



# **A RAPID ASSESSMENT OF RCA'S CARE REFORM WORK IN TANZANIA**

**July 2021**



**THIS REPORT SUMMARISES THE FINDINGS AND RECOMMENDATION OF A RAPID ASSESSMENT (COMPLETED IN JULY 2021) OF RCA'S WORK IN TANZANIA FUNDED BY UBS-OPTIMUS (UBS-OF). THE UBS-OF GRANT (FROM APRIL 2019-MARCH 2022) AIMED TO STRENGTHEN AND EXPAND 5 ELEMENTS OF CARE REFORM WITHIN THE RCA PROGRAMME:**

1. Support for reintegration of children from the streets safely back to their families.
  2. 'ACT Raising Safe Kids' parenting programme with vulnerable families.
  3. Identify, train and begin to utilise a cohort of 'fit persons'.
  4. Support 3 orphanages to transform away from residential care and into community hubs, transitioning children into family-based care in the process of doing so.
  5. Build an alliance of agencies across Tanzania committed to care reform and collectively advocate for change with government.
- The assignment was carried out by an independent consultant in June-July 2021 through a combination of document review and virtual interviews with 20 Key Informants<sup>1</sup> including Government of Tanzania (GoT) representatives, government Social Welfare officers (SWOs) UNICEF staff, partners working on the UBS grant, RCA staff, a UBS-OF representative and other Tanzanian organisations working on similar care reform issues. The main limitation was that the perspectives and voices of the most important actors - children and parents - were missing from this assessment.

With 8 months left (and #4 above particularly presenting challenges) this rapid evaluation examined:

- Progress made across the 5 areas above (successes and opportunities for replication).
- How far RCA approaches on reintegration for CLWS can be applied more generally.
- Challenges, lessons learnt and recommendations on work with the orphanages.
- Current issues in reform across the country and how RCA experiences align with this.
- Ideas for strategic focus of RCA work to deliver the greatest impact on care reform in Tanzania in the short term (remainder of the UBS-OF grant) and in the longer term.

The grant period assessed overlaps with the emergence and global struggle against the COVID-19 pandemic; the situation was particularly challenging in Tanzania where (until recently) the government officially denied the existence of COVID. The pandemic opened up some new opportunities (e.g., the UNICEF-supported efforts around Fit Persons) but negatively affected the networking and collaboration aims of the grant.

The UBS-OF project commenced at a time when the RCA team in Tanzania had added on a number of new interventions (building on the organisation's core work of street interventions) with the DFID and PACT funding; a number of staff noted that the team had become stretched. That said, the new areas of work have lifted RCA's profile in Tanzania with both internal and external informants recognising that the organisation is well placed to take on a stronger national role in the care reform space.

**PART 1: PROGRESS MADE ACROSS THE 5 AREAS OF WORK: SUCCESSSES & OPPORTUNITIES FOR REPLICATION.**



<sup>1</sup> See Annex 1 for list of those interviewed.



## 1.1. SUPPORT FOR REINTEGRATION (RI) OF CHILDREN FROM THE STREETS SAFELY BACK TO THEIR FAMILIES.

The target under UBS grant was to support 1.1. Support for reintegration (RI) of children from the streets safely back to their families.

The target under UBS grant was to reintegrate 1350 street connected children. To date, 1023 street connected children have been reintegrated with their families, and of these, 957 (692M, 265F) or almost 94% are still with their family a year after the reintegration which is a strong result<sup>2</sup>.

RCA was already working on the reintegration of children and youth living/working on the streets (CYLWS) supported by other donors including DFID/FCDO. UBS-funding enabled greater coverage and allowed effort to continue when other grants ended (beginning of 2021). Over the past 7-10 years, RCA developed an approach for reintegration that was strongly influenced by the work of JUCONI<sup>3</sup> in Mexico and also influenced by their own experiences and learning by doing in Tanzania. This approach to reintegrating CYLWS back to a family environment is delivered directly in Mwanza and via NGO partners Kisedet (Dodoma) and Checka Sana (Mwanza). Other partners are BabaWatoto (Dar es Salaam), Amani Center (Arusha), IDYDC (Iringa), Caritas (Mbeya). Staff and partners involved in this work as part of UBS-OF support consider it to be successful with target numbers for reintegration achieved as planned.

External actors (UNICEF, GoT) highlighted RCA's expertise around working with and successfully reintegrating CYLWS, and suggested this could usefully be scaled up nationally. The RCA approach offers options of an intensive approach – therapeutic and comprehensive and effective but also human resource and intensive) and a less intensive/lighter

touch option (RCA think this approach could be effectively co-delivered with GoT). RCA's approach strongly emphasises the relational aspects of separation and reintegration; two of the partners (Kisedet and Chaka Sana) agree with the relational aspects but in interviews noted a need to focus equally on poverty as a critical push factor for CYLWS.

RCA has developed a suite of tools and methods and have a strong group of experienced staff to do this work. Reintegration work is not directly linked to ACT parenting, but in many cases the work is delivered/supported by the same staff, and as such they may draw on different parts/aspects of the ACT modules to use with parents during reintegration. Under the DFID/FDCO grant RCA incorporated some robust monitoring and evaluation of their comprehensive approach and an impact evaluation will be finalised by end July 2021 (but was not available for this assessment)

**Challenges:** Presently RCA does not have very robust evidence on the relative effectiveness of the 'lighter touch' support vs the comprehensive and more holistic (and more resource intensive) intensive approach, and a more rigorous assessment of this is suggested as a short-term priority to inform future scaling up.

RCA recognises the need to work more intensively at community level, particularly for long distance reintegrations where RCA often rely on teachers/leaders to help with monitoring the reintegration process. In long distance cases, RCA are usually unable to carry out a full community resource mapping.

**Opportunities for scaling up:** RCA is well aware of TASAF and in the past has been able to link families (after reintegration) to this benefit (although the annual selection process does not always 'match' up with the timing of reintegrations.) That said, there may still be emerging opportunities to align the RCA approach to reintegration (the therapeutic and relational aspects particularly) with the nationwide expansion of TASAF cash transfers (with perhaps an influencing focus on exploring/piloting ways that the cash transfer programme could be more flexible in its enrolment schedules)<sup>4</sup>. It might also be useful to discuss with SOS (who have done more in linking at risk families to existing GoT entitlements but have not (as yet) worked with or tried to align their interventions with TASAF). This could perhaps be explored within the context of the recently started pilot work with Child Protection Committees (focus on legal aid for CYLWS and domestic workers).

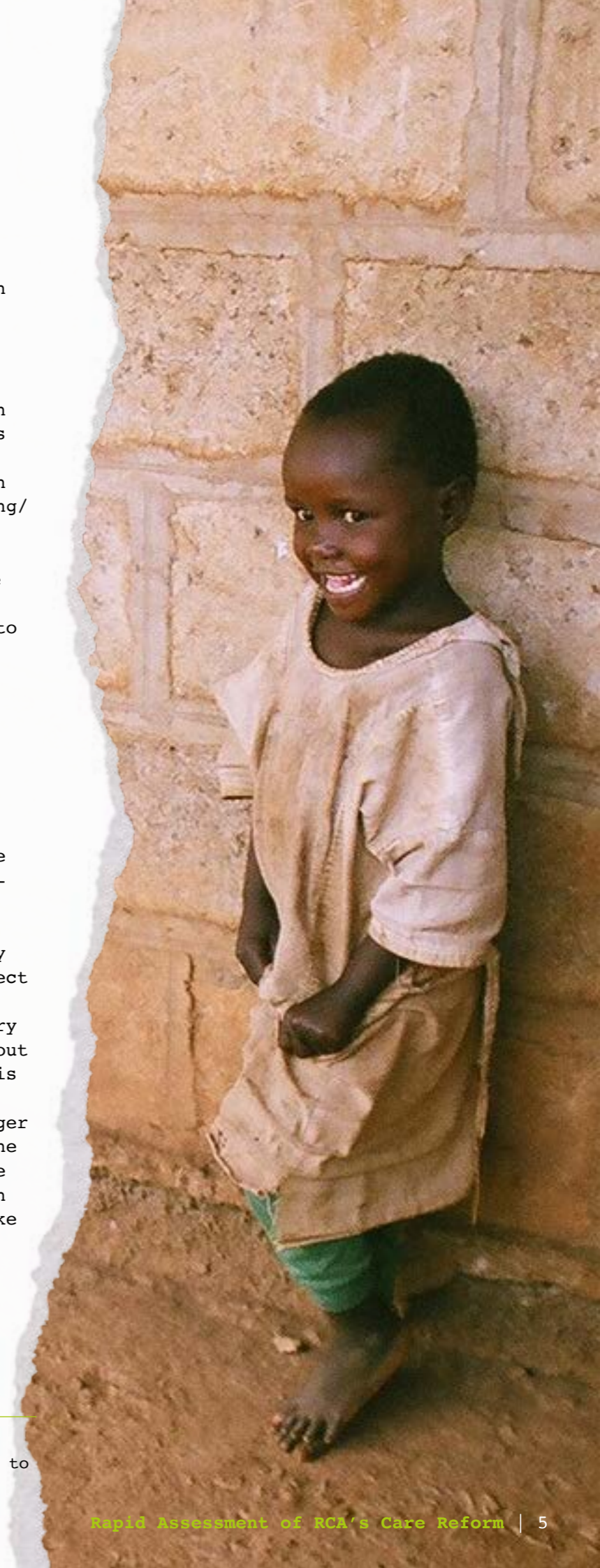
Some partners focused on poverty as the primary 'push' factor for family break-ups giving less emphasis to neglect, violence or abuse in the home. However RCA strongly asserts that while poverty is an important reason, abuse and neglect and dysfunctional relationships within the household are likely to also be very strong factors that may drive a child out of the home. This suggests that there is still an opportunity for RCA (with the CSO Platform, or UNICEF) to do a stronger campaign on positive parenting – and the effects of violence and harsh discipline on the child – and could indeed draw on ACT experiences and testimonials to make this an experience-based campaign.

<sup>2</sup> There is little comparative data available, but Agape in Kenya did some tracking and found within two years of reintegration around 9% of boys ran away (unpublished data). In Uganda and Ethiopia RETRAK reported that of 2800 children reintegrated within a family setting after living on the street 75% remained at home.

<https://resourcecentre.savethechildren.net/node/6376/pdf/6376.pdf>

<sup>3</sup> <https://bettercarenetwork.org/sites/default/files/Strategies%20to%20Ensure%20the%20Sustainable%20Reintegration%20of%20Children%20Without%20Parental%20Care.pdf>

<sup>4</sup> FCDO are a major funder of TASAF and RCA could usefully make use of FCDO contacts to explore possibilities.





## 1.2. 'ACT RAISING SAFE KIDS' PARENTING PROGRAMME WITH VULNERABLE FAMILIES TO PREVENT SEPARATION.

RCA piloted the ACT parenting programme in Tanzania from 2018. It is an early prevention intervention focusing on parents and caregivers of young (0–8 years) children promoting positive parenting skills and practices to help create stable, safe, healthy, nurturing environments and relationships and protecting children from adverse experiences such as abuse and neglect. The selection process identified families that use physical abuse such as corporal punishment, emotional/verbal abuse, and/or are neglectful in their parenting who were willing to attend a 9-week parenting class every week. The aim was to target households in 3 cities at high risk of children taking to the streets due to poverty and economic conditions, weak and/or abusive or neglectful parenting. (Iringa, Dodoma and Mwanza). Sessions were organized in groups of 15–20 and when the parenting modules were completed RCA introduced a savings and loans component (to encourage the groups to continue to meet regularly and alleviate some of the economic stress in the household).

**Progress and key successes:** RCA and the 2 partners delivered TOT for 24 facilitators who then facilitated and supported a total of 582 parents (544 female and 38 male) to work through the 9 modules of parenting. Out of 27 groups that were supported, 10 were also supported with orientation on setting up a small self-help savings and loan mechanism within their groups.

RCA's initial pre- and post-training data showed some knowledge gains. RCA carried out an internal assessment of the ACT parenting in 2020. The assessment involved of 83 respondents from Mwanza and Iringa; 42 (35F/7M) had been trained on parenting and 41 (37F/4M male) had not participated in the program. This assessment suggested some positive gains in caregivers knowledge on parenting skills, how parents can guide their children on media use, and knowledge and attitude towards shaping children's behaviour (discipline). The report

highlighted that only 29% of parents from the treatment group reported still beating their children as a form of discipline compared to 71% from the comparison group.

"ACT program has not yet shown positive changes in terms of reduction in street connected children simply because the program has been implemented for short time and there is no intensive follow ups and other activities apart from parenting trainings". (Rapid Evaluation Report, RCA 2020).

However, at this early stage the program was less successful in prevention of children leaving home/coming to the streets, which was RCA's main hypothesis. The evaluation suggested one possible reason for no reduction in street connected children was the short time lag (i.e. it was too soon) and because there was no intensive follow up or other activities apart from parenting. It could however also be that the scale of the project was simply too small to have the intended effect.

Kisedet was very enthusiastic about the parenting work *"we are very convinced that it works to change the behaviour of parents. There were very few men, it would be good if men joined but they are busy. Caregiving is also seen to be 'female work'".*

UNICEF emphasised that the need for parenting education in Tanzania is huge with extremely high levels of VAC. A national parenting FW has been established (2020) and some meetings convened between GoT and UNICEF and other partners/CSOs working on positive parenting. The national framework emphasises positive family relationships and positive non-violent discipline under the protection heading. One challenge mentioned by UNICEF was the proliferation of parenting projects – each with its own 'package', targeting different age groups of children, none of which has been well coordinated. UNICEF worked with GoT's children's department under

the community development wing to roll out the standard program to more than 30 LGAs. Facilitators use a big flip chart to encourage and aid discussions. However, UNICEF noted that the national roll out is presently 'stalled' and with no clear plans for implementation and the necessary cross-ministerial coordination. UNICEF suggested that active membership of the Tanzania ECD network (TECDEN)<sup>5</sup> would be a good way for RCA to stay abreast of the national roll out. However the need for interventions at family level to reduce violence and abuse against children and women is very clearly established in Tanzania and this was emphasised by all the GOT KIIs; the government recognises the severity of the issue but said they are still lacking "some strong and proven initiatives" to tackle it.

RCA has already submitted a bid to 'Global Innovation' to scale up parenting work significantly; the proposed approach focuses on a small number of districts and places the parenting education within a more intensive approach to include efforts to mobilise and supporting local government officials, supporting more linking/secondments, more purposive street outreach and a specific reintegration component – the aim is that fewer children will leave home and more children will come back home.

**Challenges:** The document review and the KIIs all highlighted that VAWC is a huge problem in Tanzania, and one which requires actions at multiple levels.<sup>6</sup>

*"A primary challenge for violence prevention was tackling community attitudes and norms towards violence, which are deeply embedded and resistant to change. Getting beneficiaries to follow through on violence referrals was difficult, as community members were accustomed to addressing violence cases*

*within the family and without engaging external actors."*<sup>7</sup>

As such, while the ACT parenting work appears to have potential to contribute to changing attitudes of those caregivers who participated, it almost certainly needs to be implemented within a strategy that engages as many parents and caregivers as possible (male and female) and which includes coordinated and comprehensive efforts to shift community attitudes and norms.

Examining the programme's effectiveness, the 2020 rapid assessment noted that there was no baseline data and performance indicators had not yet been established. This suggests that RCA needs to carry out some additional critical assessment of the RCA approach before fully promoting it to others within a scaling up strategy. RCA and partner staff interviewed for this evaluation offered anecdotal evidence of the parenting programme's effectiveness, noting high demand from other parents in the villages where it had been implemented.

While the internal rapid evaluation suggested some initial effectiveness, RCA could usefully now carry out some systematic follow up to examine the functioning of the groups (in relation to parenting rather than only the continuation of the savings activities) and very importantly there is a need to look at effectiveness from the perspective of children. It would also be vital to see whether initially reported behaviour changes had been maintained, or to what extent they may have 'faded out.'

ACT focuses on parents with children aged 0–8 years. RCA recognises the need to address adolescents/teens and are looking at some of the curricula available and used in Tanzania (e.g. under the PACT/USAID grant). Interviews with RCA staff

5 <https://www.tecden.or.tz/>

6 <https://www.unicef.org/tanzania/media/2341/file/Drivers%20of%20Violence.pdf>

7 [https://pdf.usaid.gov/pdf\\_docs/PA00TRS2.pdf](https://pdf.usaid.gov/pdf_docs/PA00TRS2.pdf)



indicated that the whole package is quite strongly 'controlled' by ACT—it might be important to check their appetite for RCA to 'mix n match' with it (see suggestion below for a parenting tool box).

Levels of male engagement were very limited – this would be an issue for any parenting work but is particularly important for the positive discipline aspects. RCA staff were very aware of this but were not sure what to do to bring more men into the programme. The initial results (one year after the programme was started) suggested that the parenting program did not have any significant impact on the numbers of runaways from the intervention areas (which was RCA's principal intention – and which informed the participant and location selection criteria). If this remains a key intended outcome of continuing with this type of parenting education RCA should monitor this more consistently and over time.

**Opportunities for scaling Up:** Evidence suggests that the 'parenting plus' approach RCA pursued can be highly effective<sup>8</sup> and integrating parenting support through existing delivery mechanisms can be an effective way to expand coverage<sup>9</sup>. RCA can now consider ways that the ACT method might be "piggy backed" on to existing delivery mechanisms and existing groups of men and women (other kinds of self-help groups, church groups, etc) including activities that already have high levels of male participation. RCA could also explore the potential of engaging with the 19,000 community case workers trained and mobilised to support SWOs (via a USAID/GoT project)<sup>10</sup> as a conduit for work on VAWC with bigger coverage.

Linked to the opportunities for improving the reach and effectiveness of the parenting work (and household and community-level prevention generally) RCA may need to pay more attention to bottom-up planning with target groups and communities (either directly or in

the approaches supported via partners). The senior GoT KI identified this as a relative weakness of RCA, noting that RCA could invest more time in bottom up planning with communities and more community-wide participation and thus foster "stronger community ownership". He added this would also increase the potential for longer-term sustainability. "They are doing a lot with champions – but not much with the other people from the community – they are not 'bringing the ideas from the community.'

To integrate positive parenting more directly within the RI process, RCA could consider pulling together a 'parenting toolkit' that includes modules/ approaches/tools and materials for 0-8s and 9+ age groups – and from which RCA and partner staff can draw down as needed. This may be linked to TASAF via the GoT and/or to the case management volunteer network noted above, and ideally should also align with the national parenting framework.

**RCA should consider incorporating a stronger level of gender analysis across the parenting work.** For example, there was little or no 'push back' from interviews with partners on the notions such as 'caregiving is mainly women's work' or that 'men are too busy providing' to participate in parenting sessions. Exceptionally, the experience of Pamoja Leo in hiring male staff to work on parenting, and the lessons learned by Plan and others in Uganda on tackling stereotypes and engaging men with caregiving for a more gender responsive (and potentially gender transformative) approach could offer useful lessons for RCA to look at. Some gender training for RCA staff and NGO partners can also be considered. (Also relevant to the Fit Persons work where low levels of male participation in FP training was also identified as an issue from the KIs).

8 See for example Parents+ approach from Van Leer Foundation <https://brainbuilding.org/programme-areas/parents-plus/>

9 [https://www.unicef.org/earlychildhood/files/UNICEF-Standards\\_for\\_Parenting\\_Programs\\_6-8-17\\_pg.pdf](https://www.unicef.org/earlychildhood/files/UNICEF-Standards_for_Parenting_Programs_6-8-17_pg.pdf)

10 [https://publications.jsi.com/JSIInternet/Inc/Common/\\_download\\_pub.cfm?id=23160&lid=3](https://publications.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=23160&lid=3)  
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### 1.3. COLLABORATE WITH LGAS TO IDENTIFY, TRAIN AND BEGIN TO UTILISE A COHORT OF 'FIT PERSONS' (FPS).

The Fit Persons approach has been around in Tanzania for a number of years but saw a major boost in 2020 in response to the COVID pandemic<sup>11</sup>. While in practice it seems the placement of the child may extend longer, the placement with a FP is intended to be temporary (for less than 6 months). It is a key element for sound 'gatekeeping' to keep children out of residential centres by opening up a short-term option that available to SWOs when a child comes under their care. In Tanzania, foster care is usually thought of as a long term arrangement that is a pathway to adoption.

With UNICEF support, RCA trained 300 people across 6 cities to become Fit Persons with positive results; at the end of February 2021, a total of 397 (230M, 167F) vulnerable children separated from their families were placed with fit persons that had been trained/supported through RCA. Of these 289 (155M, 134F) were reunited with their families. KIIs for this rapid evaluation were unanimous in either being positive towards the Fit Persons approach in general or highlighting that RCAs role specifically had exceeded expectation and had been successful. However, RCA has not yet carried out any systematic assessment of its own Fit Persons work (although this is now ongoing with a report due in August) and the scheme more broadly (including the rapid scale up in 2020 in response to the pandemic) has not been evaluated. Taking up some leadership (possibly with UNICEF) in national level assessment and lesson learning on the Fit Persons work across Tanzania might offer a timely opportunity for RCA in terms of important follow up work as a precursor to wider replication/scaling up (see opportunities below).

**Progress and Success:** In 2020, as part of nationwide COVID-19 response, UNICEF awarded RCA a grant to train 300 FPS across 6 cities. RCA was already familiar

with the Fit Persons approach and had (in 2019) worked with UNICEF and the GoT to ensure content relevant to the situation and care of CYLWS was integrated into the overall FP training modules. RCA are very positive about their work with FPs and its' effectiveness, and report that the FP process added an important additional option to the continuum of care in Tanzania that can be particularly effective for temporarily supporting and protecting CYLWS as part of their family reintegration process.

UNICEF was highly appreciative of RCA's performance "they did a good job under a difficult COVID situation – and we are happy with how they handled the project – they were very open to feedback and flexibility". RCA noted that after their input to training, more FP were willing to take a child that had been street-connected and that it offers a cost effective alternative compared to a residential care options (good to do some costing if a wider/national assessment pursued). Some interviewees agreed there were risks/fears but believed that with good case management children can thrive. A number of KIIs emphasised the importance of a strong selection process – and good matching of children. RCA and Pamoja Leo had both used a check list while working together with SWOs on assessment/selection of families. More information and standardising of better practices would be useful inputs to support the government to scale up the FP approach.

**Opportunities for replication/Scaling Up:** The Fit Person approach apparently represents an especially useful link in the continuum of care available to children in Tanzania. However, while all agree on the potential utility of the FP approach, there has not as yet been a comprehensive assessment of it (UNICEF noted this would have been a part of the bigger evaluation that is currently stalled and that they would welcome such

an assessment/drawing together of lessons learned). RCA can consider taking the lead (or in collaboration with UNICEF) on a lesson learned exercise. Potentially this could 'kick-off' with a national workshop. This would offer a timely and valuable contribution (evidence) on which to base wider scaling up and out of Fit Persons work in Tanzania (for example a follow up work on a national communications campaign, TV docu-drama etc). This would need to be placed carefully to GoT (who have stated they

are not interested in more research per se). It may garner more support from GoT as a 'feasibility exercise for scaling up' or something along those lines. UNICEF signalled interest in this – and the partners implementing FP with RCA (and others such as Pamoja Leo) agreed it would be the right time to do it now. Any subsequent communications campaign may also encompass kinship care – and potentially work across the whole continuum of care options.

**There are a number of concerns/questions that might usefully be addressed in this exercise, which could be planned within the remaining months of the UBS-OF grant:**

- a. SWOs interviewed were positive but noted limited/no funds to visit children placed with FPs – follow was reported to be weak/not happening/at best happening via a phone call.
- b. The perspective of children placed with FPs seems to be completely missing and this should be a key aspect of any assessment/gathering of lessons learned.
- c. RCA offered some incentives for FPs (food baskets, small stipends) while the government does not – examining how this affects FP attitudes, motivations, long term commitments to the scheme would be pertinent to any scale up plans.
- d. Linked to c – actual cost effectiveness vs. orphanage placement could usefully be quantified.
- e. An evidence-informed assessment of risk – along with robust mitigation actions - needs to be developed along with any scaling up plans.
- f. Confidence in using the Fit Persons option for 'special cases' e.g., children in conflict with the law, victims of abuse, children with disability – and for babies/infants) which presently often has a default towards the residential care option – needs to be explored in more depth. (RCA's work on CYLWS might be used as an example of how more information and guidance to FPs supports them to accept children they might otherwise consider they could not manage).
- g. Do FPs need refresher training (based on their actual experiences) – and if so how/when?
- h. Even in Districts with strong NGO support, knowledge and take up by SWOs seems patchy – how to rectify this?
- i. To what extent and how can those entities involved in selection of FPs (leaders, churches, schools) be a part of household and community level monitoring and follow up.
- j. Why was male involvement in the training much lower than female, would it be useful to get more men involved in the FP approach – and if yes – how to do that.

<sup>11</sup> A number of INGOs and NGOs have been implementing with different focus points (for example Plan Int. in refugee settings).



**A note on the continuum of care:** The residential care partners emphasised that many of the children in the homes have been there a long time and do not have strong family ties to biological family or extended relatives. This assessment concurs with RCA's internal finding that they need to do more along the continuum of care – to understand and promote other types of family-based alternative care. This includes raising awareness among both families and SWOs/LGAS and other opinion leading actors at community levels (churches, schools) and to support a smoother process/pathway by working with LGA/SWOs especially on fostering and adoption. RCA could usefully engage members of the CSO Platform they have started to support/nurture who are already trying to simplify and popularise these processes (for example Pamoja Leo) to test and learn how best to work with SWOs and wider community to promote this as a viable option in the continuum of care. One of the GoT KIs also strongly emphasised that kinship care is still the most widespread care option for children not with their biological family. Tanzania's 2010 DOHS data 17% of children were living in households without either biological parent (cited in the Save the Children study from 2015 referenced below), but the KI noted that this is not well identified and that these kin groups are typically not receiving any kind of support.<sup>12</sup> RCA does not presently record whether the reintegration is with biological family or within a wider kinship group but has the experience of supporting both through a reintegration process. Some disaggregation of these options and a more careful look at what has been learned from these experiences could be a useful and timely internal exercise for the RCA team.

A systematic review by Ariyo et al<sup>13</sup> (2018) found that the degree of relatedness to the caregiver and socio-

economic status of the caring household were the strongest determinants of the well-being of children in kinship care. Outside of parental care, kinship care was found to be the most sustainable and affordable form of care for children in Africa. The evidence suggests that systems that support the placement of children with close kin members and ensure economic strengthening programs for poor families with children should be supported. Should RCA decide to work more strategically on the continuum of care options available to the SWOs, then kinship care should certainly be included.

**UNICEF and the GoT KI also both** highlighted that levels of family and community awareness on fostering or fostering to adopt was very low. (In a year, only around 60 children are formally fostered/adopted, with a total of just 254 children over 5 years). The process requires an 'abandonment certificate' via the police (i.e., police closure). Pamoja Leo noted about adoption: 'we wish it was clearer'. Currently the laws/regulations leave it to selective interpretation and requires more clarity to effectively promote it as best practice. Another potential area of focus for RCA (via the Civil Society platform and the GoT/SWOs) would be to look at streamlining and perhaps speeding up the administrative processes at local level– and also highlight fostering and adoption in any mass awareness or information campaign for the general public.

Another 'gap' in the continuum of care that emerged from the interviews was for the older 16+ children in the residential care homes. RCA noted that 'nearly 30% of those in the institutions are not children but young adults aged 15+ many of whom have been there for over 10 years' and all of the orphanage

partners also raised it as a challenge. RCA have plans to explore how their Youth Association approach might be adapted for these young people who need to age-out of the orphanages. The partners say they are aware of the legal requirements to age-out these children – but do not know how to do it. RCA could perhaps build on the work and lessons learned with street-connected youth, while also learning from others how their approach needs to be adapted for young people who may have been in an institution for most of their lives. This might be another thematic area for the Civil Society Platform that RCA wants to set up and support.

One of the GoK KIs felt that a weakness

in RCA's approach was a lack of full engagement at the community level – which represented some lost opportunities to gain more commitment and momentum around their work – and to be able to scale up via aligning/inserting promising programs (for example the ACT parenting) with existing institutions/mechanisms in the community. Overall, there is agreement that gatekeeping mechanisms in Tanzania are weak. It is positive that RCA has recently set up a pilot project now working with community level Child Protection committees. There could be more potential for RCA to leverage the role of schools, primary health care providers and facilities etc. in its work.



12 [https://resourcecentre.savethechildren.net/sites/default/files/documents/final\\_regional\\_report\\_updated\\_21052015.pdf](https://resourcecentre.savethechildren.net/sites/default/files/documents/final_regional_report_updated_21052015.pdf)

13 <https://www.sciencedirect.com/science/article/abs/pii/S0190740918306388?via%3Di>



## 1.4. SUPPORT 3 ORPHANAGES TO TRANSFORM THEIR MODE OF OPERATION AWAY FROM RESIDENTIAL CARE AND INTO COMMUNITY HUBS, TRANSITIONING CHILDREN INTO FAMILY-BASED CARE WHILE DOING SO.

Addressed in detail under point 3 below.

## 1.5. TO BUILD AN ALLIANCE OF AGENCIES ACROSS TANZANIA THAT ARE COMMITTED TO CARE REFORM AND CAN COLLECTIVELY ADVOCATE FOR CHANGE WITH GOVERNMENT.

**Progress and key successes:** RCA has been able to make some progress, but are aware that this has been slow, partly but not wholly due to the COVID-19 pandemic. After some initial mapping of the players, RCA made plans for some/events meetings but recognises now that they were probably a bit slow in 2020 to pivot the approach to virtual engagement (i.e., perhaps waited too long for “things to improve”/“get back to normal”). They have made some progress in bringing together some of the smaller actors working in care reform across the country (starting with a webinar in early 2021, and a 2-day on line workshop 9 planned for September 7-8, 2021).

The interviews suggested that RCA in Tanzania is principally known and has high credibility for its street connected work – and may need to be more visible in other work they do if they intend to move beyond the CYLWS mandate. That said, the GoT, UNICEF, partners and NGOs were all confident that RCA could step up and take a stronger leadership role in the care reform space. UNICEF and GoT noted that not all potential partners would be aware of RCA, or if aware they may see RCA as a niche agency. There was also a tendency to associate RCAs with projects (this was true of the orphanage partners and was one reason they were a bit wary of transformation – see below). UNICEF also noted that if other actors associate RCA with a project they may consider their input as somehow less sustainable. RCA is known for an issue (CYLWS) and a strong approach to address this issue – to date

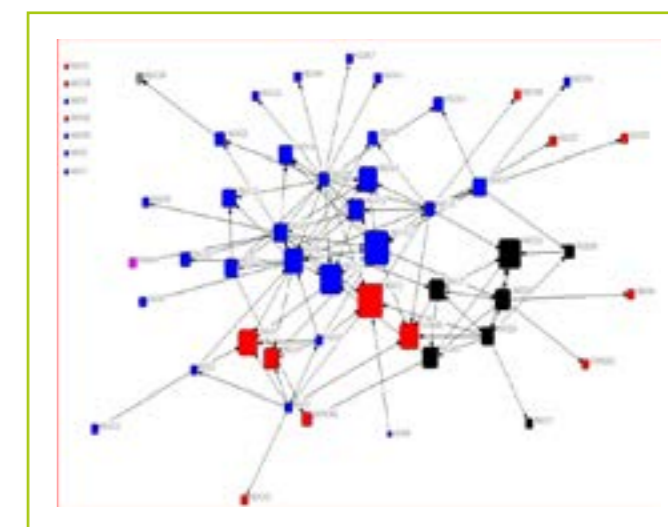
its systems-focused work has been very intricately linked to the CYLWS issue rather than systems change more broadly. RCA can look more across the whole system, at all the different aspects of the CP system and advocate for others to address areas outside the scope of their issue.

There are also external challenges. There appears to be no shared vision across CSOs for care reform in Tanzania (and with some mirroring of the global debate/split between those who are against all residential care (e.g., Pamoja) and others who see it as a more nuanced issue (Small Things, SOS) which makes articulating a shared voice more difficult. An important issue that several informants noted was that the overall legal and policy framework in Tanzania is already quite favourable and supportive – what is lacking is a strong body of practice at the implementation level. There are few examples of ‘modelling out’ the regulations or guidelines at field level – and where good practice exists it is scattered and not shared. Several practitioners emphasised that even a focus on clear step by step instructions, check lists etc. at the level of the service providers (particularly Social Welfare Officers) can have a potentially large impact. The government particularly emphasised that they have the right frameworks and policies in place (maybe not perfect but good enough) but lack best practice models and the required human and financial resources to put them all into practice.

**Opportunities for Scaling up:** The document review and interviews suggest that RCA could play an important role in joining up the smaller practitioners into a community of practice to share experiences – something that RCA has already started with its Civil Society Platform. Many of these smaller organisations have been creative in trying out new ideas – and a number of them have gone through the process of transformation from residential care. The two organisations interviewed felt that RCA could play the role of conduit between the larger players (UNICEF, SAVE, SoS) and the smaller ones very well. RCA could support them and help elevate and amplify their voice and use real life examples of what has worked practically to inform government and push the agenda. RCA is well networked and is seen to be accessible to smaller organisations – and to have a good understanding of both case work and policy. They are perceived as generous with sharing lessons learned (and materials and documents). RCA are also described as open and willing to challenge some of their own narratives of the past.

If RCA continues to work with the Platform – a suggestion is to not follow a ‘hub and spoke’ model (with RCA in the centre) but instead support a more organic networking model. Smaller NGOs would welcome a chance to hear from and link up with others facing similar challenges and might not need to all align around a core or central set of influencing asks – so initially at least more focus on sharing practice at a very practical level – than on advocacy (which might also help avoid splits based on organisational stance towards DI). Perhaps agreeing on a set of shared values rather than shared advocacy goals can be the initial starting point. The consortium idea of Small Things does not seem to be an alternative network – rather an interesting approach at a very local level towards programme learning and sharing scarce (human) resources.

If RCA does expand this role – it would also be important to think through how the Platform will engage with and ensure some optimum level of government buy-in. This could be both at the district and sub-district levels (e.g., with Platform partners at implementation level) and at other regional and national levels. Both UNICEF and GoT KIs emphasised the importance of keeping the government involved and cited the example of the Tanzania ECD Network’s (TECDEN) progress in its early years as a potential model.



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Small Things in MERU area polled 40 local organisations via in-depth surveys and conversations. Of these **only 1 in 40 have said we are not interested** (and that one mainly on a religious case). The majority are interested in family preservation work and Small Things **often heard that without support they had tried and failed at reintegration and failed at IGAs**. Small Things say they can keep 90% of children out of care – and successfully reintegrate 50% of children connected to their work. They plan to intensify engagement through this ‘consortium’ for example through making available some skilled human resources organised in remote technical teams.

In Tanzania there are many small organisations in the care space, and while they may have the will – they may not have time and resources – to invest in useful collaboration. They are also geographically spread out and this also presents a lot of diversity in terms of implementation at local level. The diversity can also be at the LGA level with some very ‘localised interpretation’ of the rules and regulations (one NGO gave the example of Fit persons; some SWOs place only one child at a time, some give 2, others may put 10 or 12 children in one placements). At a localised level – a more joined-up understanding of the other actors in a locality and perhaps some shared resources and services and referral mapping work (potentially also working with and helping support the Child Protection Committees) may help build capacity for a swift response to any child harmed or at a risk of harm. (This is in a way what Small Things have started in Meru). Most of the KIs interviewed acknowledged that safeguarding mechanisms are weak. Pamoja Leo in particular is extremely focused on stronger gatekeeping to keep babies and infant out of residential care. In the longer term these kinds of networked relationships may also support safer and sustained reintegration.

In May 2021 in collaboration with Pamoja Leo RCA helped organise a webinar for 20+ organisations interested to learn more about different aspects of alternative care (Fit Persons, working with CWDs, education options for children that are street connected. A report will be available soon. RCA mentioned for example the organisation ‘Small things’ – a group doing some interesting work in Meru– but who aren’t close enough for RCA to work with/support directly.

For CWDs a strong default option is to send the child to a residential centre/orphanage. One SWO noted: “CWD have special care needs, we cannot easily place with the Fit Person or bring back to the family. It is more expensive to raise them so if a child has disability we take them to the orphanage centre” Addressing the needs of CWDs is incorporated in FP training – “but we did not ask if anyone would take a CWD – and then we don’t know what will happen about their longer term placement?”





## **PART 2: EXTENT TO WHICH RCA APPROACHES APPLIED IN REINTEGRATING CHILDREN FROM THE STREETS, CAN BE APPLIED TO ALTERNATIVE AND CARE REFORM WORK MORE GENERALLY.**

Many issues and findings related to this question have already been covered above in the sections on Fit Person and ACT parenting work or are captured below in the section on orphanage care.

An overarching question would be to what extent the intensity of resources that RCA makes available for reintegration especially for the intensive approach are available to other actors in the space. Clearly the government resources are limited – and RCA’s efforts to look at a lighter-touch approach are already addressing this. (See also discussion under 1.1. above, and the recommendation for a comparative assessment of the intensive/light touch approaches below)

A government of Tanzania official emphasised that RCA’s national visibility remains rather low, not because of the CYLWS issue focus, but because their coverage across the country is very low (he mentioned only 6/27 regions). The same KI particularly highlighted VAWC as an issue that RCA could work on all across the mainland with government and said that the ACT parenting approach had excellent potential to address the issue at household level, but that there was also need for a strong mass awareness and information campaign on TV and radio and WhatsApp to tackle neglect and VAWC.

This would make a huge contribution to prevention of family break up, thus keeping children in safer home, family and school environment. This was echoed by Cheka Sana who urged RCA to invest more on community knowledge, understanding and practices to understand issues; so, work with caregivers directly but also help the whole community to work on these issues.

There is also scope to reactivate Child protection committees and offer more refresher training on those issues that are within RCA’s scope – positive and non-violent discipline, options along the continuum of care for children etc.





## PART 3: PROGRESS MADE WITH THE ORPHANAGES: CHALLENGES, LESSONS LEARNT, AND RECOMMENDATIONS FOR EACH.

RCA anticipated a goal of reunifying 270 children from long-term shelters in three years would be relatively easy but very much under-estimated how different it would be from reintegrating CYLWS. Previously, the centre were only 'giving the child back' if someone claimed them. RCA introduced a process involving SW officers, local gov, neighbours and school and leaders. But the orphanages are also still receiving children and may reach capacity. They may have an incentive to reintegrate some children and take in new ones. Since the start of the UBS grant for example there have been 50 reunified children and 31 children newly entered (Feb 2021).

RCA's lessons learned document (March 2021) sets out many of the challenges that this rapid evaluation exercise confirms. Important and generic findings and challenges that emerged from the interviews for this assessment from both RCA's perspective and from the partners include:

While RCA considers this aspect of the grant to have 'failed', the residential care partners interviewed all **considered the project to have been successful**. RCA themselves (and UBS-OF also noted it) became extremely focused on the delays and what was not working on this component – whereas partners perceived a slow but steady progress.

*"We know it is a GoT requirement and we are not legally allowed to keep children for a long time. But we had no tools – or we had tools but insufficient resources to take them home. Partners particularly valued the use of standardised forms/ training on how to use them to streamline work processes and keep good records".*

*"It was hard initially to match RCA requirements – but overall, we think the partnership has helped us to become a stronger organisation- but we would like more institutional strengthening support".*

One partner mentioned that RCA managed the funds directly with the families on the IGA/economic strengthening components, and as such they as an organisation felt that had not fully developed the skills to support this aspect of family strengthening.

**Staff:** RCA hired and deployed mostly new staff for the deinstitutionalisation work- and with hindsight RCA felt they should have deployed staff with previous experience on RI. Many RCA staff noted that competence of staff was the most important indicator of success (RCA and partners).

**Time:** Everything took longer than anticipated, and definitely much longer than RCA's experience with reintegrating CYLWS. RCA recognise they probably needed to spend time in the initial engagement process (to fully understand and explore the willingness to transform), but after the first workshops did not produce leads – they were aware of a need to get the reintegration happening as the clock on the grant was ticking. They decided to focus then on the RI process with the hope that in time the partners would be more convinced to shift their model away from institutional care. As a result, RCA was mostly focused on the numbers of completed reintegrations- and did not give enough focus on the wider process of transformation. They had not anticipated for example 'sabotage'/go-slow tactics from staff – and took time to recognise and deal with them. RCA learned that success with some reintegrations was not enough to convince the orphanages to transform.

Partners recognised that RCA has effective approach for RI and that they had learned a lot – but all of them also highlighted that the reality for the children in long-term care was different from that of CYLWS and specifically needed much more effort and time on family tracing.

**Support for RCA:** RCA did not get the anticipated support from Hope and Homes for Children (HHC and Childs i (but noted that Agape in Kenya were very helpful to share documents etc.). More critically one can ask – was it even realistic to attempt the work on DI with no direct experience. Other successful mentor organisations have gone through the process themselves – RCA's learning curve was perhaps just too steep. They were learning by doing rather than mentoring based on experience and lessons learned.

**Poor organisational systems (especially financial)** resulted in RCA managing funds centrally for two partners. This led to some concerns over RCA's perceived lack of trust – which also contributed to a lack of ownership. It also perhaps fed into the notion of the intervention as a time-bound 'project' – as issue also raised by the partners in interviews and one which made them more cautiously 'sit on the fence' in terms of any organisational transformations.

**SWOs are supportive but resources are constrained.** They support the notion of reintegration but have no resources. Honestly, without the kinds of support RCA brings (transport, the IGA support etc) reintegration will be very hard indeed". "We were not doing reintegrations NOT because we didn't know how to – we had already had support from UNICEF and Save – **we were not doing RI because we had no money for case management.**" All emphasised that the SWO plays a pivotal role *"we cannot do anything without SWO support."* Most partners said they already had a good relationship with the authorities at

local level (most of the children in their long term care homes came via the SWO) and cooperation around the reintegration process was good.

*"SWOs feel they have no choice – and default to placing a child in the residential centres. If we tell orphanages this is the last resort, they say 'so why are SWs still sending children to us?'"*

**RCA was only (or primarily) focused on family reintegration.** The reality was that for only perhaps 40-50% of children was family reintegration a realistic option anyway (See CWDs, over 16 year olds etc). RCA had not thought through other realistic avenues – they had one option to offer. Because they lacked the experience and understanding of the homes, RCA had not thought through or mapped out alternatives. *"We just dealt with them as they came up."* Partners also emphasised that reintegration was not possible/ easy for all children in residential care (child may not want to go, or the family do not want them back – or there is little/no family data at all especially for those who came as infants).

**Children with Disability (CWDs)** – RCA did not have experience to work with specialised institutions caring for CWDs and recognise they need to understand other approaches for CWDs. RCA came across many more complex cases in the residential care homes that required RCA's intensive approach with more follow up visits etc, and this was not fully anticipated in the grant design and budget.

**Listening to the children:** Unlike the CYLWS who see their position in the streets as precarious and risky, many of the children in long-term care felt it to be a safe and comfortable place. Paying attention to the wishes of the child was not always consistent with the reintegration with a family.



**Older children/youth:** Challenges for young people aged 16+ *“we know that by law they should leave at 17 years old – but we do not know if there are any alternatives”*. Partners emphasised that some of these older children had dropped from school and need support to work on second chance education. *“If they are 15 or 16 when we do tracing – they have already set their goals – they have a plan and their own opinion, and this may not fit well with the family”*. Cheka Sana and VOH both wanted more help with the older children in their homes. As noted above RCA did not have a clear approach for the large number of older children they found in the care homes – many who had been there many years. RCA considered using a modified form of the ‘youth association training’ they deploy with CYLWS, adding a focus ‘life outside care’, a strong livelihoods component and support for independent housing. RCA has now agreed with UBS to pilot this in the remaining months of the grant.

**No road-map for transformation:** RCA found it exceptionally challenging to provide valuable guidance to another organisation on transforming their programs as they had no experience with transitioning themselves. Cheka Sana were meant to support VOH – but they too had no experience on reintegrating children from long term shelters. *“So far what we have been able to achieve is a commitment from three long-term partners but lacking a road map on how to support their transition.” (March 2021)* RCA did not think through the alternative options for the orphanages and this is part explains why the partners are fully convinced. They do not have a clear plan for transforming the institution and they know RCA did not have this expertise. Out of the 3, only VOH showed interest and RCA has started to help them start a transition plan based on what RCA had learnt from Agape.

RCA had planned to take orphanage leaders to visit ‘transformed’ organisations outside Tanzania but could not do so because of COVID and as such there were no relatable and accessible models of transformation that orphanages could look at and/or visit.

*“The main thing we really needed up to now is the restructuring assistance. The shelter was our main programme, and we need assistance and support and guidance on how to do effective and appropriate restructuring. We want to learn from RCA how to reach out to more and different donors/supporters. We have ideas – but we really need help to think it through”.*

*“We do not know what we can do with the residential shelter, but we will not close it” – we can work with other donors who want to help these groups. RCA may go away; we are not sure if they will get funds from other donors and do not know what will happen after 2 years. GoT will be here – they may always have some funds for children that need long-term care home. For 10 children we have no idea of origin – if we have to close the home by government directive we would maybe send them to the new GoT orphanage.*

**The partners perceive this as a ‘project’ with targets to achieve** rather than a process to transform their long term future/identity. RCA noted in the lessons learnt paper that *“presence of RCA staff was seen as a threat to the job security of partner organization staff. This prompted a temporary change in our approach to solely rapport building rather than programmatic restructuring”*. However the homes highlighted that for them the biggest gap was the lack of attention to restructuring. One of the orphanages that pulled out, KHA had already started a process of transitioning with a clear model *“not necessarily aligned with the RCA partnership model which prioritized reunifying children while KHA wanted to focus on organisational stability and sustainability”*. RCA should follow up with KHA; even though the partnership broke down, it might be important to follow up on what has happened since –and the extent to which KHA was successful in getting funding and support for its own ‘approach’ to transformation.

**No examples to follow:** Experience-based and grounded local transition solutions are missing from care reform strategies both in Tanzania and more generally. Helping to address this gap could be an important focus for RCAs networking/collaboration efforts. RCA’s role in supporting the evolution of reliable grassroots-level transition models can be through helping to bring together those with transition experience (via networking, sharing experiences, developing effective tools and methods). Cross-visits, videos, testimonials are needed to demonstrate that successful transformation can take many forms and that it is possible in Tanzania. Partners also mentioned that they would welcome some specific support on resource mobilisation; they all see RCA as a successful fund raiser and would like to learn how to raise funds within a ‘new’, risky and very uncharted territory.

RCA received requests from organisations outside their areas of implementation who understood/were ready to do DI and wanted technical support, but RCA did not have a process/strategy to respond to this. The CSO Platform model (see 1.5) offers some opportunities to explore different ways of helping these organisations get support and a means of sharing and promoting relatable examples of successful transformation for orphanages to understand/visit).

**Poor data management/records held by the SWOs was a common challenge.**

Pamoja Leo are working closely with GoT on a case management system integrated with the DHIS 2. ‘Good data was a huge turning point in conversations with government on tangible outcomes’. Now if a SWO makes a successful reintegration no one is tracking it- there is no incentive to the SWs. Pamoja Leo believes that setting and tracking proper indicators can help incentivise the environment for SWOs. At least ensure Government can recognise and count reintegrations.





## PART 4: ASSESSMENT OF CARE REFORM ACROSS THE COUNTRY AND HOW THE RCA EXPERIENCES ALIGN WITH THIS

RCA's internal lessons learned documents (March 2021) summarised the current political context around care reform in Tanzania, and the document review and interviews for this assessment mostly confirmed the same issues and challenges.

This assessment found agreement from all stakeholders that is a fragmented scenario with no regular coordination channels among the various actors and rather a lot of mixed messaging. Government actors interviewed were unanimous in stating that family based care was best for children, while practitioners in the field said they still *"have to fight to place in fit persons or other kind of care rather than in the residential homes"*.

Again, there was broad agreement that the legal and regulatory framework that now exists in Tanzania is largely supportive – but that there are noticeably big gaps in implementation. GoT highlighted shortage of people (SWOs) and resources (transport came up frequently).

NGOs believe that many District level SWOs are largely unaware of the continuum of care options – or at an extremely basic level of simply do not know how to access them (i.e., a very basic lack of guidance around the processes, which form to fill in and how etc.) There was also wide agreement that the role of the SWO is pivotal in terms of all aspects of care – and in particular their role as gatekeepers.

Strong consensus across all interviews (UNICEF, SWOs, partners, RCA team) that there is insufficient awareness of the whole concept of care at family and also at community levels. Parents are still actively taking children to institutions, believing they will get food + education + nice place to sleep. There is a widespread need for more community sensitisation around the harm that institutional care can exert and on the benefits of family-care more broadly and of reintegration specifically.





## PART 5: STRATEGIC FOCUS OF RCA WORK TO DELIVER THE GREATEST IMPACT ON CARE REFORM IN TANZANIA.

This report has highlighted opportunities for RCA to deliver impact on care reform in Tanzania and in the table below we summarise those actions which might be taken in the short term (remainder of the UBS-OF grant) and longer term opportunities for RCA to consider in Tanzania. To avoid repetition, we note the page numbers where the issue has been fully explored in the text.

|    | INTERVENTION/ACTIVITY  | SHORT/LONG TERM        | PAGE           |
|----|--|------------------------|----------------|
| 1  | On RI for CYLWS – collect, analyse and share evidence (and cost data) on the relative effectiveness of the ‘lighter touch’ support vs the comprehensive and more holistic (and more resource intensive) intensive approach (possibly the final FCDO evaluation will address this gap). | Short                  | 4              |
| 2  | Pilot and carefully and critically assess a modified ‘youth association’ approach for older children aging out of residential care   | Short                  | 12, 13, 22     |
| 3  | Fit Persons – facilitate a national review/lessons learned exercise to inform scaling up   | Short/Long             | 10-13          |
| 4  | Continue to engage with and expand the CSO Platform as suggested in this report  | Short term             | 12, 23         |
| 5  | Basic Gender training to staff (RCA and partners) and gender analysis across the RCA portfolio in Tanzania   | Short term             | 8              |
| 6  | Identify opportunities to viably and centrally engage men with parenting sessions – carefully monitor and document lessons   | Short-term             | 8              |
| 7  | Develop a strategy to align/add on/piggy back RCAs experience with parenting (national framework, via case worker volunteers, in schools).   | Short term             | 8              |
| 8  | Male engagement Campaign with a focus on VAWC linked to positive parenting   | Longer Term            | 6, 18          |
| 9  | Continue (perhaps intensify)working with GoT/ CSO Platform and UNICEF to streamline processes on Foster to Adopt   | Short into Long Term   | 12,22-23       |
| 10 | Scale up the approach for reintegration of CYLWS nationally – possibly linked to any (post-assessment) scaling up of support to Fit Persons  | Short into longer term | 4-5, 10-11     |
| 11 | Expand and clearly demonstrate how to access the range of options available to SWO when a child comes into their responsibility. Work with CSO platform to explore and share what works to incentivise SWOs to utilise them  | Long Term              | 12, 13, 22, 23 |
| 12 | Multi-media awareness and public education campaign on continuum of care options (SWOs GoT, teachers, health workers, police, general public, parents and children – shift the paradigm to reinforce SWOs taking up a stronger and well informed ‘gatekeeping’ role.                   | Long Term              | 12, 13, 22, 23 |





## APPENDIX 1 – TERMS OF REFERENCE

**Background:** Railway Children Africa (RCA) is a Tanzanian based NGO dedicating to creating change around the issue of children living on the streets. As an affiliate of Railway Children, based in the UK, RCA introduced some elements of care reform in to its' programmes as part of an FCDO grant that began in April 2018. Further to this from April 2019 RCA received a UBS – OF grant to help strengthen and expand the elements of care reform within the RCA programme.

**Key focus areas of the UBS-OF funded programme are:**

- Support for reintegration of children from the streets safely back to their families.
- Application of the evidence based 'ACT Raising Safe Kids' parenting programme with vulnerable families to prevent family separation.
- Collaborate with local government agencies to identify, train and begin to utilise a cohort of 'fit persons' – foster carers to be used to provide alternative care for children.
- Support 3 orphanages to transform their mode of operation away from residential care and into community hubs, transitioning children into family-based care in the process.
- To build an alliance of agencies across Tanzania that are committed to care reform and can collectively advocate for change with government.

**Objectives of the assignment**

We are now into the start of the final year of the programme and have found that point 4 in particular has presented us with a number of challenges.

**The purpose of this assignment is to provide:**

1. An overview of progress made against each of the 5 areas of work supported by UBS including key successes and areas of the work that could be replicated elsewhere.
2. Some reflection on the extent to which RCA approaches applied in reintegrating children from the streets, can be applied to alternative and care reform work more generally.
3. An objective assessment as to the progress made so far in working with each of the orphanages, outlining challenges, lessons learnt, and recommendations for each.
4. An assessment of care reform across the country and how the RCA experiences align with this.
5. Consideration of what should be the strategic focus of RCA work to deliver the greatest impact on care reform in Tanzania for the remainder of the UBS-OF grant and opportunities for RCA to drive the care reform agenda in Tanzania beyond that point.

It is expected that the evaluation will be carried out virtually and as such can be led from anywhere. We will provide assistance in identifying local interviewers/interpreters if necessary.

**Timeframe:** It is expected that the assignment can start within the next two weeks and will take a total of between 15-18 days with specific dates to be agreed:

- 5-6 days** background reading and analysis/ preparation/design of tools
- 6-7 days** consultations/interviews with relevant parties.
- 4-5 days** analysis and report writing.

**Deliverables:** A report outlining key findings and recommendations will be submitted on the agreed date. The report should be written in plain English and should be no more than ten pages long.





## APPENDIX 2 – DOCUMENTS REVIEWED

### RCA Internal documents:

RCA Proposal to UBS-OF (late 2018)

RCA Progress Report to UBS-OF – April –September 2020

RCA Progress Report to UBS-OF April 2019–March 2020

ACT training Rapid Evaluation Report (draft, undated – 2020?) RCA

Act Intro (PowerPoint, undated, RCA)

ACT Program Checklist (from Facilitators guide)

ACT Guidelines for CSOs January 2019

RCA and Care Reform in Tanzania (internal) March 2021

### Partnership Documents and Reports

KCC – Signed Partnership MOU, Quarterly Reports – Q2, Q3, Q4 2020.

VOH– – Signed Partnership MOU, Quarterly Reports – Q2, Q3, Q4 2020.

YTFG – Signed Partnership MOU, Quarterly Reports – Q1, Q2, Q3, Q4 2020. Q1 2021

Youth association Model Evaluation in 3 cities – Halcyon Louis March 2020

ToRs for final independent evaluation of DFID-FCDO grant (Q1 2021)

### External Documents

**Government of Tanzania:**

SOPs for CLWS Case Management (RC, USAID< GoT, et al) May 2018

National Guidelines for Improving Care, Support and Protection for Most Vulnerable children in Tanzania – Tanzania Ministry of Health and Social Welfare (2009)

Tanzania Law of the Child, 2009

Tanzania Adoption Act 1955

Tanzania Children’s Homes Regulations, 1968

Tanzania Disability Act 2010

Tanzania Foster Care Regulations 2012

Tanzania – National Costed Plan of Action for MWC – 2007–2010

National Guidelines for improving care, support and protection for MWC, Ministry of Social Welfare 2009

National Guidelines for Identification of MWC April 2017

Fit Person PowerPoint -- Child Protection Manual Module 22 (undated)

Tanzania Development Vision 2025

Tanzania National Plan of Action for MWC – A Human capacity needs assessment (2006)

### Other External Documents

JUCONI Children’s Sustainable Reintegration (2014)

Situation of OVC in Existing Alternative Care Systems in Dar es Salam Tanzania, Makuu, Mariana, (undated, 2017?)

Mapping Assessment of Formal and Informal CP mechanisms in Tanzania Parry-Williams et al 2009

UNICEF Innocenti Research Brief – Impact of Tanzania’s Productive Social Safety Net on Child Labour and Education (2020)

UNICEF and Lego Foundation Caring for The caregiver (Implementer’s Guide 2019)

A Continuum of Care for Orphans and Vulnerable Children Faith to Action (2015)

A Study of The Drivers of violence against Children in Tanzania UNICEF 2017

Responsible Parenting and Family Care Message Content (2020) – GoT

A National Agenda for Responsible Parenting and Family Care in Tanzania (2020) GoT

‘A Sense of Belonging’ Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in East Africa – Save the Children 2015





## APPENDIX 3 - LIST OF KEY INFORMANTS

### RCA Staff Tanzania

1. Mary – CLWS Coordinator
2. Rose Kagoro – USB-OF Grant Coordinator and Social Workers in her team (Wilfred, Mary Henry, Subira, Clara)
3. Mary Mushi (ACT)
4. Clara
5. RCA UK – Pete Kent

### RCA NGO Implementing Partners

6. KCC – Kondo Rashid, Ms. Habiba, Shabani Maria, Omari Frankie
7. VOH Mr Boniface, Ms Mary and Ms Stacy
8. YTFG- Mr. Fred, Ms. Wilfrida, Mr Haruna, Mr Martin, Mr. Joshua
9. Cheta Sana – Ms. Domina
10. Kisedet – Mr. Mukama and Mr. Leonard

### Government of Tanzania

11. AC Dodoma – Mr Ndak
12. Principle SWO – MoGSW – Mr Romitu
13. SWO #1 Ms. Seretty
14. SWO #2 Ms. Teresia

### UNICEF Tanzania

15. Mr Mbwela
16. Jacqueline Namfua

### Other CSOs

17. The Small Things – Ms. Bekka
18. Pamoja Leo – Ms. Georgina
19. SOS Children's Villages – Mr. Itozya

### UB-OF

20. Nalini Tarakeshwar





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NGO Compliance No. 1566

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Fighting for street children