

The Relevance of Ubuntu Models in Child Alternative Care – A Case of Mama Mkubwa Model in Tanzania

Meinrad Haule Lembuka

Department of Sociology and Social Work, Faculty of Social Sciences, The Open University of Tanzania, Dares Salaam, Tanzania

DOI: <https://dx.doi.org/10.47772/IJRISS.2024.8080233>

Received: 23 July 2024; Revised: 09 August 2024; Accepted: 14 August 2024; Published: 14 September 2024

INTRODUCTION

The review intends to assess the relevance of Ubuntu Models in child alternative care in an African setting taking the case of the Mama Mkubwa Model (MMM) in Tanzania through the Ubuntu lens. The specific objectives of the study is to 1) identify the linkage of the Mama Mkubwa Model in child alternative care and 2) to establish relevant recommendations for future studies based on the fact that most global south models especially Africa have been side-lined from colonial times unintentionally (Nyerere, 2011). The desk research served an important function in the identification, analysis, and presentation of the findings of the study through various activities including scanning the literature, analyzing secondary data, and creating a reference list so that all documents are organized and easily accessible to all team members (Kothari, 2004 & Rwegoshora, 2014).

In establishing the linkage of the Mama Mkubwa Model in child alternative care, the review takes a critical consideration of an overview of the historical presentation of Indigenous knowledge and practice in the African context which are relevant to child protection and development (Lembuka, 2024a). Purposive selection of Ujamaa Intersections Theory was thought to be relevant in guiding the review and also the theory represents other African theories based on the Ubuntu perspective (Buhori & Lembuka, 2023). Guided by Ujamaa Intersections Theory, the review seeks to answer the question of how the Mama Mkubwa Model is relevant to child alternative care and what are the possible solutions to existing challenges in child alternative care practice in Tanzania (UNICEF & TAHEA, 2005).

Assessing the linkage of the Mama Mkubwa Model in child alternative care demands a historical overview of child protection in Africa (Lembuka, 2024a). The essence of child alternative care in Africa is holistic and collectively integrated within community sections including family, extended family members, ecology, local leadership, spirituality, and wider attributes. In pre and post-colonial Africa, child vulnerability became a serious concern and similar child alternative care interventions were established under traditional models (Abebe et al, 2019) covered under one umbrella known as Ubuntu through a collective and holistic approach (Mugumbate et al, 2013). Ubuntu simply means African humanness or humanism that represents all African ways of child protection through a community-based approach that integrates holistic and collective perspectives toward child development (Lembuka, 2022 & Buhori, 2023).

In African Ubuntu models, the provision of alternative care is guided by values of interdependence, cooperation, voluntarism, care, sympathy, tolerance, ecology, human dignity, and Ujamaa. etc. (Mugumbate et al, 2019). Ubuntu's perspective considers “a child belongs to a community” and this renders a conducive environment for alternative care interventions since child rearing is not for only biological parents or family but the whole community (Buhori, 2023). Colonialism imported Western approaches to child alternative care in Africa that replaced Ubuntu models in child protection and development from the 19th century, most colonial child welfare programs served urban settings and they were based on the institutionalization of children rather than family-based settings (Abebe et al, 2010 & Lembuka, 2021).

The post-colonial Tanzania formerly known as Tanganyika envisioned and strived to restore indigenous approaches toward child alternative care under the value of Ujamaa (Lembuka, 2024a & 2024b). Unlike other African countries, by 1961 post-colonial Tanzania was typically rural challenged with remained colonial

legacy, poverty, diseases, and a high illiteracy rate that affected the power of the community to serve vulnerable children (Nyerere, 2011). The government made deliberate efforts to restore the Ujamaa Intersections Model as the relevant indigenous model for social welfare services and development activities in the country. The late and first President of Tanzania Dr. Julius Kambarage Nyerere (who preferred to be called Mwalimu meaning teacher but in 2014 was awarded an Ubuntu Doctorate by The Heritage Council of South Africa) made a strategic step of integrating the Ujamaa Intersections Model in social welfare services relevance for child alternative care through the endorsement of the Arusha Declaration in 1967 that influenced the practice of the Indigenous Models in the country including the Mama Mkubwa Model which became a part of Ubuntu social welfare approaches in the country (Nyerere, 2011).

Mama Mkubwa Model (MMM) is an indigenous model practiced in Tanzania from the pre-colonial era that focuses on addressing the needs of orphans and vulnerable children (OVC) guided by African Ubuntu values at the community level (Mwaipopo, 2005). According to MMM all community members and social institutions are responsible for child protection and development under the guidance of African Ubuntu values including compassion, care, integrity, justice, equality, collectiveness, human dignity, cultural diversity, peace, and inclusion. etc. (Lembuka, 2022). The model is holistic and collective and functions across various ecological frameworks in the society individual, family, group, local leaders, customary laws, and the community at large (Mwaipopo, 2005). The annual increase of child alternative care in sub-Saharan Africa including Tanzania has a necessity for this review that seeks to find out whether there is a failure in the existing institutionalization models on child alternative care that are more westernized or to what capacity existing indigenous models can be integrated into child alternative care (Andre et al, 2015).

In the early 1990s, Tanzania experienced a policy shift following globalization, urbanization, poverty, and the impacts of the HIV and AIDS pandemic that increased child vulnerability in the country (Ng'ondi, 2014 & Makuu, 2019). The introduction of Structural Adjustment Policy (SAP) by the World Bank and the International Monetary Fund (IMF) influenced the policy change and social welfare service provision that made the country rely on a donor-funded approach through Non-government organizations (NGOs) and International Non-government Organizations (INGOs) (Andrew et al, 2015). Most of the donor-funded social welfare programs were urban-based and continue to sideline the existing Ubuntu knowledge and practice on child alternative care through the institutionalization of children.

Over time the impacts of HIV and AIDS in Tanzania increased the demand for child alternative care following the influx of orphans and vulnerable children (OVCs) in the country as a result formal social welfare system through donor-funded programs was overwhelmed to serve most vulnerable children (MVCs) in the country (LRC, 2018). Early 2000s, the remaining Ubuntu models on child alternative care dominated most rural areas compared to urban settings where most social welfare officers served under the so-called formal child alternative care. Regardless of the government's efforts in deploying social workers yet annual increase in population, OVCs, MVCs, and urbanization damaged the capacity social welfare workforce to serve children who qualify for alternative care (Tanzania Association of Social Workers, 2015).

Like other African countries, chronic poverty, emergencies, community violence, HIV, AIDS, discrimination, the lack of investment in and access to social protection, child protection, education, and basic services all place multiple stresses on families in terms of the care and protection of their children and, in particular, on poor and marginalized families (UNICEF, 2011). At the global scale, the number of children who are vulnerable to separation or who are in alternative care arrangements is difficult to quantify; estimations indicate more than 153 million children globally have lost one or both parents; 16.6 million of those deaths are due to AIDS (UNICEF, 2011 & Child Frontiers, 2012).

With support from child key stakeholders led by UNICEF, the government of Tanzania has taken various steps using formal and informal child protection mechanisms to help children from various types of risky environments that forged children's right to alternative care, but these mechanisms were first disrupted by the urbanization, rapid increase of populations, poverty and disease especially HIV and AIDS pandemic (Ng'ondi, 2014 & Makuu, 2017). In the recognition of the capacity of Indigenous Models in social welfare services by the end of the 2000s, Mama Mkubwa is among the Ubuntu Models that were capacitated in Tanzania to address the increase of Orphans and Vulnerable children in the country with vivid examples in Temeke

Municipal Council of Dar es Salaam Region, Rufiji District Council in the Coastal Region and Makete District Council in Njombe Region (URT, 2012).

The COVID-19 pandemic of 2019 to the present times dropped a new explosion in the child alternative continuum of care, like the rest of the World, the outbreak of the COVID-19 pandemic exposed various children of different age groups to the risks of child vulnerability following the loss of parents and guardians that ultimately led to new demand for child alternative care (UNICEF, 2022). Children of Tanzania were exposed to further risk following the loss of their parents and guardians who passed away due to Coronavirus (UNICEF, 2022). The pandemic left some children orphans, and it impacted most of the children in the poorest neighborhoods, and those in already disadvantaged or vulnerable situations (UNICEF, 2022).

Around 50% of the Tanzanian population is under 18, and a large proportion are without parental care or at risk of losing it (CRSA, 2013). SOS Children Villages estimated that 1,300,000 children are orphans in Tanzania, mainly due to HIV. The local community provides great support to Most Vulnerable Children (MVC), a more generic term to reduce the stigma associated with the general term of Orphan and Vulnerable Children (OVC), which is generally associated with AIDS orphans. The Tanzania Ministry of Social Welfare defines MVC as children living in extreme poverty, without adequate adult supervision, or outside of family care (DSW & MoHSW, 2012).

Despite the government's efforts to realize the rights of children in Tanzania in post COVID-19 era, it is frequently reported that the formal child welfare system is twice overwhelmed by the annual increase of children in institutional care and those who live and work in the street with necessary qualifications for child alternative care in the country (TASWO, 2023). This is a call for revisiting existing Ubuntu Models like Mama Mkubwa to seek opportunities that could render relief to the child alternative care burden for the government of Tanzania. Moreover, with reference to Tanzania Development Vision 2050 and sustainable development goals, they both realize and invite the contribution of informal and traditional social welfare schemes in the improvement of the quality of life of local communities and their indigenous approaches like the Mama Mkubwa Model.

Therefore, the review intends to uncover the capacity of Ubuntu Models in addressing the challenge of child alternative care and establish appropriate recommendations for future studies and possible opportunities of MMM that can offer in improving child alternative care taking the Mama Mkubwa Model as a selected case study in Tanzania's mainland.

STUDY OBJECTIVES

The main objective of the study is to assess the relevance of Ubuntu Models in child alternative care in an African setting taking the case of the Mama Mkubwa Model (MMM) in Tanzania through the Ubuntu lens.

Specific Objectives

- To identify the capacity of the Mama Mkubwa Model in child alternative care
- To assess the connection between existing community intersections and the Mama Mkubwa Model in child alternative care
- To establish relevant recommendations for future studies and improve child alternative care

STATEMENT OF THE PROBLEM

Like other developing countries, Tanzania experienced a policy shift in the early 1990s under the influence of the World Bank and International Monetary Fund (IMF) following Structural Adjustment Policy/ Program (SAPs) that imported the so-called formal models in social welfare and development strategies (Andrew et al 2015). Most of the imported models were donor-funded and either intentionally or unintentionally side-lined existing indigenous models, or this influenced the country's capacity to embrace Ubuntu models in the nation's policy framework including the Ujamaa Intersections Model (Nyerere, 2011 emphasize is mine). Coincidentally HIV and AIDS impacted the country from the early 1990s followed by globalization, urbanization, population

increase, and the impacts of the pandemic diseases continued to affect the children and the local community in realization of the right to alternative care (Ng’ondi, 2014 & Makuu, 2019).

Despite the budget deficit, the government of Tanzania in collaboration with key stakeholders including UNICEF has tirelessly invested in child alternative care but still around 50% of the Tanzanian population is under 18, and a large proportion is without parental care or at risk of losing it (CRSA, 2013). According to SOS Children Villages, it’s estimated that 1,300,000 children are orphans in Tanzania, mainly due to HIV (CRSA, 2013). Like the rest of the World, the COVID-19 pandemic of 2019 to the present times dropped a new explosion who demand for child alternative continuum of care, the fact that outbreak of the COVID-19 pandemic exposed various children of different age groups to the risks of child vulnerability following the loss of parents and guardians that ultimately led to new demand for child alternative care (UNICEF, 2022).

The annual increase of children who qualify for child alternative care in Tanzania has recently continued to attract global attention and this has raised a concern of revisiting Mama Mkubwa models to seek its capacity to address the special need of child alternative care (Buhori, 2023). The shortage of social welfare workforce custodians of children as per Tanzania’s Child Act of 2009 and emerging of unregistered childcare alternative institutions has continued to compromise the right to alternative care in the country (TASWO, 2017). Lastly, it has been reported that most of the existing child alternative care interventions are urban-based and they continue to sideline the existing Ubuntu knowledge and practice on child alternative care through the institutionalization of children (LRC, 2018).

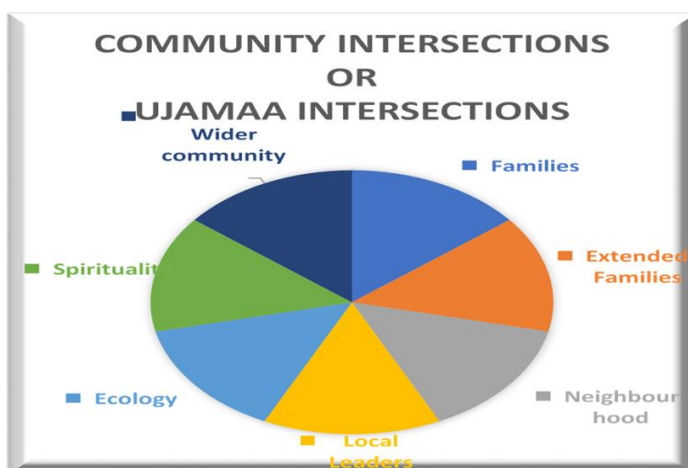
METHODOLOGY

The desk research served an important function in the identification, analysis, and presentation of the findings of the study through various activities including scanning the literature, analyzing secondary data, and creating a reference list so that all documents are organized and easily accessible to all team members (Kothari, 2004 & Rwegoshora, 2014). Pre-identification of online search material concerning Mama Mkubwa and other Ubuntu Models on alternative care was an inclusion criterion followed by reviewing or evaluating documents.

Like other analytical methods in qualitative research, document analysis requires that data be examined and interpreted to elicit meaning, gain understanding, and develop empirical knowledge (Corbin & Strauss, 2008). The review included several documents that reflected traditional alternative care in Tanzania and some parts of Africa including project reports, books, and other research findings with similar drift that were reviewed to justify and enrich the chapter. This review covered formal and informal practices from pre-colonial and post-independence Tanzania.

Theoretical Framework

Diagram 1.0: Ujamaa or Community Intersections Model



Source: *Lembuka (2024).*

The study is guided by Ujamaa Intersections Theory that posed a significance contributions in assessing the relevance of the Mama Mkubwa Model from Ubuntu's perspective. Ujamaa Intersections Theory originated from Tanzania beneath Ubuntu philosophy representing other Ubuntu theories (Lembuka, 2024). The multi-functionality of the Ujamaa Intersections Theory renders the required capacity to justify the linkage of the Mama Mkubwa Model in the study, purposively selection of Ujamaa Intersections Theory was assumed to be relevant in guiding the review based on the African setting (Lembuka, 2024b). Ujamaa Intersections Theory envisions the interdependency of community sections toward the protection of vulnerable populations including children who demand alternative care. Also, the assumption of Ujamaa Intersections Theory is grounded on the stronger community intersections will lead to a stronger child alternative continuum of care at the community level (Lembuka, 2024a).

The foundation pillars of Ujamaa Intersections Theory are cemented by Crenshaw (1989) and Sariola (2020) who viewed community with various components rather than a single structure as it consists of individuals who contribute their views, labor, resources, and experiences to the community sections. An intersectional approach to community organizing emphasizes the importance of centering the voices and lived experiences of those who are most marginalized including orphans and vulnerable children in the community (Sariola, 2020). This means that all community interventions toward child protection and related welfare should integrate the community sections including families, customary laws, ecology, spirituality, local leadership, etc.

FINDINGS

Mama Mkubwa Model

Mama Mkubwa Model (MMM) is an indigenous model practiced in Tanzania from the pre-colonial era that focuses on addressing the needs of orphans and vulnerable children (OVC) guided by African Ubuntu values at the community level (Mwaipopo, 2005). This is an informal practice whereby an adult female within the community volunteers to provide alternative care to children and youth who have no parents, or a career and who are facing difficulties of poverty, old age, ill health, etc. (Mwaipopo, 2005). This model recognizes the strengths that exist within the extended family to provide positive environments for children who are coping with risk or trauma (URT, 2012). The model is holistic and collective and functions across various ecological frameworks in the society individual, family, group, local leaders, customary laws, and the community at large (Mwaipopo, 2005 & Ab).

Also, the Mama Mkubwa (MMM) model represents other Ubuntu Models in Africa that embrace community-based initiatives for the care and support of Orphans and Vulnerable Children (OVC), youth, and vulnerable families (Lembuka, 2021 & Buhori, 2023). The term OVC is widely used to identify the large groups of children, mostly living with parents or kin, where severe poverty and loss of careers means that the children lack sufficient food and access to health, education, and psychological support (Ng'ondi, 2014). Parents or careers too often require various forms of practical or emotional support as the traditional kin and community networks weaken. (Gale et al & Smith, 2016). The extended family members play a huge role at every stage of the child and their roles are bounded by Ubuntu values that strive to ensure a child belongs to the family, and they are bound together through blood, rules, and identity (Mugumbate et al, 2013). As per Ubuntu's perspective, the family does not only refer to one's spouse and offspring but all relatives (Mugumbate et al, 2019). The concept of the extended family has been instrumental in offering opportunities for the care of orphans and vulnerable children in Africa. In Ubuntu, much value is placed on parents' involvement in children's development (Buhori, 2023). For example, education, socialization, and mentoring take place within the home and community to protect Ubuntu values (Maphalala, 2017).

Moreover, the functionality of the Mama Mkubwa Model is grounded in the existing Ujamaa Intersections namely family, extended family, neighborhood, local leadership, ecology, spirituality, and wider community (TAHEA, Always Ujamaa Intersections work interdependently for the best interest of the wider community, while each section has special duties to perform bounded by history and Ubuntu values to achieve the needs of the community (Lembuka, 2024).

Family Intersection

Family is a primary component of Ujamaa Intersections and as per Ubuntu's perspective family has all aptitudes to influence other sections in the community meaning the stronger the families, the stronger the community. The essence of Mama Mkubwa is based on the mother who belongs in the family setting performing assigned motherhood roles in the community as per Ubuntu's perspective (Lembuka, 2024). Mama Mkubwa is a Swahili phrase that refers to the mother's elder sister and it originated from the Bantu oral language concerning motherhood care, love, support, etc. (Mwaipopo, 2005). The values of Ubuntu shape families to prepare women to acquire appropriate competence including parenting and alternative care necessary to address the special needs of vulnerable children in the community (Lembuka, 2024a).

According to Mugumbate (2013) and Buhori (2023) argued that it takes the whole community to raise a child in the Ubuntu approach. A similar approach is realized in the Ujamaa Intersections Model where the wider community grants the power and special roles to appointed Mama Mkubwa in providing alternative care to a vulnerable child in the family setting voluntarily (Lembuka, 2024). In the Ujamaa Intersections Model not every woman in the community has qualities of becoming a Mama Mkubwa but the family is responsible for imparting and mentoring women to acquire the required Ubuntu competence to be a Mama Mkubwa. Regardless of the available numbers of Mama Mkubwa in the community but selection of Mama Mkubwa in serving a particular child depends on various factors including;

- Degrees of relation between a proposed Mama Mkubwa with a respective child
- Degree of relationship between proposed Mama Mkubwa a child's family
- Degree of relationship between a proposed Mama Mkubwa and other Ujamaa Intersections in the community
- Degree of proposed Mama Mkubwa in demonstrating psychosocial care and support based on cultural competence and spirituality
- Degree of proposed Mama Mkubwa in embracing and demonstrating Ubuntu values including human dignity, voluntarism,

On a similar note, a proposed Mama Mkubwa can be a relative from extended families or neighbors or any trusted woman with Ubuntu characters to address the special needs of a child including alternative care. Depending on the needs of a child, any Ujamaa intersection can determine and assign Mama Mkubwa to provide either temporary or permanent child alternative care to a child on behalf of the wider community with insurance that a child is residing in a similar ecology where a child belongs (SoS, 2014, emphasize is mine).

Extended Family Intersection

From Ubuntu's perspective, a family does not end with biological parents rather than extended families where most families are made up of parents, grandparents, and other close families under one roof (Lembuka, 2024a). According to the Ujamaa Intersections approach, the extended family has a direct role in overseeing the welfare of family members and it plays a significant role in raising an orphan or vulnerable child when the need arises. Emphasis is observed in all Ubuntu models toward child protection is envisioned to ensure that a child remains in its family networks and local community structure relevant to support a child's educational enrolment and cultural development (Buhori, 2023).

Post Arusha Declaration of 1967, the government of Tanzania through the Ujamaa Policy framework has initiated several programs that capacitate both families and extended family Intersections necessary to address the community needs including child alternative care (Njimba, 2011). The establishment of Ujamaa village or communal villages in the 1970s based on existing extended families ultimately capacitated both the extended family section in planning and implementation of community activities and Mama Mkubwa's approach toward child protection and provision of alternative care wherever necessary (Nyerere, 1967 & 2011). In most African communities, the linkage of extended families and child alternative care can be mostly observed after the burial ceremony when one or both biological parents are deceased and the extended family members will hold a special meeting to decide on the destiny of the family including remained orphaned child or children.

The capabilities of extended family in influencing the Mama Mkubwa Model was highly demonstrated in Tanzania when the HIV and AIDS pandemic highly impacted the country and left most of OVC and MVC unattended by formal social welfare service due to inadequate institutional care and shortage of social welfare workforce in the 1990s (TASWO, 2018). During the peak of the HIV and AIDS pandemic in the country that left thousands of children homeless and more vulnerable, amid the pandemic, the functionality of Mama Mkubwa left a legacy through existing extended families in Njombe, Iringa, and the Coastal region. According to Abebe et al (2007). Applicability of the Mama Mkubwa Model was more highly observed than in other regions in the country during the 1990s and 2000s following HIV and AIDS (Abebe & Aase 2007). The Mama Mkubwa Model addresses the needs of vulnerable children and youth by targeting, mobilizing, and monitoring communities to support OVC and their families. Activities implemented by community Mama Mkubwa committee members contributed to more supportive environments for OVC and their families (TACAIDS, 2013). For individual children and youth, MMM renders a more supportive, proactive, and responsive community-based assistance in counseling, and recreational activities intended to improve mental health, and reduce isolation, stigma, and discrimination at community and household levels (Megan et al, 2007).

Neighbourhood Intersection

Family is not an isolated social institution and is rather connected to other community sections, the immediate section of either family or extended family is neighborhoods (Buhori, 2021). The interdependency of family and neighborhood is very crucial in an African setting and several empirical findings have shown that the neighborhood forms a vital supportive environment for the immediate temporary child alternative care after the biological family (Buchumi, 2021). The roles of the neighbourhood in child alternative care if determined based on matrilineal and patrilineal settings of the respective community, but key features are similar across Tanzania (TASWO, 2015). As part of neighborhood intersection support, some communities have established a Mama Mkubwa network to serve OVC and MVC who are residing at the different community intersections daily.

Despite the impacts of MMM in child alternative care, there are no national guidelines for its applicability, in some areas, the Mama Mkubwa initiative has been supported by TAHEA (Tanzania Home Economics Association) in the Makete district, Iringa region since 1999. The objective was to complement the care and support of orphans by providing psychosocial needs to these orphans, who were increasingly becoming a significant aspect of the social life of communities in Makete (Mwaipopo, 2005). The MM initiative has been credited as one of the best and most indigenous innovative responses to the MVC phenomena, and is a strategy that calls for identifying low-cost, locally relevant, and sustainable approaches to this growing problem of children who demand alternative care in the country (Mwaipopo, 2005).

The Mama Mkubwa Model remains an evidence-based traditional or indigenous practice that provides one of the best alternative care to children in Tanzania, whereby care is home-based and practiced in different approaches based on the respective local community setting. The best evidence-based examples of Mama Mkubwa activities are in the Rufiji, Makete, and Temeke districts to support orphans, homeless children, and youth and has attracted the government of Tanzania to envision the future integration of this model into social welfare service provision (Mwaipopo, 2005). Child protection stakeholders are called upon to embrace this ingenious knowledge and practice in the provision of social work services in Tanzania and elsewhere. Mama Mkubwa Model is pure Ubuntu-inspired models of social work that view children and youths as part of family, community, environmental and spiritual perspectives (Lembuka, 2021).

Ecology Intersection

In Tanzania, like the rest of Africa, ecology forms a significant environment for child development especially those who demand for alternative care. The ecology ensures that a vulnerable child belongs in his or her natural setting by requiring special attention and protection from the state and the community at large (DSW, 2012). Also, the government of Tanzania has established a legal framework that supports the realization of the right to alternative care interventions regarding section 16 of the Law of the Child Act of 2009 (LCA) which identifies alternative care as different from children needing protection and care (URT, 2009). In many of its pronouncements, the government of Tanzania acknowledges and appreciates the role that the community has

been playing in providing the required safety net for children who happen to be without parental care (URT, 2012). Orphans and vulnerable children (OVC) who lack family care due to illness, family disintegration, or any other reason, have automatically been taken into the care of their relatives or close friends of their families without state intervention. Thus, over time the government's involvement in the actual protection of children needing alternative care has been indirect and rather minimal (URT 2012 & Buchumi, 2021).

As an evidence-based practice, The Mama Mkubwa model has proven to be a strong and sustainable informal fostering scheme for the care and support of orphaned children that existed from pre-and-post colonial era in Tanzania but also with different forms of modality across Africa. This is a form of African Ubuntu of child protection relying on community members to volunteer to serve orphans and vulnerable children. Ubuntu represents the worldviews of Indigenous black populations of Sub-Saharan Africa, transmitted from generation to generation through observation, experience, language, and art. Ubuntu suggests that, as with every member of the family, children “develop personhood through other persons,” which means that they must “prize communal and harmonious relationships with others” (Metz, 2016, p.324).

Local leadership Intersection

In Tanzania, local leadership intersections operate alongside formal political structures established post-independence. The 1977 Constitution recognizes the role of traditional authorities but emphasizes the supremacy of national laws (URT, 2012). Guided by customary laws and Ubuntu cultural values, local leaders such as chiefs, elders, akidas, and jumbes have been an integral part of Ujamaa intersections in supervising the engagement of the Mama Mkubwa Model in child alternative care in the community (Lembuka, 2024). The basis of Ujamaa leadership can be an inheritance, a voluntary or democratic election among the trusted community members with Ubuntu characters that envision collective and holistic community achievements. The fact that democracy, voluntarism, and hospitality are among the core values of Ubuntu, and local leaders are responsible to volunteer in making sure the need for alternative care is realized promptly.

Also, local leaders work on behalf of the community to ensure the safety, security, solidarity, human rights, equal accessibility of material and non-material resources in the community including those in alternative care. Despite modernization and urbanization trends, local leadership intersection remains influential, especially in rural areas where people may rely more on customary practices like the Mama Mkubwa Model in alternative care rather than formal institutions. According to a 2019 survey by the National Bureau of Statistics (NBS), approximately 70% of rural Tanzanians still consult traditional or local leaders for socio-economic, political, and cultural matters (NBS, 2019).

Tanzanians have an abundant heritage of Ujamaa leadership practice from the pre-colonial times, however, the nature and scope of this voluntarism have changed over time (Manara, 2009). Voluntarism has cultural roots in the Tanzanian context and Africa in general. Pre-colonial communities relied on mutual aid, kinship, and community support to meet their basic needs and support vulnerable populations including children. Traditional cultural beliefs and practices encourage collective responsibility, solidarity, and reciprocity to those who are in need (Patel et al., 2007). For example, even during colonialism, ‘village associations’ of volunteers can be found in nearly every rural community rooted in the local culture and ecology of Ubuntu, they provided communal services and assistance in times of need and related social protection (Manara, 2009).

In most Tanzanian traditions, Mama Mkubwa is normally expected to be responsive or sympathetic to her younger siblings' affairs and plight, and as the eldest in the family, she may assume the responsibilities of the older grandmother, especially when the mother is incapacitated (Mwaipopo, 2005). Mama Mkubwa's practice reflects the African Ubuntu role that relatives were expected to play when something happened to either of the parents; although, parents traditionally had the first responsibility for the children. This lent some level of predictability to the entire extended family, both in that one generally could count on their children being cared for if the worst happened, and that one could be reasonably confident about needing to account for one's siblings' children, and not others (Ksoll, 2007).

Spiritual Intersection

In African settings, communities have various forms of psychosocial care and support that are in support of spirituality relevant for a child in alternative care in the community. Tracing back from pre to post-colonial Tanzania traditional practice embraced spiritual connection with ancestors, gods, and higher powers that were used for psychosocial care and support in the country (Manara, 2009). All Ujamaa intersections are linked in the same spiritual networks, Mama Mkubwa applies this spiritual connection in provision counseling, psychosocial care, and support to OVC within the community. Spiritual intersection fosters a sense of community belongingness among children in alternative care with their community with the necessary competence to master their environment, cultural values, and spiritual World that prepare them into their adulthood (Lembuka, 2021).

Empirical findings have shown that most African Women are more spiritual than their counterpart, the similar trend is happening in the Mama Mkubwa Model where these female alternative caregivers transform their spiritual competence to address the psychological needs of children in alternative care (Lembuka, 2024). On the other side, spiritual intersection serves as a shock absorber of child alternative care providers, as evidenced by some communities who have established a sort of regular peer group meetings or support groups that allow Mama Mkubwa to share experiences and exchange views about children in alternative. Also, in other communities, this is directly connected to the spiritual agenda of the regular community meeting necessary to address competence burnout among women in the Mama Mkubwa practices.

Based on the Ubuntu approach, some community problems are above community parameters thus addressing them requires spiritual competence rather than material needs, and in addressing a king of these problems needs to be connected to the higher beings and ancestors (Lembuka, 2024a). Apart from emotional support, another function of spiritual intersection is to expose existing phenomena. In connection with Ubuntu philosophy, the practice of spirituality in child alternative care has been an integral part of the Mama Mkubwa Model that encompasses a broad range of beliefs, practices, and experiences that relate to the search for meaning, purpose, and connection beyond a child's physical being (Mwaipopo, 2005 & Lembuka, 2024). Therefore, in the context of Mama Mkubwa child alternative care, spiritual intersection plays a crucial role in the emotional and psychological well-being of children that prepares them into competent adults.

DISCUSSIONS AND IMPLICATIONS

Ujamaa Ubuntu as a philosophy is based on generic life values of justice, responsibility, equality, collectiveness, relatedness, reciprocity, love, respect, helpfulness, community, caring, dependability, sharing, trust, integrity, unselfishness, and social change (Mayaka & Truell, 2021). This complements the Mama Mkubwa Model of psychosocial care and support for children and youth in Tanzania whereby the model's philosophical values and practice are purely initiated and owned by the indigenous community. There are several failures of institutional approaches like legislated child adoption in Africa and Tanzania is no exception to these failures. These failures show the discrepancies between foreign-inspired models and cultural expectations (Mtetwa & Muchacha, 2017). There are obvious methods of casework with children that clash with Ubuntu values. These include fostering and adoption, institutionalization, and probation work. African Ubuntu envisions that at each stage of a child's development, the child, family, community, environment, and spiritual world have the responsibility of providing protection, identity, and connectedness.

The Mama Mkubwa Model represents African Ubuntu values that are commonly represented by communal relationally, communal ideals, and human excellence and form part of the knowledge, wisdom, and practice of how African communities and families raise and protect their children (Mugumbate et al, 2019). The Mama Mkubwa Model includes accommodating a child in another family or providing psychosocial care and support to a child residing with a biological family, etc. Like other parts of Africa, Ubuntu has established numerous social protection mechanisms with a special focus on child protection and community justice. In many countries, alternative care for OVC carries a negative stigma; however, the Mama Mkubwa model reframes this situation into a strengths-based approach where the community rises to care for and protect children from additional risk or trauma.

The loss of a parent can result in a lack of adequate care for a child; many children in Africa do not live with their parents for a range of reasons. As elsewhere around the world, many children within families can be exposed to violence, abuse, exploitation, or neglect. Children can become separated from their parents for other reasons, including armed conflict and natural disasters (Abebe et al, 2010). Additionally, many children are sent to live with extended family members to better their access to basic services (such as education and health care), to alleviate pressure on families experiencing economic hardships, or to increase their opportunities in life (Roby et al, 2011). Furthermore, families in Africa face enormous challenges in caring for their children due to the devastating impact of poverty, HIV, AIDS, armed conflict, family disintegration, and the accompanying stresses on traditional community values and systems (Abebe et al, 2019). There is, however, widespread recognition that, amid all the complex challenges, African families and communities are remarkably resilient in ensuring adequate care and protection of their children, including informal care such as kinship care, extended family care, ‘concierge’ a popular West African custom of informal fostering and other informal social protection practices (Abebe et al, 2019).

In Africa, orphaned and vulnerable children are traditionally cared for by their relatives or close family friends; this is an abiding practice even in contemporary times. This was historically considered a moral obligation binding on different relatives in different ways or at differing levels (URT, 2012 & Buchumi, 2021). According to the reviewed literature, informal care is provided in three major settings: kinship, community, and non-family foster homes. The most prevalent form in sub-Saharan Africa is informal kinship care. Across the region, particularly in Burkina Faso, Guinea Conakry, Senegal, Sierra Leone, and Uganda, the overwhelming majority of survey respondents cited the availability of informal kinship care and extended family member care (Abebe 2010 & Roby et al, 2011).

Informal family-based care in sub-Saharan Africa is not necessarily in response to a child being removed from biological parents for protective reasons or because of parent’s unwillingness or inability (orphaned, abandoned, separated in armed conflict, etc.) to look after children (Buhori & Lembuka, 2024). Circulating children within an extended family has been widely practiced through the centuries, especially in traditional societies from the pre-colonial era (UNICEF, 2010) Children are raised by different adults within the kin system at one time or over separate periods. This might be to strengthen social and kinship ties, access better educational and economic opportunities, increase access to resources (such as land), social security, and investments in child-rearing (Abebe, 2010 & Child Frontiers, 2012).

In addition, due to the lack of monitoring and review of informal care arrangements, the numbers of children and families are unknown, as are conditions of care. As a result, abuse or neglect of a child may go unnoticed. There are concerns that the burden of the extra child can lead to disparities between the biological children and non-biological children within a household in terms of health and nutrition, school attendance, abuse and neglect, and different attitudes. In extreme cases, children in informal care may end up working as servants and living in very poor conditions (Child Frontiers, 2012).

Acute poverty and increasing social disintegration have progressively led to an increase in children needing alternative care, and have affected the strength and capacity of the community safety nets to ensure the protection of such children without the state's direct involvement (Nyerere, 2011). For instance, poverty has been a factor causing parents or relatives to abandon or neglect their children, in some cases to the extent of surrendering their children to children’s homes (Makuu, 2017 & 2019). Moreover, this led to a proliferation of orphanages that started absorbing children as a result of the emerging crisis. Child-headed households also began to emerge, denying children in such settings the enjoyment of their childhood and many of their rights, as they had to carry the responsibilities of their own and their siblings' survival and well-being (Buchumi, 2021).

Traditionally, children in Africa were cared for by extended family members who provided support and a safe home environment like the Mama Mkubwa Model. This practice, however, is being challenged by social changes across the continent. In addition, the impact of HIV, AIDS, poverty, and migration has weakened the family network, increasing the pressure on relatives to adequately provide for children in need of care (DSW, 2012). The proliferation of residential care facilities, and especially orphanages, across the continent is a result of many factors, not just the pressure on family members (Child Frontiers, 2012). In the face of the increasing

complexities and changing demographics in African societies, high levels of poverty and socioeconomic inequalities as well as the incidence of HIV and AIDS, among others, the traditional family continues to undergo structural changes and experience various challenges which make child-rearing responsibilities difficult to cope with, especially in the context of loss of parental care (SoS, 2014).

Nonetheless, the extended family system still bears the most significant burden in caring for such children, despite the obligation of governments to provide alternative care for children without parental care. Consequently, the number of orphans and other vulnerable children has grown beyond the capacity of communities to handle. In addressing this situation, the government and other stakeholders have responded differently to providing care, support, and protection for these children (DSW, 2012). Furthermore, formal social protections for children have been weakened and are challenged by many factors including culturally irrelevant training, professional burnout, inadequate alternative care facilities, and a shortage of child protection workers (TASWO, 2017).

Since it embraced Ubuntu values and the spirit that makes it shine in the traditional society they are trying to recapture, it is best to identify with the concept that family functioning is key for a strong community and any given nation. Ujamaa was therefore chosen because it "emphasizes the Africanisms of the policies and "its literal meaning is family-hood so that it brings to the mind of our people the idea of mutual involvement in the family as we know it" (Nyerere, 1968a, p. 2). The best way to understand the full meaning of this Ujamaa Intersection Model, and why it was chosen among other approaches, is that it aimed to restore African Ubuntu as the relevant approaches of social economic development in the African context including child protection. It justifies and recognizes the protection of family members in the traditional family unit as authentic and approves of the new social order as just a modern expression of familiar values. In addition to these features of traditional social life, there were three vital factors: an attitude of mutual respect and obligation that bound members together (Nyerere translates this as love), common ownership of property (sharing), and obligation to work (Nyerere, 2011).

The idea of strong familyhood as featured in traditional African society emphasizes protecting all the family members including children. These are Ubuntu features of the traditional society which Dr. Nyerere identifies with, and which become important principles of social life (Nyerere, 2011). This realization should be the aim of modern nations and makes the traditional African family unit an adequate basis upon which a new social order in Tanzania should be built (Nyerere, 1966, p. 9). Thus, it appears that we may take it that Nyerere construes his 'vital factors' as principles, perhaps of a subsidiary nature to the first three (equality, freedom, and unity). So, we have equality, freedom, and unity as basic principles of social life and mutual respect [love], common ownership (sharing), and work obligation as those principles expected to help the working of society.

The age-grade associations in school are there to continue the process begun in the family. 'The institution of the family and its procedures then encourage that attitude of respect and mutual obligation and through these means is a society which can be harmonious and beneficial for all members equally (Nyerere, 1966, p. 9). The relationships that exist in the community are social, economic, or political. The community values the environment and spiritual well-being of its people. In other words, the individual is part of a larger group, the family; the family is part of a larger community; the community exists in an environment that, in turn, is part of a larger spiritual world. While the individual and family levels are all important, Rankopo and Osei-Hwedie (2011, p. 138) have argued that in search of relevance in social work and other approaches for child protection, the starting point must be the community, the bedrock of culture and the natural environment (Ramkoko et al, 2011). One can directly reference Ubuntu values and practices by taking a closer look at the Mama Mkubwa Model of Tanzania.

CONCLUSIONS

Institutionalization of children is not part of African Ubuntu as it was imported during colonialism in most African countries including Tanzania and it has remained in the social welfare system since then. De-institutionalization of children in alternative care in post-colonial Tanzania under the late Dr. Julius Kambarage Nyerere (Ubuntu PHD) became possible through restoring Ujamaa Intersections. The

compatibility of Ujamaa Intersections and the Mama Mkubwa Model in realizing the right to alternative care for children in Tanzania has proven the capacity of indigenous knowledge and practice toward addressing community needs. However, the model represents other African Ubuntu models on child protection with the capacity to work within community sections.

Despite being informal, the Mama Mkubwa Model has proven to be a relevant indigenous model for child alternative care in the African context as Tanzanian local communities are proudly utilizing MMM as an integrated community intervention in the provision of care and support to a greater number of children in need of social protection including alternative care. This is a call for child welfare stakeholders including UNICEF to revisit existing Indigenous models like Mama Mkubwa through the Ubuntu lens to seek for undiscovered opportunities that could render relief to the child alternative care burden for the government of Tanzania and elsewhere. Moreover, more researches are needed on Ubuntu models to seek their relevant interventions to realize Tanzania Development Vision 2050 and sustainable development goals (SDGs) by 2030 as they both realize and invite the contribution of informal and traditional social welfare schemes in the improvement of the quality of life of local communities and their indigenous approaches like the Mama Mkubwa Model.

REFERENCE

1. Abebe, T. & Aase, A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science & Medicine*, 64, 2058–2069.
2. Abebe, T. & Skovdal, M. (2010). Livelihoods, care and the familial relations of orphans in Eastern Africa. *AIDS Care*, first published on: 12 March 2010 (First).
3. Abebe T (2019). Reconceptualising children’s agency as a continuum and interdependence. *Social Science* 8(81): 1–26
4. Adamson, M. & Roby, J. (2011). Parental loss and hope among orphaned children in South Africa: A Pilot study. *Vulnerable Children and Youth Studies*, 6 (1), 28–38.
5. Andrew S.T. Mchomvu & Mvungi, A. (2015). Status of Children in Tanzania: Child Rights Situational Analysis of Children without Parental Care and at Risk of Losing Parental Care (SOS Children’s Villages International), iii.
6. Buchumi, G.V. (2021). The Right to Alternative Care for Children in Tanzania: An Inquiry into the Law and Practice of Foster Care <https://epub.uni-bayreuth.de/id/eprint/5767/1/2021-09-07%20Final%20thesis%20printing.pdf>
7. Buhori, J, A. (2023). Social work perspective of the achievements of the Fit Person (s) Program in Temeke, Dar es Salaam – Tanzania. People centred – The Journal of Development Administration (JDA), 8(4), 94-102. <https://dx.doi.org/10.4314/jda.v8i4.1>
8. Child Frontiers (2012). Family Support Services and Alternative Care in Sub-Saharan Africa
9. DSW (2011). The Department of Social Welfare in Tanzania: Institutional Care Assessment Situation Analysis Report,
10. Gale, C, Milligan, I, Connelly, G. & Wethington, R, (2016). Alternative Child Care and Deinstitutionalization in Sub-Saharan Africa: Findings of a desk review
11. Law of the Child Act (2009). Chapter 13 of Laws of Tanzania, revised edition of 2019. See also reg 4 of the Child Protection Regulations, 2014 Government Notice No.11 published on 09/11/2015,
12. Law Reform Commission (2018). United Republic of Tanzania - Minister for Constitutional and Legal Affairs: Report on The Review of The Legal Framework on Social Welfare Services in Mainland Tanzania – Dar-es-salaam. Available at <https://www.lrct.go.tz/uploads/documents/sw-1605810980-SOCIAL%20WELFARE.pdf>
13. Lembuka M.H. (2024a). Linking Social Work Values And Ujamaa Intersections Model In Serving Children With Autism In Tanzania Beneath Ubuntu Lens – A Desk Review Research <https://www.imjst.org/wp-content/uploads/2024/08/IMJSTP29121046.pdf>
14. Lembuka M.H (2024b). Applicability of Ujamaa Policy in Social Work Education in Tanzania Regarding Ubuntu Philosophy – A Literature Review <https://ijsshr.in/v7i8/Doc/3.pdf>
15. Lembuka M.H. & Buhori A.J. (2024). A Literature Review on the Dimensions of Ubuntu Philosophy Toward Child Protection in Africa – A Case of Para-social Work Model in Tanzania <http://www.imjst.org/wp-content/uploads/2024/07/IMJSTP29121038.pdf>

16. Lembuka, H.M. (2022). The prominence of Mwalimu Julius K. Nyerere in the History of Community Development in Tanzania – Ubuntu Perspective: <https://ticd.ac.tz/wpcontent/uploads/2023/11/4.-Meinrad-Copy.pdf>
17. Lembuka, M.H. (2021). Alternative Care for Children and Youth in Tanzania in Residential Child and Youth Care in A Developing World African Perspectives by Tuhinul Islam and Leon Fulcher (2021). <https://www.press.cyc-net.org/samples/Africa-Perspectives-ebook.pdf>
18. Makuu, M.J. (2019). Situation Analysis of Orphans and Vulnerable Children in Existing Alternative Care Systems in Dar es Salaam, Tanzania. *Social Work & Society*, Volume 17, Issue 1, 2019 ISSN 1613-8953. Retrieved from <http://nbn-resolving.de/urn:nbn:de:hbz:464-sws-1846>. Accessed on 08.10.2023.
19. 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).
20. Metz, T. (2007). Towards an African moral theory. *The Journal of Political Philosophy*, 15(3), pp. 321-341.
21. Ministry of Health and Social Welfare (2013). Department of Social Welfare. (2013). the most vulnerable children in Tanzania. Tanzania.
22. MoHSW (2015). National Costed Action of Plan for Vulnerable Children II, Dar es Salaam:
23. Mugumbate, J., & Nyanguru, A. (2013). Exploring African philosophy: The value of Ubuntu in social work. *African Journal of Social Work*, 3(1), 82-100.
24. Mugumbate, J., & Chereni, A. (2019). Using African Ubuntu Theory in Social Work with Children in Zimbabwe
25. Mwaipopo (2005). Evaluation of TAHEA-supported Mama Mkubwa initiative in Makete District, Iringa Region.
26. Nyamu I.K & Wamahui S.P (2022). What might a decolonial perspective on child protection look like? Lessons from Kenya
27. Nyerere, J.K. (2011). Selected Works of Ujamaa: Essays on Socialism. Dar-es-Salaam: Oxford University Press
28. Sariola, S. (2020). Intersectionality and Community Engagement: Can Solidarity Alone Solve Power Differences in Global Health Research? <https://doi.org/10.1080/15265161.2020.1745951>
29. Smith, M. (2016). Preface. In T. Islam and L. Fulcher (Eds). Residential child and youth care in a developing world 1: Global perspectives. Cape Town, SA. The CYC-net Press, p. vii.
30. SOS Tanzania (2014). Assessment of Alternative Care System Form Children in Tanzania, Dar es Salaam
31. Tanzania Association of Social Workers (2015). Annual Report, Morogoro
32. Tanzania Association of Social workers (2017) Annual Progressive Report, Dodoma
33. UNICEF-TZ (2005). Evaluation of TAHEA - Mama Mkubwa Project, Dar es Salaam
34. UNICEF (2021). Global Report on COVID-19 Pandemic <https://data.unicef.org/covid-19-and-children/c>
35. UNICEF (2021). Global Report on COVID-19 Pandemic <https://gdc.unicef.org/resource/today-1-billion-worlds-most-vulnerable-children-are-extreme-risk>
36. United Republic of Tanzania (2012). National Costed Plan of Action for Most Vulnerable Children 2007-2010 (NCPA) (United Republic of Tanzania, 2008), 9; United Republic of Tanzania, National Costed Plan of Action for Most Vulnerable Children (NCPA II) 2013-2017,