



Exploring Challenges Faced by Orphans in Primary Schools in Ludewa District: a Case of Ludewa Ward

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Abstract

Background: The growing number of deaths of parents has created groups of children deprived of parents and parental care because of breakdown of the social safety net, community-based care, and support arrangements. Consequently, orphaned children are faced with many challenges which affect school performance.

Methods: Descriptive qualitative study design was conducted using in-depth interviews and focus group discussion. Participants selected included Street Leaders and heads of households in Ludewa Ward, Ludewa District, Njombe Region. Data were transcribed verbatim, coded, and analysed using Grounded Theory approach.

Results: Five themes emerged including self-directed reading time at home, school attendance, school requirement, grief, and social support systems. Heavy domestic chores after school affected school attendance and performance and grief coupled with poor social support systems enhanced psychosocial challenges contributing to poor school attendance and performance.

Conclusion: Concerted effort is required to involve parents, guardians, religious organisations, and other spheres of influence to advance collaboration across government in order to achieve a world without orphans and vulnerable children.

Keywords: HIV, orphans, grief, school attendance, school performance, support systems

Introduction

Globally, children who have lost parents due to HIV & AIDS or other diseases like hypertension, cancer, trauma, and accidents have numerous challenges. The increasing number of deaths of parents have created groups of children deprived of parents and parental care as a result of breakdown of social safety net, community-based care, and support arrangements (Murry, 2007).

Tanzania reported its first case of HIV/AIDS in 1982 and, according to the Country Progress Report of Tanzania of 2020, HIV prevalence in the country is characterized by significant variability across age, gender, social-economic status, and geographical location. The HIV prevalence has, however, steadily declined, over the past decades, from 7% in 2003 to 4.6% in 2018 in adults 15 -49 years. The HIV burden is still higher in urban areas than in rural areas - 7.5% versus 4.5% respectively. Currently, Njombe Region has the highest prevalence estimates (11.4%) followed by Iringa (11.3%), and Mbeya (9.3%). Lindi Region, however, has the lowest HIV prevalence of less than 1% (Global AIDS Monitoring 2020).

According to the United Nations (2009), it is estimated that more than 16 million children under the age of 18 years have been orphaned by AIDS worldwide. Approximately 14.8 million of these children live in Sub - Saharan Africa. AIDS is responsible for leaving many children across Africa without one or both parents (Bennell, 2005). According to Nam and Huang (2011), orphans lack life skills, practical knowledge, and basic school education and drop out from school because of lack of finances to meet basic educational requirements like uniform and stationeries (Nam and Huang, 2011). Education is a basic human right for all children recognized by the Convention on the Rights of the Child (UN Human Rights, 1989). A child who has access to quality primary schooling has a better chance in life than a child who drops out of school. In addition to benefit to an individual, education is a major instrument for social and economic development, and it is a major contributor to the reduction of poverty (UNICEF, 2004).

According to UNICEF (2016), sub-Saharan Africa has about 45 million orphans and 11.4 million of these children were orphaned due to AIDS). In addition, a significant number of these children live with chronically ill or dying parents and/or live in poverty stricken and food insecure households (Formson and Forsythe 2010. If orphans are not well received by relatives after the

death of their parents, they are completely on their own and many of them end up on the street with no hope for a future (SOS Children's Village, 2020).

According to the 2012 national census, Tanzania had an estimated 3 million children orphaned due to HIV and AIDS (SOS, 2013; PEPFAR, 2015) and around 11,216 orphans and Vulnerable Children (OVC) live in residential care centres (SOS 2013). Growing up without a family or in a dysfunctional family environment often has serious implications on a child's mental and physical development. Many orphans experience neglect and discrimination, and children who grow up without parental care often do not attend school (Murry, 2007). These factors enhance the orphan's vulnerability as reported by Makuu (2017) that orphaned Tanzania children struggle in terms of care, security, and protection; consequently, they are subjected to discrimination, stigmatisation, exploitation, abuse, and general neglect (Delap 2010, Save the Children 2013).

The school enrolment ratio in Tanzania has slightly improved in the recent years, however, government funding of primary education is relatively low when compared to many other countries in the region (Castells, 2002). As education is often seen as the key element for future economic self-sufficiency of a child, raising school enrolment and attendance figures have now become priorities of the Tanzanian government. School drop-out rates, however, have often been high due to financial constraints which compel some children to work instead of going to school so as to supplement household income (Castells, 2002). The last Population Census in 2002 showed that nearly 10% of all children in Tanzania had been orphaned. The 2002 Census also indicated that 1.2% of the households were headed by a child and children who headed household ranged between 14 and 15 years of age. Close to 3% of all households were occupied by children and the elderly (age 60 years and above) only. Rural children in such households were worse off than their peers in other urban households. In the urban areas, slightly over 30% of the 15-year-old living in child-headed households were working (REPOA, 2008).

According to the Assessment report of the alternative care systems for children in Tanzania, there were 3 million orphaned children of which 230,256 (7.7%), 462,688 (15.4%) and 1,283,067 (42.8%) were double, maternal, and paternal orphans, respectively. The report further indicates that in the primary school age group (7-14 years), more single and double orphans were out of school than non-orphans, but this difference was not statistically significant. However, for secondary school aged children (15-18 years), there was a significant difference in the proportion of single orphans who were out of school as compared to non-orphans (CSRA, 2012).

Ludewa is a district in Njombe region with the highest HIV prevalence in Tanzania. Ludewa has an estimated 5,740 children who are orphans due to HIV and AIDS. The results of the Census (2002) show that about 60% of orphans live with care givers who are aged 60 years and above. On the average, 30% of orphans live at orphanage centers and an average of 10% live by themselves as head of family. These children are in the age range between 5 to 17 years (DSW, 2017). There are large numbers of orphans enrolled in primary schools, but numerous challenges hinder them from continuing with school. Some challenges that orphans face are lack of support from care givers, government, and orphanage centers (DSWO, 2017). With such high prevalence of HIV and AIDS, high numbers of orphans and scarcity of data on school performance of orphans, Ludewa District, therefore, provides an appropriate study site to explore and gain in-depth insight in the challenges experienced by orphan children attending primary schools in the Ludewa ward.

Methods

Study site

The study was conducted in Ludewa Ward located in Ludewa District, Njombe Region. The location was selected because it has one of the highest number of orphans in primary schools; hence, it gave a reliable account of the situation of the subject under study. According to the 2002 Tanzania National Census, the Ludewa District had 154,300 households, and the total number of orphans was 5,740 (DSW, 2007). The Ludewa Ward, on the other hand, had a population of about 7,000 with 1,240 (21.6%) of the number of orphans in the district; eight streets and eight public primary schools compared to one primary school in each of the remaining Wards.

Target population and sampling procedures

The study target population was all head guardians of orphan children in the primary schools and local leaders living in the area. Purposive sampling was used to select respondents because the approach is effective when only limited numbers of people can serve as primary data sources due to the nature of research design and aims and objectives.

Data collection

Both primary and secondary data were collected in this study. Primary data was collected from the respondents by face-to-face interviews using interview guides. In-depth interviews were carried out among the respondents who willingly accepted to participate in the study. The

interviews collected demographic information (including age, gender, level of education, duration of stay in the Ward) information on the challenges orphans encounter on pursuing primary level education, The interviews were conducted in selected private and quiet environment and lasted about 30 minutes.

The secondary data was collected from reviews of existing national laws and guidelines. Specifically, The Law of the Child Act no 21 of 2009 and the National Plan of Action: Violence against Women and Children (2017-2022) were reviewed as supplemental data.

Data analysis

Continuous data analysis was carried out by the Principal Investigator from the time of data collection as the investigator interpreted and gave meaning to the data. Data from the in-depth interviews were transcribed verbatim and coded. The Primary investigator listened to the tape recorder several times to be familiar with the data and determine meanings. The investigator then took notes and created headings in the text which the researcher then transcribed the notes and headings onto a coding sheet. The data was the grouped and reduced the number of categories by combining similar headings into broader categories. The emerged themes were identified in line with the objectives of the study and the guiding questions. Thus, data in this form were put into themes, and the meaning derived, contextualized, interpreted, and presented. The demographic data were analysed through MS excel to suit each specific objective.

Results

A total of 16 respondents took part in the study included 8 heads of households of which 5 were male and 3 females; and 8 elected Street leaders of which 6 were male and 2 females. The age characteristics of the respondents is presented in Table 1. Majority of the guardians were older (> 50 years) compared to about 54% of the Street Leaders being 41 – 50 years of age. The finding indicate that majority of the respondents were mature adults experienced with issues of family care and the care of orphaned children lies in the hands of much older guardians. Majority of the respondents had attained primary level education and about one third of the Street leaders had attained secondary education.

Table 1: Demographic characteristics of the respondents in Ludewa Ward, Ludewa district, Njombe region, Tanzania

Category	Guardians		Street Leaders	
	Frequency	%	Frequency	%
Age group (years)				
31-35 years	1	13	-	-
36-40 years	-	-	2	23
41-45 years	1	13	1	13
46-50 years	1	13	3	41
>50 years	5	61	2	23
Education status				
Illiterate	2	25	0	0
Primary level	5	62.5	5	62.5
Secondary level	0	0	3	37.5
Diploma	1	12.5	0	0
Basic degree	0	0	0	0
Duration of stay Years				
26 – 30	1	12.5	0	0
> 30	7	87.5	8	100

Table 1 shows that none of the guardians and elected Street leaders had stayed in the Ward for less than 25 years suggesting that they were familiar with the community, school environment and challenges encountered by orphaned children.

Challenges affecting orphaned primary school children

In exploring the challenges that affect school performance of orphans in primary school in Ludewa Ward, the study generated the themes, with meaning and evidence presented below.

Table 2: Themes, meaning and evidence on challenges affecting school performance of orphan children in Ludewa Ward, Njombe region in Tanzania.

Themes	Meaning	Evidence
Reading time at home	Inadequate self-directed learning time	Inadequate time to read at home. Too many household chores to attend to Non-orphans have time to read at home
School attendance	Poor school attendance	Orphans are not encouraged to go to school by their guardians Some female orphans are forced into early marriages.
School requirements	Lack of school requirement Lack of Uniform Lack of learning materials	Though no fees, additional money is needed Guardians do not have enough resources to meet such requirement of orphans Impedes orphan's academic performance
Grief	Loss of parents Lack of love Sense of rejection	Depression Loss of concentration at school Family misunderstanding Lack of family support
Support systems	Lack of government support Unaware of existing support systems	Imbalance TASAF support Inadequate financial support Poorly distributed support system between urban and rural areas

Inadequate self-directed learning time

Self-directed learning after school children return to their homes is important because it provides additional time to do homework and revise taught materials at school. It was stated that many orphans living with their relatives fail to find extra time at home to review what they have been taught at school because of works (such as cleaning and washing, fetching water) given to them by guardians which make them tired. One of the household heads (HH1) stated:

"I have observed how an orphan is treated badly in my neighbouring family... that the orphan is just 13 years old and she is in standard seven. Since she was brought to her aunt's house (my neighbour) four years back, she has been doing

a lot of domestic tasks. She works like a housemaid in that house, she wakes up early in the morning to fetch water and do all the cleaning before she goes to school. She is always late for school. After her classes are over at 5:00p.m, she must prepare dinner and handle all the house chores she finds at home. The girl has been performing poorly in school because she can't get time to review or to practice what they were taught in school."

This observation was also echoed by a Street Leader who pinioned that one of the predominant problems affecting orphan's school performance is overload by domestic chores which limits their study time, and this ultimately adversely affects their performance in school. The Street Leader (SL1) stated as follows:

"I have seen cases where pupils drop in performance and in some cases drop out of school owing to mistreatment by relatives and being overloaded with work. My office nowadays go through homes to try to weed out such exploitation of children and ensure that its completely eliminated"

Poor school attendance

The study noted that orphans in Ludewa Ward are faced with a challenge of poor school attendance. Invariably, the orphans are not encouraged to go to school by their guardians and at times, the female ones are forced into early marriages. The information above is also confirmed by one of the household heads (HH2) who noted that:

"Speaking of the students' attendance as an elder who has seen it all, absenteeism is common among pupils who are not staying with their parents, including orphans. At least I have one orphan I know in my neighbourhood. He stays with his grandparents and other family members. This boy has poor attendance in the class compared to other students. No one at his home to force him to go to school, he can be absent even for the whole week. When you ask him the reason for not going in school, he can give many reasons, he always has reasons for not going to school and some of the reasons he gives you can obviously know he is cheating. I think this is lack of proper guidance".

One of the Street leaders (SL2) added by asserting that:

".....I have received complaints that a number of the orphaned pupils in my area attend class very rarely and this brings down their intellectual development. Some of them have been repeating classes instead of moving forward because of absenteeism."

Lack of school requirements and learning materials

It was argued that although primary school education in Tanzania is free, still parents and guardians must do cost sharing for the education of their children by meeting the costs of uniforms, additional books, exercise books, pens, shoes and meals. The majority of the guardians especially in the rural areas are not financially capable to meet such school requirement for orphans. This was shared by the majority of the respondents who confirmed that some orphans do not have exercise books, uniforms and are forced to stay long hours without food as one of the street leader (SL3) put it as follows:

“...yes it is true that even with free education orphans in some homes still cannot benefit from the free education because they do not have the basic school requirements like uniforms. I have seen orphans forced to go hungry while at school because their guardians can't afford to give them money for breakfast or lunch”.

We noted further that once a child loses his/her parents, he/she is normally taken by relative e.g. grandparent, aunt or uncle in rural areas, some are old and not economically well. In some cases, the new families have children of their own and have other priorities. The changes in the living environment, social relations and quality of life have significant psychological impact on the school performance of these children as stated by one Street Leader:

“...When my brother passed away the decision was to bring children from Iringa town to Ludewa because Ludewa is our place of origin. They were brought to me together with their mother (four of them), but after a period of five months their mother told me she wanted to go back to town since she could not manage village life. Now three years have passed she has never comeback. She only makes phone calls and I have heard she has another child with another man in town. Now these children of my brother, they are my children, I am the one to look after them with my little income. I told my sisters who are in town to take one child each and me to remain with one, but they have not yet done so.”

Grief

The loss of parents was mentioned by all Street Leaders as a cause of depression and loss of concentration at school among orphan children. This challenge was well expressed as follows:

“..The mere thought of losing parents often stirs up emotions and pain in the lives of orphans and this traumatic grieve has a way of impeding their school performance”

Grief among orphans is often aggravated by mistreatment in their new families and is associated with loneliness, lack of love and rejection. Loneliness reduces motivation of the

children in interactive engagement and discussion with colleagues at school. Loneliness among the orphans can be induced by the behavior of some guardians who consider orphans as a burden. Hence, orphans receive from guardian's different treatment compared to that they offer to their own children as one street leader put is as follows:

"..I know one family where the parents had sent their own children to town schools but they had registered an orphan in the village school. This shows discrimination and existence of different treatments between orphans and children of the guardian. The orphan many times were full of grieve and emotions"

In a similar way, a Household leader asserted that:

"I have grandchildren and have been dealing with the psychological problems of the orphans as two of my children passed on leaving me with three grandchildren..... a child needs to be filled with happiness and good mood to focus well in the goal of becoming important and perform in the community. Many children once they lose their parents become depressed, especially if their relatives cannot perform, at least, 70% of the parents' responsibility to them. An orphan can be in class crying without apparent cause. But this is because of lack of love which he/she could get from the parents. Such children will never perform well in exams"

Lack of family and government support systems

Lack of social support from the relatives was said to contribute to poor school performance by orphans in Ludewa Ward as indicated in the statement by a household leader:

"Our society does not know it is the responsibility of everyone, especially first line relatives, to take care of the children living in dangerous and hardship environment. We just complain and send all the blames to the government, while we are the element of the government too.....After a few weeks of mourning, the relatives tend to leave all responsibilities of taking care of the orphans to one person. This is especially so if the deceased parents were not well-off."

Another household head added that:

"We are in the community, but everyone cares for his/her own properties. People are very hard to donate to their relatives now days. When you have die no one will accept to use his/her resources to take care of your children.....Some relatives can also be the first to pick what you have left for your children."

The study noted that Government support to the families with orphaned children was a challenge faced by orphans in performing well at schools. While some poor families have benefitted from the Government through the TASAF project which provides financial assistance to poor households, still there are households which have not been enrolled in that program. The amount of financial support given to the poor families was said to be not enough even to buy food for one child per year as one of the household heads stressed:

“.....there are very many orphans in the country and the government does not have a system which is recognized by law to support the orphans. The government is not aware of the challenges faced by orphans since there is no registration system that store information of orphans together with kind of support each orphan need”

Lack of awareness of existing support systems

We explored participant's awareness of existing support systems that they can access to support orphan children. Majority were not aware that there are organisations that can extend support to them and even those who knew, those who knew did not know where to find the organizations. This was expressed by one Street Leader who stated that:

“Most of the organizations which give support to children living in difficulty situations are located in Town, especially in the big cities. Therefore, children in rural areas are unlikely to receive assistance from them”

Discussion

Poverty is widespread in Tanzania and is overall a major vulnerability factor in preventing many children from accessing education although free primary education has greatly increased school participation. A comparison of school attendance data from the 1996 and 2007 Demographic and Health Surveys revealed that, in both years, the proportion of children in the poorest households who were out of school was higher than those in the richest households; in 2007, children in the poorest households who did attend school were more likely to be average than children from the middle and highest wealth quintiles (Lewin & Sabates, 2011).

International agencies and policymakers have shown that due to the lack of parental care, orphans in sub-Saharan African countries face numerous educational access challenges (UNICEF, 2006a; UNICEF 2006b). In Tanzania, few studies have found conclusive evidence that orphanhood alone is associated with lower educational access (Smiley, et al., 2012), a finding that is often explained by the existence of a strong extended family safety net as well as presence of many services provided to orphans. A comparative study of 10 sub-Saharan

countries, including Tanzania, found that orphans systematically have lower school participation than non-orphans (Case et al (2004). Within the DHS 1999 Tanzania dataset, Case et al. (2004) found that after controlling for age and gender of the child between the ages of 6-14 years, orphans had 8.4 percentage points lower school enrollment than non-orphans. The study also found that all children living in households headed by non-parental relatives or non-relatives were less likely to attend school but orphans living in these households were worse off than non-orphans. Kürzinger, et al. (2008) analysed 2001-2002 baseline data from OVC programs in Tanzania and found that, after controlling for confounding variables such as age, gender, religion, relationship to the head of the household, and the household child/adult ratio, no difference remained between orphans and non-orphans in terms of school enrolment. Smiley et al. (2012), analysing 2004 and 2010 DHS datasets for Tanzania, also did not find any significant difference between the primary net attendance of orphans and non-orphans. These studies did not provide an in-depth analysis of the factors contributing to low access, low attendance, and performance of orphans in schools.

We found that self-directed learning and revision of what were taught at school among orphans were affected by heavy domestic chores on return of the children from school. Our study results support previous report by Ksoll (2017) that some orphans in Kagera dropped out of school to assist their elders in making local beers, take care of siblings and other domestic activities to supplement household's income. Respondents also evidenced that too much domestic and farming works make orphans feel different from other children who have parents, therefore, demoralise them and commit less time to school activities. These findings agree with Ward and Eyber (2009) who indicated that in Rwanda, children who are given no time to play with others because of too much work at homes are prone to psychological and social problems that interfere with their self-confidence and lack purpose in life. These challenges are preventable and can easily be overcome by educating guardians that education is the right of all children (UN Human Rights (1989)) and on the benefits of balancing between school activities and domestic chores such that orphan children have some time to rest and attend to school activities. In addition, guardians should encourage and extend support to the children to focus on school activities.

Poor school attendance

Good performance of pupils at school depends on participation in academic activities in class, discussion groups, games and have time after school to revise what they learnt. Self-reading for many pupils is not well developed therefore, the pupils depend on materials delivered to them by teachers in class. Respondents indicated that poor school attendance was contributing to

poor performance among orphans in Ludewa ward. Reasons pointed out include lack of guidance and encouragement, domestic work, hunger and sickness. Others were lack of educational materials like uniform, stationery, shoes, and meals which add to the frustration among orphan children. Considering that poverty is widespread in Tanzania and rural areas are more affected than urban areas, District Councils and Municipalities should include a cost item in their development fund for procurement of school learning materials e.g. exercise and textbooks to support orphans from impoverished families. Availability of those items are likely to motivate and encourage orphan pupils to improve school attendance and hence their performance.

Grief

Grief was stated as one of the major challenge orphans experience in their lives. Respondents indicated that grieving orphans experience is associated with psychosocial implications that results from inability of the children to cope with the loss of parents, lack of family support because the new families have their own children with different priorities which at times resulted in family misunderstandings. To the young mind, grief would consequently lead to loss of concentration at school, hence poor performance. Our findings are supported by a report of a study in Zimbabwe by Musisi *et al*, (2007) who reported that 89% of the children lacked school attention, lack of love was felt by 78%, hopelessness was felt by 33% and withdrawal was found among 56% of the orphan school children. Sandstorm and Huerta (2013) argued that the most important orphan's need to reduce depression is to give them love, protection, security, play with them, schooling, food, and shelter. These are some of the best approaches that can be used to make the orphans cope with grief and live comfortably without any feelings of deprivation.

Lack of support systems

As a result of HIV and AIDS, orphaned children may experience multiple traumas such as illness, violence and exploitation, stigma and discrimination, isolation and loneliness as well as lack of adult support and guidance. These factors together with poverty, neglect and abuse can adversely affect a child's psychosocial wellbeing and school performance. We found from our respondents that some of the orphan pupils lack material and psychosocial support from families and the government. Our findings are supported by Philippi *et al*. (2006), Gumede (2009), Gona *et al.*, (2014), Urassa (2017) and Juma (2018) who in their studies reported that orphans face many challenges such as care, love, and acceptance in their communities and they have concluded that every child requires psychosocial support from the civil society for a meaningful and positive human development. The goal of an effective psychosocial support

programs should be placing and maintaining children in stable and supportive family environments. Rather than being a stand-alone activity, psychosocial support programs should be integrated into wider systems wherever possible. Such existing community support mechanisms may include formal and non-formal school systems, social services, and health services. Integrated services tend to reach more people and are typically less stigmatizing (World Bank, (2004). Since children best develop and thrive in safe, stable, and nurturing families with the greatest opportunity to reach their full potential, concerted effort involving religious institutions, business, and other spheres of influence, are uniquely positioned to advance collaboration across government in order to achieve a world without orphaned and vulnerable children.

Conclusion

Participants in this study reported challenges affecting orphan school pupils in Ludewa Ward in Ludewa District, Njombe region. Njombe currently leads on the prevalence of HIV and AIDS in Tanzania. Therefore, its impact is increased number of orphans in the community. Participants suggested that families and communities are best placed to provide psychosocial support to children. Interventions should not be a stand-alone activity but part of comprehensive integrated programming that works through families to keep children in supportive and caring environments and to strengthen families' abilities to meet a range of children's needs. We recommend that while most children are resilient, prolonged extreme toxic stress may lead to anxiety or depression and can have long-term harmful effects on a child's health and development, and school performance. Therefore, both children and families may benefit from family outreach programs such as home visits by experts that provide counselling services.

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Author's contribution:

PM conceived the project, collected data, and analysed the data. TK, DC and RM supervised YM during the study period, assisted in data analysis and together with YM they critically reviewed the data and prepared the manuscript and proofread the manuscript critically to submission.

References

1. Arushi Terway Brian Dooley Anne Smiley (2019). FHI 360; Education, policy and data center: Making sense of data to improve education.
2. Bennell, P. (2005). *The Impact of the AIDS Epidemic on the Schooling of Orphans and other Directly Affected Children in Sub-Saharan Africa*. Journal of Development Studies , Vol 41(3): pp 467–488.
3. Case, A., Paxson, C., & Ableidinger, J. (2004). Orphans in Africa: parental death, poverty, and school enrollment. Demography, 41(3), 483-508.
4. Castells, M. (2002). *The Network Society: A Cross-Cultural Perspective*, Zimbabwe, Edward Elgar Publishers.
5. Delap, E. (2010). Protect for the future. Placing children's care and protection at the heart of the MDGs. Every Child, Child Hope, Railway Children, Consortium for Streets Children, ICT, Retrak, Save the Children, the International HIV and AIDS Alliance and War Child, London.
6. DSWO. (2017). The Annual Report of Orphans Children and its Challenges.
7. Formson CB & Forsythe S. (2010). A costing analysis of selected orphan and Vulnerable Children (OVC) programs in Botswana. Health Policy Initiative, Task Order 1. Futures Group, Washington.
8. Global AIDS Monitoring (2020). Country progress report - United Republic of Tanzania.
9. Gona, J., Newton, C., Rimba. K., Mapenzi, R., Kihara, M., Vijver, F., and Abubakar, A. (2014). *Challenges and Coping Strategies of Parents of Children with Autism on the Kenyan Coast*. Kenya Medical Research Institute, Kenya.
10. Gumede, L. (2009). *The Psychosocial Well-being of AIDS Orphans in Cape Town*. Government Printer, Pretoria, South Africa.
11. Juma, S. (2018). *Social and Psychological Problems facing Orphaned Children in Zanzibar*. Published research paper MAASP. Papers in Education and Development. 28: 139-160.
12. Ksoll, C. (2017). *Family Networks and Orphan Caretaking in Tanzania*. Dissertation: University of Oxford.
13. Kürzinger, M., Pagnier, J., Kahn, J., Hampshire, R., Wakabi, T., & Dye, T. (2008). Education status among orphans and non-orphans in communities affected by AIDS in Tanzania and Burkina Faso. AIDS care, 20(6), 726-732.

14. Lewin, K. M., & Sabates, R. (2011). Changing Patterns of Access to Education in Anglophone and Francophone Countries in Sub Saharan Africa: Is Education for All Pro-Poor? CREATE Pathways to Access. Research Monograph No. 52.
15. Makuu, M.J. (2017). Family Matters: Strengthening Alternative Care Systems for Orphans and Vulnerable Children in Dar es Salaam, Tanzania. A dissertation submitted in partial fulfilment of the requirements for the Degree of Doctor of Philosophy Degree in Social Work (University of Botswana).
16. MoHSW. (2008). The National Costed Plan of Action for Most Vulnerable Children 2007 – 2010.
17. Murry, R . (2007). *Case Histories in Community Organization*. Harper and Bros publishing company, New York, USA.
18. Murry, R . (2007). *Case Histories in Community Organization*. Harper and Bros publishing company, New York, USA.
19. Nam, Y. and Huang, J. (2011). *Changing Roles of Parental Economic Resources in Children's Educational Attainment*. Social Work Research , Vol 35(4), 203-213.
20. PEPFAR (US President Emergency Plan for AIDS Relief). (2015). Tanzania country operational plan: Strategic directional summary. Tanzania.
21. Phillippi, J. (2006). *Morally Based Self-esteem, Drinking Motives, and Alcohol Use Among College Students* Palgrave Macmillan Press, USA.
22. REPOA. (2008). *Children and Vulnerability in Tanzania. A Brief Synthesis*, Special Paper.
23. Robson K. (2007). *Orphaned and Vulnerable Children in Zambia: The Impact of The HIV/AIDS Epidemic on Basic Education for Children at Risk*. Educational Research: Education Research , Vol 30(1), 104-156.
24. Sandstrom, H and Huerta, S. (2013). *The Negative Effects of Instability on Child Development*. Dubai Urban Publishing Company. Dubai.
25. Save the Children. (2013). Save the children's child protection strategy 2013-2015. Kingdom: Save the Children.
26. Smiley, Omoeva, Sylla, & Chaluda, (2012). Orphans and vulnerable children: trends in school access and experience in eastern and southern Africa: Education Policy Data Center, FHI 360.
27. SOS Children's Village (2020). Available at: <https://www.sos-usa.org/about-us/where-we-work/africa/aids-in-africa>. Accessed January 2022
28. SOS Children's Villages Tanzania, Child Rights Based Situational Analysis of Children without parental Care and at Risk of losing parental care (CRSA), 2012.
29. SOS, Tanzania. (2013). Child rights based situational analysis of children without parental care and at risk of losing parental care. Tanzania.

30. UN Human Rights (1989) Convention on the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989; entry into force 2 September 1990, in accordance with article 49.
31. UN. (2009). Guidelines for the alternative care of children. Human Rights Council, 11th Session, United Nations, Geneva.
32. UNICEF (2004). *Children on the Joint Report of New Orphan Estimates and a Framework for Action (4th edition)*. UNICEF.
33. UNICEF. (2006a). Africa's Orphaned and Vulnerable Generations: Children affected by AIDS.: UNICEF.
34. UNICEF. (2006b). Africa's Orphaned Generations.
35. Urassa, M., Ng'weshemi, R., Isingo, D., Schapink, T., and Kumogola, Y. (2017). *Orphanhood, Child Fostering and the AIDS Epidemic in Rural Tanzania*, Health Transition Review , Vol 7(2), pp 1–5.
36. Ward LM, Eyber C (2009). Resiliency of children in child-headed households in Rwanda: implications for community based psychosocial interventions. *Intervention*; 7(1): 17 – 33. DOI:10.1097/WTF.0b013e32832ad3ac.
37. World Bank. (2004). Reaching out to Africa's Orphans: A Framework for Public Action Africa Region (Human Development), and Human Development Network (Social Protection).