said that it takes more than two years for cases to be heard.

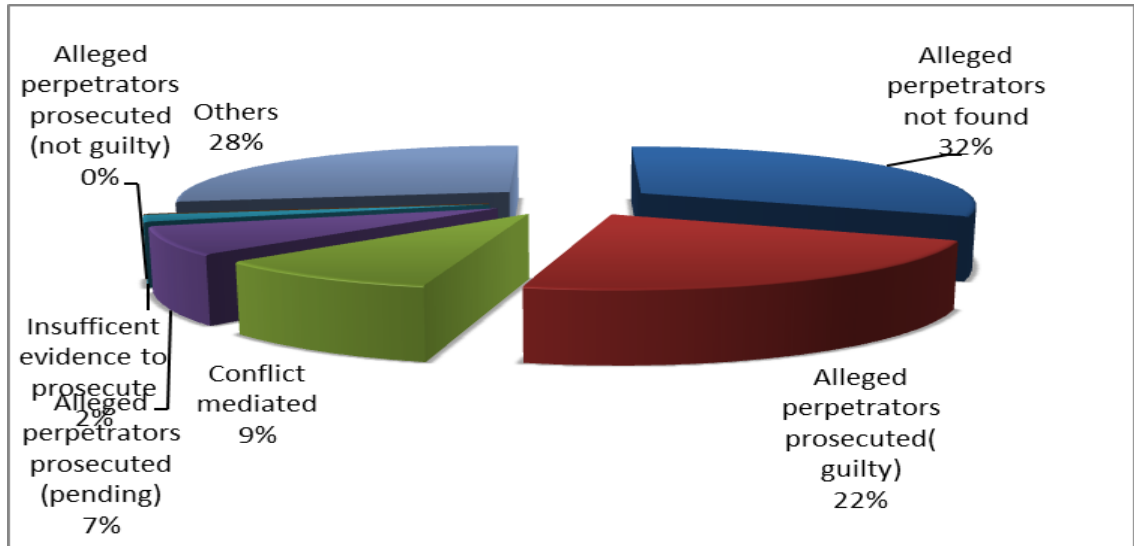
Figure 4.9: Time of hearing the Case



Source: Field Data, (2015).

Lastly, the effectiveness of the model was examined by looking at the penalties given to perpetrators. Respondents were asked to identify penalties taken against perpetrators. Figure 4.9 illustrates penalties taken against perpetrators. The study found that the majority of the respondents (32.0%) said that alleged perpetrators were not found; 22% said that, alleged perpetrators were prosecuted and found guilty; 7% said that alleged perpetrators were prosecuted and cases were still pending and 9% revealed that the conflicts were mediated.

Figure 4.10: Penalties taken against Perpetrators



Source: Field Data, (2015).

4.6 Challenges in Implementing the Child Protection System Model

The study was interested to examine challenges in implementing the child protection system model. Respondents were asked to identify challenges in implementing the child protection system model. The study found that, there are different challenges in implementing child protection system model. Table 4.5 shows challenges in implementing the child protection system model.

The table shows that 15(37.5%) respondents mentioned lack of facilities as a major challenge; 10(25.0%) said that children were not fully involved in the system; 7 (17.5%) mentioned perpetrators escaping after committing violence to children was a challenge and 8(20.0%) identified lack of enough manpower as a major challenge.

Table 4.5: Challenges in Implementing the Child Protection System Model

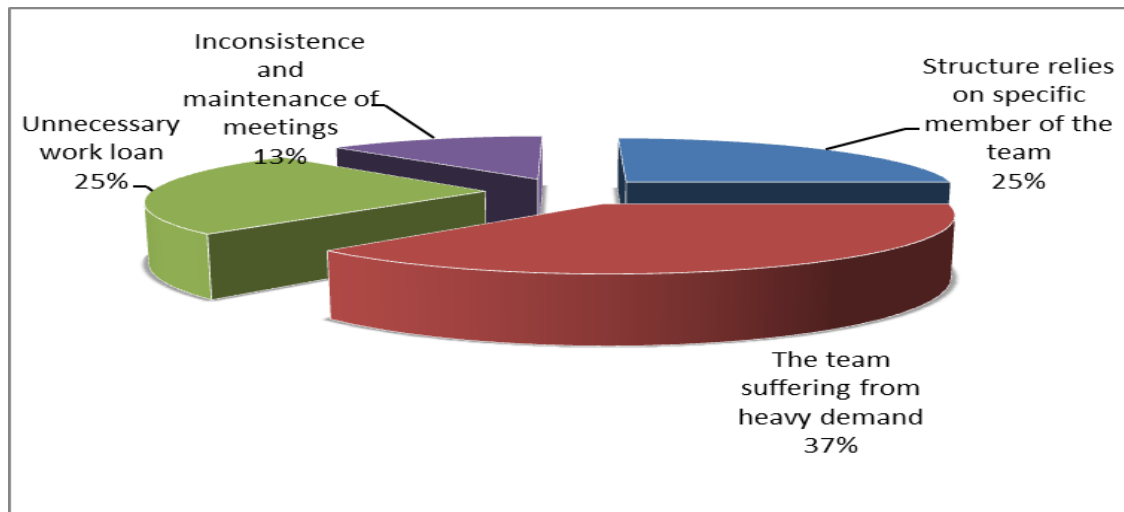
Responses	Number of Respondents	Percentage (%)
Lack of facilities	15	37.5
Perpetrators escaping	7	17.5
Lack of enough manpower	8	20.0
Children are not fully involved	10	25.0
Total	40	100.0

Source: Field Data, (2014).

The study found that significant number of the respondents (37.5%) identified that, lack of facilities like cars which can be used by the team when given information about cases impedes the effective implementation of child protection model. This finding is similar to that by Riitta *et al.* (2011) who found that lack of facilities hinder child protection programmes. Also, scarcity of funds was a major factor that impedes child protection systems. NGOs cannot help all vulnerable children; they tend to limit their support to a certain number of children. There is limited budget for outreach programmes and NGO’s basic activities. Support for longer-term strategies in support of system strengthening and social change remains a major challenge.

The study also investigated challenges facing the District Child Protection Team. Figure 4.10 shows challenges facing the District Child Protection Team.

Figure 4. 11: Challenges Facing the District Child Protection Team



Source: Field Data, (2014)

Thirty seven percent 37% of the respondents said that the team suffered from heavy demand; 10 (25%) said that the Team’s structure relies on specific member of the team and 13% mentioned inconsistency and maintenance of meetings as a challenge. The team is suffering from heavy demands for urgent responses and actions to ward reported cases that are increasingly being reported and are current at risk of being a special force. The Team’s structure relies on specific members of the team and limited people who have acquired skills and knowledge on child protection through five days

training. Then the team underwent a training of trainers course with facilitation of skills making them ready for the transfer of skills.

4.7 Strategies to Sustain Implementation of the Model

The study explored strategies taken by donors to control factors that hinder implementing the child protection system model. Respondents were asked to identify such strategies. The study found that the implementers applied various strategies to control factors that hinder implementing the child protection system model. Table 4.6 presents strategies adapted by implementers to overcome challenges during implementing the child protection system model.

Fourteen (35.0%) respondents revealed that donors make efforts to raise awareness of the community and all staff members regarding child protection system model, strengthening the skills of child protection among the staff and to deploy staff for greatest impact; (22.5%) said that, donors were providing training to involve staffs and 17 (42.5%) suggested there is a need to increase funding.

Table 4.6: Strategies taken by the Donors

Responses	Number of Respondents	Percentage (%)
Raising Awareness	14	35.0
Increase Fund	17	42.5
Provide training	9	22.5
Total	40	100.0

Source: Field Data, (2014).

In the same vein, one interviewee said:

“To overcome challenges facing child protection system model, donors adopted mechanism for fund rising in on order to increase fund and serve the large number of vulnerable children”

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents conclusion and recommendations of the study. The first section of the chapter gives summary of the study. Section two presents conclusion while recommendations of the study are discussed in third section. The last section of the chapter gives areas for further studies.

5.2 Summary of the Study

Generally, the study intended to analyze the effectiveness of the proposed child protection system model in preventing and responding to violence against children. The study was conducted at Temeke District. The objectives of the study were; to examine the status of violence against children in Temeke District, to assess the implementation of Child Protection System Model (CPSM), to identify the extent to which the child protection system model has been effective and to examine challenges in implementing the child protection system model.

The case study research design was used whereas a sample of 40 respondents was used in collecting data. Primary data was collected through questionnaire and interview guide while secondary data was collected through documentary analysis. The study found that, there are 54 cases that are recorded from July 2013 to June 2014. The study found that, the number of recorded cases dropped from 3 to 2 cases in July and September respectively. In October the number of recorded cases increases to 11 cases. Also, the study found that, there are different types of VAC in Temeke District. Moreover, the study found that, the large number of the respondents identified mental impairment as a major effect facing victims. The major effects facing victims involve; death, aggressive behavior and physical impairment.

Furthermore, the study found that, child protection system model has been effective for some extent despite of the various challenges. Challenges in implementing the child protection system model involve; lack of facilities, perpetrators escaping, lack of enough manpower and children are not fully involved.

The study concludes that child protection system model has been effective for some extent. Although significant steps have been taken to improve child protection system model for the protection of the rights of children in the piloted areas in Tanzania, the study recommends that there is a need to improve the effectiveness of the child protection system model, this requires accountability and transparency, good laws and policies cannot protect children unless all duty bearers are held accountable to them. Actors in child protection must be open to scrutiny by different stakeholders and the general public

5.3 Conclusions

The study concludes that the number of recorded cases increases due to increase awareness about Child Protection System Model (CPSM). Training is provided to the District Child Protection Team. This increase awareness and ability to detect and report cases. Also, the study concludes that, there are different types of Violence against Children (VAC). These involve, lack of primary care, trafficking, child labour and harmful traditions.

The study concludes that, there are various factors influencing Violence against Children (VAC). Major factors influencing VAC are poverty and separation of parents. Child may react to their parents' divorce with painful emotions including sadness, confusion, and fear of abandonment, guilt, misconceptions, anger, loyalty conflicts, worry and grief. Many children experience feelings of loss when one parent moves out of the family residence. On the other hand poverty influence child labour, street children and school dropout.

Moreover, the study concludes that, Violence against Children (VAC) may cause death, aggressive behavior and physical impairment. Children may experience severe scar or

fatal head trauma as a result of VAC. Meanwhile, the study concludes that child protection system model has been effective for some extent. Although significant steps have been taken to improve child protection system model for the protection of the rights of children in the piloted areas in Tanzania

Furthermore, the study concludes that, there are different challenges in implementing the Child Protection System Model. These involve, lack of facilities, perpetrators escaping, children are not fully involved and lack of enough manpower. The structure relies on specific member of the team and limited people who have acquired skills and knowledge on child protection through five days training.

5.4 Recommendations

UNICEF should provide training to the District Child Protection Team (DCPT). This will increase awareness and ability to detect and report cases. DCPT should work in the best interests of the child. This is to ensure that all the work undertaken and decisions made are for the paramount importance of the child. There is a need to improve child participation in child protection system model. The voices and opinions of children must be sought in all efforts aimed at addressing their needs. Deliberate effort must be made to involve children at all levels of the model for child protection system.

Government should prevent and respond to violence, exploitation and abuse against children including commercial sexual exploitation, child trafficking, child labour and harmful traditional practices, such as female genital mutilation and childhood marriage. The family is the primary institution that should be responsible for fulfilling the basic needs of children, including providing security, love, food, clothing, shelter, health care, education and entertainment. There is a need to improve the effectiveness of the child protection system model, this requires accountability and transparency, good laws and policies cannot protect children unless all duty bearers are held accountable to them. Actors in child protection must be open to scrutiny by different stakeholders and the general public. Where, failures and weaknesses are identified, there should be genuine efforts to address them and improve. The strategy to combat the street children problem should be based on a governmental approach and governments should deal

with street children as individuals with rights; this is the responsibility of the entire society, which should have a firm stand to give street children their rights to education, health, and protection from violation, and a decent life.

There is a need to provide facilities for District Child Protection Team (DCPT). DCPT requires good facilities such as cars and computers. Also, external actors should build on positive community mechanisms, working in partnership and strengthening the capacity of local actors, including civil society, in support of child protection rights. Efforts should be made to increase manpower in child protection system team. This will foster the ability to report cases and to deal with perpetrators who escape from the laws. Also, this will facilitate District Child Protection Team (DCPT) to cope with high demand.

The government should take important consideration to children affected by parents' separation. Also, a basic education system that can incorporate children who have dropped out of school should be established. Moreover, the Ministry of Education should maintain its efforts aimed at minimizing school drop outs, as the phenomenon is considered to be one of main factors pushing children to the streets. Communities living in poverty must be given access to economic empowerment opportunities by the government to fend for their children and provide sustenance. Also, NGOs should meet children's basic rights. These include food and nutrition, health, shelter, education, clean and safe drinking water among other related rights.

Efforts to protect and promote child rights must be family and community based. An effective child protection system ensures that services are located close to the family and community. Through such arrangements, informal networks of extended family, neighbours, and community members can be strengthened to care and protect children from violence and exploitation. Government should ensure Non-discrimination and inclusion of marginalized children. All children must be included in the initiatives aimed at ensuring child protection, regardless of their status and that of their caregivers.

5.5 Areas for Further Studies

Impending studies on the implementation of child protection system model should involve all piloted areas. Also, the study should examine factors impede child protection in Tanzania. Moreover, future studies should include an examination of difficulties faced by childcare organizations in providing assistance to children. Furthermore, future studies should find out strategies that can prevent, detect and protect children from violence.

REFERENCES

- African Child Policy Forum, (2011). *Violence Against Children in Africa*. A compilation of the main findings of the various research projects conducted by the African Child Policy Forum (ACPF) since 2006
- Andersson, G. (2005). *Family Relations, Adjustment and Well-Being in a Longitudinal Study of Children in Care*. *Child & Family Social Work* 10 (1), 43–56.
- Bicego, G. Rutstein, S. and Johnson, K. (2003). *Dimensions of the Emerging Orphan Crisis in Sub-Saharan Africa*, *Social Science & Medicine* Vol. 56 p.1235-1247.
- Davis R, Mc Caffery. (2012). *Strengthening Child Protection Systems in Sub –Saharan Africa*. A working paper prepared by: training Resources Group and play Therapy Africa for the inter- agency Group on child protection systems in sub-saharan Africa.
- Davis, R. McCaffery, J. and Conticini, A. (2012). *Strengthening Child Protection Systems in Sub-Saharan Africa*. Training Resources Group.
- Dyer, J. (2007). *The Value of Children in African Countries - Insights from Studies on Infertility*, *Journal of Psychosomatic Obstetrics & Gynecology*, Vol. 28, Issue 2, p. 69 – 77.
- Elmer, E. (2006). *Outcome of Residential Treatment for Abused and High-risk Infants*. *Child Abuse and Neglect*, 10(3): 351-360.
- Felitti, A. Nordenberg, W. and Spitz, E. (2008). *Relationship of Childhood Abuse and Household Dysfunction*. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Gelles, J. (2000). *How Evaluation Research Can Help Reform and Improve the Child Welfare System*. *Journal of Aggression, Maltreatment, and Trauma*, 4(1): 7-28.

- Goerge, M. Wulczyn, C. and David F. (2004). *A Foster Care Research Agenda for the 90s*. Child Welfare, 73(5): 525-549.
- Kwast E, and Laws S. (2012) *United Nations secretary –General’s study on Violence Against Children*. A report . Adapted for children and young people. Washington. United Nation.
- Lachman P, (1996). *Child abuse and neglect Vol. 20. Invited commentary, Child Protection in Africa- The road Ahead*. Department of Pediatrics, Queens Medical center, University of Nottingham, Grantham, England.
- Lachman, P. (1996) *Child Protection in Africa-The Road Ahead*, The International Journal of Child Abuse & Neglect, Vol. 20 no. 7 p. 543-547
- Long, S. (2011) . *Tanzania: Linking community systems to National model for Child Protection*. Maestral International. Report submitted to UNICEF.
- Lugalla, J. and Kibassa, C. (2002). *Poverty, AIDS and Street Children in East Africa*, Studies in African Health and Medicine Vol. 10, The Edwin Mellen Press
- Manana K, and Machumu M. (2010). *Baseline Survey of the Prevention of a Response to Child Abuse in Mara and Kagera Regions*. A report submitted to pact Tanzania.
- McAlpine, K. (2007). *The Rhetoric and Reality of Tanzania’s Street Children*. Moshi, Tanzania: Mkombozi
- Mildred J, and Plummer C. (2008). *Children and Youth Services Review. Responding to Child Sexual Abuse in the United States and Kenya: Child Protection and Children’s Rights*. Journal published by the Department of Sociology and Social Work ,Westfield State College, Westfield, MA01086, United States
- Newton L. Alan J. and John A. (2000). *Childrne and Youth in Foster Care: Disentangling the Relationship Between Problem Behaviors and Number of Placements*. Child Abuse & Neglect, 24(10): 1363-1374.

- Nhlapo, T. (2005). *Cultural Diversity, Human Rights and the Family in Contemporary Africa: Lessons from the South African Constitutional Debate*, International Journal of Law, Policy and Family, vol. 9, p. 208 - 225.
- Panter-Brick, C. (2002). *Street Children, Human Rights, and Public Health: A Critique and Future Directions*. Annual Review of Anthropology, 31, 147–171.
- Riitta, V. Pirjo, P. Heidi, P. and Janissa, M. (2011). *The possibilities for effective child protection – The Finnish research perspective*. University of Eastern Finland
- Runyan K. and Carolyn L. (2005). *Foster Care for Child Maltreatment: Impact on Delinquent Behavior*. Pediatrics, 75(3): 562-68.
- Van Acker, J. Oostrom, B. Rath, B. and Kemp, R. (1999). *Street Children in Nairobi*. Journal of Community Psychology, 27(4), 393–404.
- Violence against Children in Tanzania (2009). *Findings from a National Survey*. United Nations Children’s Fund. U.S Centers for Disease control and Prevention. Muhimbili University of Health and Allied sciences.
- Wald S. Carlsmith, J. and Leiderman, P. (2008). *Protecting Abused and Neglected Children*. Stanford, California: Stanford University Press.

APPENDICES

Appendix I: Questionnaire

Kindly answer the few questions below which indeed are designed to give you an opportunity to participate in this initiative for which all of us deserve to be part of. (Please put a "v" or "x" in the brackets or against the answer you chosen).

1. Sex of respondent

(a) Male ()

(b) Female ()

2. Age of respondent

(a) Below 18 years ()

(b) Between 18 and 45 years ()

(c) Above 45 years ()

3. Education level of a respondent

(a) Primary education ()

(b) Secondary education ()

(c) Collage/ University ()

4. What is the current status of violence against children?

.....
.....
.....
.....

Do you know the forms/types of violence exist in Tanzania? If

(a) Yes, mention

.....
.....

(b) If no,

why?.....
.....
.....

What is the proposed child protection system model being piloted in three districts of Hai, Magu, and Temeke in Tanzania all about?

.....
.....

How is the model implemented?

.....
.....

5. What are the challenges of implementing the model?

.....
.....

6. As the model brought any significant changes in preventing and responding to violence against children?.....

.....
.....

7. Who owns the model?

.....
.....

Has the model been effective? If Yes, give reasons

.....
.....

If no,

why?.....

8. Do you think the model will be

sustainable?.....

Appendix II: Interview Guide

1. What is the status of violence against children in Temeke district?
2. How is the child protection system model being implemented?
3. To what extent has the child protection system model been effective?
4. What are the challenges in implementing the child protection system model?