VOCATIONAL SKILLS ENHANCEMENT TO ORPHANS LEAVING

PRIMARY SCHOOLS

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A PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE

REQUIREMENTS FOR THE DEGREE OF MASTERS OF SCIENCE

(COMMUNITY ECONOMIC DEVELOPMENT) OF THE OPEN

UNIVERSITY OF TANZANIA AND SOUTHERN NEW HAMPSHIRE

UNIVERSITY

MARCH, 2007

CERTIFICATION

The undersigned certifies that she has read and hereby recommends for acceptance by the Open University of Tanzania and the Southern New Hampshire University a project titled: Vocational Skills Enhancement to Orphans Leaving Primary Schools in partial fulfillment of the requirement for the degree of Master of Science (Community Economic Development).

01-10-2007

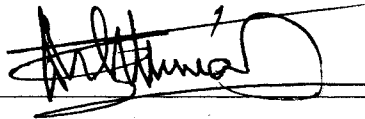**Scholastica M. Nasania**

Supervisor

DECLARATION AND COPYRIGHT

I, **Mnzavas Willy Jonakijwa,** do hereby declare to the senate of the Southern New Hampshire University that this project is my own original work and it has not been submitted for a degree in any other university.

Signature: _____ 01—10—2007

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DEDICATION

This work is dedicated to all the Community Development Practitioners, who worked day and night to support marginalized and voiceless people to overcome the suffering and poverty of HIV/AIDS orphans.

ACKNOWLEDGEMENT

This project is the result of the work of many organizations and individuals. First, I would like to thank all members and leadership of the host Community Based Organization (NODIWIC) for inviting me to provide technical assistance to their CBO.

I would like to express my sincere thanks to five Streets (Mtaa) residents in Ndala Ward, the project and survey area: they gave their time and energy to support this project. It is my sincere hope that they will still support more orphans in their skills education.

I would like to thank the RAFIKI SDO and TAHEA for their valuable assistance of paying fees and training orphans. I would like to make special mention to Mr. G.S. Ng'ong'a, the RAFIKI SDO Program Coordinator and Ms. Bairu, the TAHEA Program Coordinator for the resource support to the project.

I am grateful to Ms. Scholastica Nasania my Supervisor, for valuable inputs, comments and editing to ensure a quality piece of work. Special thanks to all staff members who taught in this program and the program coordinator who encouraged us to work hard and submit our work on time.

A vote of thanks goes to Shinyanga Regional Secretariat, who financed part of my study and allowing me to pursue this program. Thanks to all members in the

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Great thanks to my classmates whom we worked together throughout the eighteen months of hard reading and learning in order to accomplish this project.

Last but not the least, I would like to thank my family my wife Eveline and my two sons Alejandro and Wilfred for allowing me to take time off them to complete the project.

ABSTRACT

The main objective of this project was to identify a range of problems facing Community through community need assessment and find a solution for the most major identified problem, solve it in collaboration with a Community Based Organization.

A survey was conducted in Ndala Ward Shinyanga Municipality. A number of information gathering tools were deployed including; survey, review of records/documents, personal interviews, Focus Group Discussion (FGD), direct observations, and administering questionnaires to community elders, orphans and orphan's caretaker.

The project findings show that there are orphans in the community and the causes of death of their parents are diseases accompanied by AIDS sings and symptoms. The information collected revealed that orphans do not get assistance from the community. It was also noted that problems facing orphans are access to education, medical services, food, clothes and deviant behaviors. The survey established major problem facing standard seven leaving orphans face difficult life in a community that hinder them to comfortably access to secondary education and vocational skills.

According to these observation and recommendation given in this work, a vocational skills project proposal of "Enhancement of Vocational Skills to Orphans Leaving Primary Schools" has been developed and presented to NODWIC. The project is being implemented and funded by RAFIKI SDO and TAHEA by training 30 orphans in the field of tailoring and carpentry. This project seeks to enable orphans receive skills through vocational education to make them diversify livelihood and became self-reliance.

EXECUTIVE SUMMARY

The project consists of community needs assessment where community in the project area has been consulted to articulate their views concerning the issue of standard seven leaving orphans. Community needs assessment was imperative to see whether community recognizes it as their own concern. The project identified standard seven leaving orphans as the target group. A total of 51 orphans have been identified in Ndala Ward in Shinyanga Municipality, out of 51 identified orphans only 30 are covered in this project.

Based on community needs assessment analysis, findings show that the problem statement has been identified as; Primary school leaving orphans face difficult life in a community that hinder them to comfortably access to secondary education and vocational skills.

The current condition of the target community (orphans) suffer multiple problems including lack of food, medical care, clothing, secondary school education and lack of skills that will enable them become self employed or be employed in other sectors. That might lead orphans engaging into risk behaviors and thus prone to HIV/AIDS. The desired condition is to find options that will ensure orphans get their livelihood through attending vocational schools.

The most important goal is improvement of orphan's livelihood through vocational skills development. The project objectives are:

- To encourage 24 orphans to acquire knowledge and skills on tailoring by November 2007.

- To encourage 6 orphans to acquire knowledge and skills on carpentry by November 2007.

The objectives are partially achieved because 30 orphans are attending vocational education courses at Shinyanga FDC and TAHEA centers. The tasks remaining are to give working equipment and gears to graduates and place them to existing workshops and tailoring marts within the Ndala community area to enable them get hands on experience. After getting experience for one year the communities will identify orphans who will get on job training from the graduate orphans. At the same time working orphans will establish a revolving fund where 6-10% of sales will be banked in order to buy equipment for new trained orphans.

The overall objective of the project was to train 30 orphans on skills education and all of them are in centers being trained. Great expectation of successful implementing the remaining part of the project is expected because the coordinator (CED student) will continue to make follow-up until the project achieves its objectives.

It is recommended that if success is attained in this project it will be replicated to other areas to cover more poor orphans. There is a need to establish income generating activities to poor orphan guardians to enable them care the orphans. Develop and implement national policies and strategies to build and strengthen governmental, community and family capacities to provide a supportive environment for orphans (girls and boys) affected or infected by HIV/AIDS.

TABLE OF CONTENTS   PAGE

CHAPTER ONE

CHAPTER TWO

CHAPTER THREE

CHAPTER FOUR

CHAPTER FIVE

CHAPTER SIX

APPENDICES

LIST OF FIGURES   **PAGE**

LIST OF TABLES **PAGE**

LIST OF APPENDICES

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CED	Community Economic Development
CSO	Civil Society Organization
FBO	Faith Based Organization
FCS	Foundation for Civil Society
FDC	Folk Development Centre
FGD	Focus Group Discussion
HIV	Human Immune-Deficiency Virus
IGA	Income Generating Activities
MWG	Mother's Welfare Group
NGO	Non Governmental Organization
NODWIC	Ndala Orphans Day care and Widow Centre
PLWA	Person Living With AIDS
OVC	Orphans Vulnerable Children
RAFIKI SDO	RAFIKI Social Development Organization
RFE	Rapid Fund Envelop
SPSS	Statistical Package for Social Science
SSA	Sub-Sahara Africa
SSP	Social Support Project
STD VII	Standard Seven
TACAIDS	Tanzania Commission for AIDS

TAHEA	Tanzania Home Economics Association
TASAF	Tanzania Social Action Fund
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations International Children Fund
URT	United Republic of Tanzania
VTC	Vocational Training Centre
WHO	World Health Organization
WIA	Women In Action
WOCHIV	Women and Child Vision

CHAPTER ONE

COMMUNITY NEEDS ASSESSMENT

This chapter is about the process of community needs assessment (CNA) and identifies the problem to be solved. It is divided into four sections as community profile, community needs assessment process, data presentation and analysis, and discussion of the findings. In the community profile the organization managing the project is NODWIC which is located in Ndala Ward Shinyanga Municipality. It deals with orphans and HIV/AIDS widows. The community needs assessment was done and three main problems were identified in order of priority. The higher ranking problem was selected, that was lack of skills education to post primary orphans. Presentation of data was done after collecting information from five streets (mitaa) of Ndala Ward. Then data were analyzed using SPSS and excel packages. The project found that most children orphaned by HIV/AIDS surfer multiple impacts after losing their parents. This is due to increased poverty which makes most guardians who have low income or no income at all fail to support even their immediate family members in a household.

1.1 Community Profile

The organization managing the project is The Ndala Orphans Daycare and Widows Centre (NODWIC). It is located in Ndala Ward Shinyanga Municipality and can be reached using the following address: NODWIC, P. O. Box 117 Shinyanga, telephone

number 0754284266. NODWIC area of operation is in Ndala Ward Shinyanga Municipality. It deals with orphans categorized into two groups: orphans aged between 4 to 6 years (Kindergarten) and those between 14 to 18 years (Primary school leavers). Also, it deals with HIV/AIDS widows. According to the 2002 population and housing census, Ndala Ward has a population of 14,513 people which consists of 3236 men, 4330 women and 6947 children. There are 3603 households. Statistics at the ward executive office show that there are 307 orphans of whom 184 are girls and 123 boys.

1.2. Community Needs Assessment Process

On October 10th, 2005 I identified the CBO to work with and submitted a letter of application to NODWIC on October 11th, 2005 (Appendix 1). On October 16th, 2005, I received an acceptance letter from NODWIC (Appendix 2). I made an introduction meeting with NODWIC members and discussed on organization problems on October 20th, 2005. They requested me to assist the group in designing a viable project for their CBO, either in kindergarten school building or in skills education to post primary school orphans or help the widows to increase their income so as to improve their living standards.

On October 25th, 2005 we made a long discussion with all 10 NODWIC members, five mitaa (streets) executive secretaries and 10 people from community groups (as community representatives) on the three problems facing the CBO, the needs assessment was conducted and the scores were as follows

- Kindergarten school building 34%

- Skills education for post primary school orphans 56%

- Widow's income generating activities 10%

The higher ranking problem was selected, that was, lack of skills education to post primary school orphans.

The CBO and community representatives pointed out that there is a social factor belief that people dying of AIDS have been bewitched in the area. From this belief, the relatives of the deceased husband marry the widow. This escalates the prevalence of HIV/AIDS in the area thus increasing the number of orphans. The ward is urban with mixed Catholics, beliefs, customs and habits that are influenced by inter marriages between various ethnic groups and presence of various beliefs. Traditionally, the Sukuma are polygamists and this also affects the situation.

According to UNDP (1998), the majority of Shinyanga region have low income below one dollar per day. This affects the life of the orphans and the people living with them. According to the Rapid Vulnerability Assessment of Food Insecure Households (RVA) done in July, 2004 by the Ministry of Agriculture and Food Security (MAFS), there were about 1,440 food insecure households in Ndala Ward. This indicate that about 40% orphans are food insecure (MAFS 2004).

According to United Republic of Tanzania 2004, in Shinyanga Region, less that one percent of the populations aged 17 years are orphans (both parents dead). For the entire population of Shinyanga Region, the proportions of females are more than that of male

orphans. The proportion of males (0.74%) is lower than females (0.77%) child orphans. There are proportionally more child orphans (0-17) years in urban areas (1.42%) than rural areas (0.70%).

Due to the above aspects, NODWIC members and community representatives found a major challenge of how to support post primary school orphans to have permanent activities that will enable them to become self independent. From that respect, the CBO requested my technical support to come up with a viable solution to support STD VII orphans leavers who did not manage to continue with further education and cannot even make a living in the area.

A participatory community needs assessment was imperative to see whether the community recognizes it as a real need and accept it as their own concern. The assessment would give the community an opportunity to suggest solutions to the problem. In cooperation with CBO members a community needs assessment was carried out in the project area (Ndala Ward in Shinyanga Municipality).

1.2.1. Research Methodology

The tools used to collect information during the community needs assessment were surveys, focus group discussions, self administered questionnaires, review of records/documents and field observation. The research involved different people including community members such as elders, orphans and orphan's caretakers, the local authority and local institutions in the survey area, the local government at district level

and members of the Community Based Organization. The following process was followed to obtain the project results.

1.2.2. Research Design

The survey was designed to establish problems and challenges facing orphans after completing primary school and failed to go for further studies. This was done through community needs assessment under the host CBO, Ndala Orphans Daycare and Widows Center (NODWIC). A cross-section research was applied in this project work, it involved asking questions to a representative sample of the population at a single point in time by using instruments like questionnaires, interviews, focus group discussions and direct observation over a four-week period between November and December 2005. This is the most appropriate design for descriptive research and relationship between variables. In analyzing the data, primary, secondary, qualitative and quantitative methods were used. This type of methodology and research design helped the researcher to get a deep understanding of post primary school orphans care issues and obstacles they face in the community.

1.2.3. The Project Area

The project area is located at Ndala Ward, Shinyanga Municipality and the survey was carried in five streets of the ward namely; Banduka, bondeni, Luhende, Mlepa and Ndala. According to the 2002 population and housing census, Ndala Ward has a population of 14,513 people consisting of 3,236 men, 4,330 women and 6,947 children.

There are 3,603 households. The decision to choose this project area is within the CBO area of operation and is within the proximity where the CED student can easily reach after office hours and during public holidays. The map of Shinyanga Municipality Administrative Area showing the project area is in **Figure 1**.

Figure 1: Shinyanga Municipality Administrative Area.

SHINYANGA MUNICIPALITY ADMINISTRATIVE AREAS

1.2.4. The Purpose of the Study

To build the orphan's capacities through vocational education in the project area this will indirectly strengthen the orphan's family capacity and society.

1.2.5. Significance

The significance of this project is to enhance some skills on their income-generating opportunities, which will inevitably make a significant contribution to the future of both the orphans and their society. Sustainability of the project will be maintained by trained orphans through on job training of other orphans in the project area and creation of revolving fund where each trained orphan will contribute 6-10% of his/her monthly income.

1.2.6. Research Tasks and Questions

The objectives of this project will be reached after the researcher has successfully implemented the answers of the research questions. Research questions were formulated as a guider of the project as follows:

1. Does the project area possess post primary school orphans?

2. Are the problems facing orphans a result of AIDS pandemic?

3. Was the community involved in solving the problems facing AIDS orphans in the project area?

4. Is vocational training a tool for improving standards of post primary school orphans?

1.2.7. Sample

1.2.7.1. Sampling Procedure

In regard to obtain representative sample both probability and non probability sampling were used to collect the required data for the survey. The probability sampling was used

to get information from orphans and orphan's guardians while non probability sampling targeted community members, elders, ward leaders and skills training centers.

1.2.7.2 Sample Size

The sample size was chosen by administering questionnaires to a total of 20 orphans out of 51 which was 39.2% of the orphan population. The same was done to 20 out of 51 orphan's guardians which was 39.2% of the guardian population. Questionnaires were also administered to 50 community members out of 2300 population of elders (above 55 years) were sampled for the survey that was 2.2% of the elder's population. 2 focus group discussions of 70 respondents targeting 50 community members and 20 orphans (boys/girls) were conducted in the project area to iron out unclear issues which were not captured during answering questionnaires on the sustainability of the project and duration of the skills education course.

1.2.8. Instruments for Data Collection

Primary data collection techniques were deployed to solicit information in the survey area. These were face to face (personal) interview, self administered questionnaires, focus group discussions and direct observation. Secondary data were obtained from documentary sources.

1.2.8.1. Face to face (personal) Interview

Face to face interview was conducted to local government leaders in the streets (mitaa), ward, district and regional level, religious institutions and community members to capture facts, knowledge, experiences and opinions of the targeted community. It was used in all the streets to get the actual numbers of post primary school orphans who were under 18 years of age. This method allowed respondents to give required information freely without fear. Every person interviewed gave the required information as per interview checklist. The face to face interview was made from house to house in order to get number of orphans completed standard seven and failed to secure secondary education or get employment.

1.2.8.2. Self Administered Questionnaire

Self administered questionnaires was administered to targeted community-orphans, orphan guardians and community elders to gather information on care issues and opinions on how to improve the living standards of orphans. Both open and close ended questions were used to provide a room for some survey items to be critically analyzed and if more information was needed the researcher gave clarification. 8 questions were posed to orphans, 7 questions to guardians and, another 7 questions to community elders.

1.2.8.3. Focus Group Discussion

Focus group discussion was conducted to different cohorts of community members to surface issues which were not well captured during answering questionnaire and face to face interview. Two focus group discussions were conducted to 15 orphans (girls and boys) and 31 community members (women and men) on the duration of the training course and sustainability of the project. This method helped to obtain different views from different cohort groups, to enrich understanding of orphan's problems.

1.2.8.4. Direct Observation

A direct observation technique was used to provide direct information and identify unanticipated outcomes. When conducting face to face interview from house to house to identify orphans, direct observation was done to determine the capability of orphan's family/guardian. This observation helped the researcher to select the most needy/poor orphans to receive the training course.

1.2.8.5. Secondary Data

Various reports on HIV/AIDS records and references (documentary sources) from Shinyanga Municipality, Shinyanga Regional Secretariat, Census results, internet cafe and from various sources were gathered to get secondary data.

1.2.9. Data Collection Procedure

Data was obtained from both primary and secondary data sources. Primary data was collected through a survey carried out in the five Streets (Mitaa). The survey involved collection of data from the Ward Executive Secretary Office and 5 Streets Executive Secretary Office using face to face interviews. A total of 90 questionnaires were administered to 20 out of 51 orphan caretaker's population which included 50 community elders out of 3,603 households and 20 orphans out of 51 of the orphan's population for triangulation purpose (Questionnaire in Appendix 7, 8 and 9). Secondary data was obtained from District HIV/AIDS Coordination Office, Regional Health Office, Regional Community Development Office and Regional Social Welfare Office. The main source of data were books, reports, records, case studies, journals, leaflets and maps for triangulation for data validation, accuracy and crosschecking. Two focus group discussions were conducted to 46 community members (men and women) orphans (boys and girls) to clarify issues which were not captured in answering questionnaires and face to face interviews. Direct observation techniques were used to provide direct information and identify unanticipated outcomes.

1.2.9.1. Data Analysis Procedures

1.2.9.1.1. Qualitative Data Analysis

Qualitative data collected through face to face discussions and focus group discussions was analyzed by excel package which helped to clarify issues collected to clear doubts raised in answering questionnaires.

1.2.9.1.2. Quantitative Data Analysis

Quantitative data collected through questionnaires were entered and analyzed on computer using SPSS package available at the Dar es Salaam University Computer Center, Mwanza Branch.

1.2.10. Delimitation

There was a slight delimitation in doing the survey because Ndala Ward Streets are not planned, the roads are rough and rugged, built in a way that the accessibility to every house is limited.

1.2.11. Limitation

Time constraints and lack of funds limited the area of survey and data collection. The survey only sampled 50 community elders instead of 250 as planned out of 3,603 household. The host CBO – NODWIC is very young to finance the research work.

1.2.12. Conceptual Framework

The orphan's conceptual framework of actions to address the impact of HIV/AIDS differs from one community to another because the problem developed in different ways. **Figure 2** shows the progression and relationships among the various problems of HIV/AIDS that occurred at the household level.

Figure 2: Problem among Children and Families Affected by HIV/AIDS

HIV Infection

Increasingly serious illness ─────────────► Children care other orphans

Psychological Social Distress ◄─────

Economic problems ──────────────

Death of parents and Children

Children withdraw from school

Children without adult care ◄─────

Inadequate food

Problems with material need

Problems with shelter

Discrimination

Sexual Exploitation

Exploitation Child labor

Life on street

Increased vulnerability to HIV
Infection and other diseases

1.3. Data Presentation and Analysis

The data collected from the project area in five streets through community needs assessment were analyzed using SPSS and excel packages. SPSS package was used to analyze data from the questionnaire of orphans, guardians and community elders which were used to produce arithmetical mean, percentage, deviation, tabulation form, histogram bar chart and frequencies. Data from focus group discussions were analyzed using excel package and produced histogram, bar chart and pie chart. The following is the presentation and data analysis of the project.

1.3.1. Existence of Post Primary School Orphans

The analysis of data collected from face to face discussions at ward and streets local government officials, religion organizations, host CBO and house to house observation revealed that there were 51 orphans who completed standard seven and failed to secure secondary education or self employed in Ndala ward. **Table: 1** shows the total number of standard seven (STD VII) leaver orphans in the project area.

Table 1: Total Number of Standard Seven Leaver Orphans in Ndala Ward

Street Name	Female	Male	Total
Mlepa	4	3	7
Ndala	3	2	5
Banduka	11	8	19
Bondeni	5	4	9
Luhende	6	5	11
Total	29	22	51

Table 1 shows that Banduka Street has a larger number of orphans followed by Luhende and Bondeni. Reasons given were that those streets are either in the business center of the ward or near the municipal center. The affected streets allow more interaction of people in the ward and municipal centers hence, there is a bigger chance that people have sexual interaction and thereby get infected with HIV/AIDS.

1.3.2. Orphans Living with Guardians

The work established that all orphans were living with guardians where 25% were living with grandparents, 10% with uncles, 35% with their aunts, and 30% with their sisters. **Figure 3** shows orphan's relationship to guardians in percentages.

Figure 3: Relationship of Orphans to Guardians
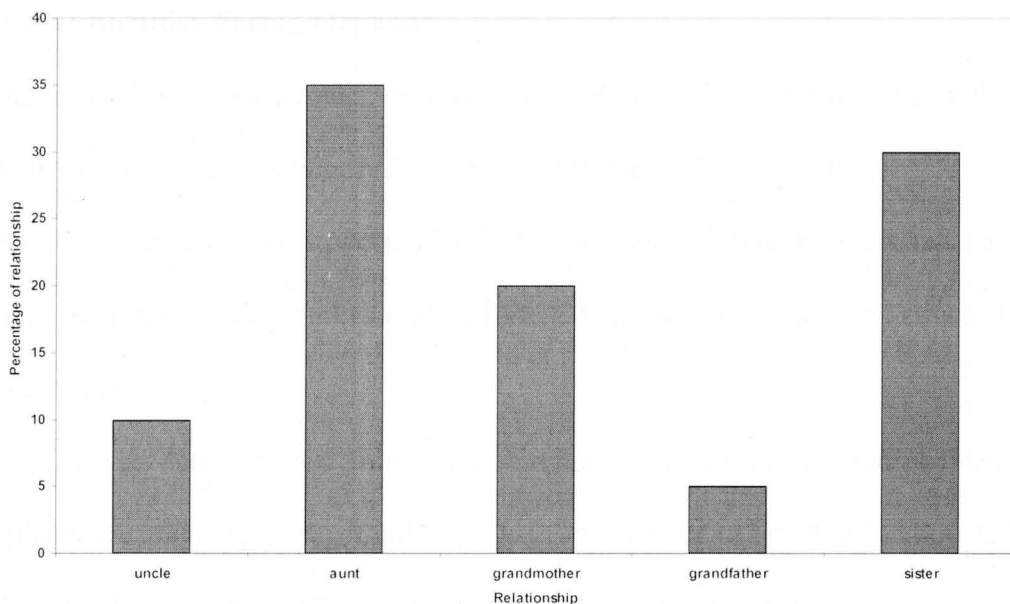
1.3.3. Activity of Orphans

The survey shows that 70% of orphans were doing domestic work at their place of living, while 20% were doing casual labor and 10% petty trade. **Table: 2** show the activities of orphans.

Table 2: Activity of Orphans

Activities	Percentage
Domestic work	70
Petty trade	10
Casual labor	20

1.3.4. Difficulties Facing Orphans

Due to deaths of their parents, orphans admitted that they face difficulties ranging from clothes (10%), health services (25%), food (20%) and education (45%).

The above results were supported by orphan's guardians who pointed out that orphans have problems such as clothes (15%), food (25%), health services and education (30%) respectively.

Also, survey data obtained from the community elders revealed that problems facing orphans are clothes (20%), food (22%), health services (20%), education (28%) and deviant behavior (10%). **Figure: 4** show difficulties facing orphans.

Figure 4: Difficulties Facing Orphans

DIFFICULTIES FACING OPHARNS
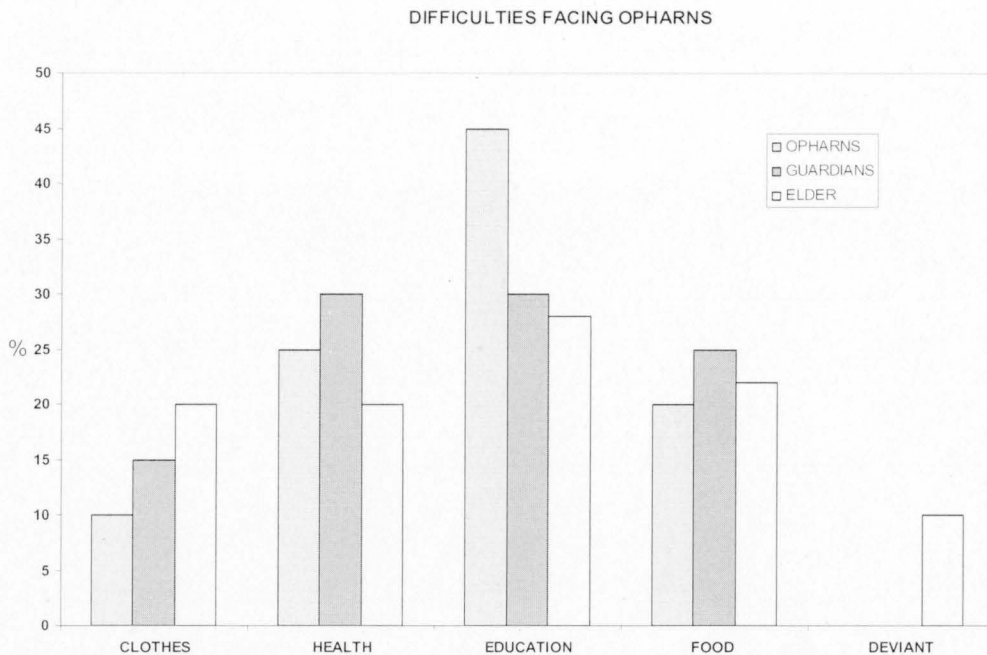
1.3.5. The Death of Orphan's Parents

The data obtained from the guardian's survey indicates that causes of deaths to orphan's parents include AIDS (30%), TB (15%), fever (30%), and diarrhea (25%). The community elders' survey results data shows that orphan's parents deaths were caused by AIDS (50%), TB (20%), fever (12%), diarrhea (8%) and motor vehicles (2%).

1.3.6. Community Involvement in Problems Facing Orphans

1.3.6.1. Assistance Offered by Community.

Survey data obtained from orphans showed that no assistance (100%) was offered by the community to orphans, while data collected from guardians show that 95% of guardians said no assistance was provided by the community to orphans and 5% of guardians said that the community supported orphans on school materials only. The

17

community elder's survey data indicated that 62% of the community didn't support orphans while 32% said that orphans were supported on basic needs and 6% said orphans were supported on school materials. No assistance on education was provided by the community. **Figure: 5** shows rating of guardians and community elders' involvement in problems of orphans.

Figure 5: Assistance Offered by Community
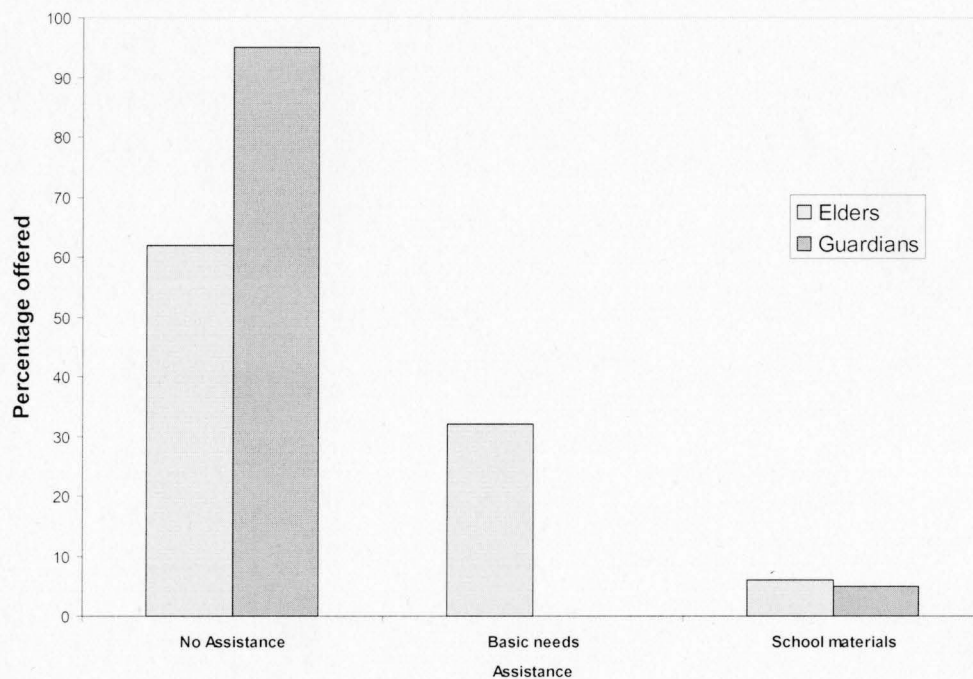
1.3.7. Vocational Training: A Tool for Improving Standards of Post Primary School Orphans

1.3.7.1. Kind of Education Offered

The survey data collected from community elders indicates that training to be offered to orphans included vocational skills (64%), secondary education (32%) and provision of capital for business (4%), while data from guardians show that vocational training (60%), secondary education (30%) and capital business (10%). **Fig: 6** show the community elder and guardian training to be offered to orphans.

Figure 6: Training Offered to Orphans
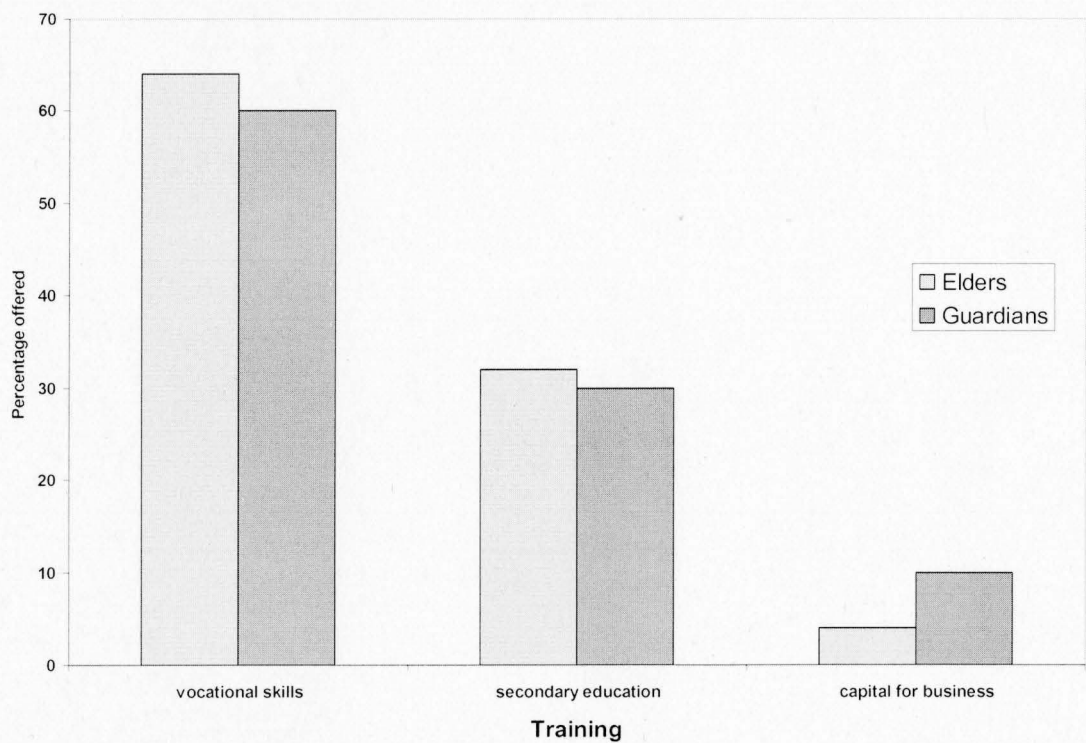
Data collected from orphans when responding to needs to improve skills indicates that 45% be trained on tailoring, 25% in carpentry, 15% in driving, 10% in vehicle mechanics and 5% in welding. **Fig: 7** shows orphan needs to improve skills.

Figure 7: Orphans Training Needs
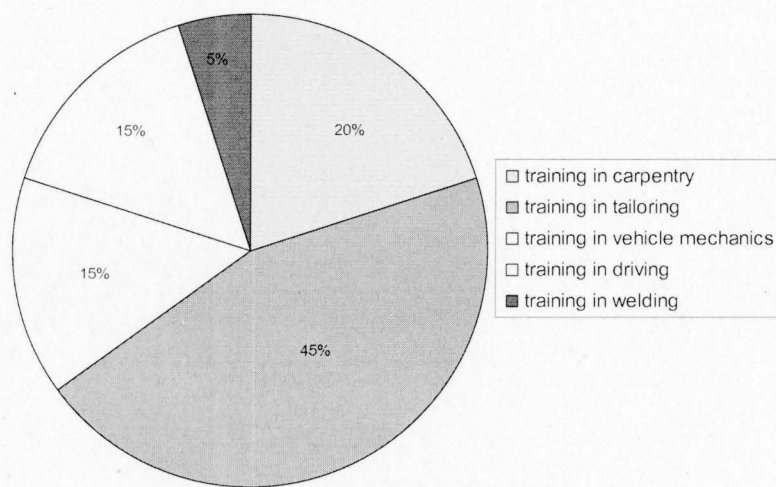
1.3.7.2. Are Orphans Ready to Help Other Orphans?

The survey data shows that 80% of orphans responded yes to the question while 15% said no and 5% said they don't know. **Figure: 8** shows orphans ready to help others.

Figure 8: Orphans Ready to Help Others
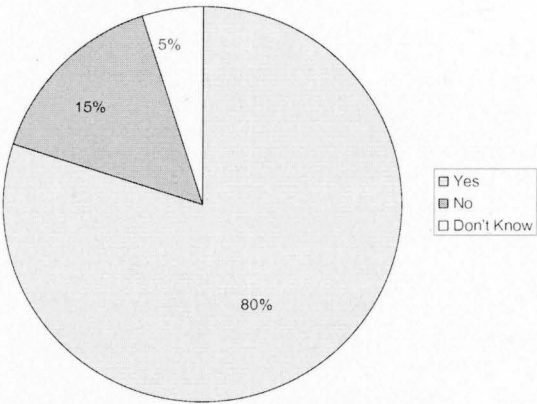
1.3.8. Focus Group Discussion

Two focus group discussions were conducted to orphans and community members to iron out things which were not captured clearly when answering the questionnaires. Both community members and orphans were concerned on issues of duration of the course and sustainability of the project.

1.3.8.1. Duration of the Course

Data collected from orphans and community members showed that 13.4% of orphans preferred the skills education to take six months while 26.6% prefer on the course to take two years and 60% suggested it to be for one year. Community members responding to the issue suggested that the course should take six months (25.8%); two years (19.4%); and one year (54.8%). **Figure: 9** shows duration of skills education course.

21

Figure 9: Duration of Skills Education Courses.
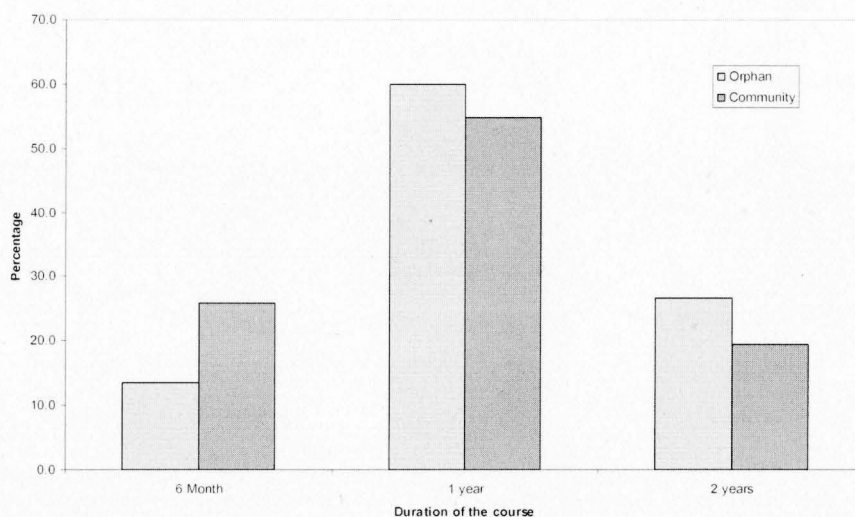
1.3.8.2. Sustainability of the Project

Data collected on the sustainability of this project showed that all 31 community members attended the FGD and agreed to make follow-ups during and after the course and agreed to provide premises for work at the ward area to those who will graduate. All 15 orphans and 31 community members agreed that trained orphans should train new orphans through on job training only if graduated orphans will be provided with equipment and working gear to enable them to start working after completing the course. Also, all community members agreed to attach graduated orphans to working places of those experienced workers at their ward for one year to gain market experience.

On the issue of revolving fund which will help to buy equipment for new trained orphans, data collected from community members showed that 45.2% agreed that

orphans should contribute 1-5% of their income, 38.7% agreed contribution to be 6-10%, and 16.1% agreed to be 11-15%. Orphans responding to the same issue showed that 53.3% agreed to contribute 6-10%, 46.7% to contribute 1-5% and none agreed to contribute to 11-15%.

1.4. DISCUSSION OF THE FINDINGS

This project examines the HIV/AIDS epidemic which produces vast numbers of orphans who face various problems in a community in sub-Saharan Africa. This was examined through a sample of five streets in Ndala Ward Shinyanga Municipality in collaboration with NODWIC. The main objective of the project was to examine problems and challenges facing post primary school orphans and find ways of improving their living standards in five streets in Ndala Ward, Shinyanga Municipality. In general, the project found that most children orphaned by HIV/AIDS suffer the multiple impacts after losing their parents. The children are left with guardians who can never help them because they lack means of supporting them in getting their social and education goals. This is due to poverty which makes most families who have low income or no income at all even to support their immediate family members in a household.

1.4.1 Existence of Post Primary School Orphans

According to NEJM (2002), it is estimated that in 26 African countries, the number of children who are orphaned, for any reason, will be more than double by 2010. In 1990,

AIDS accounted for 16% of deaths that left children orphaned in these countries; by 2010, the proportion will be 68%. In Southern Africa, the most severely affected region, the number of children who have lost both parents will increase by a staggering 1600% (from 0.2 million to 3.4 million). In 11 countries in Africa with a combined population of 109 million people, 20% to 37% of children under the age of 15 years will have lost one or both parents by 2010, in most cases as a result of the AIDS epidemic. In Ndala Ward the project established that there were 51 orphans less than 18 years of age who completed standard seven and failed to secure secondary school education or even make a living due to being orphaned.

1.4.2 Orphans Living with Guardians

In African countries that have already had long epidemics, AIDS is generating orphans so quickly that family structure can no longer cope. Traditional safety nets are unraveling as more young adults die of AIDS related illnesses. Families and communities can barely fend for themselves, let alone care for the orphans. Typically, half of all people with HIV became infected before they are aged 25, developing AIDS and dying by the time they are aged 35, leaving behind a generation of children to be raised by their grandparents, other adult relatives or left on their own in child-headed house holds. AIDS Orphans (2004). In the project area all orphans were living with guardians where 35% lived with their aunt, 25% with grandparents, 10% with uncles and 30% lived with sisters who are also orphaned although they are much older. These

result further shows that both parents of these orphans are dead, living them under the responsibility of guardians.

1.4.3 Activity of Orphans

Given the scale of the AIDS epidemic in Africa, it is not surprising that children are on the streets, in child-headed households, or working as laborers. What is remarkable is that so few children are slipping entirely through the safety net and ending up in situations of extreme vulnerability NEJM (2002). In the project area, 70% of orphans were doing domestic work at their place (guardian premises) ranging from cleaning work, collecting water, washing clothes and utensils, cooking and care for the young of their guardians. 20% were doing casual labor and 10% petty trade where they were paid posh mills or small amount of money which can't enable them to make a living. They are at great risk of exploitation and abuse. Observation was made to one orphan who was used by her aunt to sell illicit liquor and was caught by police. This incident occurred before the orphan was selected and sent to a skills institution.

1.4.4 Difficulties Facing Orphans

The scale of the AIDS epidemic in Africa makes its repercussions qualitatively different from those in other parts of the world. Although there have been substantial gains in improving overall survival among children, these gains are being eroded in the African countries hardest hit by the epidemic. The economic and social effects of HIV infection and AIDS on children include malnutrition, reduced access to education and health care,

migration, and homelessness. Psychological effects include depression, guilt, and fear, possibly leading to long-term mental health problems. The combination of these effects on children increases their vulnerability to a range of consequences, including HIV infection, illiteracy, poverty, child labor, exploitation, and unemployment when they reach adulthood NEJM (2002), Subbarao and Coury (2004). In the project area, the orphans revealed that because of death of their parents they are facing difficulty life in getting basic needs such as food, clothes, health services and education. The guardians and community elders supported them although the needs requirement differ in percentage. The deviant behavior such as prostitution, robbery, sexual work, drug abuse was only mentioned by community elders. Lack of education ranked high in all of the interviewees, that is, 45% marked by orphans, 30% by guardians and 28% by community elders.

1.4.5. Death to Orphans Parent

According to UN (2004), it was estimated that 39.4 million people lived with HIV worldwide. 95% of the people were from low and middle income countries. An estimated 25.4 million live in sub-Saharan Africa. An estimated 3.1 million were infected during the past year. AIDS killed approximately 2.3 million people in Africa in 2004. The cause of death of orphan parent's survey data indicates that diseases mentioned by both community elders and guardians are AIDS ranking highly by 30 and 50%, followed by fever, diarrhea and TB which are diseases accompanied by HIV/AIDS signs and symptoms. Motor vehicle accident was only mentioned by

26

community elders and ranked low with only 2%. Even when doing focus group discussion with orphans, it was not mentioned. The findings revealed that HIV/AIDS diseases might cause most orphan parents' death.

1.4.6. Community Involvement in Problems Facing Orphans

1.4.6.1. Assistance Offered by Community

In Africa, it is traditional for the extended family to take care of children who have lost their parents. According to NDB reports (2006), the number of families who "heads" are grandparents or children is on the increase. The crisis has, however, reached such a dimension that family network can no longer cope. More than 90% of the 13 million AIDS orphans in the world live on the African continent while in some countries, they account for 9% of the total population.

This project revealed that assistance offered by the community is very small as 100% of orphans said no assistance was rendered to them by the community. The guardians also said the community didn't assist the orphans by 95% and community elders said orphans were not assisted by 62%. On the other hand other guardians and community elders said only 5 and 6% of the community assisted the orphans on school materials such as text books and pencils which are sold at hardly Tsh 100 per item. 32% of the rest of community elder's data shows that community supported orphans on basic needs such as food, clothes and heath services. During focus group discussion with the women and men groups to clarify the 32% assistance to orphans, they said some of the community

members gave food or second hand clothes (mitumba) once per long-unspecified time in a samaritarian way. No assistance on education was provided to the sibling.

1.4.7. Vocational Training: A Tool for Improving Standards of Post Primary School Orphans

1.4.7.1. Kind of Education to be Offered

According to FHI (2004), there is agreement on the components of community-based programs for orphans and other vulnerable children. Prioritizing program activities will depend upon community needs, abilities, and preferences, as well as on the nature of sponsoring or partner organizations. The community is best able to identify target groups for interventions, although the government may wish to select target regions or communities for program implementation.

The survey established that training to be offered to orphans was vocational skills where by community elders scored 64% and guardians 60%. The 32% and 4% of community elders score suggested that orphans should be trained in secondary education and given capital for business while guardians 30% and 10% opted secondary education and capital business.

Axios group (2002) in Rungwe district Mbeya Region carried a program on orphans and vulnerable children in AIDS areas in Tanzania on skills building, and vocational training for youth. The focus was on OVC who have completed primary school to be trained in masonry, carpentry, and home economics. Around 120 youths are benefiting from this program. The program is also supporting 28 youth by paying their fees so that they can complete their vocational training and obtain their qualifications.

This survey established that orphans needs in order to improve skills were to train them on tailoring (45%), carpentry (25%), driving (15%), vehicle mechanics (10%) and welding (5%). Also, the orphans are ready to help train other orphans on job training to sustain the project. 80% of the orphans were ready to train others where 5% responded to no and 15% said they don't know. During the focus group discussion with orphans, clarification was given and all orphans agreed to train other orphans as long as they are going to be provided with equipment to work with to generate income easily.

1.5. Summary

The project revealed that Ndala Ward has 51 orphans who completed primary school and stayed with their guardians but failed to secure secondary education or even make a living due to being orphans. The project further established that the problems facing orphans are a result of HIV/AIDS pandemic because 98% of respondents in the survey area agreed that the cause of death to orphan parent's diseases was either AIDS or diseases with signs and symptoms which relates to HIV/AIDS. The work revealed that all orphans were living with caretakers who engage them in domestic work, petty trade and casual labor which put them at a risk of exploitation and abuse. Also, the orphans faced more difficulties in attaining basic needs like food, clothes, health services and education.

The community was not really involved in solving the problems facing AIDS orphans in the project area as this was established by all orphan interviewees who admitted that

no assistance was offered by the community and 95% of guardians supported the issue. Those who gave assistance to orphans were doing that just as good samarians.

Vocational training is a tool for improving standards of post primary school orphans as this was revealed by this work where the interviewees, community elders and caretakers ranked it highly than secondary education and capital for business. The orphans selected to be trained on tailoring and carpentry ranked them high than other courses. Also they agreed to train other orphans after completing their course through on job training. The community agreed to supervise the project and provide premises to orphans after completing their course in the project area in order to easy the training of other orphans to sustain the project. Also, the orphans and community agreed to form a revolving fund where graduated orphans will open a bank account and each of them will contribute 6-10% of their monthly income to help new trained orphans on job training to get equipment.

CHAPTER TWO

PROBLEM IDENTIFICATION

This chapter tries to reveal how the problem was identified, formulated and how to address it in that particular community. It is divided into seven sections, as the background of the problem, problem statement, target community, stakeholders, project goal, project objectives and host organization. HIV and AIDS are generating a major humanitarian crisis for families in sub-Saharan Africa since 1981. Ndala Ward in Shinyanga Municipality is facing similar problem like other areas in Tanzania. After identifying needs from the community needs assessment the problem statement of the project is primary school leaving orphans face difficulties in a community. The overall objective of the project is to examine the problem facing post primary school orphans. The project objective is to encourage 30 orphans to acquire knowledge and skills on tailoring and carpentry by November 2007.

2.1. Background to the Problem

The Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) are generating a major humanitarian crisis for families in sub-Saharan Africa. The number of children who have lost one or both parents is expected to rise to 35 million by 2010 thus rolling back decades of progress in social development. HIV/AIDS has become a major constraint in the fight against poverty. Moreover, many African countries are suffering from civil unrest and from post conflict situations, which

are producing even more orphans and displaced children. As the number of affected children has escalated, the risk of orphan hood has quickly transformed itself from a shock that randomly affect families to a more systematic shock that has had effects on whole communities and countries, threatening the realization of the United Nations' Millennium Development Goals for education, health, nutrition, and poverty reduction (Subbarao and Coury, 2004).

Subbarao and Coury went further by analyzing the risks and vulnerabilities faced by orphans and vulnerable children (OVC) in Africa as lack of care and affection, adequate shelter, education, nutrition, and psychological support. Although children exposed too many facet of deprivation and poverty are vulnerable, because they do not have emotional and physical maturity to address adequately and bear the psychological trauma associated with parental loss.

NDB Report (2006) stressed that, these children faces numerous problems such as the slow deaths of their parents that has brought about emotional and psychological trauma. Often, the community refuses to allow them to attend schools or given medical care. Their vulnerability to abuse, exploitation, sickness and poverty is for greater than those of children living with their parents.

The "bi-directional" relationship between HIV/AIDS and poverty, which means that the impact of the epidemic can impoverish or further impoverish people in a way which it increases their susceptibility to contacting the HIV virus. For example, young girls taken out of schools early owing to their families no longer being able to afford school fees or

the need to replace lost labor at home, may seek to supplement household income through transactional sex and find themselves at risk. Similarly, young people orphaned by AIDS who experienced "social exclusion" in their home communities and are faced with limited access to resources, may migrate from rural to urban areas to seek alternative livelihoods and find themselves more exposed to the risk of contracting HIV. The checklist of orphans' needs is basic needs such as shelter, food, access to health care, clothing and education. Economic needs like productive skill (training, vocational education), income-generating activities and farm/productive inputs. Safety needs such as protection from verbal abuse, physical abuse, sexual abuse and work exploitation. Legal needs such as Property inheritance right. Psychological needs which include loving environment (need of attachment), caring environment, psychological support and socialization (Subbarao and Coury, 2004).

At this stage lack of concentration in class is inevitable thus leading to poor performance which in future yields an impoverished life due to limited options to pursue livelihoods.

According to Zimmerman (2005), when the children are unable to find care within their familial and community structure, they frequently leave their communities and try to make a living another way, either by begging in the streets or by engaging in the sex trade. Blantyre, (Malawi) has seen a 150% increase of the number of the street children since 2002, and there is an average of 40 new cases each month. In several parts of Africa, Human Rights Watch has documented children as young as nine years engaging in the sex trade. Children-headed households, or those run by an individual aged 15 or

younger, are increasingly. Common as well as, according to the studies completed in Zimbabwe. The researchers claim that the increasing number of orphans acting as the sole caregiver for younger siblings is an indictor that the family system of caring for orphans is under stress.

According to Gahigana (2006) orphans face many problems after their parents die especially when they are very young. With regard to AIDS orphans, they have more problems compared to other kinds of orphans.

So, many resources are used in treatment of an HIV/AIDS victim before death which depletes the household's coffers. It was established by research participants that if the deceased had a business in town or other valuable resources, those are sold to assist in treatment and other essential expenditures in the household like nutritious food. At the time parents' die, they leave almost nothing for the family remaining behind especially their children and other dependants like grandparents if they used to send remittances.

Also, when there is an AIDS patient in a family, priorities tend to change in such a way that available limited resources (money, food and time) go to a patient. In so doing, pupils miss required needs for school because education becomes a less important issue to compare with a dying relative.

When both are dead, then orphans are sent to live with guardians according to the particular area customary law, who is to take care of the family of the deceased. In the research sites, male relatives are usually considered first, but if they are not willing or they are not ready then a female relative may be considered if the husband agrees to take the extra burden from his wife's family. Due to worsening economic conditions and disruption of culture (widening of used to be social safety nets), many guardians do not take that responsibility so it automatically becomes the grandparents' duty.

Some relatives even choose to be the guardians of orphans who had well to do parents in order to access the resources left by the dead parents. After the assets are finished, these orphans are badly affected.

It is known that the use of the assets left by orphans' late parents benefit their new host on their behalf. This has serious effects to these children, because grandparents give little attention or they don't have the means to care for them, as a result, their well-being is greatly hampered. Sometimes older orphans become like heads of households because they have to do every thing to make the grandparent household run. When grandparents are unable to provide basic needs of the orphans the way they used to get, then their health is affected, their school performance is affected and their social life is constrained. These children get very limited access to food, clothes and attention from their guardians.

2.2. Problem Statement

The world is currently facing a challenge of an increasing number of orphans resulting from the AIDS epidemic. In sub-Saharan counties including Tanzania, this problem is very critical due to the death of people day and night leaving children without both or one parent. These children are given different names like vulnerable children or street children. They face difficulty in attaining basic needs like food, clothes, housing and quality health. Also, they lack opportunity to good education, vocational skills and knowledge that could enable them being employed or self-employed. These problems have led this group to device behaviors such as drug abuse, pick pocketing, selling illicit liquor, and sexually abused leading to prone to HIV/AIDS. Ndala Ward is one of the thirteen wards in Shinyanga Municipality being faced by this problem just like other areas in Tanzania. The government has made efforts to solve the problem but still it is seen as a big challenge. After identified needs from the CNA the problem of statement of the project is primary school leaving orphans face difficulties in a community.

2.3. Target Community

The target community was the orphans in Ndala Ward who completed primary education and was not engaged in any activity due to lack of support to continue with further studies. Vocational training could be among good alternatives to assist orphans to meet their livelihoods and make their living.

The degree of participation of the community (Project owner) in the activity of the project is that:

* The community of Ndala ward was consulted during the identification of the problem, project's organizational context, and stake holder's impact analysis and during the project-planning proposal.

* They are taking part in the project implementation, monitoring and evaluation.

* NODWIC as a host CBO is actively playing a great role in all stages of project cycle.

2.4. Stakeholders

Other major players, groups or institutions that may have a stake in the projects are street and ward executive secretaries, teachers/instructors from FDC and TEHEA, and facilitators from the Regional and Districts: (Community Development Department, Social Welfare Department, and Education Department), RAFIKI SDO, TAHEA, and Civil Social Organizations (CSOs) doing similar programs.

Roles of teachers/instructors are to teach the orphans on skills education. The street and ward secretaries are to sensitize and mobilize the community in the project area. The regional and districts officers to provide experts in the technical know how. RAFIKI SDO and TAHEA paid fees for orphans and they will provide working equipment and gear for work.

2.5. Project Goal (s) in CED Terms

The project goal in the CED term is improvement of orphans' livelihood through vocational skills development.

2.6. Project objectives

The overall objective of the project is to examine the problem facing post primary school orphans. Their perception is reflected to the findings of the community needs assessment done showing that vocational training will be helpful to them to diversify their livelihood after attending the course. Specifically, the project has the following objectives:

1. To encourage 24 Orphans to acquire knowledge and skills on tailoring by November 2007.

2. To encourage 6 Orphans to acquire knowledge and skills on carpentry by November 2007.

Objective 1 and 2 will be achieved as planned because orphans started their training courses on September 2006, they will graduate on November 2007.

The project aimed at having well trained orphans to undertake project activities, improve ability of orphans to identify, start and be able to run successful businesses and reduce dependency. They will become independent after receiving training and equipped with working gears.

2.7. Host Organization

Organization to host the project, and act as affiliates to facilitate specific components of the project is Ndala Orphans and Widows Center (NODWIC), RAFIKI-SDO, and TAHEA; all are based in Shinyanga Municipality.

RAFIKI-SDO is training 14 girls on tailoring and 6 boy on carpentry at BFDC. TAHEA is training 10 girls on tailoring at its office premises. Both will provide trained graduates with working equipment.

My role in the project is that I participated in project formulation, negotiated for fund, and monitored the implementation of the project.

My responsibility is to ensure that all stakeholders participate in project implementation cycle and make follow ups until the project objectives are achieved.

CHAPER THREE

LITERATURE REVIEW

This chapter documents on theories and work on the project which has been documented and conducted by other people on problems facing orphans and project on developing orphans livelihood. It reviews both local and global work. These include theoretical, empirical and policy reviews. The benefit of this project as per literature review and policies will enable the post primary school orphanage get skills education and being provided with working equipment and gears. They will use them to generate income. By doing this they would be able to become self-reliant and reduce dependency to caretakers which would result in reduced deviant behaviors and risks prone to HIV/AIDS.

3.1. Theoretical Literature Review

A person with AIDS is a person just like you. Since HIV/AIDS was discovered in 1981, HIV/AIDS pandemic has been a serious problem to be tackled by the international community. By the end of 1994, more than 1 million AIDS cases are officially reported. WHO, however, estimates the actual figures as many as 4.5 million (MOFA, 1995). Approximately 40 million people are infected with HIV today. The poorest countries in the world are most seriously affected by the disease. Almost 75% of the sufferers live in Africa south of the Sahara. In this region, 2.4 million children under the age of fifteen

are HIV-positive. Many of them contacted the disease during pregnancy, at birth or through their mothers' milk (MOFA, 1995).

According to Nicholas (2005), there are more than 34 million orphans in the region today and some 11 million of them are orphaned by AIDS. Eight out of every 10 children in the world whose parents have died of AIDS live in sub-Saharan Africa. During the last decade, the proportion of children who are orphaned as a result of AIDS rose from 3.5% to 32% and will continue to increase exponentially as the disease spreads unchecked. As a result, the disease is in effect making orphans of a whole generation of children, jeopardizing their health, their rights, their well-being and sometimes their very survival, not to mention the overall development prospects of their countries.

The AIDS epidemic contributes to deepening poverty in many communities (Nicholas 2005), since the burden of caring for the vast majority of orphan's falls on already overstretched extended families such as women or grandparents with the most meagre resources. Such households are expected to earn 31% less than other households. Without a real safety net, street life is the recourse for many orphans, who often suffer from poor health, trauma and psychological distress, making them more vulnerable to abuse and exploitation. The overall situation has reached alarming proportions since women have moved from the periphery to the epicentre of the HIV/AIDS epidemic in sub-Saharan Africa. Averaging over 55% of all people living with HIV/AIDS, girls and women are disproportionately affected. Meanwhile, constraints on their access to

education and treatment, coupled with their inability to find paid employment, are causing rural households often headed by women to slide further into poverty.

The world is currently facing a challenge of an increasing number of children living a miserable life. This problem is very critical in most of the third world countries.

World Vision Hope Initiative (2005) stated that it has now been more than 24 years since AIDS was first reported, but the disease continues to affect more lives each year. In 2003, nearly five million people are infected with HIV, the number in one year since the beginning of the epidemic. In 2001, there were 35 million people worldwide living with the disease. At the end of 2004, that number was around 39.4 million.

According to U.N. (2004), it was estimated 39.4 million people lived with HIV worldwide. 95% of the people were from low – and middle – income countries. An estimated 25.4 million above live in sub-Saharan Africa. An estimated 3.1 million were infected during the past year. AIDS killed approximately 2.3 million people in Africa in 2004. Women have a greater risk of becoming infected than men. Almost 57 percent of adults living with HIV in sub-Saharan Africa were women and girls.

Meantime, HIV infection rates continue to rise at a rate of about 13,500 per day. An estimated 4.9 million on people were newly infected in 2004. Another 3.1 million died in AIDS in the same year (AlterNet, 2005)

It is estimated that in 26 African countries, the number of children who are orphaned, for any reason, will be more than double by 2010. In 1990, AIDS accounted for 16% of

deaths that left children orphaned in these countries; by 2010, the proportion will be 68%. In Southern Africa, the most severely affected region, the number of children who have lost both parents will increase by a staggering 1600% (from 0.2 million to 3.4 million). In 11 countries in Africa with a combined population of 109 million people, 20 to 37% of children under the age of 15 years will have lost one or both parents by 2010, in most cases as a result of the AIDS epidemic.

Even though African children have been hardest hit by the pandemic, the problem is not confined to Africa. Latin America, Asia (including Cambodia, Myanmar, Vietnam, and India), the former Soviet Union, and even the United States have large numbers of children whose parents have died from AIDS. Human Immunodeficiency Virus (HIV) infection and AIDS are making millions of additional children vulnerable, including those with ill parents, those in poor households that have taken in orphans, and those living in communities impoverished by AIDS.

The scale of the AIDS epidemic in Africa makes its repercussions qualitatively different from those in other parts of the world. Although there have been substantial gains in improving overall survival among children, these gains are being eroded in the African countries hardest hit by the epidemic. The economic and social effects of HIV infection and AIDS on children include malnutrition, reduced access to education and health care, migration, and homelessness. Psychological effects include depression, guilt, and fear, possibly leading to long-term mental health problems. The combination of these effects on children increases their vulnerability to a range of consequences,

including HIV infection, illiteracy, poverty, child labour, exploitation, and unemployment when they reach adulthood.

It has traditionally been said that there is no such thing as an orphan in Africa. Children who lose their parents were incorporated into a relative's family. But with increased numbers of orphans, reduced numbers of caregivers, and weakened families, the extended family is no longer the safety net that it once was, although it remains the predominant source of care for orphans in Africa. Relatives go to considerable lengths to keep orphaned children in school, including borrowing money through informal networks and selling their own assets. For the most part, they treat these children the same way as they treat their biological children NEJM (2002).

Given the scale of the AIDS epidemic in Africa, it is not surprising that children are on the streets, in child-headed households, or working as labourers. What is remarkable is that so few children are slipping entirely through the safety net and ending up in situations of extreme vulnerability. In many other parts of the world, the number of children fending for themselves would almost certainly be higher under these circumstances. Extraordinarily, all the evidence suggests that the traditional fostering systems in Africa, backed up by community programs, will continue to meet most of these children's basic needs, provided that those coping mechanisms are not undermined. Because these systems are so effective, they are the ones that we need to support. Indeed, it is somewhat paradoxical that the effectiveness of the traditional African social system in absorbing millions of vulnerable children has contributed to the

complacency of governments and agencies in addressing the orphan crisis NEJM (2002).

According to Subbarao and Coury (2004), today in most sub-Saharan African countries, the social impact of the AIDS crisis, such as orphan hood and loss of breadwinners, are largely borne by families and communities with very few external resources.. Public social welfare services, like communities, are overwhelmed because of poor and insufficient staff and resources, and so are unable to provide basic services to vulnerable children. Institutions are playing a limited role, fostering at 2-3% of orphans and often under unsatisfactory conditions. In these circumstances, efforts must be directed toward strengthening the capacity of communities. Building community capacity also will have significant spillover benefit in countries where the decentralization process is being initiated.

In Africa, it is traditional for the extended family to take care of children who have lost their parents. According to NDB reports (2006), the number of families who "heads" are grandparents or children is on the increase. The crisis has, however, reached such a dimension that family network can no longer cope: more than 90% of the 13 million AIDS orphans in the world live on the African continent; in some countries, they account for 9% of the total population. These children face numerous problems such as the slow death of their parents has brought about emotional and psychological trauma. The community frequently responds with social exclusion. Often, the community refuses to allow them to attend school or give medical care. Their vulnerability to abuse,

exploitation, sickness and poverty is for greater than that of children living with their parents. Due to the extent of the disease and the rapid increase of the number of children who are orphaned on account of AIDS, this study is faced with a new challenge of how to support the orphans.

Gillespie et al (2005) argued that, among the many devastating consequences of the AIDS epidemic in sub-Saharan Africa, the rapidly growing orphan population demand particular attention. About 12 million children in the region have been orphaned by AIDS, a population that is increasing by the minute as HIV-positive parents become ill and die from AIDS. Millions of children live with chronically ill parents, and about three million are themselves infected with the virus. Estimates differ, but some organizations dealing with AIDS predict a tripling of orphan numbers in the next five years.

There are many children who, though not orphans, are becoming vulnerable as a direct or indirect result of HIV and AIDS. When parents become sick, particularly in poor families, children come under intense stress that may continue in different forms for the rest of their lives. They may be taken out of school to farmland or to take part in income-generating activities. They may become caregivers themselves or even head of households in many cases, such children become increasingly vulnerable to malnutrition, ill-health, abuse and exploitation. There are psychosocial effects, under-researched but potentially very damaging, these stresses, both in the short and long term. There are more than 34 million orphans in the world and recently, 11 million among them were orphaned by AIDS. Eight out of every 10 children in the world whose

parents have died of AIDS live in sub-Saharan Africa. During the last decade, the proportion of children who are orphaned as a result of AIDS rose from 3.5 % to 32% and will continue to increase exponentially as the disease spreads unchecked. As a result, the disease is in effect making orphans of a whole generation of children, jeopardizing their health, their rights, their well-being and sometimes their very survival, not to mention the overall development prospects of their countries (AIDS orphans in sub-Saharan Africa, 2005).

AIDS Orphans 2004 report said that the age of orphans is fairly consistent across countries. Surveys suggested that overall, about 15% of orphans are 0-4 years old, 35% are 5-9 years old, and 50% are 10-14 years old.

The scale of the AIDS orphans crisis is somewhat masked by the time lag between when parents become infected and when they die. If an expected, the number of adults dying of AIDS rises over the next decade, an increasing number of orphans will grow without parental care and love (AIDS Orphans, 2004).

In African countries that had long epidemics, AIDS is generating orphans so quickly that family structure can no longer cope. Traditional safety nets are unraveling as more young adults die of AIDS related illnesses. Families and communities can barely fend for themselves, let alone care for the orphans. Typically, half of all people with HIV became infected before they are aged 25, developing AIDS and dying by the time they are aged 35, leaving behind a generation of children to be raised by their grandparents, other adult relatives or left on their own in child-headed house holds. The vulnerability

of AIDS orphans starts well before the death of a parent. Children living with care givers who have HIV/AIDS will often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect, long before the death of the parent or caregiver (Aids orphans, 2004).

Since the late 1980's, the presence of HIV/AIDS in sub-Saharan Africa (SSA) and its effects on adults in their prime years and their dependants has become more visible. The lion's share of donor funding in response to the epidemic has traditionally been channeled towards interventions on preventive and curative health and behavior change. Less attention has been paid to the social and economic impacts of the epidemic. Effort to prevent the spread of HIV, development of medical interventions which prolong the lives of people living with HIV/AIDS, and the research and testing of a possible cure for the virus are vital. However, responses aimed at mitigating the social and economic impacts of the epidemic merit equal attention and resources. These impacts will persist long into the future, regardless of the success of any HIV prevention messages, increased access to antiretroviral drugs, or even the development of an effective HIV vaccine (White, 2002).

White expresses that orphans are in need of support due to not only the psychological impact of the loss of one or more of their parents, but their limited entitlement to resources such as land and even food, and their reduced chances of completing their

education. Orphans headed households have been found to be particularly in need, both due to the limited resources availability to them and their vulnerability to abuse.

Young people in general are another critical target group as they constitute the future generation and in many cases will need to support their extended families and grandparents. Young people who have dropped out of schools are particularly vulnerable, and require targeted training to enhance their livelihood opportunities. Any interventions which enhance the income-generation opportunities of young people will inevitably be making a significant contribution to the future of both these individuals and their societies. Such interventions have been proved to reduce the risk of young people resorting to transactional sex or migration, decreasing the risk of their contracting HIV.

Parry (1999) reported that, numbers of orphans are rising alarmingly in Zimbabwe. The National AIDS Coordination Program (NACP) estimates the orphan population to be growing by 60, 000 children per year. By the year 2000, the total number of orphans will have risen to 670,000. By that time 1 in 6 children may be orphans. The population of orphans in Zimbabwe may peak between the year 2000 and 2005 when it may reach 1.1 million or 1/3 of all children under 15 years of age. Zimbabwe launched a national programme which solicits and facilitates support for children in especially difficult circumstances, particularly orphans, on commercial farms. The Farm Orphan Support Trust of Zimbabwe (FOST) was a state registered Private Voluntary Organization. It

seeks to avoid costly and culturally undesirable institutional care, by keeping children in their community of origin.

The overall aim was to proactively increase the capacity of the farming communities to respond to the impending orphan crisis and ensure that systems are in place to protect and care for the most vulnerable individuals. The programme was based on the belief that orphaned children have the best opportunity for development within a family, remaining in their groups without sibling separation, in an environment that is familiar and where they have an opportunity to learn their culture first hand. Among training programmes facilitated by FOST are youth in HIV/AIDS education, vocational and life skills so that they can become economically self- reliant.

In Tanzania, the first three AIDS cases were clinically diagnosed and reported in 1983 in Kagera region. The first three cases were, however, followed by a rapid spread of the pandemic, such that by 1986 all regions of the Tanzania Mainland had reported AIDS cases. In 2003, Tanzania Mainland was estimated to have about 1,820,000 people living with HIV (840,000 female and 960,000 males) (NACP, 2004). A total of 176,102 AIDS cases have been reported from 21 regions since 1983 (Tanzania HIV/AIDS indicator survey 2003-2004).

AIDS cases are heavily underreported. However, the Ministry of Health estimated that only one out of five cases get reported. It is generally assumed that it takes about 7-10

years for a person in Tanzania to progress from HIV infection to the development of AIDS related diseases and eventually die NMSF (2003-2007).

Perhaps one of the saddest results of the AIDS epidemic is the orphans that are left in its wake. These children are the most vulnerable section of society and continue to bear the brunt of the pandemic. Around the world half a million children under 15 died of the disease in last year, while another 640,000 became HIV-positive (World Vision initiative, 2005).

In Tanzania, there is a rapidly increasing proportion of children under 15 years who are orphans by 2000, 1.1% had lost both parents, 6.4% had no father and 3.5% had no mother (NMSF, 2003-2007)

Kofi Annan, Secretary-General of the United Nations, has called for wealthy nations to fund a $10 billion annual "war chest" to respond to the AIDS epidemic. Such funding is important, but how these funds are actually spent is even more critical. On the basis of my experience in providing support for orphans and other vulnerable children in Africa, I believe that such resources will do the most good if they are used to strengthen existing community groups whose mission is to support such children. I think the institutional barriers to the distribution of resources to community groups must be surmounted if the aid given by international agencies is to have its intended effect. In this article, I outline the problem of orphans in Africa, discuss international and local responses to the problem, and show how partnerships between international and local organizations can have positive results (NEJM, 2002).

HIV/AIDS is having a far-reaching impact on societies around the globe, affecting economic growth, income and poverty levels. In sub- Saharan Africa, it is estimated that the annual per capita growth (measured by GDP) in half the countries is falling by 0.5-1.2% as a direct result of AIDS, and estimates indicated that by 2020 heavily affected countries could lose more than 20% of GDP. AIDS has no regard for a person's status, however, the poor do suffer more acutely. Families and communities are devastated by the social and economic impact of the pandemic. Families experience not only the pain of losing a loved one, but the added burden of financial ruin.

As HIV/AIDS rates continue, children soar around the world and household poverty deepens, children are increasingly pressured to financially contribute to the household. The streets have become the place where children are orphaned and made vulnerable by HIV/AIDS and often turn to supplement lost wages, find refuge, and sometimes find an escape from stigma. While on the street, children can be exposed to rape, drug abuse, child labor, including child prostitution, and other forms of exploitation, making them more vulnerable to contracting HIV/AIDS. Children as young as nine years old have been found to engage in sex work, although most children live with their caretaker. They face a number of challenges including finding money for school fees, food, and clothing. Experts contend that effective responses must strengthen the capacity of families and communities to continue providing care, protect the children and to assist them meet their needs. There are thousands of localized efforts, many of them initiated by faith – based groups, to address the needs of children made vulnerable by AIDS. Proponents

argue that supporting these "grassroots" efforts can be a highly cost effective response, however additional mechanisms are needed to channel such resources. They further assert that additional resources are needed to expand the limited programs and to support the children who are on the street or in institutional care (CRS Report for Congress, 2004).

The needs of AIDS orphans are as immediate as their next meal and as extended as access to education on guidance and care until the end of their adolescent years. To date, more then one million Tanzanian children have been orphaned by AIDS. It is estimated that by 2005, there will be 2,000,000 orphans in Tanzania (UNICEF, 2005).

The impact of HIV in Tanzania will affect the country's ability to develop and advance. Households coping with HIV face increased costs for medical care, drugs and funerals. In addition, a variety of industries that key to Tanzania's development- agriculture, transportation, and mining- are impacted by the reduced supply of labor (Step Forward, 2005).

An AIDS patient in the family leads to 50% loss in income, 4 times increase in health care costs and 40% reduction in food consumption (UNICEF, 2005).
In some communities, about 40% of children are orphaned. The epidemic is still characterized by stigma and denial, although breaks in silence at the highest level proved

hope. Housing, feeding, education, and nurturing these children is both a moral imperative and essential to Tanzania's development prospects.

According to FHI (2004), the impact of HIV/AIDS on children and their families is not a simple problem with an easy solution. The current situation is complex, interrelated on all levels of life, and cuts across all sectors of development. State-of-the-art components for the care and support of orphans and other vulnerable children have evolved from lessons learned in various countries and experiences from development, child survival, children of war, and other HIV/AIDS-related programs. These lessons include:

Policy and Law: Appropriate government policies are essential to protect orphans and other vulnerable children and their families. These policies must contain clauses to prohibit discrimination in access to medical services, education, employment, and housing, and protect the inheritance rights of widows and orphans.

Medical Care: For the maximum well-being of orphans and other vulnerable children, they and their guardians need to have access to complete, relevant information and appropriate health care including clinical and preventive health care services, nutritional support, palliative and home-based care.

Socioeconomic Support: Orphans and other vulnerable children and their families are confronted with severe threats to their well-being including isolation, loss of income, educational access, shelter, nutrition, and other essentials. When families and children are forced to focus on basic daily needs to decrease their suffering, attention is diverted from factors that contribute to long-term health and well-being.

Psychological Support: The psychological needs of children continue to be one of the most neglected areas of support. But the AIDS pandemic has increased the urgency to address the psychological problems of children at par with other interventions.

Education: Education plays a vital role in the well-being of children. It offers them a chance for their future as well as developmental stimuli. The impact of HIV/AIDS on the educational system has resulted in a decreasing number of teachers due to mortality, a growing number of children who are unable to attend or stay in school, and rising numbers of pupils whose ability to take advantage of schooling is undermined by other factors including poor nutrition and psychological stress.

Human Rights: Human rights-based approaches have been increasingly recognized as essential to the success of HIV prevention and care programs, including those working with children and adolescents. Especially important are those tenets outlined in the convention of the rights of the child.

Community-based Programs: There is agreement on the components of community-based programs for orphans and other vulnerable children. Prioritizing program activities will depend upon community needs, abilities, and preferences, as well as on the nature of sponsoring or partner organizations. The community is best able to identify target groups for interventions, although the government may wish to select target regions or communities for program implementation.

The 1997 and 2000 editions of Children on the Brink consolidate existing knowledge from a wide range of sources. According to both versions, interventions must include five basic strategies: (1) strengthen the capacity of families to cope with their problems; (2) mobilize and strengthen community-based responses (3) increase the capacity of children and young people to meet their own needs through access to quality education, protection from exploitation and excessive labour, and building the capacity to care for themselves (4) create an enabling environment for children and families through such activities as ensuring basic legal protection through laws and policies to protect women and children, decreasing stigma, and behaviour change interventions and (5) ensure that governments protect the most vulnerable and provide essential services.

The following should also be considered in designing such programs:

Emphasizing Community Care Rather than Institutional Care, Long-term institutionalization of children in orphanages and other facilities is not a desirable solution to the impacts of HIV/AIDS. Resources expended to fund institutional care for a single child can assist scores of children if used effectively to support a community-based initiative. The institutionalization of children separates them from families and communities and often delays healthy childhood development.

Strengthening the Care and Coping Capacities of Families and Communities: The first line of response to the needs of children affected by HIV/AIDS comes from extended families. Strengthening the capacity of communities to fill the widening gaps in the safety net traditionally provided by the extended family may be the most efficient, cost-effective, and sustainable way of assisting orphans and other vulnerable children. Families and communities also play a crucial role in identifying children who are most in need, both those affected by HIV/AIDS and other vulnerable children.

Involving children and youth as part of the solution, not part of the problem: Children are not simply a passive, powerless target group to be aided, but capable actors and important resources to engage in a community response to HIV/AIDS. Actively involving children in care initiatives can build their sense of self-esteem and efficacy and cultivate skills they can use in the future.

Building Broad Collaboration among key Stakeholders in all Sectors: To meet the needs of children affected by HIV/AIDS, there must be broad networks and targeted advocacy to involve government, civil society, and nongovernmental organizations in shared initiatives of community action for orphans and other vulnerable children.

Application of Long-term Perspective: Children will continue to be affected by AIDS for decades to come. Due to the scope and scale of the pandemic, program design requires sustainable and replicable approaches. Although material assistance is

important, it is also important to ensure that community projects are not driven by material support alone but by ownership and responsibility.

Integration with other Services: Since the problems experienced by orphans and other vulnerable children begin well before the death of their parents, care for children affected by HIV/AIDS should start at the earliest possible point. Services for orphans and other vulnerable children should be integrated with the elements of comprehensive care such a voluntary counselling and testing for HIV, prevention of mother-to-child-transmission of HIV, and others.

Linking Care and Prevention: Orphans and other vulnerable children are at high risk of HIV infection due to economic hardship and loss of parental care and protection. For this reason alone, care programs should include a strong prevention component targeting children and youth.

There appears to have been an increase in orphan hood over the second half of the 1990s, at least in part as a consequence of the HIV/AIDS epidemic. With little sign of the HIV epidemic establishing, it is likely that the number of orphans will continue to increase. A recent study suggests that the economic impact of this problem may be much larger then anticipated and depend greatly on extend to which the extended family can absorb orphaned children (Bell, Deversban and Gershbach, 2003). It suggests that financial support to orphans and ensuring that orphaned children continue with their schooling, are essential as well as programmed to reduce transmission of the virus and to mitigate its effects on the sufferers.

With AIDS – ravaged economies starting to crumble, urgent national strategies are needed to strengthen governmental, community and family capacities and to redouble international cooperation to reverse the tide of this global calamity. "We're all struggling to find a viable response, and there are of course, some superb projects and initiatives in all countries but we can't seem to take them to scale," Says Stephen Lewis, the UN Secretary-General's special Envoy for HIV/AIDS in Africa. "In the mean time, millions of children live traumatized, unstable lives, robbed not just of their parents, but of their childhoods and futures". AIDS Orphans in sub-Saharan Africa, (2005).

Children affected by HIV/AIDS need support in a wide range of areas, including economic and material, emotional, legal protection. Although a number of organizations seek to meet the needs of children orphaned and made vulnerable by HIV/AIDS, local communities continue to be the primary loci of support for these children. CRS Reports for Congress (2004).

3.2. Empirical Literature Review

One of the first challenges communities face is determining what constitutes an orphan and which children should receive extra help. According to a study by UNICEF African Recovery (1999), in some communities, children who have lost both parents but are under care of some other relative may not be presumed to require special assistance unless they are also very poor.

Tanzania Social Action Fund (TASAF) 2003 progress report shows that currently, there are eight Social Support Projects (SSP) sub projects implemented in Shinyanga rural district to support AIDS orphans and widows. The projects are on income generating activities (IGA) carried on the following Villages, Ibanza Mwasubi, Pandakichiza (poultry on indigenous chicken projects). Lyabusalu Village (Market place, tie and die projects). Ibanza Village (Dairy cattle keeping, tailoring and carpentry projects). Migunga and Kishapu villages (paddy production, poultry on indigenous chicken, goat keeping and tailoring). The day to day implementation of subproject activities are going on in all sub projects.

In this TASAF case study, they trained orphans in carpentry and tailoring for three months only. The training period was very short for the students to be able to make their own goods. They decided to attach them to workshops and tailoring marts to get on job training for three other months before they opened their own communal working premises in the village. The project was not sustainable because up to now, they are not training other orphans in the same fields.

This program was conducted in Arusha, Tanzania 2003, through a grant provided by the Rapid Funding Envelope (RFE), established by Tanzanian Commission for HIV/AIDS and eight international donors with management support from Management Science for Health's Management and Leadership Program and Deloitte & Touché, Heifer International has adopted its internationally recognized best practice livestock program to train HIV affected families to care for goats, who that provide milk and income from

selling off spring all aimed at improving families' nutritional status. Today, the Heifer International Diary Goat Programmed for People Living with AIDS is offering such possibilities while fostering true multisectoral approaches through partnerships between the Public health system and agricultural interventions. Meanwhile, families are getting immediate relief and learning to look ahead as they plan for the future. First identified through district HIV counselors, project recipients including HIV-positive individuals, family members of those individuals, widows, and orphans and other vulnerable children. Once identified, the project offers training in livestock management which is a two week course that teaches families to prepare house, feed and care for their goats, as well as how to milk them and eventually breed them. The courses also teach bio-intensive gardening and how to use the goat compost to fertilize those gardens. Upon successful completion of the course, the families receive their own goats and on going advice to encourage creation of goat rearing cluster to share responsibilities involved in rearing goats and also create support network. Over 500 persons living with AIDS (PLWAs) or family members have been trained in live stock management and more than 200 goats have been distributed to these families. RFE (2003).

Axios group 2002 in Rungwe District, Mbeya Region, carried this program. The program on orphans and vulnerable children in AIDS areas in Tanzania is on skills building, and vocational Training for youth. It is well accepted that adolescent OVC need skills to participate in work force. The focus was on OVC who have completed primary school to be trained in masonry, carpentry, and home economics. Around 120

youths are benefiting from this program. The program is also supporting 28 youth by paying their fees so that they can complete their vocational training and obtain their qualifications.

WOCHIVI report (2004), showed that the non-government organization which was not affiliated with any political or religions organization within or out side Tanzania. Its mission was to create a heath community where people do not live in fear of infection by HIV/AIDS and poverty. There activities include:

- Teachers' computers and English classes disadvantaged youth.

- Provides home base care to sick patients and food support

- Gives small business grants to widows whose partners have died from HIV/AIDS. This business capital allows them to earn money for family need such as rent, food, medicine, and school fees.

- WOCHIVI youth group completed income generating projects and provided the training. The project included a mobile barbershop and selling tradition crafts.

WIA (2004) provided material support to people living with HIV/AIDS and promotes raising AIDS awareness among young women. WIA Works to empower Arusha women, widows and orphans infected and affected by HIV/AIDS trough counseling, providing child care, enabling income–generating activities and promoting public awareness campaigns.

The National Commission for Aids Control (CNLS) has announced an initiative through which artists will provide care to Aids orphans. The announcement comes after an international fashion show in Kigali last week that attracted both local and international artists that was aimed at mobilising partners to care for orphans.

According to Dr. Agnes Binagwaho, the Executive Secretary of CNLS, the new initiative will help vulnerable children learn artistic skills to facilitate them in future.

She said that over eleven international artists from eight African countries and two Rwandans have so far expressed their interest in the initiative. "We expected them (artists) to do a good job of providing artistic skills to vulnerable children mostly those who are victims of the Aids pandemic," Binagwaho said during an interview with The New Times last week.

This was shortly after her visit with some of the international artists to a local association known as 'Muhumurize' that caters for 522 orphans in Nyarugunga Sector of Kicukiro District, Kigali city. Binagwaho underscored that the artists' visit to Muhumurize was to acquaint them with how their contributions would help improve the living standards of the vulnerable children countrywide. Speaking on behalf of the artists, Patheo Omedeojo from Cote d'Ivoire said: "Our presence here could mean something beneficial to Rwandan orphans in future." Omedeojo established that though education is necessary, vocational skills are also essential in as far as human survival is concerned. "My education level is low, but my art skills have boosted my welfare. The

major issue in life is to have talent that enables someone to survive," he added. The CNLS and artists joint effort meant to enhance standards of living for orphans through artistic practice is to be executed by several associations that advocate for social welfare of the vulnerable children.

In Nigeria, there was a small project of strengthening support for orphans and vulnerable children by HIV/AIDS which has a big impact. Having completed its second year, the "Strengthening support for orphans and vulnerable children affected by HIV and AIDS in Kaduna, Nigeria project has been making huge progress to help families affected by HIV and AIDS in Northern Nigeria. The project work, which has been planned and implemented by Health link Worldwide and the Community-based organization Mother's Welfare Group (MWG), has included a wide range of activities. The project has offered new and innovative ways of working with children and has been instrumental in forging new ways of communicating for all those involved.

MWG runs a vocational School and this year saw 45 vulnerable rural children enrolled in a variety of classes, including carpentry, bicycle and motor –bike repair, tailoring, catering, and farming as well as basic literacy.

The "Supporting Orphans and vulnerable children" project began on a small-scale, and yet it has been instrumental in opening up areas of work with children and their families. The project has raised the profile of MWG as one of the organizations that is

making a difference in the lives of orphans and vulnerable children in Nigeria. MWG is seen as the entry point of memory work in Nigeria (Health link Worldwide, 2006).

According to AIDS Africa Orphan Projects, Best Practice 7 (2003), the community-based child care & support programme is a joined initiative between SOS Children's Villages in Nelspruit, the Siyasitana Home Based Care group in Tekwane (approximately 20 km from Nelspruit) and the Tekwane Clinic and started in 2002. The overall aim of the programme is to prevent children from becoming ,orphaned or abandoned and to strengthen the capacity of the Tekwane community and families to care for orphaned and abandoned children. The programme activities focuses on issues as identified through participatory research and are rendered to approximately 150 OVCs by 18 community volunteers based on specific needs which are reviewed on a regular basis.

Services include regular home visits to ensure the psychological, physical, security and educational well-being of the children, legal and material assistance, counselling services, assistance with income generating projects, training and capacity building of community volunteers and training for potential foster parents.

The programme currently runs at an average cost ratio of USD 4 per month/child beneficiary. Based on this experience and its lessons learnt, the social centre programme Nelspruit is expanding its support activities into Kanyamazane, a neighbouring community of Tekwane, to assists around 300 children.

3.3. Policy Review

The Education and Training Policy (1995) of the Ministry of Educating and Culture stated on the disadvantaged groups that despite all efforts to make education accessible, certain groups of individuals and communities in society have not had equitable access to education. Some have not had access to this right due to their style of living, for example, hunters, gatherers, fisherman, and pastoralists; others on account of marginalization, fore example, orphans and street children, still others on account of their physical and mental disabilities, such as the blind, the deaf, the crippled and the mentally related. Therefore, the government shall promote and facilitate access to education to disadvantaged social and cultural groups.

The policy went further by calling upon communities, parents, local government authorities, individuals, NGOs and donor agencies to collaborate with the government in realizing the objectives of the policy and help educate the disadvantaged groups.

The Tanzania development vision 2025 aimed at achieving a high quality livelihood for its people attain good governance through the rule of law and develop a strong and competitive economy in order to attain gender equality and the empowerment of women in all socio-economic, political relations and culture are considered. In Tanzania about 60% of women live in absolute poverty. This is a result of the increasing poverty among the rural and urban population generally, the growing gap exist between the rich and poor, women and men, and among women themselves. In the rural sector and the poor

urban suburbs, women carry a heavier burden because by tradition, women lack property rights and an adequate knowledge on existing credit facilities. Due to their low education level, their knowledge and skills on how to manage their work is generally low. Most women also depend on poor technology, which consume their time and energy.

To overcome this situation, the United Republic of Tanzania committed itself to enhance women's economic capacity through making credit facilities available to a majority of women. Building and supporting women entrepreneurial skill, improving their management capabilities, increase training and access to technology. Tanzania Development Vision (2025).

The overall goal of the National policy   HIV/ AIDS (2001) is to provide for a framework for leaders and coordination of the National multisectoral response to the HIV/AIDS epidemic. This includes formulation of sectors of appropriate interventions which will be effective in preventing transmission of HIV/AIDS and over sexually transmitted infections, protection and supporting vulnerable groups mitigating the social and economic impact of HIV/AIDS. It also provides a framework for strengthening the capacity of institutions, communities and individuals in all sectors to control the spread of the epidemic. Prevention and control of HIV/AIDS epidemic will depend on the effectiveness of community based prevention, care and support interventions. The local government councils would be the focal points for involving and coordinating public and private sectors, NGOs and faith groups in planning and implementing of HIV/AIDS

interventions, particularity community based interventions.   Best experiences in community based approaches in some districts in the country will be shared with the local councils (URT/2001).

The National Policy gave way for the establishment of the Tanzania Commission for AIDS TACAIDS (2001) that was mandated to provide strategic leadership and coordination of multi-sectoral response, as well as monitoring and evaluation including, research, resource mobilization, and advocacy.

Tanzania Orphanage Regulations act (1994) defined Orphans as "any child below 18 years who has lost either one or both parents". Therefore, there are three categories of orphans: Both or double parent orphans, paternal orphans and maternal orphans.

Historically, orphans have always been taken care of by close relatives of the parents (extended family). Due to economic difficulties, modernization, change in tradition and culture and eruption of epidemic diseases like HIV/AIDS, and the community is unable to accommodate orphans as it was done before. The present orphanage centers can no longer accommodate the growing number of orphans due to the killer disease AIDS that claims lives of many parents (Tanzania Directorate Strategy to Support Orphans).

The common problem facing orphans include food insecurity, inadequate or medical services, difficulties denial in accessing education, lack of student school requirements, lack of an economic base to become independent because other orphans are taking care

of themselves at younger age, migration to urban centers where they live miserable lives.

The support given to orphans normally creates more dependency because much of the support is short term and does not build capacity for the orphans to be self-reliant. The policy calls for different organizations to start projects that are long term, which can be implemented and sustained by orphans and their guardians in their local environment.

CHAPTER FOUR

IMPLEMENTATION

The chapter is about the implementation products and outputs, project planning, staffing pattern, project budget and project implementation. Implementation of the project was done after soliciting funds from RAFIKI SDO and TAHEA. 30 post primary school orphanages were sent to train on carpentry and tailoring courses. The training commenced on 16th September, 2006 and will end on 31st October, 2007. All graduate orphans will be provided with working equipment and gears.

4.1. Products and Outputs

The project is expecting to accomplish training 24 ladies in tailoring and 6 boys in carpentry on 31st October, 2007. The graduates will be provided with working equipment and gears to enable them start work easily in the ward area. Thus, the project will help to:

- Reduced dependence of orphans in the respective community,

- Create youth employment,

- Reduced risk behaviors of youth and

- Reduced risk to sexually abused leading to prone to HIV/AIDS.

4.2. Project Planning

4.2.1. Implementation Plan

The project implementation plan involved implementation of two objectives of encourages 24 orphans to acquire skills and knowledge on tailoring and encourage 6 orphans to acquire skills and knowledge on carpentry by November 2007. The following activities have been implemented: Solicit funds, consult training centers, pay training fees, and send orphans to training centers, conduct training and mid-term evaluation. **Table: 3** shows the two objectives, activities, timeframes, resource requirements and people responsible in implementation of activities.

Table 3: Implementation Plan

Objective 1: To enhance 24 orphans to acquire skills and knowledge on tailoring by Nov. 2007

Objective 2: To enhance 6 orphans to acquire skills and knowledge on carpentry by Nov. 2007

S/N	ACTIVITIES	PROJECT YEAR 2006 1	2	3	4	5	6	7	8	9	10	11	12	PROJECT YEAR 2007 1	2	3	4	5	6	7	8	9	10	11	12	RESOURCE NEEDED	PERSON RESPONSIBLE
1	Solicit Funds			v	v	v	v																			Stationery Communication	NODWIC Secretary Poject Coodinator
2	Consult training Centres						v	v																		Petrol	NODWIC Secretary Poject Coodinator
3	Pay Training fees									v	v															Funds	RAFIKI SDO/ TAHEA
4	Send Orphans to Training									v	v															Car hire	NODWIC Secretary Poject Coodinator
5	Conduct training									v	v	v		v	v	v		v	v	v	v	v	v			Stationery Communication	BFDC/TAHEA Trainer
6	Quotation Analysis																						v			Stationery Communication	NODWIC Secretary RAFIKI SDO,TAHEA
7	Pay for Equipment																							v		Funds	NODWIC Secretary RAFIKI SDO,TAHEA
8	Collect Equipment																							v		Car hire	NODWIC Secretary RAFIKI SDO,TAHEA
9	Hand over Equipment																								v	Car hire	NODWIC Secretary RAFIKI SDO,TAHEA
10	Prepare procurement report																								v	Stationery	NODWIC Secretary RAFIKI SDO,TAHEA
11	Conduct Evaluation of Training																v								v	Petrol,Extra allwance Consultant Fee Statione	NODWIC Secretary RAFIKI SDO,TAHEA
12	Prepare Evaluation Report																v								v	Petrol,Extra allwance Consultant Fee Statione	NODWIC Secretary RAFIKI SDO,TAHEA

4.2.2. Inputs

The project inputs are the grants requested in this proposal. Funds for RAFIKI SDO and TAHEA are to provide training, accommodation, tuition and procuring of working equipments. CED student contributed on mobilization, sensitization costs, fund soliciting, and providing technical support. Beneficiaries are contributing on monitoring and evaluation, local available resources required for the project, like premises for workshop and tailoring marts and ceremonial functions. Beneficiaries' contribution is estimated to cost 7% of the total project budget. Village, ward, government and municipal council are visualized to make significant contribution to the project activities in form of security, and personnel, who are providing technical advice to ensure project sustainability.

4.3. Staffing Pattern

The staffing plan is that, there are twelve survey administrators (5 Mitaa Executive Secretaries, 2 NODWIC members, 2 community members, one member each from RAFIKI SDO/TEHEA and one project coordinator-CED student). The supervisory role of the project cycle is under the project coordinator. The project monitoring and evaluation is under NODWIC chairperson. The staffs that are involved in interviewing, data collection, monitoring and evaluation were trained for four days on survey methodology, timeline, and how to conduct the interview using questionnaires, monitoring and evaluation.

4.4. Project Budget

Start-up costs and reoccurring operating expenses of the project on office stationeries, communication, printing, refreshment and extra duty allowance will cost Tsh 1,079,000. Car hire and petrol will cost Tsh 317,000. Outsourced service contract needs will cost Tsh 500,000. Course fee to train 30 orphans will cost Tsh 1,800,000. Equipments such as tailoring machines, carpentry tools and working gears will cost Tsh. 4,620,000. The total cost budget is Tsh 8,316,000 and full pro forma is attached in **appendix 6.**

4.5. Project implementation

4.5.1. Project Implementation Report

The project implementation processes shows activities, timeframes, resources used and unmet resources needed are as follows:

(i) The organization solicited funds from RAFIKI SDO and TAHEA to meet the project costs from 1 March to 30th June 2006.

(ii)Vocational training centers were consulted for placement of students from 1st June to 3rd June 2006 and 10th to 13th June 2006 which coasted Tsh 39,000.

(iii)The cost of one student for one year course is Tsh 90,000. Fees were paid from 1st September- 30th October 2006.

(iv) 20 orphans were sent to DFDC for training on 16th September 2006 and 10 orphans to TEHEA on 23rd October 2006. The training will end on 31st October 2007. Training modules will include: carpentry, tailoring and entrepreneurship skills.

(v) Mid-term evaluation of the training activities was done from 8th to 13th April 2007. The report was prepared from 15th to 18th April 2007.

(vi) Procurement of equipment will be done from 1st September to 20th October, 2007.

(vii) The equipment will be handed over to respective students on 17th November, 2007. The occasion will be held at the Ndala Ward executive office. The report will be prepared from 18th – 19th November, 2007.

(viii) Second evaluation of the training activities will be done from 2nd to 8th December, 2007. Report writing will be done from 10th to 14th December, 2007.

The Implementation Gantt Chart showing the implementation of all the above activities is attached in **appendix 11.**

To implement the project the costs is estimated to be **Tsh 8,316,000**. The project coordinator solicited funds from RAFIKI Social Development Organization Centre for Youth and Children's Rights (RAFIKI SDO) and Tanzania Home Economics Association from 1st March, 2006 to 30th June, 2006. RAFIKI SDO paid fees at Shinyanga Buhangija Folk Development Centre (BFDC) on August, 2006 for accommodation and tuition fees amounting Tsh 1,260,000 to train 14 ladies on tailoring and one boy in carpentry. The students reported at BFDC on August, 2006. RAFIKI SDO reserved 5 vacancies in January, 2006 at BFDC for carpentry training due to limited training facilities. They paid Tsh 450, 000 for the training on January2007 for 5 orphans and they started their training. The mid-term evaluation was done from 8th to 13th April, 2007 which coasted RAFIKI SDO Tsh 563,500. **Figure: 10 and 11** shows orphans on skills vocational training at FDC training centre.

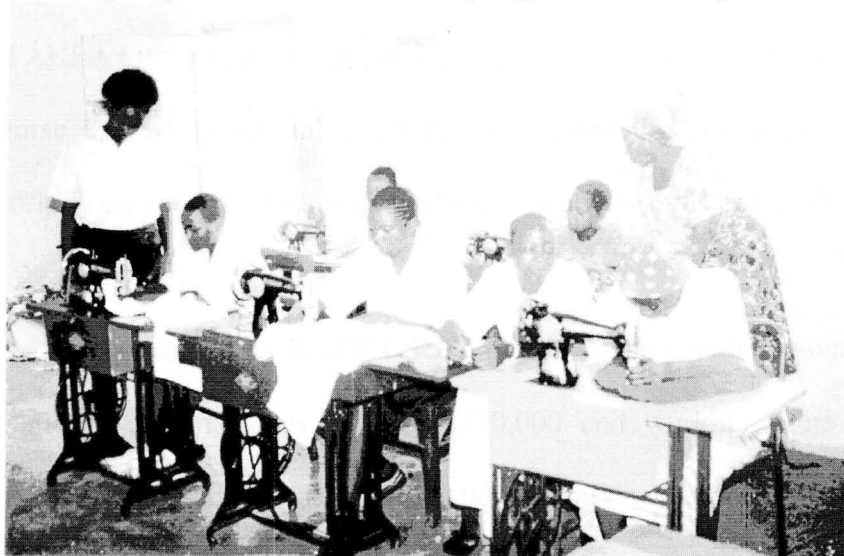**Figure 2: Tailoring Orphan Students at Shinyanga Folk Development Centre.**

Figure 3: Carpentry Orphan Students at Shinyanga Folk Development Centre.

Tanzania Home Economics Association (TAHEA) is using its own funds amounting to Tsh 900,000 to train 10 orphans – ladies in tailoring for period of one year and students reported at TAHEA Office premises starting training on October 23rd, 2006.

After the course RAFIKI SDO and TAHEA will support the graduated by providing them with working equipments: tailoring machines, carpentry tools and working gears.

The unmet resources needed by RAFIKI SDO are 6 carpentry tools amounting to Tsh 2,100,000, tailoring 14 machines of Tsh 1,120,000 and working gears worth Tsh 400,000. TAHEA expected to use Tsh 800,000 to buy ten tailoring machines and working gears worth Tsh 100,000. Other office costs on second evaluating training activities, distributing equipments, refreshments and report writing which is estimated to be Tsh 1,243,500. These resources will be procured from February to September, 2007.

Ndala community and beneficiaries are mobilized to contribute to the project in terms of local available resources; premises for orphans start business and supervision. It is estimated that local contribution will be 7% of the total budget of the project. The municipal council is contributing in terms of staff that provides technical know-how and the CBO have provided an office for the project.

It is expected that all thirty orphans will graduate before December, 2007 and be provided with equipments which they will use to generate income and therefore improve their standard of living.

CHAPTER FIVE

MONITORING, EVALUATION AND SUSTAINABILITY

This chapter describes how monitoring process and evaluation of the project are being undertaken and to ensure sustainability of the project in the area. Monitoring in this project is linked to all stakeholders and the community for monitoring the progress of the project. The monitoring indicators include: funds availability, presence of orphans, and number of orphans taken to the training centers, class attendance, and number of orphans passed examination, number of equipment purchased, number of orphans given equipment and number of orphans placed to working premises. Fist phase evaluation was conducted in April 2007 and second phase will be conducted in December 2007. Sustainability of the project is being observed through the following parameters: financial, political and in social circumstance that may affect the entire community and the viability of this project in future.

5.1. Monitoring

Monitoring is part of implementation of the project. It is a regular process geared towards verifying implementation of daily activities and make necessary corrections in order to achieve the desired goal. Monitoring is closely linked to evaluation as monitoring benchmarks set a basis for evaluation. Monitoring looks at progress of implementation while evaluation looks at long term outcomes/impacts. In order for monitoring and evaluation to be meaningful, relevant stakeholders are being involved in

the project from the beginning to the end. This means that monitoring and evaluation is participatory in order to create a sense of ownership to the project beneficiaries.

5.1.1. Research Methodology

To track the progress of the project that aims at enhancing post primary school leaving orphans, different monitoring methods are employed to include; site visits, direct observations, interviews and progress repots. Monitoring project activities is being carried out by members of host CBO, RAFIKI SDO, TAHEA, project coordinator, orphan caretakers and training instructors. Monitoring findings revealed good class attendance and concentration of students to the subjects. The 30 students enrolled under this project are enduring with their studies. Class performance revealed that 69% of the students were performing well, while the remaining 31% were not performing well.

Through site visits to the training institutions, direct observations of project activities are being carried out, including seeing students doing actual learning in and out door activities. Attendance and concentration of students are also observed through this method.

Corresponding to direct observation, interviews of teachers and students are being carried out to obtain their views on the progress of the study while at the institutions. Also community members, NODWIC and the CED student will do interviews for

monitoring student's performance after completion of their studies. This will be done at their workshops and tailoring marts.

Progress reports are used as monitoring tool to track project progress and achievement of the intended objectives. The reports include; monthly, quarterly, annual, field visit reports and class assessment reports.

5.1.2. Monitoring Project Activities

Monitoring of the project activities is a continuous process in the implementation of the project. Participatory monitoring is conducted to track the progress of the project. This includes site visits, monthly review meetings and report writing. Members of the host CBO, RAFIKI SDO, TAHEA, project coordinator and two selected community members are solely responsible in monitoring of the project through regular visits and monthly report writing. Orphan caretakers are participating in monitoring of project through visits and inform the CBO on the progress of the students. The training institutes are participating in the monitoring process particularly through the performance of the students by writing monthly reports to the CBO.

The CBO secretary, accountant and two community members are submitting monthly reports on the progress of the project on terms operations and finance. BFDC and TAHEA trainers are producing monthly reports on student attendance and subject performance. The information which is used for monitoring the project operations is shown in **Table 4.**

Things which worked well are the availability of funds to train 30 orphans, availability of tailoring and carpentry vacancies, and training centers with trainers.

The Summary Monitoring and Evaluation Table outlines the project goals, the objective for each goal and planned and actual timeline benchmarks are shown in **Table 6.** For the time being, the project is progressing as planned.

Monitoring findings revealed good class attendance and concentration of students to the subjects. All 30 students enrolled under this project are enduring with their studies. Class performance revealed that 69% of the students were performing well, while the remaining 31% were not performing well. The monitoring results indicated that many of the students were highly motivated to learn.

Table 4: Information for Monitoring Program Operations.

CATEGORIES OF INFORMATION	WHAT TO MONITOR	WHAT RECORDS TO KEEP	WHO CoLLECT DATA	WHO USES DATA	HOW TO USE INFORMATION	WHAT DECISIONS CAN BE MADE
Work plan Activities 1. To solicit Funds	Availability of Funds	-Communication letters -Approval letters -Credit Notes	- NODWIC Secret. - Project Coordinator	- NODWIC Secretary - Project Coordinator. - Donor Agency	- Ensure funds are available - Ensure compliance with funding regulation	- Continue with project implementation - Reschedule activities as needed
2. Consult Training Centers	Availability of tailoring and carpentry vacancies	- Admission Letter	- NODWIC Secret. - Project Coordinator	- NODWIC Secretary - Project Coordinator. - Donor Agency	- Ensure funds are available to pay fees	- Number of students training centers Authorize expenditure
3. Pay Fees	- timing of payment	- Acknowledgement receipts - Reports to donor	- NODWIC Secret. - Project Coord.	- NODWIC Secr. - Project Coord. - Donor Agency	- Ensure funds are available to pay fees	- Sending students to training centers Authorize expenditure.
4. Send orphans to training centers	- Number of orphans sent to training centers	- Acknowledgement letters from training centers.	- NODWIC Secret. - Project Coord. -Trainers	- NODWIC Secr. - Project Coord. - Donor Agency - Trainers	- Ensure orphans attend training	- Placement to appropriate course
5. Conduct training	-Quality of training - Knowledge -Attitude	- Performance reviews - Feed back from training attended	- NODWI Secret. - Project Coord. - Community members - Trainers	- NODWIC Secr. - Project Coord. - Donor Agency	- Advise student on career	- Disciplinary action
6. Quotation analysis	- Quality of Equipment -Procurement procedures	- Quotation Analysis forms	NODWIC Secret. Project Coord. Donor Agency	- NODWIC Secr. - Project Coord. - Donor Agency	- Ensure good quality of equipment	- When to order - Quantity to order
7. Pay for Equipment	- Payment Procedure	- Receipts	NODWIC Accountant	- NODWIC Secr. - Project Coord. - Donor Agency	- Ensure availability of Equipment	- Equipment to keep in
8. Collect Equipment	Availability of Equipment	- Equipment Register	- NODWIC Secre. - NODWIC Stores Officers	- NODWIC Secr. - Project Coord. - Donor Agency	- Ensure equipment are kept in store	- Reserve for use
9. Handover equipment	- Issue vouchers are in places	- Issue vouchers	- NIDWIC - Stores officer	- NODWIC Secr. - Project Coord. - Donor Agency	- Ensure students get equipment as planed	- Reallocation

5.2. Evaluation

For the purpose of this project work, mid-term and final evaluation has been planned to take place in the course of project implementation.

5.2.1. Research Methodology

In order to have effective evaluation of the project, the following tools are being used to gather information about the implementation of the project; questionnaires, Focus Group Discussion and interviews. Mid-term evaluation findings revealed that there was enough funds to train orphans and 30 orphans were attending training as planed. Students attended class by 96%. Student's performance showed that 69% were performing well in their classes examinations, while the remaining 31% were not doing well.

Questionnaires have been developed to be used to evaluate the project, the questionnaires are designed to cover different people including; teachers, community members, Ward Executive Secretaries and students.

Focus Group Discussion will be used to capture information about the project when the students are in their working places. Interview will as well be applied to gather information from individuals about the project and its outcome. The project mid-term evaluation was done on April 2007. The final evaluation will be done on December 2007 as planed.

5.2.2. Evaluating Project Activity

Bearing in mind that the project will last for a period of twelve months, the evaluation will be done twice in the month of April and December 2007 to realize the project impact. An external consultant from the community will be engaged as a team leader to

carry out the evaluation. However, the evaluation will involve a range of project stakeholders including community representatives, local authorities, CBO member, and representative for BFDC, TEHEA and CED student.

The evaluation will establish the project impact towards the goal and objectives which will be shared with other players and the host CBO for future implementation of the similar projects.

The summative evaluation will be on the following indicators; fund availability, number and type of orphans sent to centers and attended training, those completed training and passed examination, availability of tailoring and carpentry equipment, and availability of working premises. The trained orphans will be attached to existing workshops and tailoring marts by the community in order to gain on job experience and market experience. This will help them to capture market and establish their own revolving fund to buy equipment of other new orphans to be trained to sustain the project. Thus, the formative evaluation indicators will be measured by the number of orphans attached to experienced workers, number of working orphans and number of orphans establishing revolving fund. Eventually, new orphans will be trained by their colleges and given equipment to establish their own business. The core performance indicators are shown in **Table 5.** The questionnaire for measuring performance is attached in **Appendix 10.**

Table 5: Core Performance Indicators of Monitoring and Evaluation:

Activity	Monitoring/Output	Evaluation/Impact
Training on skills education	% of targeted Orphans in training	% of targeted Orphans completed training
Provide work equipment and gears	% of targeted Orphans given working equipment and gears	% of Orphans using equipment to generate income
Community to provide working premises	% of targeted Orphans attached to workshops/tailoring marts	% of orphans working to generate income

Findings from the mid-term evaluation indicate that there is good class attendance of about 96% of the students under this project. Student's performance revealed that 69% were performing well in their class examination, while the remaining 31% were not doing well. That means extra efforts need to be done to support the 31% to improve their performance. It was revealed that funds were obtained and paid to the training institutions accordingly. The project objectives were still valid and did not require any changes.

5.2.3 Summary Evaluation Table

The summary evaluation table for both monitoring and evaluation of the project activities is shown in **Table 6** monitoring and evaluation plan (planned) and (actual).

Table 6: Monitoring and Evaluation Plan

PROJECT GOAL & OBJECTIVE	ACTIVITIES	INDICATORS	DATA SOURCE	METHODS/ TOOLS	PERSON RESPON SIBLE	TIME FRAME	
						PLANNED	ACTUL
Project goal is to continue towards enabling orphans receives skills through vocational education to make them diversify livelihood and became self-reliant in Ndala Ward Shinyanga Municipality.

1. To enhance 24 orphans to acquire skills and knowledge on tailoring by November, 2007.

2. To enhance 6 orphans to acquire skills and knowledge on carpentry by November 2007. | 1. To solicit funds | - Proposal write up
- Correspondence | - Local government
- CBOS
- NGOS
- Community | - Questionnaires
- Focus Group Discussion
- Interview | - NODWIC Secretary Project Coordinator | 1/3-30/6/06 | 1/3-30/6/06 |
| | 2. Consult training centre | - Identification of institutions
- Correspondences | - Prospectus
- Advertisement
- Graduates
- Survey | - Literature
- Press
- Visits | - NODWIC Secretary
-RAFIKI Accountant
- TAHEA Accountant
- Project Coordinator | 1/8/06-30/10/06 | 1/8/06-30/10/06 |
| | 3. Pay fees | - Bank statement
- Registration | - Bank
- Office document | Reports | - NODWIC Secretary
-RAFIKI Accountant
- TAHEA Accountant
- Project Coordinator
- Community Members
- Trainers | 16/9/06-23/10/06 | 16/9/06-23/10/06 |
| | 4. Send orphans to training centers | -Acknowledgement letters.
- Attendance register | - Training centers
- Trainees | - Reports
- Verbal conversation
- Visit | - NODWIC Secretary
- RAFIKI Secretary
- TAHEA Secretary
- Project Coordinator
- Community Members
- Trainers | 16/9/06

23/10/06 | 16/9/06

23/10/06 |
| | 5. Conduct training | - Number of orphans trained
- Quality of Product Produced
- Number of exams persisted. | - Training centers
- Trainees | - Market Survey
- Reports | - Project Coordinator
- Stores Officer | 16/9/06-31/10/07
23/10/06- 10/11/06 | 16/9/06-31/10/07

23/10/06-10/11/06 |

	5. Conduct training	- Number of orphans trained - Quality of Product Produced - Number of Exams Persisted.	- Training centers - Trainees	- Market Survey - Reports	- Project Coordinator - Stores Officer	16/9/06-31/10/07 23/10/06- 10/11/06	16/9/06-31/10/07 23/10/06-10/11/06
	6. Quotation Analysis	- Quality specifications - Price - Delivery time	- Analysis Forms	- Market Survey - Reports	Project Coordinator Stores Officer	11-16/9/07	11-16/9/07
	7. Pay for equipment	- Number of equipment against target	- Receipts - Ledger book	- Market Survey - Reports	- Project Coordinator - Stores Officer	2-5/10/07	2-5/10/07
	8. Collect Equipment	- Equipment collected	-Delivery Note -Stores Ledger	- Bank statement - Reports	- Project Coordinator - Stores Officer	12-17/10/07	12-17/10/07
	9. Hand over equipment	- Number of equipment handed over	-Store Ledgers - Issue Voucher	- Reports - Visits	-Project Coordinator - Community members - Stores Officer - Donor - NODWEC Members	17/11/07	17/11/07

5.3. Sustainability

Financially, the project is sustainable because two NGOs are currently assisting the project and they have incorporated all activities in their budget. RAFIKI SDO paid fees at Buhangija FDC for accommodation and tuition fee, amounting to Tsh 1,710,000 to train 20 orphans. TAHEA use its funds amounting to Tsh 900,000 to train 10 orphans. The unmet resources needed by RAFIKI SDO are 6 carpentry tools amounting to Tsh 2,100,000, 14 tailoring machines worth Tsh 1,120,000 and working gears worth Tsh 400,000. TAHEA is expected to use Tsh 800,000 to buy ten tailoring machines and working gears worth Tsh 100,000. Other office costs including evaluating training activities, distribution of equipments, refreshments and report writing is estimated to cost Tsh 1,807,000.

Shinyanga Regional Facilitating Agency is ready to finance the project if any shot fall occurs.

Politically, the project is supported by regional administrative office, Shinyanga municipal, ward and street executive offices through providing technical and advisory services.

The project will be sustainable in the sense that the community is contributing 7% of the total cost budget, thus creating sense of ownership. Also, the trained students will pass over the knowledge and skills to their fellow orphans through on job training which will strengthen the sustainability of the project. Arrangements have been made by the CED

student, community, NODWIC and local authority to ensure that each graduate invites two or more orphans to join his/her workshop/tailoring mart after a period of one year. In that perspective, sustainability will be observed on the side of training other orphans. NODWIC as implementing organization in collaboration with the community will have to ensure the sustainability. The project will establish revolving fund where by 6-10 percent of sales will be banked by working orphans in order that new trained orphans buy equipment. NODWI agreed to run the project in future as it is part of the CBO objectives.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

This chapter is about the conclusions and recommendations of the project survey results. This work established that the project area have orphans that have completed standard seven and failed to secure further education. These orphans are living with guardians and were faced with multiple problems. The community and orphans decided the selected orphans to be assisted on vocational training and being provided with working tools.

The project recommends this work to be replicated to other places, establishment of guardian saving and credit schemes. Donor community, private sectors and Civil Society Organization to complement effective national programs to support HIV/AIDS programs/projects.

6.1 Conclusions

Results of this work based on the survey's objective and three research questionnaires gave the following out come: The work established that there were 51 orphans aged between 13-17 years during the survey who completed standard seven and failed to secure secondary education or even make a living in Ndala Ward due to being orphaned. All these orphans are living with guardians who exploit them after the death of their parents. The cause of death of their parents was diseases relating to HIV/AIDS.

HIV/AIDS have contributed to the increase of orphans and the burden of care. The work revealed that the orphans were faced with multiple problems including lack of food, clothes, health services, education and vocational skills.

The survey has shown that there was poor community support to orphans on education related issues. Community initiatives are important to address the needs of orphans. Vocational training/skills is preferred by orphans as it is a short and is expected to immediately lead to self-employment such as tailoring and carpentry.

The overall objective of the project has been met as all identified 30 orphans are in centers being trained on various skills including tailoring and carpentry. This project has helped the orphans to gain hope for future survival and reduced tension among the youth. Care takers have been reduced of the burden of care to a certain extent. The project to support orphans has created challenges to community roles in supporting vulnerable children.

6.2 Recommendations

If this project will be successful, trained orphans will start their own income generating activities and train other orphans on job/shad low as planned. The community recommends that projects like this should be replicated to other areas so that more orphans are covered and therefore dependency to caretakers is minimal.

There is a need to establish income generating activities (saving and credit schemes) to poor orphan guardians so that they can improve their livelihood to enable them care the orphans.

There is a need for the donor countries, private sectors and civil society organization to complement effective national programs to support programs/projects for children orphaned or made vulnerable by HIV/AIDS in affected areas. This is by using participatory methods to design interventions and working with existing local structures to enhance positive desired impact.

6.2.1 Recommendation for Policy Action

There is a great need to put into practice the national policies and strategies to build and strengthen governmental, community and family capacities to provide a supportive environment for orphans (girls and boys) affected and infected by HIV/AIDS. One of the strategies is to provide psycho-social support; ensuring their enrolment in schools, skills education and access to good nutrition, social services, heath and shelter, equal basis with other children. These can be done through partnership in collaboration with civil society organizations and health insurance co operations/agents.

6.2.2 Recommendation for Further Study

Further study is encouraged in other areas in order to examine more problems and challenges facing orphans and design feasible interventions to support them.

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