

*EVALUATION OF TAHEA SUPPORTED
"MAMA MKUBWA" INITIATIVE
IN
MAKETE DISTRICT, IRINGA REGION*

Dr. Rosemarie Mwaipopo

UNICEF Tz
Dar es Salaam, Tanzania
August, 2005

ACKNOWLEDGEMENTS

The successful collection of information for this study was possible through the willingness and cooperation of Makete's Mama Mkubwa and the lovely children they care for and support.

It is hoped that the findings will fuel more interest in community-based systems of psychosocial support to MVC/OVC in Tanzania and provide helpful indicators for future systematic evaluation and monitoring of such care and support processes in the country.

Contents

Acknowledgements

	Page
Table of contents	
Abbreviations	3
1.0 BACKGROUND	4
2.0 HIV/AIDS AND ORPHANS IN TANZANIA: Some Background Information	7
3.0 THE STUDY AREA: MAKETE DISTRICT – A Brief Socio-economic Profile	12
4.0 MAMA MKUBWA in MAKETE DISTRICT	21
5.0 SELF-APPRAISAL BY MVC/OVC ON MAMA MKUBWA	41
6.0 SELF-APPRAISAL BY Mama Mkubwa ON THEIR PERFORMANCE	45
7.0 LONG-TERM SUSTAINABILITY	49
8.0 CONCLUSIONS and RECOMMENDATIONS	55
9.0 References	57

Tables

Makete Primary School: Rate of increase of orphans over a 3 year period (2003-5)	18
Service to MVC/OVC in Makete District, up to May 2005	20
Number of working Mama Mkubwa in Makete District	23
Number of orphans in school, 2005	35
Iwawa Secondary School Performance in National Form II examinations – 2002 -2004	36
List of NGOs/CBOs/FBOs in Makete District making INGONET and their activities	39
MVC/OVC's desires and Mama Mkubwa's responses	44

Appendices:

- (i) TOR
- (ii) List of consulted persons/Institutions
- (iii) List and details of MM interviewed
- (iv) Basic Village statistics
- (v) Format of Record keeping forms of MM (1999-2000)
- (vi) MVC Village Funds – Makete District
- (vii) List of children consulted
- (viii) Some examples of Monitoring and Evaluation Indicators

ABBREVIATIONS

CBO	- Community Based organization
FBO	- Faith Based Organization
HIV/AIDS	- Human Immuno-Deficiency Virus/Acquired Immuno Defficiency Syndrome
IDYDC	-Iringa Development of Youth Disabled and Children's Care
INGONET	- Iringa NGO Network
MDC	- Makete Development Corporation
MM	- Mama Mkubwa
MUUMA	- Muungano wa Vyama vya UKIMWI Makete
MVC	- Most Vulnerable Children
NGO	- Non-Governmental Organization
OVC	- Other Vulnerable Children
SPW	- Student Partnership Worldwide
TAHEA	- Tanzania Home Economics Association
UNICEF	- United Nations' Children's Fund
URT	- United Republic of Tanzania
VG	- Village Government
WAMATA	- Walio katika Mapambano na UKIMWI Tanzania

1.0 BACKGROUND

This report is based on an evaluation of the effectiveness of TAHEA supported Mama Mkubwa initiative in Makete District, Iringa Region that was conducted between May and June 2005. The Mama Mkubwa (MM) initiative is a community-based initiative for the care and support of Most Vulnerable Children and Other Vulnerable Children (MVC/OVC) that was introduced in the district in 1999. The objective was to complement the care and support to orphans by providing psychosocial needs to these orphans, who were increasingly becoming a significant aspect in the social life of communities in Makete.

Among the key drivers for this evaluation was the prevailing feeling that despite the positive aspects of supporting most vulnerable children, Makete's MM have faced different challenges which have rendered their work to be very tasking and in some cases leading to withdrawal. The burden of providing care and support to an increasingly large number of children, poor economic status on the part of MM themselves, inadequate skills to handle and provide some support such as psychosocial support to the most vulnerable children, just to mention a few, have limited the capacity of the MM to respond adequately to the needs of these children. Yet, despite its limitations, the system has managed to provide support to child headed households and vulnerable children who needed close supervision and follow-up. Based on the strengths and challenges facing the strategy it was felt there is a need to conduct an evaluation in order to understand the initiative within the framework of foster care and to establish the extent to which the initiative has achieved its primary goal of providing foster care and support to the MVC/OVC (ref Appendix i).

1.1 The overall objective of the evaluation

To undertake an evaluation on the viability and effectiveness of the current Mama Mkubwa strategy on the care and support of orphaned and vulnerable children in Makete District.

1.1.1 Specific objectives:

- To make an assessment of the Mama Mkubwa strategy, its conception, the rationale, the process involved and how it operates
- To Identify the positive traits/strengths and challenges of the strategy

- To map out the key needs of the strategy in order to ensure when addressed it works, and provide the care and support of MVC/OVC
- To assess the current situation of Mama Mkubwa in Makete District and recommend strategies for future support for MVC both in Makete and elsewhere.
- To assess its impact on attaining its primary goal for the care, support and protection of vulnerable children at family and community level.
- To suggest/recommend how the Mama Mkubwa strategy can be redefined to ensure it achieves its primary goal.

1.2 Psychosocial needs as fundamental to orphan care and support

Psychosocial well-being entails having a healthy mental state and sound emotional status. According to the WHO (n.d.) good mental health for children and adolescents is a “prerequisite for optimal psychological development, productive social relationships, effective learning, an ability to care for oneself, good physical health and effective economic participation as adults” (WHO, pg 6).

Psychosocial well-being is also an important aspect in the provision of children’s rights (UNAIDS, 2001), and it is based on the understanding that children need to be loved, respected, and listened to, for them to be able to develop a healthy mind. Children in difficult circumstances such as those who have encountered physical or emotional abuse, homelessness, extreme poverty or be infected or affected by HIV/AIDS among the children identified to be the most needy for psychosocial support. The recent emphasis on ensuring that such support is provided to orphaned children and other MVC appreciates the fact that children have multiple needs – physical, material, intellectual, psychological and safety needs, and in many cases, children will identify material needs such as food or clothing as their greatest concern. However, and as several studies have established, children’s needs are more than just material (UNAIDS, 2001; Webb & Elliot, 2000:).

Major problems of orphans and vulnerable children can be summarized as follows¹:

- Food insecurity – under-fed, less meals and therefore poor nutrition;

¹ Based on the issues identified by the Village AIDS Committee in the COPE Programme of Dedza, Malawi, pg 54 in Webb & Elliot, (2000), UNAIDS (2001:20)

- Clothes/blankets – poor dressing; and therefore shame, especially for adolescents;
- Shelter – poor housing, affected by extreme weather conditions
- Education – poor attendance, expense with school fees, but also poor performance because of the related trauma of a change in life situations
- Abuse – by guardians, overwork sometimes because they are depended upon to bring food on the table, but often because of discrimination
- Lack of health care – physical growth impaired
- Lack of social interaction – and therefore isolation
- Verbal abuse – and therefore feelings of discrimination, especially when AIDS orphans are singled out, therefore stigma

In addition to these issues, the HUMULIZA programme (Tanzania) adds that orphaned children may not understand the situation of death of parents “and therefore cannot express grief effectively. Even if they want to express their feelings, there is often no one to listen” (UNAIDS, 2001:20). Many children in distress usually lose confidence in speaking out or communicating their emotional needs and therefore demand special patience and skills in making them speak out. It is however problematic often for unskilled individuals to detect emotional problems among children because they are subjective and internal – therefore less visible to care providers such as guardians and foster parents to notice. Hence the problems may continue un-addressed.

Map of Makete District, Iringa Region.



Negative psychosocial well-being can be detected by an on-going sense of isolation, preference to loneliness, feelings of low self-esteem and signs of depression. For young children, the tendency to cry often is also used to detect a disturbed child. What has also been detected is the lagging behind in school attendance and even performance of orphaned children, often quite conspicuous within their educational cohort and therefore suggesting uncomfortable home environments or depression due to loss and grief.

Experiences in provision of psychosocial support to those affected by HIV/AIDS: As the several initiatives taken to address this growing situation have experienced, "there is no right way of addressing children's needs, because their psychosocial needs are so broad and involve so many issues ..."2 The social contexts also influence the nature and processes for mapping these needs for them to be culturally relevant and meaningful. Extreme poverty for example, has worsened orphaned children's vulnerability to emotional problems, especially when they frequently fail to get the minimum basic needs such as enough food or proper clothing. It is very difficult to avoid feeling dejected in addition to the pain of losing parents.

WAMATA (Walio katika Mapambano na UKIMWI Tanzania, //: Those in the Struggle against AIDS in Tanzania) is one of the NGOs in Tanzania that has provided psychosocial support to those who have manifested signs of HIV. Established in 1989, WAMATA had since the early 1990s provided care and support through counselling that has included testing, support counselling and group therapies; and home-based care to those affected and infected by HIV/AIDS. Its activities have included outreach to schools and workplaces on education about HIV/AIDS prevention and control, treatment of opportunistic diseases, and cash support for school fees and uniforms to children. By 2000, WAMATA had given school support to 157 orphans and vocational training to 19 orphans. The AIDS orphans registered at WAMATA also receive periodic counselling and guidance by WAMATA's Counsellors. WAMATA is now the proud supporter of several University graduates who have been facilitated through their support3.

The HUMULIZA orphans programme in western Tanzania also provides special counselling to orphaned children by encouraging them to tell stories about themselves. Children are brought

2 pg 66 Lessons learned about psychosocial support

3 personal communication with WAMATA Dar office Coordinator, 7th April 2005.

into groups and encouraged to speak about their fears, worries etc, and thus reduce distress. The HUMULIZA programme also gives practical experiences on the use of unsophisticated, direct and culturally appropriate psychosocial support interventions to orphaned children with positive indications in improving the resilience and coping capacities of these children. By speaking to children directly and enabling them to speak about their issues, such programmes have helped in raising children's confidence, enabling them to handle grief and "(re)-instil values and hopes for the future"⁴.

Makete's Mama Mkubwa initiative was introduced within this thinking, as a culturally relevant, community based programme for the care and support of MVC/OVC in the District. This evaluation examined the extent to which the initiative has indeed satisfied the thinking and meanings of providing psychosocial care and support to Makete's most vulnerable group – its MVC/OVC.

1.3 Some Methodological considerations

This evaluation was conducted basically as a qualitative study. This is because the nature of information that was demanded could be best explained in terms of expressions and feelings by key stakeholders about the process, and the constraints they felt were either limiting or enabling MMs performance in provision of psychosocial care to MVC/OVC in Makete District. An interpretive approach that entailed subjective understandings and experiences was thus seen as more relevant for the study. Quantitative data was collected to complement the qualitative data and as evidence of certain key indicators and to support official explanations and people's accounts of their experiences.

The methodology also took into consideration the assumption that MM do not work as operative isolates, but within an environment that offers them several possibilities and challenges in their performance as care providers of MVC/OVC. It was therefore imperative to begin by evaluating them within the social, political and economic context in which they operate, and within which any possibilities for sustainability of their activities and of similar care programmes to maintain a healthy social environment for orphans may be drawn. MM was also

⁴ Germann et al, 2001:2

conceptualized in terms of a gender perspective and the degree to which the socio-cultural environment enabled her to provide the necessary psychosocial support to OVC/MVC.

With regard to the MVC/OVC, aspects such as gender and age were considered in order to avoid generalizations. In view of these aspects, the MVC/OVC under MM care and support were therefore taken as a loosely bounded cohort since their only common experience was death of parents but its implications differing in severity. These analytical considerations were then incorporated in the following three key principles that were:

- The Process – ie – evaluating the process of planning and introduction of the initiative in the communities concerned, who was involved? extent of local ownership?
- Effectiveness – ie assessing the degree to which the MM initiative has been able to meet its objectives, challenges, opportunities; assessing its usefulness in relation to the different groups of MVC defined by sex or age.
- Long term sustainability of the initiative in accordance to the objectives it was designed to meet. – ie – evaluating long-term implications to the well-being of MVC/OVC, possibilities for continuity and replicability of MM in the District.

These three principles of the evaluation were then related to the overall objective of introducing the Mama Mkubwa phenomenon in Makete District.

The Sample: The primary sampling unit was the village, whose selection was conducted purposively in accordance to the TOR, and for purposes of achieving representativeness of the study population (details are provided in Appendix i).

The fieldwork was conducted in the following villages:

Village	Ward	Status on Mama Mkubwa
Maleutsi	- Iwawa Ward	- Does not have MM
Ludihani	- Iwawa Ward	- TAHEA Mama Mkubwa
Ivalalila	- Iwawa Ward	- TAHEA Mama Mkubwa
Ndulamo	- Iwawa Ward	- TAHEA Mama Mkubwa
Isapulano	- Iwawa Ward	- TAHEA Mama Mkubwa
Ikonda	- Tandala Ward	- 'own initiated' Mama Mkubwa
Malembuli	- Mang'oto Ward	- INGONET Mama Mkubwa

Within these villages, ALL MM facilitated by TAHEA were consulted as according to the TOR⁵. MVC/OVC were also purposively selected to capture age differences, gender, and nature of vulnerability (such as loss of both or one parent; destitute parents, deserted children, child heads of households). A total of 47 children were therefore consulted in the study. Of these, 8 non-schooling children were also consulted. Other sources of information consulted included guardians of MVC/OVC, representatives of Village Governments, MVC Committees, Ward Level Officials, Heads or representatives of Institutions (Schools, Faith Organisations, NGOs) and District level Authorities.

Data collection techniques: the information was collected by focussing on specific themes relevant to the evaluation of psychosocial support. Specifically, the techniques used are as tabled below. The techniques also had equal focus on mama Mkubwa as well as the children because of the understanding that children are the best communicators of their internal subjective feelings, and therefore they were facilitated to express themselves freely. Local Assistants (a youngster and adult) who could communicate in the local language, ki-Kinga participated in the study to facilitate the dialogue. The situation of children under 6 was explained by Mama Mkubwa and the Guardians.

(i) Interviews:

Semi-structured interviews were the basic tool for primary data collection. The interviews were conducted mainly as one-to-one discussions, or in more participatory Focus Group fora.

- **In-depth Interviews** with different social groups (MVC, village government, NGOs, influential people, FBOs and MVC committees) about 3 villages in the wards which initiative is being done to assess on how it operates and needs assessment of the initiative.
- **Interviews** with different social groups in 2 villages that do not have the initiative to examine perception on and possibility of alternative care systems such as Mama Mkubwa applicability.

⁵ This does not include the original number or persons facilitated by TAHEA in 1999, because some of them have left their communities, some were sick or visiting far from Makete during the evaluation. But is also includes drop-outs, and new 'intakes' selected independently by Village Governments to cover the gap of those who have dropped-out.

(ii) Documentary review

Secondary data was collected through the review of a range of literature related to HIV/AIDS in Tanzania, Makete District information, Children's Rights, Vulnerability, and experiences on the Care and Support of Vulnerable children in Tanzania and elsewhere. Other relevant documents on the Mama Mkubwa strategy such as on its inception, associated statistics and self-assessments on the initiative were also reviewed.

(iii) Interactive techniques

Conversation facilitated by drawings, and illustrations to draw the attention of the younger MVC/OVC (6-10) and to give them freedom of expression were used. However, since the use of pencils at tender ages is not very common due to the cultural circumstances, the children were not very comfortable in drawing by themselves but could use illustrations to express what they experience in their daily lives.

(iv) Case studies – life histories

4 case studies based on life stories were conducted. Two of them with two of the Mama Mkubwa and two with OVCs. Both respondents were purposively selected to respond to experiences of care and support. The children in particular were selected according to age and gender differences.

Data analysis: The data was analysed by using qualitative coding and categorising information according to key themes.

Ethical issues: In appreciation of the fact that among the key research participants would be the MVC/OVC themselves, effort was made to make sure that each child selected for the process was informed of the objectives of the study before hand, sometimes using the vernacular (ki-Kingia) by the Research assistants. It was however difficult to explain and be understood by many of the smaller children – such as those aged six – because they were withdrawn and only came forward in the presence of their MM or other sibling. These children were thus spoken to in the presence of siblings or mates of the same age group.

Limitations: Due to the time lapse since the introduction of MM into Makete communities – ie 1999 – it was very difficult for some children to recollect what was the situation 5 years ago. Therefore, the reconstruction of past was not exactly accurate and depended on very recent recollections – such as one-year ago. In addition, the timing of the study coincided with District

programmes for monitoring development activities; workshops etc and therefore key District people were not available for consultation, thus limiting the studies capacity to get some information required. Nevertheless, Assistants and other officials provided much needed information.

Speaking with young children required coaxing and encouraging them to select a place they preferred to sit – Makete, June, 2005



2.0 HIV/AIDS AND ORPHANS IN TANZANIA: Some Background Information

The number of orphaned children in Tanzania was estimated to be 1.2 million in the year 2000, and mostly due to the HIV/AIDS pandemic. This represented about 9% of all children under the age of 15 years by then⁶. It was estimated that by the year 2005 there will be 2 million orphaned children in the country⁷. In view of the fact that HIV/AIDS is continuing to be a menace in the lives of many Tanzanians, it is expected that the magnitude of the problems associated with it may persist for some time.

The most severe impact is felt among the orphans and other vulnerable children left destitute by HIV and AIDS. The AIDS epidemic is depriving thousands of children of their rights to education, basic services, care, and protection, emotional and physical development due to the death or long illnesses of parents.

⁶ UNICEF, 2003:3

⁷ *op. cit*

The resulting poor development of their mental and physical capacities contributes to their long term vulnerability and limits their capacities to engage fully in the country's and their own development in future (URT, 2004). The Government of Tanzania, in collaboration with partners such as UNICEF is developing strategies that will reach, capacitate and benefit the most vulnerable children. Strategies include community dialogue and consultation, situation assessments and analysis as well as researches on the care and support of MVC/OVC (UNICEF, 2000). Providing for MVC/OVC in terms of social welfare programmes is also part of this support.

"the impact of parental death on children is complex and affects the child's mental health and social energy. Living as orphans might further result in stunted development of the emotional intelligence and life skills such as communication, decision making, negotiating skills etc. Added to this orphans often have the lack of hope for a future and a low self-esteem. Emotional intelligence, life skills and a healthy self-esteem are an integral part of one's personality development and also form the foundation for the development of a family, community and nation".

Germainn et al (2001)

Tanzania acknowledges the enormity of the HIV/AIDS pandemic as the number of orphaned children and those who need care and support increases either due to prolonged periods of illness of parents or death, against a backdrop of persistent poverty, and a weak social service infrastructure to cater for basic needs such as, limited health care and education facilities. The threat of having a dysfunctional populace in the near future seems very hard to bear. In addition, despite the numerous campaigns and advocacy activities towards HIV/AIDS prevention, its impact on the rate of infection is not yet affected. The resulting situation of orphans and vulnerable children presents continuing challenges because the traditional support systems - such as the extended family, grandparents and community groups - are being eroded as adults continue to die of AIDS. This situation is expected to continue for some years as the prevalence of HIV/AIDS continues.

Government is committed to improve the situation of orphans, in line with the changing conceptualization of human rights from entailing simply "rules and norms that aim at protecting human beings against violation of human dignity and fundamental entitlements by those who

are in power and authority” to recognise the social and psychological demands of the child itself - dealing with the loss of love, affection and attention⁸.

Conventional systems for dealing with orphans, such as in orphanages and other forms of institutionalized care, including direct assistance programmes such as donations have for sometime now been seen as inadequate. This is because of limited outreach, both in terms of resources and geographical expanse, supposedly erosion of cultures and emotional links with community, to the extent that readjustment later into life becomes difficult (Josephat, 2002; UNICEF, 2000). In addition, Institutionalised support and care to orphans in situations where AIDS has hit intensively is selective but has the danger of isolating other children, “such as children with terminally ill parents or from impoverished families, who are both as financially and psychosocially in need as the orphaned children” and therefore the outreach becomes skewed and less sustainable in the wider context.

The government’s capacity to provide much needed services calls for a change in strategies for care and support. Strengthening community efforts to deal with the crisis, incorporating community priorities in the allocation of resources and creating enabling environments for community initiatives to deal with orphans in Tanzania has become the key focus (UNICEF, 2002). Many challenges however exist, some of them structural. For example, reduced government budget in the provision of social services and introduction of different complimentary schemes, such as the cost sharing system, have impacted heavily on the people especially in poor households. A significant proportion of the rural population is yet to receive adequate health services, and, where the services exist, they are often in inadequate condition.

As indicated above, and in recognition of the importance to ensure that the psychosocial well-being of the MVCs is taken care of, the Government has developed guidelines for Trainers to sensitize/capacity build guardians to provide these needs (URT, *undated*). But as has also been indicated, poverty, and erosion of traditional community networks have brewed irresponsibility to orphaned children, while abusive traditions have caused personal insecurity, sometimes leading to physical abuse of orphans. Enhancing community capacities to handle

⁸ ref Mashamba, in Using the law to Protect Children’s Rights in Tanzania, 2004, pg 2 - 25

the implications of HIV/AIDS is now being given priority as most locally relevant approach to handle the orphan phenomenon.

NGO activities such as the HUMULIZA project working in Kagera region and WAMATA in several places of Tanzania that provide community-based practical psychosocial support for children affected and infected by AIDS are gradually giving strength and hope for the future to the few children they can reach. While the Social Welfare Department in collaboration with UNICEF has introduced a programme called the Community Justice Facilitation (CJF) which aims to equip young people and members of the community with basic knowledge and skills on legal rights, human and child rights (MDC, 2005). The CJF programme responds to findings on a range of abuses inflicted on children that arise from orphanhood, child exploitation, special vulnerability of the girl child and others. From this programme Community-based CJF team has already been trained in several Districts, including Makete District. The Ward level CJF team is the primary level team expected to disseminate this information at grassroots level.

2.1 National Programmes and activities for MVC

The Most Vulnerable Children (MVC) programme is the only institutionalized and comprehensive community based programme for care, support and protection of the MVC/OVC in Tanzania and is co-ordinated by the Department of Social Welfare in collaboration with UNICEF. Initiated in 2003, the approach focuses on strengthening existing care and support practices, and at village level, identifies the means and channels of support to the most vulnerable families identified by the villagers⁹.

The programme involves the following activities:

- Formation of MVC Committees at community/grassroots level to ensure community ownership and sustainability of the programme
- Establishment of MVC welfare funds to meet immediate basic human needs, such as livelihood needs, education, medical treatment and clean and safe water
- Facilitation of district/community MVC identification teams

⁹ UNICEF, 2003

- Identification of individual MVC/OVC in villages and other communities according to community relevant criteria and providing them with the required support.

National guidelines have been drawn to ensure that the support of MVC and OVC is coordinated from grassroots level up to the National level, and the guidelines also provide for the establishment of structures to facilitate and monitor the work. MVC committees have therefore been formed at various levels of administration. In some communities, the MVC committee has been the most important structure in implementing the MVC programme. District and Ward MVC committees have also formed. One of the primary targets of the process has been to ensure the access and retention of these vulnerable children in either formal or non-formal schooling systems. Their responsibilities in some cases have however remained nominal rather than instrumental, since the pressures on themselves to survive have limited their capacities to monitor these children continuously. In any case, the formation of MVC Committees has indeed been a central community based support strategy within which MVC/OVC have been reached.

2.2 The Mama Mkubwa fostering scheme

The Mama Mkubwa initiative is an informal fostering scheme for the care and support of orphaned children. It was originally developed by members of Rufiji District's Branch of the Society of Women against AIDS Tanzania (SWAAT) in 1995-96, in collaboration with the National AIDS Control Programme of Tanzania (NACP/SWAAT-R, 1999?). One of SWAAT-Rufiji's documents states that "confronted with the growing number of AIDS-orphans in their own home villages in Rufiji District, SWAAT members had organised themselves into what was later called Mama Mkubwa (MM), (a Swahili term referring to the mother's elder sister) targeting the support and care of orphaned families (NACP/DANIDA, 1997:3).

In other communities Mama Mkubwa is referred not only to the elder sister or cousin of mother, but also to an elder woman usually friendly to the mother. In most Tanzanian traditions, Mama Mkubwa is normally expected to be responsive or sympathetic to her younger siblings' affairs and plight, and normally being older in the family, she may assume the responsibilities of the older grandmother especially when the mother is incapable – such as taking care of the babies

when the mother needs to finish her education etc. It was therefore culturally appropriate to introduce a surrogate MM to handle orphans in their communities.

SWAAT-Rufiji's MM comprised of women who ranged from Civil Service workers, peasant farmers, business women and housewives. In order to provide social support and assistance to orphans, the NACP encouraged home visits where other needs such as physical, psychological, spiritual and legal needs could be addressed. This was taken up by the MM who operated by organising regular visits to orphaned families. Each MM became responsible for 3-4 orphaned households. Being a volunteer worker, the MM was paid a TShs 2000 allowance a month for covering her own expenses and a maximum of TShs 4800/- per month for each family she is caring for (NACP/DANIDA, 1997:3).

The roles and responsibilities of MM outlined by SWAAT-Rufiji are in line with the current Government guidelines for guardians of MVC and OVC¹⁰. Yet in terms of the care and support of MVC, the MM initiative has been credited as one of the best and innovative responses to the MVC phenomena, and as a strategy that calls for identifying low-cost, locally relevant and sustainable approaches to this growing problem. Some the advantages that were by then envisaged to be achieved through the MM approach included the following:

- Was associated with the traditional patterns of care of orphans in African Societies, where normally the relatives look after them
- The child can remain in its familiar environment and contact MM who lives in the neighbourhood whenever a problem arises
- Relatives neighbours and whole communities can be involved in taking responsibility for the care and support of the orphans
- Such model is limiting the need for orphanages and the number of street children in cities like Dar es Salaam
- It is less expensive [to operate] than orphanages

After one and a half years in operation, several lessons were learnt from Rufiji's MM programme, that solidify the advantages envisaged, but what was more important was the fact that MM, living in the vicinity of the children, was easily reachable, could maintain periodic

¹⁰ Makete District's Social Welfare Officer explained that Mama Mkubwa can be taken as another name for Mlezi – ie guardian.

monitoring and at least provided the 'ear' to listen that young orphaned children needed very much.

According to the the National MVC Identification Process and Response Guide¹¹, Makete's Mama Mkubwa fall in neatly with Step 6 and Step 7 of the Guide that elaborate Community level planning for activities and processes. This is because of their potential in provision of care and support to MVCs at village level, including the continuous monitoring and identification of needs specific to these children.

¹¹ Draft Report, Department of Social Welfare, Dar es Salaam, August 2001.

3.0 THE STUDY AREA: MAKETE DISTRICT – A Brief Socio-economic Profile

Makete District is one of the six districts of Iringa Region, and is located in the Southern Highlands of Tanzania, in the south-western parts of Iringa region. It is situated within 8 degrees 45S and 9 degrees 40S Latitude, and 33 degrees 85 and 34 degrees 30 east of the Greenwich Meridian.

Administration: Makete District is administratively divided into six divisions (Tarafa), namely, Lupalilo, Bulongwa, Matamba, Ukwama, Ikuwo and Magoma Divisions. The District has 17 Wards and a total of 98 registered villages. This study was conducted in Iwawa and Mang'oto Wards both within Lupalilo Division.

Climate: The District has two major climatic zones, the highland and the lowland regions. The highlands are found at the altitude 1500-3000m a.s.l. and receive an annual rainfall of 1300mm. This area has an average temperature range between 4-20 degrees, sometimes the temperatures falling sharply and causing frost that occurs in scattered and variable pattern in the highlands. These low temperatures affect agricultural production, damaging crops such as maize when still on the farm, and therefore also household food security. The lowlands occupy a relatively smaller area of Makete District, lying between 900-1500 meters a.s.l. and receives an annual rainfall of between 500-800mm. These lowlands sometimes experience localised droughts.

Population: The district has a relatively small population compared to other districts in the region, and has the second lowest growth rate (0.2%) in Tanzania after Lindi Urban District. District estimates put the total population (2004) at 106,061 with 57,465 females and 48,596 males, a slight increase from the figures in 2002 whereby the population of the District according to the 2002 National Population census, was 105,775¹², whereby females are 57,396 (54%) and males are 48,377 (46%). The sex ratio is 84% (males) to 100% females although the ratio for all ages under 19 years is 1:1. The dominant tribes in the District are, WaKINGa, WaMahanji, and WaWanji. There is relatively little in-migration for settlement, particularly because of the limitations in developing viable income generating activities.

¹² a decrease of more than 10,000 from the 1988 Census figures of 118,750 people!

The Local economy and resource endowment: Despite the number of efforts made to raise local incomes, such as those through improving land productivity or establishing small-scale projects, the natural environment in some parts of Makete District makes it quite challenging for local households to sustain themselves. This is especially the case through agriculture, the mainstay of the economy. In the highlands where Lupalilo Division is located, for example, maize production takes nine whole months, leaving little time for other crops, and challenging household food security. Land shortage and low productivity of land are also common problems. Although endowed with an ideal climate for forest plantations – especially species for timber, Makete District is not quite ideal for businesses. The poor communications infrastructure limits marketing of timber as well as other crops, such as the perishable round potatoes and fruit.

Land use and land tenure: The District occupies an area of 580,000 sq km, of which 72% is arable land, 9,000 ha is covered by game reserve, 11,812.1 ha are under natural forest reserves and 7,313 ha are plantation forest. Of the total arable land, only 62,000 ha are under cultivation, 24,459 ha are grazing land, representing 20.3% of the total arable land (MDC, 2004b). District and community sources during this survey estimated that average farming land per household in many villages is very small, ranging between 2 ½ acres to the few who can own 5 acres. In Isapulano village for example, some households own more than 5 acres of land and could therefore produce enough food. Most households raise crops in *'isilimila isidebe'* ie small plots of land – usually about ¼ acre or less, and small gardens on the valleys called *'vinyungu'* for raising vegetables throughout the year.

This fragmentation of land is a result of traditional patterns of inheritance in which the head of the household divides his fields between himself and his sons, generation after generation. The fragmentation is also a result of villagization and the implications of the 1971-74 centralisation of communities which resulted to limiting farming systems – allocating an average of 2 hectares of land per household for food and cash crop production. In attempts to address land shortage, many people resorted to traditional farmlands that are located far from the settlements but at least have more space for farming. For the women who are expected to be the main providers of food for their households, and the major agricultural producers in the district, the distant to these farmlands has meant an added burden on their workload (HIMA 1994:13).

Major economic activities: Most of the livelihood activities enable households to earn limited incomes. Subsistence agriculture is the major source of sustenance, occupying about 80 % of the households in the district. Most crops are grown for both food and cash, the main ones being maize, wheat, rice, round potatoes, peas, beans, sorghum, millet, sweet potato, vegetables and fruits (MDC, 2004b). But agricultural performance is poor, low productivity being a result of declining soil fertility from exhaustion, use of poor implements (hand hoe), poor soil erosion control, minimal use of agricultural inputs such as fertilisers, because of poor farming practices – caused by limited extension, or high costs of inputs. Other activities include livestock keeping, timber production and petty businesses at small scale. Most household members are thus compelled to engage in multiple jobs and activities to make ends meet.

The traditional cash crop of pyrethrum has lost its prominence due to marketing problems, causing many households to stop its production and maintain tree plots instead. Informants at Ndulamo village actually said that the Village Government strategically advised its residents to establish tree plots in place of the redundant pyrethrum plantations (02/06/2005). Information from the District Agricultural and Livestock Development Office confirmed that only a few Wards are currently active in pyrethrum production and there are plans to rejuvenate it this season. Coffee production is another income source but in relatively small scale and limited to a few Wards.

The Income per Capita is therefore relatively low, being TShs 113,000 (2003 estimates). District officials claim that the fall in pyrethrum as a reliable crop, declining productivity and HIV/AIDS related complications are some of the causes of this declining income (MDC, 2005). The situation is therefore quite straining for poor households especially those caring for MVC/OVC. The low productivity in agriculture and the erosion of their traditional domains of income, that are pyrethrum and timber in some of the villages, has discouraged the menfolk, many of whom usually migrate outside the District sometimes for prolonged periods of up to 8 years either to work in forest plantations/timber works etc. Seasonal migration to the Tea plantations of neighbouring Mufindi and Rungwe District, once very common has currently subsided to a minimal because of strict District regulations against the habit of taking young and supposedly schooling children to the plantations. Reports from the DALDO's office indicate that the District has a lot of potential in agriculture, abundant water sources and good land for agriculture, and therefore has plans to promote agricultural production through village-based, development programmes that will include technology, improved methods in demonstration

plots, training, visits, and even attracting investors for large scale farming¹³. The people also believe that there is much promise in agriculture but the investments in enhancing productivity still lag behind the ideas put forward.

Livestock keeping also has some potential for raising incomes in the District, but it has not yet been fully exploited. The district is estimated to have 29,483 cattle, 25,095 goats, 14,499 sheep, 4,852 pigs, 244 donkey, 51,793 chicken, 1,518 rabbits and 54,789 guinea pigs (*simbilis*). Free range grazing of the larger stock is common and since for most of the year the stock is far from farms, the use of manure to fertilise farmlands that are located near homesteads and more dependable for food was seen to be limited.

Timber production is currently the most significant income generating activity (especially in Lupalilo, Ukwama and Bulongwa Divisions), and controlled by men. The activity also extensively involves women and children (sometimes as young as 10 years old) in carrying raw timber by head to the roadsides for transportation to marketing points. In the highland areas of Lupalilo Division, these women and children earn between TShs 20 – 50/- a piece depending on the distance. There is also a range of small businesses, and small-scale industries such as carpentry, weaving, pottery, and brick making. Lack of appropriate small scale technologies to support small industries such as processing plants add to people's limited opportunities and the drudgery of production activities. Other kinds of daily paid labour (*vibarua*) for a cash income include farm work.

Capital and Credit: Several institutions provide small amounts of loans or credit for supporting small business ventures. These sources include the District Council and some NGOS. Most loans are in the region of TShs 50,000/- that initially were given without basic education on how to develop or manage mini-projects. The rate of non-payment of the loans has therefore been high because of unsuccessful ventures. A few institutions, however, such as the Iringa Development of Youth and Disabled Children Care (IDYDC) and Student Partnership Worldwide (SPW) combine their assistance with education on project management.

¹³ Makete District Agricultural Development Programme 2004-2005

Social services and related infrastructure:

Literacy rates and Education facilities: The literacy rate for the population aged 5 years and above is 64% while net enrolment rate for primary Standard I is 80%. Almost every village has a Primary School and in total, there are 53 pre-primary schools, 89 Primary Schools, 12 MEMKWA centres, 8 Secondary Schools; 99 centres for Adult Education and only 2 Institutions for technical training (vocational training). Among the few villages that do not have a Primary School include Ludihani village of Iwawa Ward, where pupils are compelled to track to Iwawa town for school. This is a daily 3 km walk to and 3 km back from school. In such circumstances, coupled with the frequent extreme weather conditions, abscondment especially by the MVC/OVC in order to attend other necessary needs such as work for cash is therefore very likely.

Health Services: Makete District has a good number of Health facilities, having 3 Health Centres, 24 Dispensaries and 98 Primary Health Centres including three hospitals, Ikonda Hospital (run by the Roman Catholic Church), Bulongwa Hospital (run by the Evangelical Lutheran Church of Tanzania - ELCT) and the District Government Hospital. However, the services and outreach are inadequate. The whole District has only 10 Professional Doctors, and the District Government Hospital only one. This shortage in professional staff, coupled with extreme resource limitations such as enough medication and facilities at Makete District Government Hospital, has compelled many people to resort to Ikonda or Bulongwa Mission Hospitals for treatment, especially for complicated cases. In addition, one-third (1/3) of these facilities are within a 15 km radius from the people and therefore making accessibility quite complicated. The poor road condition has worsened this accessibility and many families have to carry their sick on stretchers (*machela*) or bicycle to the nearest road side or health facility. What was also evident (according to oral sources) is the common influx of local people who had migrated elsewhere being brought 'back home' when seriously ill' for the last minute care and support of family and kin. The figures of AIDS related deaths in the District is said to be exaggerated because of the sick becoming hospitalised within the District and therefore counted as among Makete's AIDS mortality rates.

Communications Infrastructure: The poor roads infrastructure within the District and between Makete and neighbouring Districts such as Njombe and Mbeya rural District has '*peripheralised*' Makete, discouraging investments and worsened household economic status.

There is only one public bus transport plying between Makete and Njombe, along a not so well maintained road that does not have tarmac, otherwise people have to board private pick-ups or government and other institutions vehicles for a fare. Trucks ferrying timber to Njombe and Mbeya are more common, but less ideal for normal transportation. Poor transportation has therefore limited people's movement, discouraged transporters and has definitely limited marketing of local products such as round potatoes and fruits (peaches).

Gender issues: Male out-migration still influences the status of household sustenance as discussed in HIMA (1994), and as was expressed by a female respondent that;

"tusemage na ukweli, kwamba kuolewa ndio una raha? Mtu mwenyewe anapasua mbao, anaenda Njombe kuanzia Januari hadi Desemba ndio anarudi!, tunajitafutiaga wenyewe tu!" (lit: lets speak the truth, that to get married is to be happy? The person produces timber, he goes to Njombe from January to December that is when he comes back! We fend for ourselves! - Respondent, Ludihani village 6/06/05).

What is implied here is that women being de-facto heads of households in Makete is very common, although land and valuable property like the house remained under the control of the man – even if absent for a long time. To make ends meet most women therefore depended on small scale marketing of food crops, engaging in daily paid work such as carrying timber and gravel, and making local brew (*msabe, komoni*), or selling ulanzi, a bamboo wine. Another way of making a living was for these 'abandoned women' having intimate relations with other men, some of them getting children from these liaisons, the threat of HIV/AIDS notwithstanding. Several Mama Mkubwa had also been forced to resort to this practice. 'Avivola mbao' (ie labourers in the timber business) were mentioned as notorious in luring abandoned wives and young girls because they had cash available.

Women's burden of maintaining the household has now been multiplied by the HIV/AIDS scourge, as the number of orphans keeps on increasing and many of the able-bodied relatives dying or sick. Women's burden was evident across generations where elderly grandmothers have become responsible for their orphaned grandchildren. A frail grandmother at Ndulamo village had to leave her marital home to go and live with her two orphaned grandchildren after the deaths of her seven children. Her husband was not ready for the responsibility since he had another wife.

Other practices that challenge women's status include the common tendency of young men abandoning girls they make pregnant, therefore leaving the burden of care to the girl, many of whom are not able to support themselves adequately¹⁴. Iwawa Ward officials explained that many girls have been victim of this practice, forcing them to engage in behaviours that make them more susceptible to HIV infection. It was clear that many women are ignorant of the law and their rights in terms of such liaisons, in addition to an unsupportive local government that has disadvantaged women who therefore continue to be victimised¹⁵. Wife inheritance 'ukuhala', is now a practice that is dying gradually especially due to awareness campaigns on HIV/AIDS among the communities¹⁶. Some women have themselves become defiant. A 28-year old widow in Ivalalila village said "*never!, to be married again! And with the current situation whereby diseases are rampant? He left me with one child, and had built a house for me, I will just stay alone there!*" (MM, Ivalalila village, 4/06/05). Early marriages are however common and female MVC are usually more vulnerable to the attraction of such marriages especially after Std VII, a situation some MM were not particularly happy with.

3.1 HIV/AIDS and the situation of MVC/OVC in Makete today

The prevalence of HIV/AIDS and its implications to the community is one of the four biggest threats to its development as singled out by the District¹⁷.

¹⁴ It was explained that the tendency of parents 'allowing' suitors to stay with their daughters in anticipation of formalizing marriage later has contributed to this tendency and a lot of unwanted pregnancies and single parenting.

¹⁵ The Assistant WEO explained how the Baraza la Usuluhishi at Iwawa Ward level sometimes declare a 'misbehaving wife' to be sent to her parents' home for 6-months as punishment for petty issues such as mismanagement of household finances (14/06/2005).

¹⁶ Iwawa town has several anti-AIDS campaign posters displayed along the major roads stating 'inheritance is okay, but not widows!', indicating the gravity of the problem.

¹⁷ Makete District Council Report on the status of Service Provision, 2005, pg 5

According to the 2002 National Census, more than 1% of the population aged 0-17 years were orphans (both parents dead). For the entire population of Makete District there were more female than male orphans. The incidence of orphanhood was higher among female children (4.82%) compared to male children (4.42%). URT1, 2001:25

According to statistics collected in late 2004 by the District Social Welfare Office, the situation of MVC/OVC in Makete District is indeed growing. District figures indicate that 35% of the 41,413 children in the District – ie 13,867 children - are orphans. Other important statistics are as shown below:

- 6889 MVCs in the district, 3322 of which are girls and 3567 are boys.
- 561 child headed households headed by children of 14 and under
- 2506 are double orphans¹⁸

Statistics on the rate of deaths in the District are also significantly high, although contentious with respect to them being an indicator of HIV/AIDS-related mortality rates for the District. This is because of the above mentioned explanation that it was customary for people who had migrated outside the District to be brought home (Makete) for burial or care when very ill. Nevertheless, and in view of the small population of Makete District, ie 105,000, the impact of death was significantly felt. This was illustrated by most Heads of Primary schools in which the population of orphaned schoolchildren was increasing, and therefore demanding increasing attention as the figures in Table 1 suggest.

Table 1: Makete Primary School: Rate of increase of orphans over a 3 year period – 2003-2005

Date	Total No of orphans
March 2003	- 152
June 2003	- 182
Dec 2003	- 189
March 2004	- 214

¹⁸ *ibid* pg 56

June 2004	-	203
Sept 2004	-	219
Dec 2004	-	231
March 2005	-	239

Source: Makete Primary School records, Makete, June 2005

The orphans are identified and registered at Village or Hamlet level by Hamlet leaders and MVC Committees. The MVC Committees that were established in 2003 in the District usually report to the VG the periodic occurrence of another orphan and therefore, at least at Village level, the incidence of orphans is known and up-to-date. The incidences being communicated to the schools is however not automatic, and as was established during the study, it takes the initiatives of the head teacher to get the numbers and names from the VG or elsewhere.

Village leaders in Makete received a two-day training in 2003 organized by the District AIDS Coordinator, after which they were facilitated to form MVC Committees through a public process of selecting members at a Village Council. At least one member of the Committee is an MVC, while some of them are members of the VG. The duties of MVC Committees in the villages include identification of MVCs, and practical aspects of day to day living such as advise, encouragement and counselling on practical life skills. MVC Committees also advice on working for an income, and attending school. The MVC Committees are also responsible for managing the MVC accounts in collaboration with Village Governments.

Material and institutional support to MVC/OVC from Donors of various categories have been important aspects in the MVC/OVC support programme. Makete District has been the recipient of significant sponsorship and donations directed for HIV/AIDS and the MVC/OVC cause. Donations and financial support from Institutions, NGOs, CBOs, FBOs and individuals are frequent, most providing basic items such as foodstuffs, clothing, school uniforms and soap.

Direct funding by the District Council was initiated before the establishment of village MVC accounts, whereby 1% of 1% of District revenue was allocated to support the education of orphans. This money was put under the Makete Education Trust Fund (METF), whose source of funds dwindled after the abolition of [nuisance] taxes by Government in 2002.¹⁹ District officials admitted that this directive affected METF's capacity to support the schooling of orphaned pupils in Secondary schools. According to the District Education Officer (Statistics), by June 2005, METF had still not paid fees for 227 out of the 331 Secondary School students it

¹⁹ Records of District Education Office, 13th June 2005

is financing. According to the Officer, Heads of the Schools have been advised to refrain from dismissing MVC students on account of non-payment of fees, because it is usually a management mishap not of their making.

The District Council also has plans to allocate TShs 50,000/- to every MVC account per annum (ref appendix vi), but according to the District Social Welfare Office, this has not been possible due to lack of adequate funding.²⁰ Villages also have drawn strategies to boost their MVC accounts – ranging from proposals on cash contributions of TShs 100-200/- per household to the sale of crops from the Village shamba or projects and some of the income deposited in the account. Cash donations by individual households had proved complicated and all villages reported that they had not been successful through this strategy. What was seen as working though in petty amounts was money collected from sale of crops to boost MVC accounts. Maleutsi village had by June 2005 collected about TShs 20,000/- for this cause that would be added to its MVC account. .

The most reliable source of funds has therefore been UNICEF. A total of TShs 7,717,000/- was given to assist 2,566 MVC in 21 villages. This money was allocated between TShs 125,000/- and 400,000/- to every Village MVC accounts for the year 2004²¹. The amount of money given has depended on the population of MVC in the village, and the level of village contribution to the MVC account. The Global Fund for AIDS had also given Makete District a total of TShs 5 million that was distributed to 10 villages through their MVC accounts for the same purpose²². Of late, and according to the District AIDS Coordinator, the Global Fund for AIDS has provided an additional cash donation to be given in amounts of TShs 200,000/- to selected MVC households in the District that are in destitute circumstances. The DPIO's office had by June 2005, drawn the names of 43 households to receive these funds.²³

The most recent response to the MVC/OVC cause is the initiation of the Community Justice Facilitation programme (CJF) in the District that had by May 2005, trained 170 CJF facilitators from all Wards. The use or even existence of the MVC account is however not transparent

²⁰ discussion with District officials, 3rd June, 2005

²¹ These funds are sent through the District Council after disappointments owing to embezzlement by some Village Committees that initially used to receive the funds from UNICEF directly.,

²² Makete District Council (2005) *op. cit.* pg 56. The Global Fund Round 4: Orphans and Vulnerable Children Project has developed a 5-year partnership project with 24 Districts of Tanzania that will identify and respond to the needs of 300,000 MVC in these districts. Makete District is among those identified for Year 1 of the project. The Department of Social Welfare is one of the Lead partners in this project.

²³ Records given during consultations with Makete DAC, DPIO Office, June 15th 2005

among local communities. Some MM were not aware of the existence of this account (Ivalalila, June 2005), while some did not know why the account is not used to cater for the material needs of MVC/OVC (Isapulano, June 2005).

The following table summarizes efforts directed to the MVC/OVC cause in Makete District.

Table 2: Service to MVC/OVC in Makete District, up to May 2005.

Type of Service	Target	Achievements	Gap	% of Implementation
Identification of MVC	Whole District	All Wards	-	100
Training of MVC Committees	Whole District	All Wards	-	100
Training of MVC guardians	17 Wards	5 Wards	70	30
Counselling of schooling orphans	15 Primary Schools	10 schools	33	67
Training of Community Justice Facilitators	All 17 Wards	All Wards	-	100
Support to MVC and CJF Facilitators	All 17 Wards	11 Wards	35	65
Financial support to MVC Committees in some villages	98 villages	27 villages	28	72

Source: Makete District Council Report on the State of Service Provision, May 2005. pg 56

Education and Training support: There are several programmes run by some of the Education and Training Institutions in the District targeted for MVC/OVC and most schools have integrated modules for teaching and sensitization on HIV/AIDS prevention including life skills. A special class on HIV/AIDS is taught to all Std V up to Std VII pupils in Iwawa Ward. Peer education on HIV/AIDS prevention facilitated by the Makete NGO network has been introduced and in some villages there was evidence of house to house information dissemination being carried out (Ivalalila village).

Further support is provided by Government through a special Scholarship Grant to Secondary School Pupils from Low Income Households that has been able to support a number of academically able MVC since 2004 for further education (URT, 2004b). Through this grant, 31 orphaned students were supported for the year 2004, and 39 for the year 2005 (Makete District Education Office Records, June 2005).

4.0 MAMA MKUBWA in MAKETE DISTRICT

The Mama Mkubwa initiative in Makete District was introduced by the Tanzania Home Economics Association (TAHEA), Iringa Branch in 1999. Its mission is to empower communities to achieve better nutrition and economic status for their sustenance. Since its membership is open to both women and men of a range of occupations, the organisation in Makete comprises of Teachers, Agricultural Officers, Community Development Workers and Health Staff. Most TAHEA members in Makete are District officials with quite engaging responsibilities at that level. TAHEA, which started activities in Makete District in 1993, by giving education on nutrition, and establishing Income Generating projects for women began working on HIV/AIDS in 1995, giving education and care to orphans and orphaned heads of households. In 1998, through support from UNICEF, TAHEA made an assessment of the situation of orphans in Makete District and identified that a big number of orphans were faced with starvation, poor education, lack of schooling facilities, child labour and did not have any kind of support. An example of the situation in two villages in 1999 is given below²⁴:

Table : Situation of orphans in two villages in 1999, Makete

Name of village	Widows	Number of orphans	Situation
Ndulamo	125	116 (girls)+100 (boys)	No schooling 43 (girls)+42 (boys)
Ivalalila	68	49 (girls)+ 49 (boys)	No schooling 9(girls)+16 (boys)

Source: TAHEA Office records, Makete, June 2005.

The initial survey in the District also illustrated that the number of orphans was greater in Iwawa Ward, hence TAHEA's choice of the area to initiate the MM process. The villages of Ndulamo, Ivalalila, Ludihani and Isapulano were finally selected among the 8 villages of Iwawa Ward. In addition, TAHEA also facilitated the formal identification as Mama Mkubwa of Mama Tabia Ilomo of Ikonda village in Lupalilo Ward, whom according to TAHEA officials was already performing the duties of a self-styled MM out of her own initiative.

Hence, similar to the experiences of Rufiji and other Districts in Tanzania, the dearth of guardians caused by HIV/AIDS stimulated ideas on new ways for coping with the crisis. TAHEA

²⁴ TAHEA files, Makete, 1999.

therefore followed Rufiji District's initiative of introducing Mama Mkubwa, as the most appropriate and culturally sensitive approach to the orphan's crisis.

According to TAHEA, Mama Mkubwa ideally, could be any woman in the village who has the following qualities:

- commands some social respect in that community,
- is endowed with love for children, and more important,
- by choice of the children to be cared nominates her as Mama Mkubwa (in other words, that the children who have to be cared by Mama Mkubwa must have chosen that woman to be their Mama Mkubwa).

TAHEA then facilitated the identification and capacity building of 40 MMs from the 4 villages including Ikonda village's MM in 1999. According to TAHEA officials, this step was assumed to be an initiator for a District wide process, but unfortunately, lack of funds and lack of purposeful and integrated planning at District level did not allow the continuation of the MM initiative in other parts of the District²⁵.

In 2002, TAHEA Iringa conducted an evaluation of the MM process that illustrated the challenges to provide material support that the MMs were going through. In addition, it seemed that the burden of care was placed on MMs with minimal Village or District Government support, apart from the isolated donations extended by FBOs. TAHEA then advised the MMs to form income generating projects as a group to help them provide more support.

In January 2005, through a TShs 8 million support from TACAIDS, INGONET, the Makete District Branch of NGO network in Iringa dealing with HIV/AIDS, conducted a pre-survey in Iwawa Ward, for the purposes of learning about the effectiveness of TAHEA's MM and possible replication. According to INGONET's report, the very simple request of asking the MVC in Ivalalila and Isapulano villages to stand behind their respective Mama Mkubwa was botched by the children, some of them confusing the MMs while others simply denying to stand behind the MM they had been 'assigned to'. This experience was not the case in Ludihani and Ndulamo villages where all MVC were able to attach themselves to their MM. One of the children in the

²⁵ A District Official was of the view that it was difficult for the District Government to take up the idea of TAHEA, the latter being an NGO, with different kinds of funding and planning systems.

other two villages was quoted to reply that "*ni mkali sana*" (lit: she is too strict) when he was asked why didn't he stand behind his MM.

4.1 The Identification process

According to village communities, the identification of Mama Mkubwa in the 4 villages of Iwawa Ward followed a participatory process involving MVC/OVC themselves. These children were encouraged to propose names of women whom they thought would be ideal Mama Mkubwa following a directive from TAHEA in 1999²⁶.

This identification has been commended by local people as indeed a people's process compared to other processes involving the identification of Community-based facilitators. Cases mentioned in this case include the selection of HIV/AIDS peer educators and Community Justice Facilitators whose selection claimed to be more in the form of arbitrary appointments done either by Village Heads or District officials.

"We were called at the Head teacher's office and asked if we could mention women we thought could be MM. We were then called to the village office and asked to stand behind the women we had mentioned. We were then told that this is your Mama Mkubwa. (Std VII MVC, Ivalalila)

The identification process of MM was overseen by Village Government Leaders and Hamlet leaders, who summoned the children and asked them to mention names of women they thought would fit the role. Older children made accounts of how they were called to the VG offices and encouraged to mention the names of such people. The process also ensured that the Village Government reviews and approves the selection of identified MM prior to acceptance of and taking the responsibility.

Indeed, women of outstanding social esteem were identified, including Community leaders such as Church leaders, Members of the Village or Hamlet Governments, active business women and neighbours. Some of these women were previously known to the children through

²⁶ According to this directive, TAHEA directed VG to facilitate the identification of 10 women in each village who would be trained as Mama Mkubwa

church-based programmes that donated small items such as soap or clothing to orphans [eg Mama Tinausi Luvanda – ELCT church - Isapulano village]. Others were close because of their individual gestures such as offering food stuffs such as round potatoes even though occasionally [eg Mama Daudi – Ndulamo village], or through their efforts to mobilise community sensitivity to the plight of orphans and the destitute [eg Mama Tabia Ilomo of Ikonda village]. In addition to being influenced by these acts of generosity, to some of the children however, the identification of a MM depended more on loose definitions of closeness, some of them quite humorous as the following box illustrates.

Box 1: Identification of Mama Mkubwa

One of the Mama Mkubwa was mentioned because of her humorous antics when she gets drunk – but the children liked her, and she proved to be quite caring, while another Mama Mkubwa selected for other reasons had to be reprimanded because after being intoxicated she would scold the children to the extent of making them uncomfortable.

The concept and practice of MM was originally planned to cover the whole of Makete District, with the expectation that the District Government would facilitate the process, but the idea has not materialised. However, MM has of late – May 2005 been introduced in the 6 villages of another Ward in the District, Mang'oto Ward by INGONET, the Makete Branch of Iringa AIDS NGO Network. These are referred to as INGONET MM. These MM, who are 20 in number, have been given a 4-day training in March 2005 facilitated by INGONET Makete Branch through a support received from TACAIDS. The number of MM operating in Makete today is therefore as indicated below;

Table 3: Number of working Mama Mkubwa in Makete District

Name of village	Ward	Original number (1999)	Current working MM (June 2005)	Reasons for dropping out or difference	Fresh intake (untrained)
Ndulamo TAHEA	Iwawa	10	9	Resignation, sickness	2
Ivalalila TAHEA	Iwawa	10	8	Death, left village, other duties, sickness, age	6
Ludihani TAHEA	Iwawa	10	10*	- -	-
Isapulano TAHEA	Iwawa	10	7	Left village, resignation	0
Ikonda	Lupalila	1	10 (3 men as Baba Mkubwa)	+ felt need for care and support	9
Mang'oto Ward (6 villages)	Mang'oto	20 (w.e.f April 2005)	20	na-	Na

* Ludihani village is the only community that has not made any changes to the original MMs identified since 1999. They have had no need to do so they have less a load in comparison to MMs in other communities. Ludihani is the smallest populated settlement in Iwawa Ward, and only designated as a full village by arbitrary decisions due to its isolated location from other settlements. One MM in Ludihani had to be summoned and counselled/reprimanded by colleagues after too much drinking caused her to be aggressive to the MVC. She has since changed her attitudes towards MVC



Mama Mkubwa of Ivalalila village, June 2005

Capacity Building: To ensure that they were equipped for the roles, UNICEF supported the capacity building of the selected MM on providing psychosocial support, counselling skills and on HIV/AIDS prevention and care issues including child care. The training was as a one-week session in December 1999 held at Tandala MTC college, in Ikonda village. The content of the training concentrated on equipping MM with skills for providing emotional support, stressing on love, closeness and care to the children. To be able to communicate better with orphaned children, MM were also facilitated to understand grief and loss from children's experiences of death; and situations when they were in distress²⁷. Specifically, the training covered topics such as:-

- enabling orphaned children to handle loss and grief after the death of their parents
- how to ensure that children get their basic physical and social needs after being orphaned – including safety, love and belonging, self respect, dignity and personal growth,
- coping with stress
- forming new attachments, such as with MM
- Education on HIV/AIDS prevention.

The MM also recalled that in the course of facilitation during their training, the women were encouraged to provide small material items such as soap or pencils or food to the children – as far as they could – an encouragement done in typical Tanzanian tradition of caring for the needy – ie offering material assistance.

In the understanding of one Mama Mkubwa after the one-week training in Ikonda was, *"Mama Mkubwa anatakiwa awe ana upendo kwa watoto, awe mkarimu, awe mcheshi kwa watoto, asiwe mnyimi, awe analima, yaani ana chakula na watoto wakienda anawapa chakula, asiwe na hasira, akikuta wanaruka kamba/wanacheza acheze nao ili wajisikie kama mama yao yupo"* (lit: Mama Mkubwa is supposed to be loving to the children, to be generous, to be humorous to the children, should not be a miser, should be farming, that is, should have food so that if the children come to see her she may be able to give them food, should be able to control her anger, if she sees them skipping rope or playing she should play with them so that they may able to feel as if their mother was there - Ludihani, 06/06/05)

They were also told of the DON'Ts – *"not to mistreat them, not to scold or slap them, not to make them work for you even for a kibarua – daily labourer. If I give one a kibarua, people will speak badly of me saying I am mistreating the MVC (nawatumikisha)"*

²⁷ The HUMULIZA Training Manual was used for topics on psychosocial support.

The training, as illustrated above, focussing on loving and care for the children, did not include complementary skills development for MM themselves. They were taught to serve, but were not given skills to empower themselves economically in order to have adequate ability to serve children materially. Bearing in mind the constrained economic environment that women in Makete are faced with, MMs were put in a situation that they provide emotional support, they have been operating within the same limited resources, limited productivity, and have not had opportunity to improve incomes.

Responsibilities to MVC/OVC: The allocation of MVC/OVC to each MM was done by the Village Governments in order to allow at least a 'fair' distribution of responsibilities among them and sharing of the burden. The basic criteria used for distribution of MVC/OVC to MM were the administrative unit of the Hamlet, and the number and situation of MVC/OVC in that hamlet. Each MM is therefore allocated children within her Hamlet. Using the Hamlet as a key criteria has however made it very difficult to maintain regular visits especially where the physical layout is challenging eg hilly or huge geographical expanse of the hamlet is the case. One such case is the task that the MM of Kilanzi Hamlet in Ndulamo village experiences, and therefore it has sometimes been quite exhausting for the MM to keep track of the children or to visit all of them.

In other villages, the large number of MVC/OVC had necessitated that each MM be assigned a significantly large number of children to support. This was not the case with Ludihani which has a small population of MVCs for the 10 MM that are currently operating. But for Ndulamo and Isapulano villages, many of whose orphans were in a pathetic state, the number exceeded 20 per MM (ref appendix iii). According to the VG, the logic behind this huge allocation was the fact that most of the MVC and other vulnerable children were both in destitute circumstances and therefore difficult to distinguish who deserves concerted support by MM. This led to a situation whereby suddenly, the number of children asking for this or that was enough to discourage the MM, while to others having many children to support without having the ability to handle their demands proved over-bearing. From the interviews it seemed that many of the MM were initially taken aback by the practicality of the burden they were supposed to bear, some of them commenting that the workload was not expected to be that heavy!

Activities: There is no 'fixed' job description, but there are general expectations that an MM was supposed to maintain. Their major responsibility was supporting those households whose

children have become vulnerable as a result of circumstances of life by providing courage, love and attending to the daily social demands that children in their circumstances may have. These include making weekly follow-ups on the orphaned children especially the Child headed households or those who are in households headed by very elderly caretakers or terminally ill parents and carers. Most of these activities were actually 'taught' during their training, improvising on local practices of caring for orphans, but with a more refined outlook on responsibilities. MM and MVC/OVC mentioned the following as major activities that MM actually performed:

- home visits (usually according to one's opportunity, not according to a fixed routine) to check on their situation
- assisting them with minor needs from own resources – such as pens, salt, flour, tablets, food stuffs, clothes (mitumba)
- attending to them when ill- including escorting them to a Health facility,
- counselling on a range of things including hygiene, attending classes, HIV/AIDS prevention,
- giving advice on self reliance (*"nawashauri na tunaenda wote kwenye vibarua vya kusomba mbao, kuchoma mkaa na kupasua kuni – Ludihani, June 2005"*)
- mediating in the case of problems such as mistreatment by guardians, or other people. If the problem is complicated the Village Government is informed.
- Supporting guardians on counselling and reprimanding the children if need be.

Emphasis was placed on paying visits to the homes of MVC in particular, not only for the purposes of offering things, but because of creating opportunity to listen and talk to the orphans. To monitor their activities and progress, Mama Mkubwa in the 4 villages were advised to form themselves into a group with their own leadership that is responsible to call regular meetings as a system of evaluating their own work to orphans.

5.0 EFFECTIVENESS OF THE MAMA MKUBWA INITIATIVE

In the absence of a pre-determined set of indicators to monitor achievements of the MM initiative in terms of providing psychosocial care and support, the effectiveness of the initiative was assessed against selected indicators that are commonly used as criteria for measuring the psychosocial well-being of children in difficult circumstances. The criteria and their related indicators are as following:

- *Mama Mkubwa* – the care provider, the individual, level of commitment, resourcefulness,
- *The social environment* – degrees of support from the wider community and related institutions
- *Psychosocial indicators on MVC/OVC well-being* – distress; participation in societal processes; school attendance and performance; degree of resilience, confidence and self esteem; subjective feelings of social connectedness, hope for the future

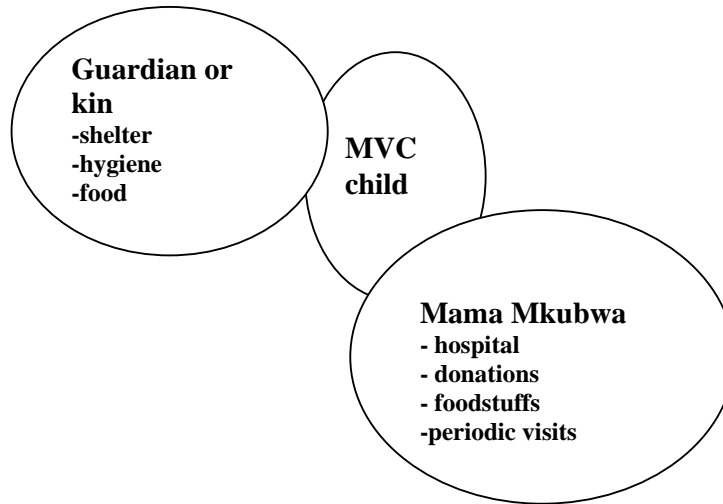
In general terms, what was evident however, and as is exemplified by the results of the study, was that in view of the socio-economic situation of rural Makete, the MVC/OVC's psychological well-being was interlinked to the degree to which they were supported materially. To most of them, their feeling of being wanted and loved, cared for and offered emotional healing was also accompanied by the degree to which individuals reached out to them with food, clothing and health needs.

5.1 Mama Mkubwa: The Care provider

At a general level, MM's capacity to perform and 'reach' MVC/OVC depended highly on the individual – her commitment and resourcefulness in spirit. Many of the MM had some community responsibility, such as church elders, or members of the VG. Therefore at least they had some leadership and community confidence skills. It was therefore not very complicated to reach out to the MVC/OVCs with some encouragements, advice or keeping track of their development. However, and in practical terms, the nature of care given to these children by

Mama Mkubwa varied according to age groups, and by the issues addressed, as Diagram 1 below illustrates:

Diagram 1: The Mama Mkubwa – Guardian support relationship to non-schooling MVC (ie below 7 years)



For the non-schooling child, especially the very young ones – such as 4 years and below, the Guardian, who is a relative or close kin provides the basic needs such as shelter and food. The guardian also attend to the day to day emotional needs of young children, comforting them when they are hurt or when in need of affection. But in reality, food was not always available, and many of the shelters are in poor condition. The children talked of wanting a blanket and clothing that their guardians could not provide. In such circumstances, Mama Mkubwa was looked upon as the only other person who could provide or facilitate for the provision of such items. When the child falls sick, the guardian normally informs MM who offers tablets or takes the child to hospital.

Another group of children of children needing close supervision are those children whose parents had relocated to a village from other areas, and therefore did not have immediate kin around, or orphans brought home after their parents' death or long illness. Most of these children who are sent to their grandparents take a longer time to re-connect themselves in their new environment and become heavily dependent on the guardian, her or his economic or health situation notwithstanding. MMs in such situations have proved extremely supportive, but

again to a certain extent. Two schooling girls in Ndulamo village, (Std VI and IV) who had been brought in 2002 to their very elderly grandmother by their uncle, were lucky to find one of their next door neighbours as the MM of their hamlet. This MM responded with visits and gifts without the children's knowledge of her status for some time. They came to know her as Mama Daudi, the only other woman close to them. The older girl said she usually discusses her confidential issues with Mama Daudi (ie after her Grandma's consent). The girls came to know her as their allocated MM later. Children who do not have close social connections may end up quite disturbed. In Maleutsi village, for example, an MVC in this situation (Std VI girl) explained that it took some time to find friends in the village, and it seems her loneliness and pathetic home environments had singled her out by the village's MVC for our study.

The pattern is slightly different with older children and schooling children, who normally confront MM directly when they are in need. A 5 year old boy in Ivalalila village has made it a habit to sleep at his MM's home after evening meals and his grandmother is more than grateful for the gesture²⁸. Accounting one of her experiences, another MM said:

"the children could come, all of them in one day, on a day when I do not have anything, therefore I sometimes take things on credit at the kiosk and give them. I pay the person when I get money" (Ndulamo, June 2005).

Such experiences demanded a personal commitment – the individual nurturing of care - that made a MM what she was to the children as the following case illustrates.

Box 7: Support to orphans – an individual commitment.

Mama Tabia, Ikonda village's Mama Mkubwa is an energetic and quite innovative woman. She is currently the Councillor (special Seats) for Lupalilo Ward. TAHEA admits that Tabia is a self-styled Mama Mkubwa and members of her community who were interviewed during this evaluation, respect her for that. According to her personal account, her experience in dealing with orphans in her village dates back to 1993 when she was irked by the tendency of young children being taken away to work in the Tea plantations of Mufindi. In those times, the Mufindi Tea plantation authorities used to send *wanyapara* (labourer headmen) who were local Makete people to seek for fresh labour from their homes during tea picking seasons, since it was easier for these people to enter and convince their fellow community members to go for the job. And because the economic status of many households was not so secure, it was an easy job. Households in poor conditions were especially those with an absentee father and many children to feed, and the '*wanyapara*' targeted these. It therefore became a habit Tabia says, for foster mothers to give away the foster children under their care (some of whom were their co-wives children, some of them at the young age of 13 and who were not schooling) - and leave their own at home.

²⁸ Field observations at Ivalalila, June 2005

By then she was already a community leader. Together with a colleague (Maukisywa Sanga), she decided to work against this habit. She first went for Adult Education Classes to equip herself with skills to sensitize others against the habit, and also to learn alternative ways of up-keep to ward off poverty in their rural homes.

They later formed a group of 5 women called MAWATA, Maendeleo ya Wanawake Tandala based on mutual trust and common interests on economic advancement. TAHEA supported them on this venture and incorporated them as mobilisers for women's development initiatives in the area. This was in 1997. They were sent for training on Traditional Birth Attendance.

"I began serving orphans as Mama Mkubwa from 1999 after being identified by the children and attending a 1-week course at MTC Tandala. I was given 46 primary school children to care for. By then I was the only Mama Mkubwa in the village. Because of my already busy schedule, I did not, nor do I now have a set routine for visiting or attending to these children, it is usually when I am free that I may go to see them, or they often come to my home, either for just greeting me, or for asking for small favours. TAHEA and other donors have supported this care by giving uniforms, school equipment, bedding and food donations. I support them by giving them pens, exercise books, soap occasionally and when one is in need. For the younger MVCs, I sometimes buy Christmas clothes for them, as I do for my own grandchildren. Since 1999 most of 'my children' have grown up. Some have gone to Secondary school, some for VTC and some have remained here where the VG has offered farm lands to those who did not have enough and they are occasionally assisted with inputs eg fertiliser by the VG. .

It was also clear that MM's performance also depended on her own economic capacity and household situation - workload and personal responsibilities. It was noted that the MMs were all able-bodied, most of them still within the child-bearing age, and most of them were married. But as one of them said, being married sometimes does not make a difference to the nature of responsibilities they carry for household sustenance.

The amount workload bestowed on MM's shoulder in terms of care and support also depended on the number of children one had to over see. Ndulamo and Isapulano's MM had between 20 and 50 MVC/OVC to support, and the sheer numbers was enough to demand one's extra energy. The distance to the homes of the MVC/OVC also determined MM's ability and frequency to visit and therefore monitor the children's development. It was therefore the case that sometimes the children could go for a week without anybody responsible checking on them (ref Appendix iii).

The overwhelming material demands of MVC/OVC led to some of resigning from their responsibilities after failing to cope with the tediousness of attending to their daily needs while having to deal with the demands of one's own household. One of Ndulamo village's MM stopped visiting or paying attention to her MVC even those who were living very close to her with complaints that it was too much for her. Although she did not confess to have resigned during this evaluation study, two of the MVCs and their guardian who were consulted explained

that she had stopped visiting them for a long time, and they now relied mostly on their elder brother who lives in Makete and the school for donations. This situation has left the frail, elderly guardian in a sad situation – especially from admitting that there is no one else to assist her, as the following case illustrates.

Box 2: What about the grandchildren?.

Bibi Tuku, about 70 years old, frail and with poor sight, lives with two of her grandchildren who are studying in the village primary school. All of her seven children passed away, her 3 boys after getting married. Their wives are also dead. She lives in a house built by one of her late sons. It is currently leaking. The only cash she receives is small amounts of payments as rent for some shelters (*vibanda*) that one of her late sons built in the village. This rent is collected by an older grandson who completed Std VII last year and stays in Makete town. She receives some donations through her grandchildren, such as sugar, maize, and soap. Her children had been assigned to one Mama Mkubwa in the village, but who eventually pulled herself out of the responsibility (*amekataa tamaa*) because of being compelled to provide almost everything to the children from her own sources. Bibi Tuku who had to leave her marital home to come and take care of her two orphaned grandchildren, was relieved when there was somebody to share the responsibility, but now after the MM had dropped out from providing support, her greatest concern is who will look after the children now?

In a community where other people think that 'it is MM's responsibility' to over-see the MVC's material and social well-being, these MVC become double victims, and except for Ludihani village, all other villages have MM who have dropped out for several reasons, the most important being the economic burden.

Frail, with poor sight and feeble legs, Bibi T, depended so much on MM to support her



5.2 The social environment

The social context was assessed by examining the conduciveness of the social environment in supporting or facilitating the responsibility of MMs, including the degree of commitment illustrated by the wider community, the effectiveness of support mechanisms such as the Village Government, MVC Committees and District authorities.

Utilization of community resources for the initiative: Community commitment to the initiative was assessed by the degree to which it has established or created local mechanisms to sustain the initiative, such as integrating existing strategies for foster care to orphans to beef up the initiative. What was obvious however was the fact that most communities illustrated the following:

- Limited exposure by communities because sensitization and training on MVC care and support has been given only to a few, and therefore MM is seen as 'an employment' rather than as a community service
- Disenchantment to communal processes, especially after experiences of dishonesty and poverty that limited people's commitment to the MVC cause, and,
- low capacities to harness local environmental resources for community benefit, either due to lack of capital or skills to initiate viable projects.

As has been discussed in Section 3 above, many rural communities in Makete district are indeed constrained in pursuing a viable livelihood, exposing them to a range of vulnerabilities in the process. The situation is worse for those households with MVC. The demand to seek for food and personal livelihood usually overrides other considerations, and therefore many people are forced to look for individual sustenance first, and then think of other people.

Since lack of sufficient food was the biggest problem that orphans faced, some MM decided to start raising food crops in small plots, but as expected the product is usually in small quantities, and usually not even enough to last MVC households for a month! For example, Ludihani village MM cultivate a ½ acre green peas (*njegere*) farm whose produce is distributed to the MVC households but in very small quantities, while the round potatoes produce from the

shamba of Ivalalila village was only able to give 4 kg of potatoes each to MVC households per season.

Other strategies have included responses to emergencies such as illnesses. In these cases, VG usually give MVCs some cash to cater for medicine- although what was seen was that relatives are usually advised to sell some household assets such as trees for timber in order to meet the immediate demands for MVC/OVC such as medical treatment in cases of emergencies (Ludihani, June 2005)..

Mama Mkubwa's ownership by the community: Community ownership of the MM initiative was assessed in consideration of the degree to which it was absorbed in local development processes and the degree of local participation and management of the process by its primary beneficiaries. The study therefore examined how MM was perceived by District authorities, Village governments and Local communities and the mechanisms that have been formally put in place for facilitating the initiative.

Local communities: While there have been varying perceptions among the general community on the role and benefits of MM, this is essentially at the individual level – ie at the strategic level of neighbours and Hamlet members to whom the most immediate support and encouragement was expected. With the exception of Village Government members and members of MVC Committees, other people, even some of the guardians had the assumption that MM should be fully responsible for the care and support of MVC/OVC because it is their employment – employed by TAHEA or by UNICEF. Therefore most of them felt that they were not obliged to offer any kind of support to MVC/OVC even when probed, except for the compulsory communal farming as mentioned above. The following remarks illustrate this:

As I serve MVC/OVC, I have not received any kind of assistance from relatives, nor guardians, and even when I help the orphans, their relatives do not even say thank you (Mama Mkubwa, Ludihani, June 2005)

Hee! firstly, if I tell them they say, why should we give to these children, who will give ours? After all, every time they are given things, why don't I see anybody giving ours when we also are poor? (Ndulamo, June, 2005).

Some girls whom I had cared for since 1999 have been married. Their relatives have been paid bridewealth but do not even remember to inform me of the marriage, forgetting that there was a Mama Mkubwa who cared for the girl before she got married (Ivalalila, June 2005).

Some guardians! Even if you give a child a pen they do not say thank you, thinking it is your obligation.

The children understand us, but other people do not. We do not get much assistance from guardians except abusive language – they say that when we are summoned to the Village office, we are paid, while this not true (Isapulano, June 2005).

Un-cooperative guardians have made the task of emotionally supporting the children more difficult. One MM said,

If there is one parent left eg a widow, if I advice her to stop taking too much alcohol in order to take care of her children, she does not listen to me.

Discouraging responses from guardians, and the burden of having to cater for the children's needs now and then have led some of the MM to drop out from the responsibilities. Box 3 explains illustrates the experience of one MM, something that discouraged her but through personal will decided not to drop her responsibilities as a MM.

Box 3: Lack of appreciation

We were 10 Mama Mkubwa in the village, but 3 of dropped out because the task is too heavy. Therefore the rest of us had to distribute their responsibilities (MVC) amongst us. I also refused to take the responsibility initially, because of what it entails. Sometimes early in the morning, 5 orphans come to your home, each with her/his own need, and I could not cope. After consultations with my husband, I decided to drop out .In 2002 I was counselled by people from Dar es Salaam, and with my own conscience, I decided to resume my responsibilities. After all I thought, the parents of these children did not ask to die! But there is also no appreciation. One day a female MVC, who was frequently made by her guardian (her uncle) to grind maize using a traditional (manual) grinder (*mashine ya mkono*) did not go to use the manual grinder claiming that she was tired. The guardians (uncle and wife) beat her severely, at the same time claiming that since she did not grind maize then she will not be given food. As Mama Mkubwa, I went to the house and mediated the incidence, took the girl home and gave her food. But the Aunt came and verbally abused me extensively. Some guardians are not appreciative and this is why we despair and resign from these duties! (Isapulano, June 2005).

A non-appreciating community indicate that MMs are either not positively perceived as alternatives to foster care, or, that they have to shoulder the burden themselves since it is their employment.

Village Governments (VG): Not being a government directive, the MM initiative is not integrated formally within the Village Government – the way in which the MVC Committee has been. The MVC Committee falls under the Social Service Committee of the VG and in all of the 6 Villages visited, at least 3 members within the MVC Committee were Village Government leaders. In addition, in collaboration with the MVC Committees, VG have been responsible for identification of MVC/OVC and documenting their needs according to locally relevant criteria. Through these criteria, MVC have not entirely comprised of orphans but have included deserted children, or children living with destitute parents.

VGs have also facilitated the introduction of community-based programmes to support MVC households that include the following:

- Village projects – eg distributing part of the harvests from village shamba to MVC households, timber projects
- Communal participation in cultivation of the shamba of a household with MVC
- Formation of MVC Committees
- Opening an MVC account

Therefore, by virtue of their mandates in coordinating activities related to MVC/OVC within their localities, VG 'link' up with MM as they perform their duties. MM reports to the VG on incidences that demand their attention, such as unruly behaviour of an MVC that MM has failed to control, mistreatment by guardians or other people, and illnesses that demand attention at a Health facility. But this link has been spontaneous, not according to an established programme. In addition, since MM are not formally integrated in the running of village affairs, MM cannot influence some decisions regarding the welfare of the MVC/OVC, especially those concerning the use of MVC funds.

Box 4 : Support in the event of sickness

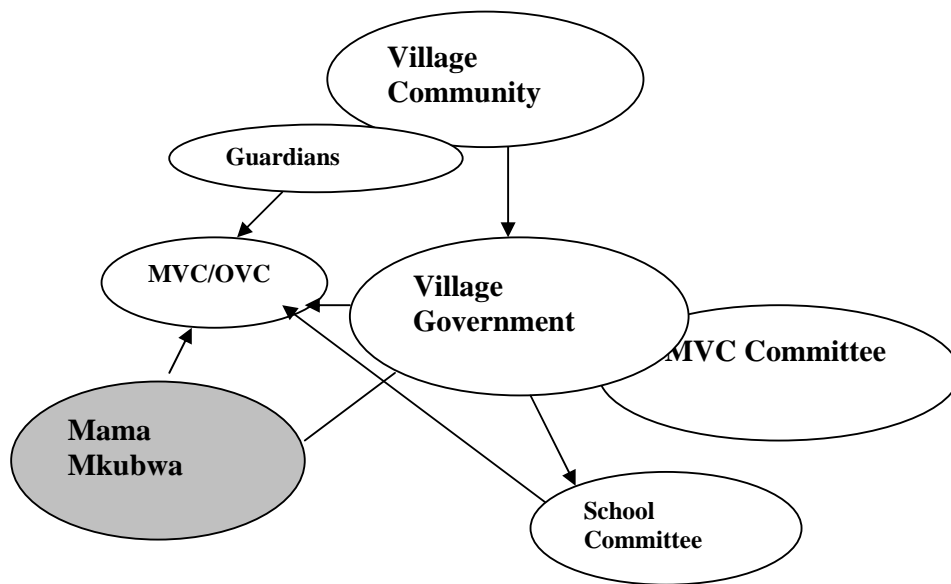
When a child needs expert medical attention, the arrangement is that a guardian (where there is one) either takes the child for treatment to the nearest Health facility, or informs Mama Mkubwa of the child's illness. The Mama Mkubwa in turn is supposed to inform the VG in cases of more serious illnesses, and the VG is supposed to give her or the guardian money from the MVC fund for the child's treatment..

Although expected to do so, it was not always the case that VG's supported the costs for health problems that demand a large sum of money. An example given from Isapulano illustrates the plight of an MVC who had to be admitted at Ikonda RC Hospital, and to which seven of the MM had to subscribe TShs 1000/- each in order to cover some expenses for the child after the VG

failed to do so. These commitments have made MM's work even more complicated (Isapulano, June 2005).

Participation: VGs are also supposed to summon MM when donations have been received and to distribute them in their presence, a situation that seems to have been forced to be so by the WEO of Iwawa after complaints that donations meant for orphans was being rerouted. MM in Ivalalila village used these opportunities to discuss common issues about MVC care and support. Diagram 2 illustrates MM's linkages and position within the village community and key village administrative structures.

Diagram 2: Linkages of Mama Mkubwa with key village institutions



As the diagram illustrates, the VG directs and informs MM on issues related to the MVC, and MM likewise inform the VG if she needs support such as in the case of illnesses, but otherwise she performs as a semi-independent care giver according to her own programmes. Mama Mkubwa's link is therefore not direct and it actually depends on the sensitivity and commitment of VG leaders to give MM full support.

Creating incentives for MM: Exemption from village development activities is another strategy that some VG have adopted in order to ease the burden of MMs and to give them more time to attend to the MVC/OVC. But this strategy has not been possible in all villages with MM

because of the explanation that most MM are themselves part of Village Government leadership and therefore local mobilisers for development programmes. It was thus feared that their exemption may jeopardize the process.

Facilitating the system: Village governments also facilitate a system of succession for MM, in cases where a MM has left, resigned or passed away. This was the case with Ndulamo and Ivalalila Villages. In Ivalalila village, the VG facilitated the identification of 6 fresh recruits to the MM initiative, some of whom have been operating since 2002 without any training. These women are usually appointed directly by the VG, and steps to inform the children of their 'new' MM follow later – but after the consent of the MM. The VG however do not have provisions for direct assistance to MVC/OVC on their daily needs such as soap, salt, pens, exercise books, even when asked for by MM. Some VG leaders explained that MVC funds had to be used to meet costs for emergencies only - such as serious illnesses etc.

What seems to be lacking is that VG leaders have not been trained or sensitized on the roles that MMs have been bestowed with - and hence were not effective community mobilizers for the process. It was just a procedure they conducted as a formality – as has been the case with several other directives geared for local development, but probably without internalising the meaning of psychosocial issues in care and support. A case in hand is the appointment and training of Community Justice Facilitators who were supposed to share information on the rights and protection against injustice of vulnerable members in the communities. In one village, even the Chairperson of the VG had to be told by the WEO that these Facilitators exist in their community, while in another village the MM who had been trained to be a CJ Facilitator, complained that the VG does not respond to her request to make public her new responsibilities. Although generalisations are not made here, there are indications that if not adequately sensitized VG may sometimes respond to a process simply to implement it as directed, but not necessarily to facilitate community ownership. Village leaders usually received reports on issues confronting MM during Village government meetings in which some members were themselves MM.

Mama Mkubwa and MVC Committees: Mama Mkubwa and MVC communicate through formal and informal systems within the village. Firstly, the roles of MVC Committees and those

of MM rhyme very closely. A well functioning MVC Committee adheres to the practice of periodic check-up on those households with MVC, offering a range of advices related to schooling, good behaviour and ways in which they could meet their immediate needs. In addition, the formation of MVC Committees, that was facilitated by the District Planning Office in mid 2003 has also in some places included MM as a member (Ndulamo village) and therefore their linkages are been inevitable. This is because of the random selection of its members that was conducted through the Village Assembly. This process was followed by sensitization sessions to these committees on the objectives and processes involved in the care and support of MVC.

MVC committee members have been instrumental in giving the VG information on an MVC, and in those villages with MM, this identification leads to the allocation of the 'new' MVC to an MM. In some villages, individual members of MVC committee also inform a MM about the situation of children assigned under her care, just as a follow-up process, although they are sometimes rebuffed especially by older MVC because the Committee members normally do not provide anything to the children – except making sure that they get their share of donations. An MVC Committee member commented, “some of the older MVC do not like to be reprimanded, such as when they abscond classes, and may respond with scorn saying, what are you telling me, do you feed me, or give me clothes?” (Ludihani, June 2005). These attitudes have discouraged some MVC Committee members, leaving the burden for periodic visits and follow-up of the MVC especially to MM (Isapulano, June 2005).

5.2.2 On-going development, care and support initiatives for MVC

Introduced within the framework of addressing the implications of HIV/AIDS in local communities, MM definitely works alongside several other community-based care and support systems for MVC/OVC. Other institutions have their own procedures and are not obliged to deal with MM. However some of them are indirectly linked within the continuum of care. These include Education and Training Institutions and other District level institutions. Their interaction however, as discussed below does not mean that MM has been integrated into the system.

Education Institutions in the District: Among the community based institutions, many Primary Schools in the District deserve high credit for their response to the growing MVC/OVC phenomena in the District. Makete currently has about 50% of its 13,867 orphaned children in school as the following figures illustrate.

Table 4: Number of orphans in school, 2005

Education level	Females	Males	Total
Primary School	3597	3629	7226
Secondary School	283	432	715
Total	3808	4061	7,941

Source: Makete District Education Office, Statistics Unit, June 2005.

In addition, although Primary schools do not have direct linkages with MM, their responsibilities indirectly support each other. MM's responsibility is to advice, encourage and assist MVC to attend to school. On the other hand, it was actually the concern of teachers owing to increasing truancy, drop outs and low class performance of some students that brought the orphans plight to attention. This was possible through the Head teachers, who are automatically members of the Village Government or Ward Development Council. In Malembuli village for example, the Village Government was in the late 1990s alerted by the village school's Head teacher of this phenomena and hence their decisions to address it. A more systematic approach was elaborated by the Makete Primary School Head teacher as explained in the box below.

Box 5 : School's response to community issues

In 2003, the Teaching Staff at Makete Primary School, one of the 7 primary schools within Iwawa Ward, and located in the centre of Makete administrative hq, introduced an innovative way of reaching out to orphans. After experiencing a significant problem in attendance and school performance among a sizeable population of the school, the staff made a rapid assessment and confirmed that most of the students with this habit were orphans and other vulnerable children. Their population by March 2003 totalled 152. Stimulated by the realisation that most of these students lived in quite constrained home environments – ie in addition to lack of parental care, they lacked proper feeding, poor living quarters and bedding materials – the Teachers decided to subscribe a few monies that would help meet the immediate needs of these students, such as pens and pencils and exercise books - and encourage them to attend school. The growing MVC problem in the District led the Teachers to establish a Self-help Group that would facilitate and look for resources to assist students affected by this plight.

Makete Primary School now has a 10-member group that includes a member of the School's Committee. Starting by themselves subscribing a few shillings, this group has established a special fund to cater for the needs of these children and through this fund have been able to attend to medical costs, food for those in need and exercise books and pens. Donations from individuals (12,000/-) and institutions including the Women's Branch of ELCT Njombe Diocese (400,000/-)

have made this possible.

Attending to the OVC/MVC is currently complemented by regular counselling sessions provided by the school. Most teachers had attended a 1-week training on counselling OVC/MVC and counsel those children whom even their fellows propose need close attention. The children have also received donations from FBOs and the Social Welfare Department in terms of uniforms and bedding material.

Other school heads admitted that in the absence of specific funds for MVC/OVC at school level, they use MMEM funds to offer minor things such as pens and exercise books. Generally, stakeholders in the education sector, a few who are also members of TAHEA claim that truancy has decreased significantly due to the constant check-ups done by schools and the material support given to the MVC. They admit however that the periodic follow-ups done by MM on MVC has contributed to encourage the children to attend school, and since MM live near the children, and it has been easier for them to talk about the future they may achieve through proper schooling. This view was also felt by the Iwawa Secondary School Head, the only Secondary School in the Ward, and where most MVC from the nearby villages attend. Although it was difficult to delineate any significant changes in class performance since these were not significantly different from the general performance of the overall students, school attendance improved a lot. The following example illustrates this point.

Table 5: Iwawa Secondary School Performance in National Form II examinations – 2002 -2004

Year	Total Class enrolment	Number of orphans in Class	Average grade of orphans over number of students in that grade			
			A	B	C	D
2002	59	11	0/0	0/1	2/18	9/23
2003	101	19	0/0	0/3	9/52	10/34
2004	133	27	0/0	0/3	8/36	19/39

Source: Iwawa Secondary School Academic Master, June 2005²⁹

Although not very common for schools or training institutions to consult MM, there are cases where informal discussions about the MVC/OVC's progress are done with MM. In Ikonda village, the relationship between the Ikonda Secondary School Head Master and the MM extends to discussions on the progress about the children she had struggled for some time to support. Ikonda's MM regards this periodic interaction with Head Master as quite supportive to her work in care providing.

²⁹ The rest achieved an F = Fail

District Government Structures linked to Mama Mkubwa

At the District Government level, MM are literally known as 'TAHEA's MM initiative' and the District Council does not have any structure that monitors the process, nor oversees its performance. The separate sort of arrangement to oversee the MM initiative is maintained by TAHEA irrespective of the fact that TAHEA members are also District Government functionaries as explained above. This has limited the District ability to address MM's issues of concern although they understand that MMs fall in line with the Government's directives to expand community-based systems of care and support to orphans. Two administrative structures can however be said to have direct linkages with MM's responsibilities, although, no formal mechanisms have been established for the facilitation, coordination and monitoring of the process. These are, the District Social Welfare Office, and the Ward Development Council.

The Social Welfare Department: The District has a 'one-manned' Social Welfare Department (SWD) since 2001. This Department is currently responsible for the welfare of OVC and MVC in the district, in addition to the general issues confronting communities owing to cultures, traditions and HIV/AIDS. The functions of the SWD are directed by the National Social Welfare Development Policy (1995) and other related directives on the care and support of orphans in Tanzania. These directives also provide for the roles and responsibilities of guardians. By June 2005, the Department had facilitated the sensitization of guardians in 5 of the 17 Wards of the District (ref Table 3.0).

The existence of this Department in Makete District government structure is unique in the sense that it is one of the Central Government Institutions within the organisational structure of the Government. But its existence in Makete was made possible following a special request by the DED to the Iringa Regional Secretariat for such personnel owing to the magnitude of issues pertaining to children's and women's welfare after the scourge of HIV/AIDS in the District³⁰. Thus although the Department is not provided for within the District's establishment, the arrangement is that personal emoluments are still catered for directly by the Central Government while the District attends to administrative matters and other running costs

³⁰ Consultations with District Manpower Management Officer, Makete, June 2005

to facilitate the work on care and support. Makete District has requested for a further 17 Social Welfare Officers for each Ward in the District.

By virtue of their mandate to oversee vulnerable groups in the community, the District Social Welfare Officer acknowledged the existence and work of MM in Makete – regarding them as another type of guardians – and whose responsibilities and activities are similar to those provided for in the National Social Welfare Development Policy (1995). But the relationship ends with just the recognition of MM's existence as the SWD concentrates on other programmes dealing with MVC.

Ward Development Council (WDC): The WDC is responsible to coordinate and oversee Ward development affairs, and thus the WDC is the nearest Government organ to local communities, and whose directives are usually closely felt at the grassroots level³¹. In this case however, The Ward Executive Offices have not been directly involved in the introduction nor follow-up of MM's activities in the villages. During this study it was established that the Iwawa Ward Executive Officer (WEO) who had been informed of the MM initiative, did not have hands-on information on their activities or constraints because monitoring them was not part of his responsibilities. The WEO did not even have the number of MM's nor the number of MVC/OVC villages³². The participation of the WEO in this evaluation study was an eye opener to him and enabled him appreciate the valuable contribution of MM and ways in which the WEO's office could participate on the process.

The NGO community in Makete District and Mama Mkubwa initiative

There are currently eleven (11) formally registered Civil Society Organisations in Makete District, making up INGONET, all of them involving themselves in one way or the other with the fight against HIV/AIDS. According to both District officials and NGO members, the lack of coordination among NGO has led to duplication of activities and also tension between some of them. Lack of coordination has also limited the outreach of the NGOs, that include CBOs and

³¹ A directive by the WDC instituting a fine of a bag of cement for *pombe* stall owners running business or people found drinking outside the 3pm-9pm time period is gradually being absorbed after a number of people had been fined. This directive was meant to promote engagement in production activities, and irresponsible behaviour said to contribute to the HIV/AIDS pandemic.

³² The WEO explained that statistics on MVC/OVC are collected directly at District level. MMs are coordinated by TAHEA.

FBOs, many of whom have meagre resources or limited mandates to go round the needy. In the same way, lack of coordination has tied the hands of other NGOs to facilitate the MM system, especially now when it is so much in need.

In the mid 1990s, the fight against HIV/AIDS was coordinated by MUUMA, Muungano wa Vyama vya Udhhibiti wa Ukimwi, Makete (lit: network of NGOs that dealt with HIV/AIDS prevention in Makete District). MUUMA was established in December, 1995 under the supervision of Iringa Regional AIDS NGO Network that was supported by FHI International under USAID. 6 NGOs were involved in its establishment, namely TAHEA; BAWATA (Baraza la Wanawake Tanzania); UWT; UMATI; TARENA and UVT. 3 other organizations joined MUUMA later, namely the Evangelical Lutheran Church of Tanzania (ELCT); CHAMATA (Chama cha Maafisa Afya) and the Roman Catholic Church (RC).

From 2004, MUUMA, the title, was changed to INGONET, Makete Branch, indicating its continuing subsidiary to Regional bodies, but at least continuing commitment to the HIV/AIDS cause. The organizations making INGONET and the nature of their activities are tabled below.

Table 6: List of NGOs/CBOs/FBOs in Makete District making INGONET and their activities

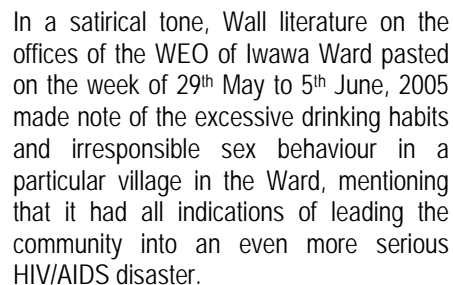
Name of Group	Area of concentration	Nature of activities
TAHEA Tanzania Health Economists Association	Iwawa ward	1. Mama Mkubwa programme 2. HIV/AIDS education (Peer education) 3. Education support through SATF
TARENA Tanzania Registered Nurses Association	Hospitali ya wilaya Health Centres, (Matamba, Lupila, Ipelele)	1. Counselling to public and affected 2. HIV/AIDS education
UMATI Uzazi wa Mpango	Iwawa village	1. Family planning education 2. HIV/AIDS education
CHAMATA Chama cha Maafisa Afya Tanzania	Health Centres	1. Condom demonstration and distribution (actual distribution by Local Health Officer) 2. HIV/AIDS education
UVT Umoja wa Vijana Tanzania	Iwawa Ward	1. HIV/AIDS education
UWT Umoja wa Wanawake Tz	Iwawa Ward	1. HIV/AIDS education 2. Encouraging women to establish IGA
WAZAZI-CCM		No specific task, but works as INGONET partner
Evangelical Lutheran	Bulongwa Division	1. Counselling to HIV/AIDS victims

Church of Tanzania	Iwawa Ward	2. HIV/AIDS education 3. Bulongwa orphanage 4. Education support to orphans
Roman Catholic Church	Lupaplilo Ward Iwawa ward	1. Ikonda orphanage (care, educate) 2. HIV/AIDS education, Sex-life education 3. Life skills (elimu ya malezi bora) 4. Improved agriculture practices 5. Education support to orphans
UVIMA Umoja wa Vikundi vya Maendeleo	Kipagalo Ward	1. Production (group formation) 2. HIV/AIDS education
IDYDC Iringa Disabled, Youth Development and Children Care	Iwawa Ward Makete District	1. HIV/AIDS education 2. Training on vocational and life skills at Iwawa ward) 3. Small loans for Income generation projects

Source: INGONET/TAHEA offices, 31st May 2005.

As is illustrated above, each organisation deals with education on HIV/AIDS and to some extent direct support to MVC/OVC. In terms of HIV/AIDS awareness, and according to community leaders and local people consulted during this survey, the efforts have had limited success. Some illustrated that although there have been extensive sensitization programmes and other activities related to HIV/AIDS prevention, behavioural change is still a big challenge.

A respondent in Ludihani joked that some people say *"this small thing called condom! How will it save me now when I already have AIDS? I'd better continue as I have been doing all along"*³³. The issue of raising individual responsibility and commitment to handling HIV/AIDS remains the biggest challenge in the fight against the pandemic³⁴.



In a satirical tone, Wall literature on the offices of the WEO of Iwawa Ward pasted on the week of 29th May to 5th June, 2005 made note of the excessive drinking habits and irresponsible sex behaviour in a particular village in the Ward, mentioning that it had all indications of leading the community into an even more serious HIV/AIDS disaster.

In addition, each organisation maintains its own outreach programmes for supporting MVC/OVC, such as donating clothing, food, school items and other provisions usually straight to villages. FBOs have been outstanding in donating clothing, school uniforms and supporting

³³ Literal translation of the person's words.

³⁴ Iwawa town residents explained the incidence of one person who burned himself to death with petrol in front of the ANGAZA offices in mid-May 2005, after being told he was HIV positive.

education for MVC/OVC. Some of the FBOs target at enhancing the communities' economic capacities as the most relevant strategy out of the HIV/AIDS crises. The Kising'a Roman Catholic Parish for example, has designed a comprehensive approach to community development, one of whose projects is to enhance agricultural production in poor households, particularly Child Headed Households. By June 2005, the Church had 25 such households in its programme that will be given education and support to achieve surplus production³⁵.

The District notes that it is still lacking in an effective and integrated programme for MVC/OVC that would have lessened the burden of MMs. According to a District official, "Individualism and rigidity in the pursuit of one's objectives was one of the reasons leading to the uncoordinated activities concerning HIV/AIDS prevention and support to MVC" (Makete, June 2005). Implied in this comment was the fact that every organization wanted to protect one's 'territory' and its related resources, because this system gave them the power and ownership of any intervention they make. Unfortunately, and as the several institutions have realised, individuality had limited the effectiveness of many interventions. The only aspect that has been coordinated is education support for MVC, since each organization informs the District Council of its capacities and opportunities for offer. Faith-based organizations have also been instrumental in providing support for education and skills training, in addition to the psychological healing and counselling on HIV/AIDS through Church groups, such as women's groups that they provide. An example of vocational skills support provided by IDYDC is given in the Box below.

Box 6: Locally relevant vocation skills

The Iringa Development of Youth, Disabled and Children Care (IDYDC) Centre in Iwawa town, Makete District administrative headquarters that began its activities officially in February 2005, enrolls MVC normally of between the age of 13 to 25 years. It provides training on carpentry, sewing, improved agricultural practices, life skills and HIV/AIDS awareness for 100 MVC, 50 who are females and 50 males. The students are selected by Village authorities, under the coordination of the WDC. Priority for selection is given to MVC who are heads of their households. The philosophy is to equip MVC with life skills that can be absorbed within their immediate locality and enable them to fend for themselves and their dependents. To facilitate this objective, the Centre plans to provide basic equipment such as sewing machines and carpentry tools on their graduation. Some of IDYDC members of staff are informed of the existence of Mama Mkubwa, although their policy is to liaise with the guardians through Village governments.

³⁵ Discussions with Fr. Mgaya, Kising'a RC Parish, Makete. June 2005.

The selection of MVC/OVCs to Training Institutions however rests on the hands of Village Governments, following directives from the District and Ward offices. MM are not involved in this process.

What was observed therefore is that the lack of a structure that coordinates activities in the District has given too much freedom to allow putting together concerted efforts or programmes directed at MVC/OVC. The independence that NGOs in Makete enjoy allowed TAHEA to initiate and pursue the MM community initiative without laying its foundation at District level, ie in terms of establishing a coordinating and monitoring mechanism to facilitate its continuity and possible replicability in the District. TAHEAs MM therefore for the last 6 years have operated in isolation, until March 2005 when another Ward – Mang’oto Ward was also facilitated to identify its MM by INGONET as discussed above.

The introduction of INGONET’s MMs has however extended the involvement of other NGOs in the initiative although its active members remain the same that are members of TAHEA, Makete. As can be drawn from the table, many activities overlap to the extent that there is concentration and duplication of support given to the same target group, and other areas disregarded. A meeting held in May 2005, summoned by INGONET coordinators aimed at ironing out differences and looking for better ways to collaborate and coordinate activities – especially those related to the fight against HIV/AIDS.

5.2 MVC/OVC’s Psychosocial well-being and Mama Mkubwa

The effectiveness of MM in terms of providing psychosocial care and support to orphans can be said to have indeed boosted MVC/OVC psychologically, and therefore enabled them to participate in societal processes as other children do. Specifically, several achievements can be rightfully drawn as having been met by the contribution of MM’s care and support to MVC/OVC in the communities where they operate. These include:

- Raising confidence in MVC/OVC – enabling them to accept loss and therefore free to participate in the activities other children engage in – ie in both work and play.

- Developing a sense of attachment - this was particularly the case with younger children (eg ages 4 – 7)– some of whom have even taken to the habit of spending nights or taking meals frequently at their MM's home.
- Improved school attendance and performance, particularly due to raised interest to attend classes, and as the School Heads mentioned, one reason was because of MM being part of the people/donors who assisted in giving the children some of their needs such as soap to wash uniform and exercise books, pens or pencils
- Stability – especially among older MVC/OVC – some of who were able to make informed decisions or choices on their future. For example, some girls opted for proper marriage (not eloping) after school; others were able to pursue Secondary education without dropping out because of the encouragement they received from MM. In this case what MM offered was purely psychological (eg “think of your own future, where would you like to be in future?” Ikonda, June, 2005).

In comparison to the situation of MVC in those communities that did not have a MM, these achievements are quite significant. In Maleutsi village for example, and even in Malembuli village where the MVC/OVC have not got used to the idea of having a MM, young children depended on the generosity of neighbours, distant kin or church programmes for small items. When children in these villages got sick, relatives are responsible for their treatment, unless the village has an active MVC Committee. But the children definitely missed a person they could address in confidence – even asking for a small item as a pen or exercise book. A female Std VI MVC in Maleutsi village said, “I live quite close to my brother and his wife, but there are things that I cannot ask my sister-in-law, because it may be too troublesome for her. If I need items such as soap or exercise books, I spend my time out of school working for an income, or take things on credit. But my problem is that I have no mother to talk to” (Maleusti, June 2005).

Self-appraisal by MVC/OVC on Mama Mkubwa: MVC/OVC’s appraisal of MM ranged from their ability to provide for them items when in need, to the several occasions when they engage in discussions about their own lives, the degree of attention they receive from MMs and what these have done to their general psychological well-being. But to place their own situation within a context, two key issues kept recurring in most of the MVC/OVC’s responses to the changing situations of their well-being. These issues were a serious lack in material needs and a heavy work load.

Lacking in material needs: All MVC/OVC mentioned that they face a shortage of basic needs ranging from blankets, enough food, clothing, leaking roofs, to small items such as soap, sugar and pens. In this regard, their MM was linked to the possibility of them getting some of these items even if it was in small and unreliable quantities. Schooling MVC/OVC had developed the habit of asking MMs for items such as pens, pencils and exercise books, and it was in the gesture of giving or attending to their periodic wants – such as tablets for a headache or maize flour for the evening's *ugali* – that the children found most assuring. "Sometimes we do not have maize flour for *ugali*, we go to MM to ask for some, and she gives us, or she gives us money to buy some flour" (Ndulamo, June 2005). In addition, MMs are also seen as links to external donations. Since most VG ask MMs to participate during the distribution of the occasional donations when given to the village, MMs make sure that 'their' MVC/OVC are given their share of the donations and are usually the ones who inform the children in such occasions.

Demands for sustenance: – and therefore continuing heavy workload: One of the striking things about MVC/OVC in Makete District is their fullness in energy and survival strategies, showing their need for material assistance as a priority. Most of them, living with very elderly guardians became obliged to take care of these guardians by looking for food and other necessities for the house. They thus had to work endlessly. Business people and traders took advantage of the needy available cheap labour to exploit, and it seemed that this situation will continue for a long time un-abated. The children therefore appreciated their life as a hard struggle, the donations and other forms of support they received notwithstanding. Accounts of the series of income-generating activities that they engage in were made, sometimes cautiously, especially by schoolchildren who knew that playing truant in order to carry 10 pieces of timber (for example) was not allowed during school time. However, some of them explained that now and then if they ask for permission, teachers allow them to seek work for food. Common activities include:

- carrying timber (usually from production sites to the roadsides for transportation) @ 20/- to 50/- depending on distance
- carrying bricks
- making gravel, charcoal,
- engaging in farm labour, baby sitting

Girls carrying timber from uphill to roadsides where they are transported to Njombe or Mbeya. One trip usually takes between 30 minutes – 1 hour depending on the terrain, and a child of 12-15 years can make 8-12 trips during week ends, earning between TShs 20-50/- per piece.



Generally therefore, the children see that even with the presence of MMs (and MVC Committees for that matter) the amount of work that they have to do in order to survive has not been reduced. However, they realise that such workloads affect most children in their communities, and does not single out the MVC's significantly. Carrying timber or bricks usually engage children of ages even below 10 years, and except for baby sitting, there is no sex difference. Their resilience is therefore buttressed by the fact that the low- resourced households of Iwawa Ward in Makete District need to survive through such income generating activities and where the involvement of their age cohorts is similarly high. In fact, even MMs encourage older MVC/OVC to engage in income generating work, sometimes seeking such work together eg ferrying timber to transportation points that pays @TShs 20-50/- a piece.

Big girls, boys and girls all carry timber for a living



The demand for hard cash is however higher in Child headed households whereby the need to feed siblings has affected attendance in school or dropping out all together. The practice of child labour is also common, whereby MVC/OVC become more vulnerable to arduous employment such as making gravel (*kokoto*) for traders who

H, a 17 year old MVC in Ndulamo village dropped out of the MEMKWA classes explaining that the timing of the lessons (2-4 pm) interfered with her income generating programmes. In order to be early for lessons she had to walk for 25 minutes from her home in Kilanzi hamlet to the school and another 25 minutes back, adding to her precious time. She needed the time to earn money and be able to feed her two Primary schooling siblings. Her MM was resigned to this decision since in reality it was the best way for her to survive.

sell to contractors in Iwawa town. Many of the MVC/OVC in Ndulamo village mentioned the nickname of a Businesswoman of Iwawa who bought the gravel they made - instead of the names of local people who employed them to make it³⁶.

MMs refrained from using the MVC/OVC under their care for such labour, since it was 'prohibited' during their training. The MVC/OVC confirmed this aspect.

5.3.2 Psychosocial well-being

Several literature on the psychosocial well-being of orphans indicate the necessity of encouraging children to speak about death or the loss of parents as a mechanism to help them handle death and grief (Germann, 2001). Yet, possibly due to cultural sensitivity, none of the MMs mentioned that they discuss, nor encourage the children to speak about death or loss, as a way of lessening their grief. Most of their discussions with the children was for positive reinforcement or showing concern. Frequent reprimands could not be avoided, especially with the older children – “don't do this, or you will get this” - type of communication. But in most cases, whenever they found a child looking sad or seemingly disturbed their immediate reaction was to ask if they have eaten, or had been bullied, or whether they were feeling ill. Such interaction was usually in the form of open dialogue or informal counselling - typical of traditions in Makete households. And irrespective of the manner in which the MMs cared for the children, certain positive aspects generated by their interaction could be detected from the children themselves. From the interviews, the following aspects were brought out by the children themselves:

Improved school attendance: MMs were mentioned as the constant reminder of attending school. In addition, the small amounts of money most MM gave for pens, pencils or exercise books were regarded as another kind of encouragement for attending school. A 16 year old Std

³⁶ A young girl at Ndulamo said “*kokoto zangu zinanunuliwa na Mama Bulongwa*” (Lit: my gravel is bought my Mama Bulongwa. Mama Bulongwa is the business identity of a contractor in Iwawa town who is said to purchase building materials in the villages through middle-persons who exploit the labour of these children.

VII girl said "I feel very bad when I have to ask for an extra pen from my classmate when we are doing a class test". Similarly, for the younger children most of whom have developed a total reliance on MM for pencils and exercise books, being able to get them from MM increased their interest in school.

Altogether, the school environment was mentioned as the most appropriate environment that helps them psychologically. According to the children, the opportunity of interacting and playing with peers as equals, the support and attention offered by some of the School Teachers, and just being away from the depressing environment called home, was seen as a refreshing daily experience. Once at school, the children were also within reach of Teachers, some who had an affectionate response to orphans. It was therefore not surprising that most of the MVC/OVC consulted during this study mentioned the Teacher as a role model. From the interviews with teaching staff, it was understood that some Teachers have received training on counselling about HIV/AIDS.

Nurturing social attachment: For those MVC/OVC attached to MM - the value of having somebody to call MM is already felt. Irrespective of the circumstances leading to their attachment, most of them were able to associate MM to social support. In fact that not all of the MVC/OVC were involved in the selection of MM during the identification processes in 1999, such as those who were very young, who lived far from the selected women, who had been brought into the area after the selection period, and those whose parents/guardians died recently. General comments such as, *she visits us, she gives us things, when we fall sick she buys tablets for us* etc – small things that matter a lot to children who did not have a parent or responsible guardian. Rose at Maleusti village, in response to whom she seeks for emotional help replied "*ntamlilia nani, sina mama!*" (lit: whom would I cry on, I have no mother). Examples of specific messages that MM provides in response to a demand or perceived need is summarized in the table below.

Table 7: MVC/OVC's desires and Mama Mkubwa's responses

Cohort/situation	Desire	Mama Mkubwa
15 and 18 years old	Independence	- do not be out of home long during evenings - seek jobs to earn income

		- do not stop going to school
12-14 years old	Attention,	- money for pen, pencil, exercise books - food stuff (eg maize flour)
6 –11 years old	Affection, attention, food, clothing	- she gives me food - I spend nights in her place - she does not scold me - she takes me to hospital
Teenage girls	Independence	- you are big girl now, look after yourself!
Heads of Households	Income for feeding siblings	- advices me to be careful with food reserves, - maintain cleanliness round the home

Social/Psychological support: In some communities, MM cooperates with guardians on confidential issues such as when a girl reaches menarche, or elopes. A young 6 year old boy in Ivalalila village who lives with his 10 year old sister and their Grandmother clung closely to his MM during our discussions, even when coaxed to draw whatever he wanted on a piece of paper. He was too shy to speak a word and seemed to seek for support from the MM. This particular MM had 43 other children under her care, 18 of them in destitute situations. The closeness of the relationship between MM and Guardians was however seen to be stronger with the elderly and weak grandparents who relied so much on MM for support, to the children's advantage, than with younger guardians – such as the Uncle or Aunt – who it seemed were competing over the children's attention for respect. A 15 year old girl Std VI girl in Ndulamo village had the following to say:

If we fall sick we go to Mama Daudi. Mama Daudi is our next door neighbour, she visits us often, and I have known her since I was in Std III. I do not ask Mama Daudi directly for anything because I do not want to offend Grandma, ie by speaking to other people without first informing her. It is Grandma who asks her for things or sends us to her. We often ask her for salt, soap, or tablets. Mama Daudi is also my closest counsellor. If I do wrong, Grandma tells Mama Daudi who advices me what to do and what not to, not anybody else. Mama Daudi sometimes cannot give us things when we are need. I once got hurt when I was collecting fuel wood, and I couldn't get medicine to put on the wound. In the absence of other treatment, Grandma dug some roots, pounded them with water and squeezed the juice on the wound. I was healed after a time (Ndulamo, June 2005).

MM has therefore been a welcome substitute for parents who normally provide such counselling or just an ear to speak to. This gap was clearly felt in those communities without MM, or where MM had 'abandoned' her Wards, as was expressed by a 14 year old boy of Isapulano village. He said,

"I know my MM, but I do not ask her for anything because she refuses to give me. I was told about her by my mother before she died last year in Sept 2004. The MM does not even come to visit, but I do go to visit her occasionally. It is only our Auntie who comes to visit us at home." (Isapulano, June 2005).

Not all MVC were therefore able to communicate with their MM. This was the case with those MM who could not manage to offer any material things to the children, and to those whose workload took most of their time or other forms of individual disposition. Another young boy said, I do not go to my MM because "*ni mkali sana*" (lit: she is too strict).

Protection: Most of the children who participated in this study denied to have encountered any physical or verbal abuse within their communities or at school. But beatings and mocking were common things that some of the MVCs faced from guardians or fellow children. Although MM did not have the ability to provide protection always, their immediate response to such situations was reassuring to the children. A 15 year old boy at Ndulamo who lives with a younger sibling who is sickly and their grandmother said,

Some people bully us, probably because we are orphans, they may take our maize while still in the fields. Others scorn us, saying "your mother died from her deeds, therefore we will keep on bullying you" [The mother died after a long illness] Other children also mock us, but run away when they see MM coming. MM tells me not to fight with other children, not to spend food and things recklessly, and she never grumbles or scolds me (Ndulamo, June 2005).

From the experiences of some of the MVC, the sometimes prompt intervention of MM in disputes between their charges and guardians was reason enough to keep on depending on the MM for such kind of protection as the Box below illustrates (Isapulano and Ikonda villages, June 2005).

Box : Intervening in incidences of abuse

The Ikonda Village Government supports the activities of Mama Mkubwa and especially in the case of complicated problems – eg when a child is grossly mistreated. For example, one MVC was cut on the forehead by a hoe after demanding to go to school instead of going to *shamba* where her guardians were forcing her to do so. She was staying with her grandma and other relatives. Mama Tabia was called, took the girl to hospital and stayed with her at her place for a month. The relatives then made a case with the Village Government claiming that Mama Tabia was keeping the girl without their consent. But she claimed that she was awaiting the Doctors recommendations on the health of the girl (Ikonda, June 2005)

Hope for the future: Many of the children were able to speak about what they wanted to be in future, drawing from role models they had within their communities. Many of the girls mentioned teaching or tailoring, while the boys talked of being a driver, a mechanic or doing business. One girl said, "I would like to go to Secondary School so that I train to become a teacher, so I can teach and help other students" (Ludihani, June 2005).

Expectations of a positive future were also drawn among the MVC in Maleutsi and Malembuli villages who did not have a MM. What was different however was the sense of direction and confidence from the children in the 4 villages with MM, and it seems that the opportunity to be 'haggled' about a future by the MM made these children more able to conceptualize what a promising future implies.

The closeness between MM and an MVC therefore also depended on MM's friendliness or frequency to visit. But such experiences illustrate that probably too much is expected of MM, especially material items by older children, and attention by the younger ones. Yet economic constraints do not always allow them to satisfy all MVC/OVC under their charge.

5.3 Self-appraisal by Mama Mkubwa on their performance

Mama Mkubwa understand that their responsibilities are basically voluntary, and a community service, even if demanding individual resourcefulness. In the absence of a set of monitoring indicators, MM usually appraise themselves using informal systems, which include sharing experiences, and giving support or advice amongst themselves. The most important aspect however is the appreciation they expect from the children that they serve. One of them said, "it is so rewarding when they fondly refer to me as their MM in front of their teachers".

MMs had been advised to organise themselves locally and have regular meetings for sharing experiences. It has however been difficult for them to meet for consultations due to their busy work schedules, the same way as it has been difficult to maintain regular visits to MVC homes. MMs were also not able to continue filling the record-form that they were given after the one-week training at Tandala, indicating the items MVC receive from donations (ref. Appendix iii).

This form was one way of illustrating the extent to which they have been able to visit and channel donations to orphans. These forms were only filled in for the first year 2000 and abandoned because MM found them tedious to fill and the education level of some of them is quite low (ref. Appendix ii).

It was thus easier for them to assess themselves informally. Firstly they measure their own performance against the wider context of their rural environments, living in resource-poor communities, where the nature of gender relations compels women to take the lead in feeding and supporting families. They place themselves within such environments, and therefore committing themselves to hard work and the drudgeries of seeking for an income in order to feed orphaned children is part of their daily lives, even if it was an added burden. They admitted that MVC were at a worse situation than they were, therefore it seemed as if there was no other way out of the obligation.

Their other motivation is extending the role of motherhood. They also think of themselves as mothers, who are now caring for their fellow women's children, and hence, *"if I die, I also expect that my children will be given the same attention as I give to these orphans, after all, their mothers did not choose to die early"* Such spiritual interpretation illustrates that MMs have learnt to have sympathy on children caught in unexpected circumstances.

Psychological satisfaction on being able to serve, to provide, despite the challenges involved, was therefore to all MM, their biggest achievement. MM drew satisfaction on their ability to provide basic items to their MVC/OVC when requested by them, and the expression of appreciation that they received from these children during visits. In fact those MM who felt that they had nothing to offer materially illustrated deep frustration. One of them said, "how can I go to see them when I do not have anything to give?, it is only God who is making me sustain this role, that I do not deserve" (Ndulamo, June 2005).

Self-appraisal was therefore based on one's own conscience and how one gauged the success of her personal commitments to the psychosocial well-being of these children. The following remarks illustrate this point:

- *"Najipima kuwa nimeweza kazi yangu pale ninapofanikiwa kuwahudumia wanapoomba kitu, nauza pombe, nawapa senti, nawapa chakula"* (lit: I measure myself to have been successful in my job when I have been able to serve the children when they need something, I sell local beer, I give them money, I give them food)
- *"Naona watoto wanajisikia kama vile Mama yao yupo"* (lit: I can see the children feeling as if their mother is there)
- *"Watoto walionyong'onyea wamebadilika, hawana tofauti na wenzao wenye wazazi, wakiniona wanafurahi, lishe imeboreka, hata walimu wao wanajua"* (lit: Children who were feeble have changed, have no difference from their fellows who have parents, they are happy when they see me, their nutrition status has improved, even their Teachers know this).
- *"Najisikia moyoni vizuri naposikia watoto wananiita Mama Mkubwa! miongoni mwa wanawake wengi hapa kijijini"* (lit: I feel good when the children call me 'Mama Mkubwa' among many other women in the village)
- *"Watoto wengine ushauri wetu umesaidia kuwafanya wajiangalie upya, walikuwa wanakaa tu!"* (lit: for some children, our advise has helped to make them question themselves, they used to be just idle!)
- *"Watoto wenyewe wana upendo, ninapoumwa wanakuja kunisaidia"* (lit: The children themselves are affectionate, when I am sick they come to help me).
- *"mimi ndio huwa nawasaidia [watoto] kulima, kupanda na hata kuvuna mashamba yao"* (lit: I am the one who assists them with cultivation, planting and even harvesting of the farms)
- *Mpango wa MM una manufaa – kwani mimi sasa najua kutunza watoto wa wengine, kuwatembelea na kuwaonya wajirekebishe, tofauti na kulea watoto wangu ambapo shida zote namtupia mume wangu.* (lit: The MM programme is beneficial, since I now can care for other people's children, visit them and advice them, differently from bringing up my own children whereby I usually place all problems on my husband)

Such perceptions or feelings about their effectiveness showing happiness, successful relationship building and satisfaction when they are able to extend assistance showed MM that at least they were doing something positive. MMs however understand that several challenges remain that they have no control over. These include the inability to reduce the workload that MVC/OVC engage in because of the poverty in the area; and managing adolescents – especially boys.

MM also complain that the initiative seems to be taken for granted as a free service to MVC/OVC. Community response has been minimal, except for compulsory activities designed by VG or faith based Institutions. All MM mentioned that inadequate resources, coupled with limited poor administrative/management capacities at local level have impinged on their

capacities to perform, and hence to satisfy the desired objective of care and support. This situation was taken very seriously by those MM who are economically unable to provide when requested for by children even if they wanted to. One of them said, "our poor economic situation limits us in what we can provide to MVC, to the extent that some MVC refuse completely to call us MM, while MM does not help us in any way!", while another one more sympathetic to herself said,

"Nasikitika nashindwa kuwapa mahitaji mengine kama viatu km kwa vile sina uwezo huo" (lit: I feel sad I cannot give them some of their necessities such as shoes etc because I do not have that capacity)

In order to boost their capacities to serve, most of them proposed to be assisted to start viable income-generating projects such as selling basic housekeeping items, or raising pigs. One of them said, *"we sacrifice our time and our meagre resources to share with orphans, but we are not given anything in return"*. And although a few of them asked on the possibility of getting a salary to enable them handle some of the children's needs, their basic need was to achieve economic sustenance.

Managing adolescents: The age range of most MM – early 30s to mid 40s – could generally be taken as ideal for a 'mother-figure' in rural Makete. However, being women, some of them with delicate petite bodies, proved quite challenging to the older MVC. One MM said, *"these children are very arrogant, and I am happy with this MM programme because I tell them if you continue being arrogant and stubborn then you will not be given donations"*. Her frustration was probably generated by the stubbornness that some of the children were showing due to 'physiological changes owing to puberty and adolescence'. This was one of the age groups that MMs complained were difficult to handle. However, it was easier for them to speak to the girls, although quite challenging to make them heed advice (such as requesting them to refrain from getting home late). The lure of money by people in the timber trade was too powerful and castigated by most MM in the communities surveyed as one of the reasons spoiling the young girls. But it was extremely difficult to counsel boys on refraining from excessive drinking or other unruly behaviour.

Many of the 'grown-ups' (age 16-17) tended to ignore such advice from MM, sometimes with the argument that 'they engage in unwanted behaviour in order to survive!' This problem was however common among orphans and non-orphaned youngsters, demanding a broader approach for counselling MVC at this age.

The MM of Ikonda village seem to have overcome the problem of addressing adolescent boys by selecting Baba Mkubwa – as male guardians for these boys. According to the MM of Ikonda, the selection of these Baba Mkubwa was based on the general experience that boys at a certain age tend to be arrogant and normally do not easily take advice from women. The roles of these Baba Mkubwa is to advice and counsel, and to intervene when a problem concerning the boys develop. An informant from Ikonda said, "*We also realised that being female guardians ie Mama Mkubwa, we were ill prepared to deal with issues related to male youth and adolescence – and therefore we added 3 men to perform the role of Baba Mkubwa*" (Ikonda, June, 2005)



Most of the older boys were challenging for MMs demanding their freedom to pursue their lives without too much monitoring. Makete, June 2005.

7.0 LONG-TERM SUSTAINABILITY

The increasing rate of orphans in Makete District is for the time being, a reality. Some examples on this magnitude is the 40 % population of Ndulamo Primary school children are orphans while Ivalalila Primary School has orphans that amount to 50% of its enrolled pupils³⁷. This is a challenge that is faced at District level, but bears undeservedly on MM because they have to shoulder any increase in MVC at village level in Iwawa Ward. The demand for a sustainable system of community based foster care such as the MM initiative is therefore inevitable. This however demands a committed, well-exposed people including a self-sustaining socio-economic environment to nurture the process and the children within.

In this regard, a number of aspects have been taken into consideration to assess whether the MM initiative has promise as a long-term venture, aspects that could facilitate its continuity, replicability or adoption in other areas with minimal external support. These aspects include the following:

- Local commitment in foster care by community members
- Building capacities of communities to provide care
- Institutional arrangements

7.1 Local commitment to foster care

To be given the responsibility of Mama Mkubwa is indeed a moral commitment and a sacrifice, as illustrated in the words of one of them, *"kulea nyumba ya mwenzio, yataka moyo"* (lit: taking care of your colleagues' home, needs [a strong] heart – Ikonda, June 2005). This is because in addition to the fact that the responsibility demands a significant amount of time and resources, it can also be emotionally quite trying, sometimes leading to resignation as has been experienced in the villages where MM was introduced.

Stimulating and nurturing this commitment to orphans, is therefore paramount for the sustainability of MM. This can be achieved either through continuous sensitization or by

³⁷ Village School records indicate that 162 of Ndulamo Primary School's 416 pupils are orphans, while 284 of Ivalalila Primary School's 499 pupils are orphans. Ndulamo school registered 32 more orphans in 2005. In Ivalalila school, of its 284 orphans, 42 are MVC.

involving more people into the role of MM. The current process of identifying women basing on their social status or other criteria has not been able to guarantee that all MM once selected will perform and stay as MM. This is probably because of the 'caught-in-a-corner' nature of the process, some women feeling it inappropriate to shy out immediately from a responsibility once given. Therefore, while the initial identification of MM should be left to MVC/OVC themselves, it may be more feasible to widen the process to involve a two-way system, a system that also facilitates community members to voluntarily identify MVC/OVC they would be able to support.

In addition, the description of who is appropriate could be reviewed in order to enable the children think beyond their immediate neighbourhood, and in terms of gender. For example, people like School Teachers, and Men can be guardians with different yet meaningful qualities necessary for providing psychosocial support to the MVC/OVC.

7.2 Building capacities of communities to provide care

The long term sustainability of MM will also depend on the community's ability to handle the orphan phenomena and its related implications. An effective care and support programme for MVC will need to be facilitated through on-going skills development, information and other resources. It is important therefore for the community to have the necessary skills and economic capacity to provide care and support. In this regard, the study examined two key aspects that may give the initiative continuity. These were:

- A sensitized community on Mama Mkubwa and psychosocial aspects of care
- A skilled Mama Mkubwa capable of addressing and supporting guardians on psychosocial aspects of care
- Existing incentives for Mama Mkubwa

The community: As has been mentioned above, a few kinds of training related to care and support of orphans have been offered to some groups in the communities. These include:

- The training of Iwawa Ward's MM on care and support of MVC/OVC in Ikonda in December, 1999 – conducted by TAHEA with UNICEF support. Similar training has also been given to the 20 Mama Mkubwa of Mang'oto ward as mentioned above.
- Training of MVC Committees on identification, care and support of MVC

The general community, and even Village Government leaders or Ward and District leaders have not been adequately sensitized on the meaning and mandates of MM and their responsibilities to mobilize support for the process. Makete District already has plans to counsel guardians [kin, relatives] on MVC/OVC care and support as has been indicated in Section 3. But it is not clear how the training will incorporate the current MM or design mechanisms that allow relative guardians and MMs to understand and accept each other as part of the continuum of care. This would help improve the mental health of the orphans and their sense of belonging in the community, rather than what is evident today of some orphans being compelled to balance two relationships, between them and their relatives and that between them and an MM.

What had also been drawn from the study was the fact of some of the MVC/OVC becoming too expectant of MM. During the interviews it was easy to detect that what some MVC liked MM for was because of the items she could give them, and therefore every time one visited them, they would expect to be given something. *"This could not be the case every time you see them"* one of the MM said (Isapulano, June 2005). In the opinion of one of them "the children need to be sensitized on the responsibilities of MM, and be informed that it is voluntary work, has no income, and that [if they resign] other women may refuse to accept this responsibility because of the hard work involved" (Ludihani, June 2005). But where does one draw the line between giving and other forms of caring, and how does one communicate this aspect with the young MVCs without jeopardising the children's trust to MM – should be of concern here.

Another challenge to sustainability of care and support as provided by MM is the over-riding attention to MVCs, which is quite justifiable. But singling them out – and sometimes making them identify themselves with sadness and despair etc. One of the MM contended that *"the term 'orphan' labels children, and makes them uncomfortable throughout their lives. We should do away with the term, 'orphan'!* (Ikonda, June, 2005).

A skilled Mama Mkubwa: Skills on the art and practice of providing psychosocial care and support is still a big challenge in Makete for both MM and the guardians. It was established that since the 1999 training at Tandala MTC, the MM haven't had an opportunity to be refreshed on caregiving. In consideration of the almost 30% of the MM who were new in the job, most

operated without a single capacity building opportunity, and therefore the likelihood that key psychological issues are left unattended.

Existing incentives: The MMs do not receive any material incentive for their responsibilities, unlike the experience of MM in Rufiji District. However, while it is important that MM are compensated for their responsibilities, a monetary form of compensation may be very difficult to sustain, judging from the circumstances prevailing in rural Makete. Firstly, VG have limited capacities to provide a salary. The amount of money that some of the VG collect from own sources [including fines, taxes, income from village projects] is too little in comparison to the demands that the VG has to meet for running the village. Maleutsi Village for example collects TShs 30/- per piece of timber transported out of the village and TShs 200/- per 20liter container of local brew. This amounts to about 20,000/- in some months that is sent to a Village water supply project.

In addition to poor management of Village funds, many villages have been unable to remunerate even with a reasonable pay the Village Health Attendants (WAVU – Wahudumu wa Afya, Vijijini), a service that was originally designed by the Government should be covered by respective Village Authorities. An inquiry on how these WAVU were compensated in Ndulamo and Ivalalila villages indicated that they are usually given TShs 1000/ only when they serve the Mother & Child Health Clinic day in the village, which is once a month.

Entrusting villages with the responsibility of compensating Mama Mkubwa in monetary terms is therefore not feasible. In any case, giving them 'payments' or cash-tokens for the service could be a mechanism for killing the community responsibility that the initiative had originally been designed to provide. Neither is it sustainable, given the fact that many households in rural Makete are greatly strained by lack of viable economic ventures. The limited opportunities in training on viable Income Generating Projects have limited women even further.

However there are some experiences from where lessons could be drawn for sustainable economic empowerment approaches introduced in district. These include:

- The Student Partnership Worldwide (SPW)³⁸ in 2004 conducted skills training on group formation and running small scale projects in several villages in the District. Maleutsi village has 10 groups formed on these bases. These groups have started raising pigs and plan to expand to other small livestock.

³⁸ The SPW is a voluntary organization that has an office in Iringa town.

- Kising'a Roman Catholic Parish has also embarked on a project aimed at enabling local people to improve soil fertility, and therefore productivity, to be able to meet household food security and to generate surplus for a cash income.

7.3 Institutional arrangements

Long term sustainability also implies the capacity to develop and maintain a self-sustaining system that depends minimally on external sources, allows continuity and replicability. In the case of the MM initiative, identifying and initiating a process for MVC/OVC care and support is different from putting in place a system for management and monitoring that will ensure continuity of the process. Although according to the District Social Welfare Department, its description of guardians embrace the responsibilities that TAHEAs MM have been bestowed, 6 years after its initiation in the District, there is still a sense of identifying MM with the originator – ie 'TAHEAs Mama Mkubwa' – indicating TAHEA [and its donors] as solely responsible for their functions.

In addition, its integration into key community structures that would sustain it – such as the VG, the Health Services Committee and School Committee has not been the case and therefore though the foundation on foster-care through MM is already well-laid, an accompanying system of monitoring and coordination that has an integrated and preferably Village-based or District approach, rather than a single-actor approach has not been the case.

8.0 CONCLUSIONS and RECOMMENDATIONS

Mama Mkubwa – the person – has indeed been a welcome complement for care and support of orphans in the communities where the initiative has been introduced. Not only has the process been able to fill a felt gap in terms of psychosocial support for MVC/OVCs, MM has also been able to some extent to stimulate sentiments about community responsibility to a local problem otherwise eroded. The fact that caring for orphans – *bapina* – was handled by immediate kin or relatives, introducing a Mama Mkubwa in replacement of these kin has indeed cultural validity. It is not a new concept, albeit slightly reformed – and the meaning and intention remains the same. This service is clearly felt as a gap in those communities without MM, hence, their demand to also have their own MM. This was because, even with the presence of MVC Committees, the special type of service performed by MM could not be substituted. Many of the MVCs were able to relate MM with positive reinforcement and the sense of social attachment they were experiencing.

The biggest challenge however, and an issue that demands further research is the effectiveness of MMs care and support to the very young MVC/OVC who were almost totally dependent on guardians for care because of the complexity in attending to them by MM. This is because of the different needs and demands for care that MVCs in different age groups require. While schooling MVC/OVC do receive some attention at school, reaching out to young MVCs may demand a more specific kind of care focussing more around the household and collaboration with immediate care providers, the guardians. This aspect cements the recognition of guardians as a crucial component in the whole aspect of care giving to young orphans. Nevertheless, if the institutional collaboration at Village level is streamlined, more sophisticated care could be directed to young MVC.

At the same time, community mapping of MVC needs has at the moment sidelined the reality of the continuum of care that in fact supports MM in their responsibilities. The multiple efforts from different players in the communities (MM inclusive), school environments, and District and National/International levels have in different ways managed to reach the children with some form of support, but with limited support to MMs who provide a crucial aspect in this care. The absence of coordination of activities has therefore limited the effectiveness of these activities, and has failed to harness the expertise of crucial actors such as Health personnel who could

provide necessary information on the physical health of young MVC children who have only the home to depend on.

The interconnectedness of material support to the mental well-being of the MVC demands that resource management programmes in the District be rethought. Currently, the lack of an integrated approach has allowed resources at District level – such as Donor funding - continue to be channelled in ‘straight-jacket’ fashion to single issues, rather than pooling them and identifying ways in which the various efforts could be jointly supported. The impact is often minimal and its outreach limited to certain population categories. This has however been difficult in the absence of a clear coordinating mechanism for MVC/OVC care and support.

Currently, being basically a TAHEA supported initiative, the development of MM in Makete District has largely depended on decisions made by TAHEA regional Headquarters at Iringa, limiting local District people the ability to pursue and embrace the initiative as a local Makete process. These include decisions to make periodic assessments on MM, or developing a periodic sensitization programme to keep them up-to-date on psychosocial aspects of care and support to orphans. This is because of the inability to secure funds. TAHEA admits that shortage of resources has been a major factor affecting the monitoring of MM.

The shortage of resources faced by MM and the wider community, has limited MMs capacities to care, and therefore most of what they do can be rightfully termed as support. Low agricultural productivity, petty income generating activities, many of them managing households single-handedly, and the added burden of MVC/OVC are indeed constraining, not only to the MM but also for guardians. What seems more feasible is identifying ways in which local communities could be empowered to independently handle the process both in terms of management and in terms of material support to the children.

A general conclusion is also drawn from the psychological status of MVC/OVC themselves and the degree to which they have been able to handle loss [their parents] by embracing substitutes, in this case the MM. Generally, there seems to be too much compassion placed on the plight of MVC/OVC by policy makers and donors, which is justifiable, given the circumstances confronting Makete District. But on the other hand, less emphasis is placed on empowering them psychologically to enable them recognise that they too have a responsibility

in the MM - MVC/OVC relationship. In the opinion of the MM there is a need for MVC/OVC to be sensitized on their relationship with MM and their responsibility in the process.

Altogether therefore, the whole context within which MM operates needs to be clearly thought through and improved for the initiative to have continuity. The following recommendations are thus made:

RECOMMENDATIONS:

1. Integrate/Mainstream MM in District Development processes:

In view of the challenging circumstances for providing care and support to MVC/OVC in Makete, it is necessary for the District to introduce a holistic approach rather than sector based thinking on MVC/OVC care, and identify activities that reinforce each other. This could be done through the following steps:

- Integrate orphans care and support into National/District Poverty reduction strategies/programmes
- Identify and support a District level inter-sectoral coordinating and monitoring mechanism – preferably under the District Social Welfare Department [incorporating relevant departments e.g. Health, Community Dev] that reach the Village through a Ward level MM or foster care coordinating program. This mechanism can make follow-up on these issues:
 - Progress on MM could be tabled during annual reporting on service provision
 - Integrate MM into existing Committees – especially the School Committees – to promote coordination between the two major care providers to schooling orphans.
 - Ensure that the objectives and management of MVC Accounts are made transparent to community members – especially MVC/OVC and MM.

Responsible institution: District Planning Office, Social welfare, Community Development

2. Monitoring and Evaluation

Developing locally relevant and age specific tools for systematic evaluating and monitoring the situation of MVC/OVC in the country, is necessary in order to establish the achievements being

realised from interventions directed to orphaned children. These tools can be generated from the three key areas singled out in this study – that are - the situation and disposition of the care provider; the social environment; and the range psychosocial indicators on well-being relevant for children in that particular context. It is therefore recommended to,

- Identify or Develop monitoring criteria/indicators – from the expectations of policy, MVC/OVC and MMs - in order to be able to assess MMs contribution to the provision of care and support to MVC/OVC in future (ref appendix viii for example of Monitoring Indicators).
- The monitoring indicators should be age-group specific, in consideration of the different exposure to psychosocial risks that children of different age groups are usually confronted with. A useful procedure can be taken from the MLYDS (n.d.) document that delineates 4 such age groups – 0-2 years; 2-6 year; 6-12 years; 12-17 years (pg 145-163).
- Train Mama Mkubwa with simple techniques of identifying, monitoring and reporting on an individual problem of MVC/OVC problem

Responsible institutions: Social Welfare; Community Development; Health

3. Empowering local communities to achieve household food security

It is necessary to identify incentives for Mama Mkubwa in order to boost their performance towards MVC/OVC. However, since Mama Mkubwa are part of the general community, singling them out for concerted support or compensation may actually fuel their identification as 'project-based' foster parents – and hence limit community support to them. It may also kill the community or voluntary spirit necessary for sustainability of the process because MMs may regard themselves as employees, rather than members of a community responding to a felt need. It is important therefore to approach them from the community level, and thus target to enhance household capacity in general to achieve food security and raising local incomes for communities in which MVC/OVC has high prevalence.

In consideration of the lack of viability that other strategies have so far had in raising incomes or funds for MVC/OVC, one of the best options is therefore raising the capacity of communities/women to initiate and run such projects through training on skills/techniques for improved productivity. MM and other members of the community understand that significant investments need to be made for their economic empowerment and they give highest priority at

improving the productive capacity of the land, their basic means of sustenance. It is therefore recommended as follows:

- Introduce ways for people to access low cost technology and inputs for agricultural production – promote neighbourhood demonstration plots on good farming practices
- Explore the existing potential for small industry development, or small projects that target women, youth.

Responsible institution: Agriculture/Livestock; Community Development

4. Social safety nets

In view of the socio-economic challenges facing MVC/OVC and the limited outreach that individual actors face when they need to extend support, it becomes necessary for Government to identify locally relevant social safety nets with the potential of sustainability. It is thus recommended that,

- Eliminate targeting of specific homes of MVC/OVC by establishing a basket fund for MVC that is subscribed to by local, international and multi-lateral partners and, that would be accessible in relative proportions to village communities in order to cater for MVC's needs.
- Identify a range of care and support systems depending on the situation. Therefore, review policy on the care and support to MVC/OVC to incorporate loosely-bound structures such as boarding facilities for schooling MVC since their home environments are not conducive. This may allow concentration in education and may also ensure that the children are monitored, given support, yet raised within the same environment.
- Vocational skills training – continue prioritising or making special provisions to include ALL MVC/OVC – as the ultimate livelihood security
- Introduce a cash-transfer scheme that starts by prioritizing MM with credit for mini-projects, and whose payment goes to a revolving fund.

Responsible institution: District Planning Office/DAC; Community Development

5. Wider sensitization and training on MVC/OVC to communities

A comprehensive programme for training and continuous sensitization of the community on the care and support of MVC/OVC is also important to generate commitment to guardianship or the Mama Mkubwa initiative. The lack of it may be one of the reasons why there is minimal community ownership, while Mama Mkubwa are in some places regarded as UNICEF's or

TAHEA's employees. Such training also needs to be localised. Meaningful training on community based approaches make sense and enable trainees to touch base with reality when they are trained and practice within the same or similar environments.

Another advantage of sensitizing and training communities on care and support is the necessity of developing a stronger link with MM. This relationship can be developed by each performing and liaising with each other on different aspects of care. Currently, since the workloads of most MM's limit their ability to spend enough time with children, it has been difficult to notice signs of distress, or expressions of discomfort in some of them, especially for the very young, and non-schooling children, unless told by guardians or neighbours. Elderly guardians are themselves in need of such support and cannot effectively handle the children's emotional needs. If guardians of all kinds are empowered to take up this responsibility, the possibilities that the psychosocial well being of MVC/OVC is checked will be high. It is thus recommended that:

- Introduce periodic and locally conducted sensitization programmes on care and support of orphans in the same environments where the MVC/OVC live in to enable MM and the community identify with the process.
- Training of Community Leaders – eg Ward and VG Government leaders on the range of ways the care and support of MVC/OVC – including the role of foster care that MM provides.
- Sensitize guardians and neighbours to act as primary units of care, and therefore support to MM – eg noticing signs of and addressing psychological stress among children.

Responsible Institutions – Social Welfare/Community Development/WEO

6. Empowering MVC/OVC

A committed participation of MVC/OVC themselves in the care and support system is also crucial. Balancing their demand for rights with responsibilities especially for older MVC/OVC is important to allow them to become responsible citizens in future. It is therefore important to sensitize MVC/OVC on how to build relationships with MM and what they should be expecting from each other. It is therefore recommended to:

- Sensitize MVC/OVC through counselling on building responsible relationships with MMs and other people,

- Introduce ways in which the 'naming' or singling out of orphans can be reduced – eg through promoting and encouraging recreation activities across communities that help to smoothen differences, youth clubs etc

Responsible Institution: Village Government/WEO/Community Development/Social Welfare

7. Expanding the definition of Care givers to include Baba Mkubwa and voluntary surrogate mothers

The challenges that Makete's MM in managing the range of psychosocial needs necessary for MVC/OVC care and support demands a broader and more integrative classification of care giving to incorporate other members of the community in addition to the structures that have been proposed in Recommendation 2 above. Therefore,

- Expand the identification or selection of foster parents through the Mama Mkubwa initiative by encouraging communities to identify people with complementary qualities, including Baba Mkubwa – to address better developments caused by physiological changes, gender issues.
- Extend and encourage foster care to couples – in order to generate family commitment and to minimise differences on care between couples, where there is an MM.
- Establish more participatory mechanisms for succession of MM, such as encouraging individuals to voluntarily identify MVC/OVC they would be willing to support. This is particularly necessary for the care of very young MVC
- Spread number of MM and foster parenting to spread out responsibilities, and therefore the burden to care.

Responsible Institution: Village Government/WEO

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Appendix ii

1.0 Persons consulted/interviewed

- | | |
|-----------------------------|--|
| 1. Dr. Jonas Mkumbi (DALDO) | - Ag District Executive Director, Makete |
| 2. Mr. Felix Mbwilo | - Community Development Officer, Makete |
| 3. Mr. Leons Panga | - Social Welfare Officer, Makete |
| 4. Mr. Msagati | - Manpower Management Officer, Makete District |
| 5. Mrs Mwakagile | - Education Officer (Statistics) |
| 6. Mr. Martin Gowele | - DAC (District Planning Office) |
| 7. Mr. Chuma Ngoitanile | - Asst Ward Executive Officer-Iwawa/Ward Livestock Officer |
| 8. Mr. Kalo OLM Chuse | - Ag Ward Education Coordinator/Headteacher Iwawa Primary Sch. |
| 9. Mr Deo Mvile | - Academic Master, Iwawa Secondary School, Makete |
| 10. Mr. Bakari Katindasa | - Head, IDYDC Training Centre, Makete |
| 11. Father Mgaya | - Father Parochal, Kising'a Roman Catholic Parish |
| 12. Mr. Selemani Kiwone | - Iwawa Ward Executive Officer |
| 13. Ms Flyness Sanga | - Treasurer, INGONET, Makete |
| 14. Ms Tabia Ilomo | - Mama Mkubwa, Ikonda Village |
| 15. Mr. Ahazi Kyando | - Asst Headteacher/Academic Master, Ndulamo Primary School |
| 16. Mr. Lupesi Mahenge | - MEMKWA, Ndulamo |
| 17. Mr Yolimu Ambangile | - Headteacher, Isapulano Primary School |
| 18. Mrs Tamali Kawanga | - Nurse, Isapulano Dispensary |
| 20. Mh. Mafuru | - TAHEA, Iringa Office |
| 21. Ms Betty Masima | - TAHEA, Iringa Office |
| 22. Mr. Conrad Mushi | - Coordinator, WAMATA – Dar office |

2.0 Focus Group Discussions with representatives of the following social categories

1. Ndulamo Village Government
2. Ivalalila Village Government
3. Ludihani Village Government
4. Maleutsi Village Government
5. Isapulano Village Government
6. Malembuli Village Government
7. Ivalalila MVC Committee
8. Maleutsi MVC Committee
9. Iwawa Ward Government representatives
10. Tujinue Kiuchumi Income-generating Group, Maleutsi

3.0 Discussions with MVC/OVC

1. Focus Group Discussions in age groups with Children in Ndulamo, Ivalalila, Ludihani and Isapulano
2. Individual discussions with MVC in Ndulamo, Ivalalila, Ludihani and Isapulano, Maleutsi, Ikonda, Malembuli.

4.0 Discussions with Mama Mkubwa

1. Focus group Discussions with MM in Ivalalila and Kudihani
2. One to one discussions with MM in Ndulamo, Ivalalila, Ludihani, Isapulano, Malembuli, Ikonda.

Appendix iv - a

Types of Record keeping forms that Makete Mama Mkubwa used from 1999-2000 (translated)

Form 'C': Report on Receipt of Assistance for Orphaned Children

Name of Village HamletName of Head of Household (orphan) Date/Month..

S/No	Name of Orphan	Sex	Age	Name of Mama Mkubwa who visits	Nature of assistance given	Child's signature	Date	Signature of Hamlet Chair	Date

Appendix iv -b

Form for Follow-up [of assistance to child] by Mama Mkubwa

Name of Hamlet	Name of Mama Mkubwa	Nature of Assistance given to child	Type of assistance received by Mama Mkubwa	Donor Institution providing	Date of donation	Date of receipt	Name of child who received assistance	Signature of child	Signature of giver

Appendix I

CONCEPT NOTE AND TERMS OF REFERENCE EVALUATION OF TAHEA SUPPORTED "MAMA MKUBWA" INITIATIVE IN MAKETE DISTRICT

The Mama Mkubwa Concept

The concept of "Mama Mkubwa" had been initiated by NACP in Coast region. It was adopted and introduced in Makete by TAHEA. It operates through the process of participation whereby few women are identified by the children themselves as individuals to provide support and guidance as they have no immediate carers. Mama Mkubwa was also expected to provide advice and support when necessary. The strategy involved ensures that the village government also reviews and approves the selection of identified Mama Mkubwa prior acceptance and taking of the responsibility.

The Mama Mkubwa is expected to make weekly follow-ups on the children orphaned especially those who head households or those who are in households headed by very elderly caretakers and by terminally ill parents and carers. To ensure they take up the roles the selected Mama Mkubwa were trained on psychosocial support, counselling skills and on HIV/AIDS prevention and care issues including child care issues by TAHEA.

Literally the word 'Mama Mkubwa' is derived from Kiswahili with means the older mother (mothers elder sister), not necessarily blood cousin of mother (or aunt). According to TAHEA a Mama Mkubwa could be any woman in the village who:

- i. commands some social respect in that community,*
- ii. is endowed with love for children, and more important,*
- iii. by choice of the children to be cared nominates her as Mama Mkubwa (in other words, that the children who have to be cared by Mama Mkubwa must have chosen that woman to be their Mama Mkubwa).*

In supporting this community initiative UNICEF supported capacity development activities for the Mama Mkubwa through different initiatives. For example, Ludihani village government sent 10 women for training at Ikonda in 1999, which is about 25km away from Ludihani village as seed for training others (Mama Wakubwa) within the village for wider coverage. The training provided them with life skills and emphasised in taking care of those households that children became vulnerable as a result of circumstances of life by providing courage, love and some daily basic requirements that those vulnerable children and households would require.

In reality the Mama Mkubwa's support to most vulnerable children depended mostly on the economic capacity of the Mama Mkubwa themselves. They have received very limited support from the village government or community members. Most of the support has been on items such as soap, salt, care during illness, clothings (such as uniforms) and meals (sharing what they had) when it necessitated. With regard to provision of items to vulnerable children, only small items such as soap, salt and food items were provided.

The Problem

Various follow-up visits in 2002 had revealed that, most of the Mama Mkubwa were facing various challenges due to the increasing number of children they had to support and also the fact that they were not receiving adequate

support from the community members and village government. Moreover most Mama Mkubwa still had a number of children of their own to care hence could no longer cope with the task of follow-up and support of the orphans and vulnerable children adequately.

This culminated in a decision for UNICEF to support TAHEA to conduct an assessment of the Mama Mkubwa strategy in 2002. According to the assessment which was coordinated by TAHEA, the Mama Mkubwa concept has been well conceptualized proved to be successful in provision of the care and support to MVC especially the child headed households. For example, in Ludihani village mama Mkubwa had been able to support about 14 most vulnerable children to enrol and complete primary school education and by 2003, some of them reached 18 years old and got married. Moreover it seemed the training that Mama Mkubwa received have enabled them to understand their supporting roles. However, the key challenge was to get husband's support in undertaking their extra roles.

Challenges

Despite the positive aspects of supporting most vulnerable children, Mama Mkubwa have faced different challenges which have rendered their work to be very tasking and in some cases even to withdraw. The increasing burden of providing care and support to an increasing number of children, poor economic status, inadequate knowledge to handle and provide support such as psychosocial support to the most vulnerable children just to mention a few have limited the capacity of the Mama Mkubwa to respond adequately. It is therefore important to understand well Mama Mkubwa in the framework for foster care as, despite its limitations, the system has managed to provide support to child headed vulnerable children who needed close supervision and follow-up. Based on the strengths and challenges facing the strategy it was felt there is a need to evaluate it and find out to what extent it has achieved its primary goal of providing foster care and support to the OVC. The evaluation report will be accessible for utilization to different stakeholders. The respective community will be involved in the entire process to ensure ethical, religious and cultural issues are taken into account and respect human dignity. The feedback will be provided to the community.

The overall objective of the evaluation

To undertake evaluation of the viability and effectiveness of the current Mama Mkubwa strategy on the care and support of orphaned and vulnerable children.

Specific objectives

- To assess the Mama Mkubwa strategy on how it originated, the rationale, the process involved and how it operates
- Identify the positive/strengths traits and challenges of the strategy
- Map out the key needs of the strategy in order to ensure when addressed it works, and provide the care and support of OVC
- To assess current situation of Mama Mkubwa in Makete and recommend strategy for future support for MVC both in Makete and elsewhere.
- Assess its impact on attaining its primary goal for the care, support and protection of vulnerable children at family and community level.
- Suggest/recommend how the Mama Mkubwa strategy can be redefined to ensure it achieves its primary goal.

Main Tasks

1. To prepare the inception report on how they can undertake the evaluation assignment i.e. the methodology and working schedule.
2. To review existing documents and report on the Mama Mkubwa concept, mama Mkubwa assessments and on programme implementation and any other similar informal fostering schemes.
3. To develop study tools working together with key actors.
4. To consult with various partners including Makete district officials, some UNICEF staff, NGOs working on HIV/AIDS in Iringa, TAHEA officials, MVC committees, village leaders in the 5 of the villages where the initiative operates.
5. To assess the Mama Mkubwa effectiveness and functionality in terms of:
 - Services and care provision to the OVC/MVC in comparison with other community-based partners effectively in the support: i.e., the adaptation and/or strengthening of existing systems within the community including those provided by NGOs, CBOs, and FBOs- with the potential to benefit the OVC/MVC.
 - Assess it in the context of child support systems; assessing the potential merits of the “cohort” rather than ‘situational’ approach for the Mama Mkubwa Support.
 - Assessment of the efficient utilization of community resources for the support of children linked to the Mama Mkubwa support
 - The impact of the initiatives on the self-appraisal/self-esteem of the MVC/OVC themselves
 - The assessment/evaluation should be conducted with a gender perspective
6. To analyze and document the impact of self-assessment results.
7. To assess Mama Mkubwa ownership by the community.
8. To assess how Mama Mkubwa’ strategy is working in linkages with different on going development, care and support initiatives for MVC such as MVC committees.
9. To come up with specific measures to address the gaps identified and to be able to build on the positive achievements for which the process has been a catalyst.

Methodology

To undertake both qualitative and quantitative study

- **In-depth Interview** with different social groups (MVC, village government, NGOs, influential people, FBOs and MVC committees) about 3 villages in the wards which initiative is being done to assess on how it operates and need assessment of the initiative.
- **Dialogue** with different social groups in about 3 villages in Makete where the initiative is not done to understand their perception and if there is any similar initiative or the possibility of mama Mkubwa applicability.
- **Consult** with mama Mkubwa to find out what is their suggestions on the initiative and what are there recommendations on what can be done to improve their services.
- **Document** the best practices on the impact of the mama Mkubwa initiative.
- **Review** the documents and reports of mama Mkubwa strategy

Study Area:

The study will be undertaken in Makete district .Consultation will be undertaken in two wards with the mama Mkubwa, of which at least 5 villages in each ward will be visited and consulted and 2 villages will be selected randomly from 2 wards without mama Mkubwa for comparison.

Sampling

Since the mama Mkubwa are only 40 the number will not be representative enough for the quantitative method. More qualitative methods will be applicable. More sampling will be done based on the geographical location and other social characteristics such as age, education and income level. Moreover different stakeholders, OVC inclusive will be consulted in the evaluation.

Expected delivery

- ❖ The inception report with the working methodology and schedule.
- ❖ An outline of the evaluation report
- ❖ A draft of the evaluation report
- ❖ A final evaluation report of the Mama Mkubwa initiative with
- ✓ Its impact/performance on its applicability in terms of social economic and psychological support and care for orphaned and vulnerable children.
- ✓ Recommendations on how it can be best modified to ensure it provide psychosocial, care and support of orphaned and vulnerable children.

MVC Village Funds – Makete District

Ward	Village	No of MVC	Acc No and Branch	Estimated Contribution by village (Cash & costed in kind)	District Contribution	Proposed UNICEF Contribution
Lupila	Igumbilo	154	8080	400,000/-	50,000/-	400,000/-
	Malanduku	70	7550	1,360,000/-	50,000/-	400,000/-
	Ludilu	147	7593	650,000/-	50,000/-	400,000/-
	Lupila	197	7449	1,600,000/-	50,000/-	400,000/-
	Ukange	128	7434	800,000/-	50,000/-	400,000/-
	Kijyombo	113	7448	450,000/-	50,000/-	400,000/-
Lupalilo	Kisinga	93	7927	200,000/-	50,000/-	250,000/-
	Ilevelo	75	7903	100,000/-	50,000/-	125,000/-
	Ihela	59		150,000/-	50,000/-	187,500/-
	Usagatwika	59		100,000/-	50,000/-	125,000/-
	Mago	133	8148	100,000/-	50,000/-	125,000/-
	Ikonda	112		100,000/-	50,000/-	125,000/-
	Lupalilo	109		100,000/-	50,000/-	125,000/-
	Ugabwa	134		100,000/-	50,000/-	125,000/-
Ipepo	Tandala	130	7956	100,000/-	50,000/-	125,000/-
	Maliwa	60	7878	500,000/-	50,000/-	400,000/-
	Igolwa	51	7934	450,000/-	50,000/-	400,000/-
	Ikete	19	7897	150,000/-	50,000/-	187,000/-
	Ipepo	88		350,000/-	50,000/-	400,000/-
Ukwama	Ilungu	72	7882	400,000/-	50,000/-	400,000/-
	Masisiwe	156	7742	80,000/-	50,000/-	100,000/-
	Utweve	60	7701	200,000/-	50,000/-	250,000/-
	Ukwama	73	7728	170,000/-	50,000/-	212,000/-
Mbalatse	Ihanga	113	134951	140,000/-	50,000/-	175,000/-
	Mbalatse	70	7728	200,000/-	50,000/-	250,000/-
	Kisasatu	29	WADU	250,000/-	50,000/-	315,500/-
	Lupombwe	62		300,000/-	50,000/-	375,000/-
Total		2,566				7,717,500/-

Source: Social Welfare Department, Makete District. June 2005

Appendix vii

CHILDREN CONSULTED - June 2005

Name	Age	Sex	Class	State	Living with	Village
Nirosta	15	M	Ex-VII	MVC	Grandma	Ndulamo
Ona	14	F	VI	MVC	Grandma	Ndulamo
Sida	12	F	IV	MVC	Grandma	Ndulamo
Happy	17	F	-	MVC	Head of hh	Ndulamo
Tuku	13	F	V	MVC	Grandma	Ndulamo
Anna	12	F	IV	OVC	Grandma	Ivalalila
Devota	12	F	IV	OVC	Grandma	Ivalalila
Eliwaza	15	F	VI	OVC	Aunty	Ivalalila
Clever	15	M	VII	MVC	Grandma	Ivalalila
Ali	17	M	VII	MVC	Head of hh	Ludihani
John	16	M	VII	MVC	Grandma	Ludihani
Edward	17	M	VII	MVC	Head of hh	Ludihani
Triphon	15	M	VII	OVC	Grandma	Ivalalila
Athuman	15	M	VII	OVC	Grandma	Ivalalila
Paskaria	16	F	VI	MVC	Grandma	Ivalalila
Sista	14	F	MEM	MVC	Head of hh	Ivalalila
Fetina	14	F	VI	MVC	Grandma	Ivalalila
Lustika	12		III	MVC	Grandma	Ivalalila
Aina	8		I	MVC	Grandma	Ivalalila
Zainabu	8		I	MVC	Grandma	Ivalalila
Enos	6	M	na	MVC	Grandma	Ivalalila
Neema	10	F	II	MVC	Grandma	Ivalalila
Lusina	6	F	na	MVC	Grandma	Ivalalila
Anyobukye	13	M	V	MVC	Grandma	Ivalalila
Rose	13	F	V	MVC	with siblings	Maleusti
Enita	15	F	VI	MVC	Head of hh	Maleutsi
Paul	15	M	VI	OVC	Grandma	Maleutsi
Alatutanga	14	M	VII	MVC	Grandma	Isapulano
Elemina	16	F	MEM	MVC	Grandma	Isapulano
Lena	14	F	VI	MVC	Grandma	Isapulano
Elizabeth	19	F	XII	OVC	Uncle	Isapulano
Sumbuko	15	M	VI	OVC	Uncle	Isapulano
Veronika	13	F	V	MVC	Grandma	Isapulano
Atu	15	F	VII	MVC	Grandpa & ma	Isapulano
Jeni	14	F	VI	MVC	Grandma	Isapulano

Appendix viii.

Some examples of Monitoring and Evaluation Indicators.

Effective monitoring and evaluation requires baseline data. For the case of Makete, a baseline survey should be conducted at Mang'oto Ward that has just introduced the MM initiative (ie May, 2005) as a starting point for more organised evaluation of MVC/OVC care and support interventions.

Qualitative Indicators

In-depth interviews with MVC/OVC

- Changes in social connectedness (isolation)*
- Changes in mental health status (depression, irritation)*
- Changes in emotional support (attention, listened to)
- Perseverance
- Hopes for the future
- Changes in attitudes towards HIV/AIDS
-

Quantitative Indicators

- Changes in Number and type of meals a day
- Changes in physical health (nutrition)*
- Changes in school performance,
- Changes in clothing
- Changes in shelter, beddings
-

* These indicators need to be discussed with guardians or MM in the case of young children.

Appendix ii

KEY INFORMATION ABOUT MAMA MKUBWA INTERVIEWED IN THE VILLAGES SURVEYED

Village	Age	Marital status	House hold size	Education	Occupation Community responsibilities	Husband	MM since	OVC/MVC	Training
Ndulamo village*									
Hadija Mahenge	36	M	7	Std VII	Chair, RC kigango Mwezeshaji haki Chair MM Ndulamo	Village accountant	1999	32 (4 mvc hh)	MM for one week at MTC Tandala -Uwezeshaji Haki May 2005
Zaida Mahenge	26	M	5	Std VII	Sells msabe, farmer, Member VG – Health Committee		1999	59 (7MVC hh) youngest 3yrs	Cook, Kising'a Mission
Chela Tayota	29	M	6	Std VII	Farmer, petty businesses	Mpasua mbao	April 2005	Do not know yet	None – took over MM after the death of Emelata
Letisia Ngilu Sanga	30	M	7	Std VII	Farmer	Mpasua mbao	1999	46 (10 MVC)	Cook, Kising'a Mission
Besta Mahenge									
Rozimere Mahenge									
Rozaria Mbilinyi	30s	M	6	Std VII	Farmer Chairperson WAWATA	Balozi, Mpasua mbao	2004	15	None* appointed by Kilanzi Hamlet Chair
Ivalalila village									
Yokobina Chaula	29	M	3 (one grand)	Std VII	Farmer, sells pombe -Member, VG -makes charcoal		1999	43 (18 MVC)	MM for one week at MTC Tandala
Christina Sanga							1999	37 (7 MVC)	MM for one week at MTC Tandala
Ombi Sanga	34	M	7	Std VII			2002	28 (8 MVC)	None
Mary Mahenge							1999	32 (3 MVC)	MM for one week at MTC Tandala

Ezidelya Mbilinyi	42	W	5	Std III	Farmer, sells pombe (msabe)	Deceased	2003	29 (5 MVC)	None – given MM after the original one stopped taking care of the MVC/OVC
Constansia Mbilinyi							1999	23 (4 MVC)	MM for one week at MTC Tandala
Upendo Sanga									
Sofia Sanga									
Ludihani Village									
Leah Sanga		30					1999	4	MM for one week at MTC Tandala
Ahanyilika Mahenge		41					1999	5	MM for one week at MTC Tandala
Ambonwe Mogela		44					1999	3	MM for one week at MTC Tandala
Falestina Mahenge		30					1999	5	MM for one week at MTC Tandala
Otina Swalo	47	M	9	Std II	Farmer, sells pombe (<i>msabe</i>) Sunday School Teacher Former hamlet Chair (1998-04) Makete Court Elder Member of Ludihani VG	Farmer, Keeps Livestock	1999	5	MM for one week at MTC Tandala
Elenestina Mahenge									MM for one week at MTC Tandala
Besta Maiko Mahenge	38	M (absent ee husband for 11 yrs)	5	Std VII	Chair, Hamlet Farmer, -Chair – RC Women’s group - pombe		1999	5	Mafunzo ya Ubalozi, Ndulamo -Bango Kitita Village Health Attendant
Magreta Mahenge	29	m	2 no child	vii	Farmer sell pombe Member, VG		1999	3	MM for one week at MTC Tandala -

Imelda Mahenge									MM for one week at MTC Tandala
Birinata Mahenge	26	M	5 (another one MVC stays on and off)		Farmer, tea & chips kiosk, RC Council member Member, VG Member MVC Committee		1999	3 (4 have since grown up and look after themselves)	-MM for one week at MTC Tandala -Uhamasishaji maendeleo
Isapulano Village									
Tinaus Luvanda	39	M	7	Std VII	Mkulima, -Member, Lutheran Church Women's Group -Member, KKKT committee for MVC/OVC	-Mkulima (well-off) 10 acres for food crops -Mpasuambao	1999	13 (5 MVC, 8 OVC)	MM for one week at MTC Tandala
Helena Tweve	38	M	6	Std VII	Mkulima, Mgema ulanzi Church Elder - Apostles		1999	25 (from a previous 8)	-MM for one week at MTC Tandala -Uwezeshaji Haki May 2005
Enelia Tweve	46	Widow	4 (3)	Std III	-Mkulima, -Katibu wa kanisa Dikoni Mkuu wa Mchungaji		1999	9 (7 hh)	-MM for one week at MTC Tandala
Alines Tweve									
Bestina Mahenge	32	M	6	Std VII			1999	7	-MM for one week at MTC Tandala
Loisha Tweve								18	-MM for one week at MTC Tandala
Lustika Chaula	32	M	6	Std VII	Farmer, retails food crops		1999	20 (in 14 hh)	-MM for one week at MTC Tandala
Maines Luvanda	44	M	8 (3dep)	Std II Bush school	Farmer, Petty businesses, (Msabe, tea/soda and snacks) Member of VG Traditional Birth Attendant Chairperson - Women	Farmer	1999	26 (in 15hh)	-MM for one week at MTC Tandala

Malembuli Village									
Aluna Ilomo	36	S	4	Std VII	Farmer, Member of VG	-	2005	8	-MM for four days at Ikonda

Appendix iii
Basic village information

Village	No. of households	Total Population	Men	Women	Able-bodied	Children	MVC/OVC	Chhh	Elderly	Widows	Number of working Mama Mkubwa	MVC account (TShs)
Ndulamo	520	1832	951	881	496		265 (148)	15			9	65,000/-
Ivalalila	515	1611	693	918	591	830	232(52)		191	115	9	na
Isapulano	606	1781			497 (54 sick)		126		46	40 + 7	7	74,000/-
Ludihani											10	na
Maleutsi	191	932	407	525	204	648	106 (24)	10	-	-	0	55,985/-
Malembuli	156	602	230	372	183	255	52	-	-	-	3	WEO*

* The MVC funds were overseen by the Mang'oto Ward Executive Office (WEO), and therefore better informed on the amount of money the account had.

VALUATION OF TAHEA SUPPORTED “MAMA MKUBWA” INITIATIVE IN MAKETE DISTRICT, IRINGA REGION

Tool 1

Interview schedule for discussions with Local Government Officials, NGOs, institutions (Iringa, Makete, Village Representatives, Dar es Salaam)

I: General

1. What is the situation of MVCs in Iringa region? In Makete District? (Collect statistics, reports, Regional data etc).
The statistics will include data on the situation of parenthood (fostering); child headed households; etc
2. What systems of support exist for such groups of children? ie what is the Regional/District arrangement to handle the situation?
3. What is the role of each? (probe on the formation of MVC Committees)? What aspects/issues do they monitor, and how? What are their criteria for monitoring and evaluation?
4. How many NGOs, CBOs deal with MVCs in the regions?
5. Is there any structure that coordinates the activities of these organizations/institutions
6. What local (traditional) practices have existed to cater for MVCs? Do these practices survive? How effective are they? Are there any sporadic events (eg charity for moral reasons – x-mas, Eid, Lions club)
7. What are the major challenges facing local practices?
8. Is there any synergy between formal institutions and local practices on handling the MVC situation?

II: The Mama Mkubwa Initiative

1. What factors contributed to Mama Mkubwa's introduction in the Region/District?
2. To what extent is the Mama Mkubwa initiative implemented – In the Region, Districts?
3. Who makes decisions on the identification of Mama Mkubwa?
4. Are there any particular aspects or processes that support the Mama Mkubwa initiative in the Region/District? How is the system organised/coordinated? Who owns the process?
5. (In the villages) Probe on the establishment of a Mama Mkubwa welfare fund? Has it been worthwhile having such fund?
6. What threats or challenges face the initiative? Probe into administrative matters/community responsiveness or personal issues
7. Any indication of continuity/sustainability?

III: The Children (MVCs) in the villages

1. What is the general situation of children in the District? (nutrition, education, childcare, security),
2. What criteria is used for identification of MVCs in the village? Who is involved? What was the process before the concerted MVC agenda in the village? What did local people do?
3. How does this selection link up to the identification of Mama Mkubwa?
4. What impact has the Mama Mkubwa initiative done to foster parenting in the villages? Has it challenged existing practices or is it seen to be a better alternative? What form does it take? For children of what age?
5. Have the children been given opportunity to express their experiences of Mama Mkubwa? If yes what are their views, if not yet – any information?
6. Any lessons to learn from children themselves? Outstanding initiatives? Reaching out?

Tool 2

INTERVIEW GUIDE FOR MAMA MKUBWA

Interviewer's notes: Request that the interview takes place at the person's home. Take note and make personal assessment of the surroundings/environment, the houses/dwellings, gardens, the children if any are around etc.

1.0 Personal particulars

Name

Age

Marital status

Number of (own) children

Number of grandchildren

Number of child dependents – foster children (not through the Mama Mkubwa concept)

Current Size of household

Education (probe for any training apart from formal schooling)

What do you do?

Any position in Local government? Church, Mosque, Traditional Institutions (eg circumcision?)

2.0 Mama Mkubwa's children

How many children do you support through the Mama Mkubwa concept?

How did you get them or how did they get you?, where you involved in the choice?

Why do you think you were chosen as Mama Mkubwa?

Are you related to the children?

3.0 Responsibilities and Activities

In addition to her own social and economic circumstances, what is the current socio-economic situation for Mama Mkubwa in the village?, How does this affect her performance?

What resources (social, material) are available for Mama Mkubwa

What are your responsibilities as regards taking care of them?, what do you do to them?

What issues do you speak about, or discuss with the children?

How do you conduct your work (probe; through discussions, private talks, discussion with guardians?)

How do you deal with emotional issues? Can you protect them from other people/abuse?

What incentives do Mama Wakubwa have to perform?

What other systems of support to MVC/OVC exist in the village? Eg traditional systems? NGO activities? Do they still function? If not why? If yes, how? How do your responsibilities relate to these systems, or reconcile issues related to MVCs in the village?

Did the Mama Mkubwa system bring in a new concept/practice in the community?

Is what you do practical/realistic?

Do you meet/consult with other Mama Wakubwa on this responsibility?

Whom else do you have consultations with – in the village? Relatives? Whose yours, the children's, District? NGOs elsewhere? (probe for religious institutions, traditional institutions etc)

What are you NOT supposed to do?

4.0 Support

What kinds of support have you had on this activity?

Have you received any training? What kind of training? Was it useful? How?

How does the immediate community support you in this commitment?

5.0 Challenges

What have been your biggest challenges related to taking care of foster children?

- the weekly follow-ups?
- when they get sick?

Where has the local government/UNICEF/TAHEA failed you?

What did you expect from them? And what have they been able to do?

6.0 Self assessment on Fostering

What do you think of yourself as a foster mother?

What were your expectations and what have you been able to achieve?

Generally, what do you think have been the advantages of Mama Mkubwa in your community?

What exactly do you think you have been able to offer to them? To what degree do you think you have reached them psychologically?

Do you feel that the children appreciate you? Do they appreciate you by the material things or by the psychological aspects?

Do you think that the project has done a significant job in the community with regards to fostering MVCs

What do you think needs to be done, or should have been done differently?

What has worked well and why/how?

Tool 3: CONVERSATION GUIDE WITH MVCs

1.0 Personal particulars

Name

Age

Education (probe for any training apart from formal schooling)

What do you do?

Who are your friends/company?, How old are they?

2.0 Mama mkubwa's child

How did you get your Mama Mkubwa, or how did she get you?, where you involved in the choice?

Why did you choose her as your Mama Mkubwa?

Are you related? For how long did you know her before? Did your parent/parents know her?

If your Mama Mkubwa was not available, what kinds of support to MVC exist in the village? eg traditional systems? NGO activities? Do they still function? If not why? If yes, how?*

Did the Mama Mkubwa system bring in a new concept/practice in the community?*

What is your current relationship with Mama Mkubwa?

Do you meet/consult with other MVCs on the relationship between you and your Mama Mkubwa?

3.0 Support

What kinds of support have you had from the community? Mama Mkubwa? – use drawings to illustrate care, support eg – when she/he fails exams, is bullied, is sick, etc

What were you expecting? If you haven't got what you thought you would get, where else do you look for it?

Who in the village usually asks you about your welfare? What different things does your guardian do to you compared to what Mama Mkubwa does?

Whom do you go to for your personal/private issues? Why?

What do you view of yourself in 10 years from now? Why is that so?

4.0 Challenges

What have been your biggest challenges as an MVC?

Explore on the capacities to exercise voice and demand attention by MVCs

What are their major points of vulnerability and resilience?

Depending on the age – eg expecting something from authorities - Where has the local government/UNICEF/TAHEA supported/failed you?

What did you expect from them? And what have they been able to do?

5.0 Fostering

What do you think of your foster mother?

What about her own family, do you get on with them? If Mama Mkubwa lives with Baba Mkubwa, how does he treat you? Their children? Who among them is your best mate? Why?

What do you think have been the advantages of Mama Mkubwa in your community?

Do you think that the project has done a significant job in the community with regards to fostering MVCs

What do you think needs to be done (more)?

6.0 Specific things for young children (age – 4-8years)

1. What do you like to do during daytime?
2. How many friends do you have? What is the name of your best friend?
3. What is your favourite game? Who taught you the game?
4. Can you write? Can you draw for me a picture? Can you tell me what it means?
5. Whom do you go to when you get hurt? Who soothed you when you hurt yourself the other time?
6. Who is your Mama Mkubwa? Do you know her name?

7. If I give you a present whom will you show it to? When you want to show something good who do you go to, if it is a bad thing, if somebody has taken your piece of sugarcane by force whom do you go to?

Tool 4: INTERVIEW IN VILLAGES WITH NO MAMA MKUBWA

I: General

9. What is the situation of MVCs in the village? (Collect statistics, reports, other data, nutrition, education, childcare, security etc).The statistics will include data on the situation of parenthood (fostering); child headed households;
10. What systems of support exist for such groups of children? le what is the villages arrangement to handle the situation?
11. What is the role of each?
12. How many NGOs, CBOs deal with MVCs in the village?
13. Is there any structure that coordinates the activities of these organizations/institutions
14. What local (traditional) practices have existed to cater for MVCs? Do these practices survive? How effective are they? Are there any sporadic events (eg charity for moral reasons)
15. What are the major challenges facing local practices?
16. Is there any synergy between formal institutions and local practices on handling the MVC situation?
17. Have there ever been an opportunity for the children to express their circumstances?
18. Any lessons to learn from children themselves? Outstanding initiatives? Reaching out?

II: The Mama Mkubwa Initiative

8. What views do you have on Mama Mkubwa's introduction in the Region/District?
9. What systems do you have in place that resemble the MM initiative
10. Are there any particular issues or processes that support the Mama Mkubwa initiative that the village thinks are advantageous?
11. Why did they not have such initiative?
12. If the initiative was established in the village, what threats or challenges do they think would have faced the initiative? Probe into administrative matters/community responsiveness or personal issues
13. Any indication of continuity/sustainability?