

SOUTHERN NEWHAMPSHIRE UNIVERSITY  
&  
THE OPEN UNIVERSITY OF TANZANIA

MASTERS OF SCIENCE IN COMMUNITY ECONOMIC  
DEVELOPMENT  
(2007)

EXPLORATION OF FACTORS WHICH AFFECT THE PROVISION OF  
CARE AND SUPPORT FOR OVCs IN TEMEKE MUNICIPAL  
COUNCIL: THE CASE OF MTONI KWA AZIZI ALLY

A. F. MADULU

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COUNCIL: THE CASE OF MTONI KWA AZIZI ALLY SUBMITTED IN  
PARTIAL FULFILMENT FOR THE REQUIREMENT OF THE DEGREE  
OF MASTERS OF SCIENCE IN COMMUNITY ECONOMIC  
DEVELOPMENT

ALOYS FIZYA MADULU

**CERTIFICATION**

I .....certify that I have thoroughly read this  
project report and found it to be in an acceptable form for submission.

Signature.....

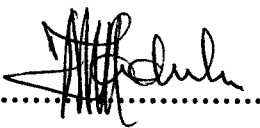
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**DECLARATION**

I declare that, this work is my own work, which has not been submitted  
for a similar degree in any other university.

Mr. Madulu, Aloys Fizya.....

## **DEDICATION**

This work is dedicated to my wife, Salome Emily who suffered for being lonely because I had to spend sometime away of home in the course of fulfilling the necessary requirements of the course.

**ABSTRACT**

The escalation of HIV/AIDS has posed great challenge to the community. AIDS has killed a number of people while leaving behind Orphans and Vulnerable Children (OVCs). Due to loss of parents, OVCs have become helpless while assuming responsibilities above their age such as care for sick parents in the community.

Traditionally, care and support for OVCs was a community responsibility. The Community provided services such as: food, shelter, clothing and parental care. However, with increased number of OVCs and rampant poverty, the community has ceased to offer the expected quality services. So, OVCs are longer receiving proper attention in the community.

The family which is crucial for sustainable care and support for OVCs has been given less attention by the government, NGOs, and other stakeholders. As a result, risks of maltreatment of OVCs in families have increased. The risks affect growth and development of OVCs. Therefore, the study highlights the position and status of OVCs by exploring the factors which affect the provision of support and care for OVCs in the community

## **ACKNOWLEDGEMENT**

I would like to thank the Catholic Secretariat of the Tanzania Episcopal Conference (TEC) for giving me permission to attend the course. May I also thank Cordaid of the Netherlands for the financial support without which, it would have been difficult to attain the course.

I am also grateful to my supervisor, Dr Werema for his skilful advices. He was tirelessly available to provide me with technical guidance whenever necessary.

Also, I indeed feel indebted to thank the host organization, MAdeA and its leadership for giving me a full organizational support through which I was able to accomplish most of the tasks successfully.

Lastly, I would like to thank all those who had supported me in one way or another in the success of this project.



**EXECUTIVE SUMMARY**

A project on Care and Support to OVCs was conducted at Mtoni Kwa Azizi Ally Ward in Temeke Municipal Council for eighteen months from September 2005 to January 2007. Mass Development Association (MAdeA), which is a Community Based Organization, hosted the project. The aim of the project was to explore factors, which affect the provision of care and support and the impact of such services to both OVCs and Caretakers.

It was a cross-section study, which targeted 100 heads of households; however, 94 out of the targeted number participated in the study. Simple random sampling method was used to select participants of the study. Questionnaires, interview, and observation methods were used to collect information. Questions developed were used to measure different variables, which served for a descriptive purpose of the study. During the study, interviews with individual community members were conducted to get qualitative information; also, literature review was done to gain information on the knowledge, skills and intervention strategies used to improve situation. Collected data were processed, analyzed and presented in tabular form.

The major objectives of the study were as follows: to determine factors, which affect provision of care and support for OVCs, as well as the effects of care and support to both OVCs and caretakers in Temeke Municipal Council; to determine the level of community participation in care and support for OVCs, and to determine the level of knowledge of CBO in program design and management.

The study has revealed that: most of the families are overwhelmed with an increased number of people in families. The size of the family has gone beyond the normal average of six people per family. Besides such increase, the capacity of care and support for OVCs in families has remained limited. Families are poor with low monthly income of less than twenty thousand shillings. As a result, OVCs are not provided with the necessary basic human requirements. However, families are willing to foster children regardless of an increased rate of poverty and other problems associated with OVCs.

So far, the results of the study have provided baseline information for care and support for Orphans and Vulnerable Children in Temeke. The results have enabled CBO to implement a project that would assist caretakers in at least one hundred families to cope with the situation. The project intends to build capacity of Caretakers on how to develop productive micro-projects for income generating.

Based on the findings, the following are the recommendations of the study: the government should prepare laws to protect OVCs in the community; family is the most preferable and sustainable institution for care and support of OVCs; however, the institution should be supported socially and economically in order to be able to cope with the situation; a wider research should be done on Orphans and Vulnerable Children. So far, this study was limited in terms of coverage, as Tembeke Municipal Council is wide, and the sample taken was from only one ward; the best way for care and support is to integrate OVCs in the community; however, effort should be done to rekindle the spirit of neighborhood, which seems to be diminishing due to globalization, and capacity building of local community organizations on Resource Mobilization and Project Design and Management is critical for care and support for OVCs.

In conclusion, family is the best option for care and support for OVCs in the community. By using family for OVCs' projects become sustainable and culturally appropriate. However, there is need to strengthen the capacity of the institution in order to be able to provide quality services.

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## **LIST OF ABBREVIATIONS**

AIDS	Acquired Immunal Deficiency Syndrome
CBO	Community Based Organization
CED	Community Economic Development
FBO	Faith Based Organization
HIV	Human Immunal Deficiency Virus
ILO	International Labour Organization
MAdeA	Mass Development Association
NGOs	Non Governmental Organizations
OVCs	Orphans and Vulnerable Children
TACAIDS	Tanzania Commission for AIDS
UNAIDS	United Nations AIDS
W.HO	World Health Organization

## **CHAPTER ONE**

### **1.0 COMMUNITY NEEDS ASSESSMENT (CNA)**

#### **1.1 Community Profile**

Temeke Municipal Council is found within Dar es Salaam City. It was established in 1972 as a District in coast region. However, in 2000 Temeke was named as one of the three Municipalities in the city of Dar es Salaam. This was after reforms which dissolved the city commission.

Temeke is situated at 6°48' and 7°10' South and 39°12' and 39°33' East. The Municipal Council is located in the Southern part of Dar es Salaam bordering Indian Ocean in the South East. In the North, it borders with Kinondoni Municipal Council, and Ilala Municipality in the West.

Temeke is a government administrative area, which also serves as a market area and a central area for health facilities. This is because the District Hospital is located in the Municipal Council. It renders services not only to Temeke residents, but also to other people from other parts of the city and regions. When you compare Temeke from other Municipal Councils, you find that, Temeke has both urban and semi-urban characteristics. Apart from being within the city, there are other places, which are out of the city.

Temeke Municipal Council is characterized by high temperature with a bimodal rainfall: that is short rains period, which begin toward the end of December and end in February and long rains which starts in February and end in June. The high temperatures prevail throughout the year; ranging from 25 °C between June and August, up to 35 °C between January and March. The rainfall received ranges from 800-12000 mm per annum. The most notable feature includes Mtoni River, which is used to supply water for domestic use in some parts of the Municipal Council.

Based on the population Census (2002), the district (Temeke) has a population of 771,500 out of which 382,255 are females and 389,245 are males. It is a second populated District followed by Kinondoni in the city of Dar es Salaam.

Temeke Municipal Council has a number of development activities such as agriculture and livestock farming. So far, the municipal council has a total number of about 45,000 hectors of land for agriculture, out of which 33,000 hectors are arable and used for cultivation. The remaining 15,000 hectors of arable land is suitable and used for grazing.

Also, there are economic activities such as industry: fisheries, forestry and tourism, which all-together form a socioeconomic development base

in Temeke Municipal Council. The industrial sector is gradually growing to create more opportunities for employment.

Socially, residents in Temeke are of mixture of indigenous and people from upcountry who have decided to settle in the area. Zaramo is the main indigenous tribe, which is mostly found along the coast. Also, there non- indigenous people including those from upcountry who are not only civil servants, but also residents because they have decided to settle in the area.

Traditionally, care and support for Orphans and Vulnerable Children (OVCs) was a responsibility for relatives and entire community. Such responsibility has been gradually changing due to a number of reasons: one being cultural influences from within and outside the country, which has great impacts on the daily lives of the people in the city. The second being escalation of AIDS, which has doubled workload of OVC. As a result, many families are failing to cope with the new trend.

Local Government Authority, NGOS, FBOs, and CBOS also play a significant role in mobilizing community. They prepare and disseminate HIV/AIDS messages based on cultural background. So, involvement of village leaders, CBOs, and community members in the process was

inevitable because they are agents of change through which information reach a wider population.

Usually, communication of messages in the community is through various methods such as the use of simple learning materials like fliers and postures, meetings, theatre groups, and traditional dances, which are organized at community level. Traditional dance for instance, is crucial for initiation ceremonies, which are always practiced in Temeke Municipal Council.

## **1.2 Community Needs Assessment Methodology**

To assess the gaps between what is and what should be, a research was conducted at Mtoni Kwa Azizi Ally ward in Temeke Municipal Council

### **1.2.1 Research Design**

The research design was a cross sectional study of 100 people, which involved asking, questions by using instruments such as questionnaires and interview. The design was appropriate for descriptive purposes and determination of relationships between variables.

### **1.2.2 Research Approach and Strategy**

Participatory approach and strategy was used as a guiding principle during the study. Moreover, site visits, and focused group discussion were used during research design, implementation, and during monitoring and evaluation phases.

### **1.2.3. Sampling Methods**

The method used in this study was simple random sampling. In this case, respondents were randomly selected from the study area. Each and every head of household had an equal chance to be picked for interview. The method was useful and it created equal opportunities for women to participate in the study. Another advantage is that, responses were not biased, but reflected the true picture of what is prevailing in the community.

### **1.2.4 Data Collection**

During the study both primary and secondary data were collected. On one hand, primary data, which is the first hand information, were randomly collected from heads of households and CBO leaders at Mtoni Kwa Azizi Ally ward. On the other hand, secondary data were collected from Ward, district and institutions. Moreover, documentary method was used as a source of information for secondary data.

During the research, a number of data collection methods including: observation, documentary review, interview, and group discussions were used. Information was collected from key informants including government and NGO leaders. Observation method for instance, was useful in taking note of what was going on in the community. Through observation, it was easy to verify existence of a certain phenomenon.

Also, group discussion was used to gather information from members of the community and CBO in particular. With group discussion, it was easy to reach many people in a short period while remained cost effective. Similarly, literatures like constitution of the CBO and reports for OVCs were reviewed.

Interview with leaders at District, Local Government, and CBO levels were conducted. So far, involvement of leaders in this process has created a positive image. As a result, the project was easily accepted. Also, the community was kept informed; therefore, there was no problem of getting respondents. People were willing to be interviewed and the response was positive. So, it was easy to get ideas and opinions of individual community members.

The methods used were relevant to producing important data and information. On one hand, primary data helped us to get first hand information including feeling and attitude of the people on issues regarding care and support for OVCs. On the other hand, secondary data acquainted us with experiences documented by other people who did similar studies.

#### **1.2.4.1 Administration**

During the study, administrative work was done at the CBO, which provided office space and staff. In this case, the CBO's office was used as a meeting point for administrative work. Also, the CBO's staffs were responsible for mobilizing the community. In collaboration with Local Government Leaders; for instance, interviewers were identified and responded to the questionnaires. The analysis of data and information was done by CED Consultant analyzed data.

#### **1.2.4.2 Training for Interviewers and Data Collectors**

The interviewers were trained before conducting the research in the community. The training was conducted at the CBO's office, and it was facilitated by the CED Consultant. The training package included: making a brief introduction to interviewees; techniques to motivate respondents; the importance of being flexible for instance, people with hearing problem might need questions repeated several times; one person interview to maintain privacy; asking questions as they appear in the questionnaires and also to follow the instructions given during the training. The training was very important, as it built confidence among interviewers. Also, it enhanced skills and knowledge on data collection. Knowing what to do, interviewers were able to reach the target and realize the anticipated objectives.



#### **1.2.4.3 Reliability and Validity of the Study**

To ensure reliability and validity of the study, pilot testing was conducted. So, respondents with similar characteristics were identified and interviewed. The findings of the pilot study were used to improve the research: questions were reviewed to reflect clear meaning. So, irritating and unclear messages were omitted. This process ensured consistency of information collected from respondents. In this case, there was no big fluctuation in terms of responses given by interviewees. Also, it assisted in getting accurate information, which helped to avoid unnecessary errors.

#### **1.2.4.4 Type of instrument used**

Questionnaire was an instrument used to collect data and information. The tool was developed and administered by the CED consultant in collaboration with the CBO staffs. Also, trained volunteers assisted to administering the tool.

#### **1.2.4.5 The Content of the Questionnaire**

Questionnaire was used to collect data during the study. Two kinds of questionnaires were developed: the first questionnaire was designed specifically for interviewing heads of households in the community and the second was designed for CBO staffs. The questionnaire for heads of family had 19 questions whereas questionnaire for CBO had 6 questions.

In most cases, respondents were asked to choose from the given alternatives.

The tool intended to gather information on OVC. The focus was on the families and how they cope with the situation and the challenges encountered. The assumption was that, the community doesn't provide the required care and support for OVCs. Therefore, children don't enjoy the expected community support. So, the questions explored the factors, which affect of care and support for OVCs in families. Also, they explored whether there were impacts on Caretakers. Similarly, the questions intended to assess the skills, knowledge of the people, and accessibility and availability of resources to improve the situation. Also, some of the questions assessed the capacity of the CBO in Program Design and Management.

#### **1.2.4.6 Type of Responses**

During the study, forced-choice questions were asked. So, there were yes and no responses. These were simple to use and score. Also, training of interviewers minimized chances of misinterpretation of the meaning. Therefore, interviewers knew what to do and they were able to apply data collection tools.

Also, respondents were provided with a checklist comprised of a series of answers. From these answers, respondents were able to choose one or more answers depending on the instructions. A checklist was useful

because it helped to remind respondents on some of the things they might have forgotten.

#### **1.2.4.7 The Rating Scales**

Different rating scales were used. In this case, respondents were allowed to place the item being rated at some point with any of the ordered series of categories and numerical values assigned to the point or category. So far, nominal, interval, and category rating scales were used; for instance, the interval rating scale was used to determine family size, number of orphans and vulnerable children, and financial capacity of the families. So far, the use of scales provided options for respondents to choose the right category based on their own experiences.

#### **1.2.4.8 Response Rates**

The response was good as most of the people targeted people appeared for interview. The response rate for the first questionnaire was 94% and the target was to reach 100 heads of households. The remaining four respondents, which is about 4% of all respondents did not appear for interview. However, this could not affect the results of the study. The findings have remained representative and meaningful.

Also, the response rate for the questionnaire for CBO members was 50%. The target was to reach a total number of four staff; however, two which is about half of all respondents were interviewed. The intention was to

know experiences of community organizations in care and support for OVCs in the community.

Generally, the response was good and data were successfully collected. However, there were a number of challenges. These include: poor infrastructures at Mtoni Kwa Azizi Ally ward. The area is not surveyed and it has unimproved infrastructures such as roads and housing. In this case, researchers had to walk long distance on foot. This complicated exercise of data collection.

#### **1.2.5. Data Analysis**

Moreover, responses to each item in each question has been added up, and then, calculated percentages of respondents in favor of a certain given alternative solution. Each answer was given a code, and then analyzed. Quantitative analysis was done by computer using Statistical Package for Social Scientist (SPSS) in order to prepare grouped cumulative frequency distribution tables and percentage using SPSS to determine relationship of certain variables in the study area. Data analyzed are presented by using tabulation method.

### **1.3 Community Needs Assessment Findings**

The study has revealed that, the host organization was involved in care and support for OVCs. The CBO acknowledged existence of OVCs in the community, and that is why, it has identified the area of children and OVCs as a priority focus area.

Also, the study has revealed that, Mass Development Association (MAdeA), the host organization had already developed a strategic plan in which the problem of OVCs was presented as one of the critical issues that required immediate intervention. So, when CED Consultant approached the leadership, the problem was brought up. Moreover, the organization admitted to having little knowledge and experiences in dealing with OVC. Also, the leadership acknowledged that, the problem was complex and it needed technical assistance.

### 1.3.1 General Characteristics

**Table 1: Gender**

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	32	34.0	34.0	34.0
Female	62	66.0	66.0	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

From the above table, it shows that a total number of 32, which is about 34% of all respondents were males while 62, which is about 66% were females. This implies that females head most of the households in the area.

**Table 2: Age**

	Frequency Percent		Valid Percent	Cumulative Percent
7-17	3	3.2	3.2	3.2
18-28	17	18.1	18.1	21.3
29-39	34	36.2	36.2	57.4
40-50	22	23.4	23.4	80.9
51 and above	16	17.0	17.0	97.9
Don't know	2	2.1	2.1	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

The above table indicates that, a total number of 34, which is about 36.2% of all respondents were aged between 29 and 39. Also, 22 respondents which is about 23.4% of all people interviewed were aged between 40-50 years whereas few (2 interviewees) which is about 2.1% of all people interviewed didn't know their age.

**Table 3: Marital Status**

	Frequency	Percent	Valid Percent	Cumulative Percent
Single	19	20.2	20.2	20.2
Married	61	64.9	64.9	85.1
Widow/widower	12	12.8	12.8	97.9
Separated	2	2.1	2.1	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

The above table shows that majority (61 people) which is about 64.9% of all respondents were married whereas 19 that is about 20.2% were single. Few (2 people) which is about 2.1% were separated

**Table 4: Education Level**

	Frequency	Percent	Valid Percent	Cumulative Percent
1-4	3	3.2	3.2	3.2
5-7	45	47.9	47.9	51.1
8-10	5	5.3	5.3	56.4
11-13	9	9.6	9.6	66.0
14-16	10	10.6	10.6	76.6
16 and above	10	10.6	10.6	87.2
Never gone to school	12	12.8	12.8	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

The table above shows that about half (45 people), which is 47.9% of all respondents in the study area, has spent five to seven years in schools. This means majority of all respondents are primary school leavers. However, more than one ninth (12 interviewees), which is about 12.8% of all respondents, indicated that they have not gone to school at all. About one ninth (10 people), which is about 10.6% of all respondents; indicate to have spent fourteen to sixteen years in the education system. So, they have completed high schools.

Also, the table shows that very few (3 people), which is about 3.2 % of all respondents have spent 1-4 years in the education system. This is a group of people who have not completed primary school. Also, the table shows similar findings to people who have spent 16 and above years. This means, there are only few people who have gone up to the level of university and above.

Generally, the finding implies that, the level of education of most of the people in the study area is low. Majority has only completed primary school. In this case, there are only few people who have got education above primary school including university level.

### **1.3.2 Factors, Which Affect the Provision of Care and Support for OVCs, And Its Effects to Both OVCs and Caretakers.**

**Table 5: Number of People in Families.**

	Frequency	Percent	Valid Percent	Cumulative Percent
1-4	36	38.3	38.3	38.3
5-9	40	42.6	42.6	80.9
10 and above	18	19.1	19.1	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

The above table shows that, about 40 out of 94 interviewees, which is about 42.6% of all respondents reported to have family size range between five to nine people. Few (18) of all respondents, which is about 19.1%, reported to have family of above ten family members. This implies that, majority have families size above estimated national average of six. The size is big and it calls for support in order to meet the necessary requirements of its family members. Such support becomes crucial to families fostered with OVCs.



**Table 6: Availability of Community Strategies for Care and Support for OVCs.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	6	6.4	6.4	6.4
No	69	73.4	73.4	79.8
Don't know	19	20.2	20.2	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

Table 6 shows that, majority of respondents (69) equivalent to 73.4 % reported that, there were no community strategies for care and support in the community. Only few (6), which is about 6.4% of all respondents reported existence of community strategy in the community. This implies that, there are no community strategies except limited and uncoordinated individual efforts. So, the absence of clear and popular community strategies undermine the whole issue of care and support for OVCs. It seems the responsibility is left to individual families with no support. The situation is worse to OVCs who have no families to rely upon: they suffer most.

**Table 7: Availability of OVCs in Families.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	47	50.0	50.0	50.0
No	47	50.0	50.0	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

Table 7 indicates that about half (47), which is about 50% of all people interviewed, seem to be caring for and support OVCs in their families.

The finding implies that, families are willing to care for and support for OVCs. This is a bit different from other findings that, the traditional care and support structure have collapsed. The traditional family ties and neighborhood hasn't collapsed. The traditional mechanism for care and support is overwhelmed with other factors: poverty, low income, lack of education, and increased number of OVCs in the community.

Besides such challenges, families are willing to integrate OVCs for care in the community. So, there is a need to work on those factors to create conducive environment. The family should be seen as the only option for sustainable support and care for OVCs.

**Table 8: Ability to Support and Care for OVCs**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	27	28.7	28.7	28.7
No	67	71.3	71.3	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

The table above shows that, a total number of 67 out of 94, which is about 71% of all respondents were not able to support and care for OVCs. Only 27 out of 94, which is about 28.7%) were able to support and care for OVCs in their families. With this finding, one would say: though families are willing to support and care for OVC, but they have no capacity to do that. Most of families are impoverished and unable to meeting all basic human needs of its members.

Those families which indicated ability could be just because of sympathy; but, the fact remains that families are incapable. Therefore, capacity building and training of families should be part and parcel of care and support for OVCs.

The finding calls for a change of approach. As we think of care and support for OVCs in families, we should also think of improving the environment in which OVCs are brought up. So, analysis of the family structure and its capacity to deliver the expected output is critical.

**Table 9: Support Provided to OVCs.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Fees, school requirements and Transport	23	24.5	24.5	24.5
Food, Shelter and Clothing	27	28.7	28.7	53.2
Parental care and Psychosocial support	6	6.4	6.4	59.6
All of the above	12	12.8	12.8	72.3
None of the above	26	27.7	27.7	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

Table 9 above shows that 27 out 94 which is about 28.7% of all respondents provide food, shelter, and clothing to OVCs. 26 out of 94 equivalent to 27.7% of all respondents indicated that, they neither provide fee, school requirements, transport, food, shelter, clothing, parental care, nor psychosocial support to OVCs in their families. Very few (6) which is about 6.4 % provide parental care and psychosocial support.

The finding implies that, the concept of care and support for OVC as a responsibility of every person, families and community is not well known. Most of the families are not doing much to support OVCs. It seems they are not oriented with the national strategy, which calls for mainstreaming of HIV/AIDS activities in all sectors, and which requires every family to prevent further spread of HIV and mitigate the impact of AIDS including care and support for OVCs.

In this case, families need to be supported in order to understand their roles and responsibilities in support and care for OVCs.

**Table 10: Monthly Income.**

	Frequency	Percent	Valid Percent	Cumulative Percent
10,000-20,000	39	41.5	41.5	41.5
30,000-50,000	33	35.1	35.1	76.6
100,000 and above	9	9.6	9.6	86.2
Don't know	13	13.8	13.8	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

Table 10 shows that, 39 out of 94 which is about 41.5% of all respondents earn between ten and twenty thousand shillings per month, whereas about 33 out of all respondents earn between thirty to fifty thousand shillings per month. Very few (9) which is about 9.6% of all respondents earn one hundred thousand and above shillings per month.

This implies that, majority of community members are low-income earners. The income does not correspond with family size of five to nine people. With such economic status, one should not expect to have improved lives of OVCs. In fact, integrating OVCs in these families increase economic frustration. The burden becomes severe; therefore, there is need to improve economic status of the family if we really aim at improving the quality of life of OVCs in families and communities.

**Table 11: External Assistance to Support and Care for OVCs**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	17	18.1	18.1	18.1
No	77	81.9	81.9	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

Table 11 indicates that majority (77 people), which is about 81.9% of people interviewed does not receive external support for care and support of OVCs. Only 17 out of 94 that is about 18.1 agreed to receive external support. This implies that, regardless of increased constraints faced by families, little attention has been given to support this important institution. Neither government nor Non Government Organizations support families; therefore, there is need to extend the scope of care. The support should include family support mechanism that will minimize existing gaps and improve lives of OVCs.

**Table 12: Problems Encountered in Supporting and Caring for OVCs.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of information on support and care for OVC	2	2.1	2.1	2.1
Inadequate resources and funds	10	10.6	10.6	12.8
Increase needs for orphans and vulnerable children	3	3.2	3.2	16.0
Increase number of orphans and vulnerable children in families	3	3.2	3.2	19.1
Lack of support from the government, NGOs and stakeholders	4	4.3	4.3	23.4
Inadequate skills and knowledge	4	4.3	4.3	27.7
Stigma and discrimination against OVCs	2	2.1	2.1	29.8
All the above	66	70.2	70.2	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

Table 12 indicates that 66 out of 94, which is about 70% of all respondents, encountered with a number of constraints when providing support and care for OVCs, inadequate resources, increase needs for OVCs, lack of support from the government, NGOs and stakeholders, inadequate skills and knowledge, as well as stigma and discrimination against OVCs. About 2 out of 94 which is about 2.1% of all respondents mentioned stigma and discrimination. Similar percentages were mentioned by respondents in favor of lack of information on support and care for OVC.

Unless the challenges are resolved, it is impossible to have good and quality care of OVCs. Therefore, there is need to build capacity of

families and communities on key issues like resource mobilization, needs assessment, stigma and discrimination and so on.

**Table 13: Effects of Care and Support to OVCs.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	61	64.9	64.9	64.9
No	16	17.0	17.0	81.9
Don't know	17	18.1	18.1	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

The above table shows that, a total number of 61 out of 94, which is about 64.9% of all respondents indicated that, the current care and support system has an impact to OVCs. The impact includes: learning impairment, school dropout, stigma and discrimination, and also turning OVCs into working force. Also, some families have turned OVCs as free and cheap labour. In most cases, OVCs are assigned causal activities above their age. So, they are denied the right to education as they do not attend school.

The findings imply that, awareness campaigns on key issues of HIV/AIDS have not reached the grassroots and the family in particular. Therefore, trainings and capacity building on care and support for OVCs should target the grass root level and the family in particular to raise awareness.

**Table 14 Effects of Support and Care for Orphans and Vulnerable Children to Caretakers.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	54	57.4	57.4	57.4
No	12	12.8	12.8	70.2
Don't know	28	29.8	29.8	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

Table 14 shows that, a total number of 17 out of 94, which is 57.4% of all people interviewed agreed that, the current care and support system has effects to caretakers. The effects include: stress and burnout, heavy burden of responsibilities, tiredness because of working full time with no rest, feeling of unsecured, as well as feeling helpless because of unmet needs of OVCs. Very few (12) which is about 12.8% disagreed, and 28 out of 94 equivalents to 29.8% didn't know whether there are effects or not.

The finding implies that, the current care and support system is not proper. It has excluded carers and other family members as part and parcel of the entire caring system. So, there is need to expand scope of caring to include other family members. The experience has shown that, members are both socially and economically affected.



### 1.3.3 The Level of Community Participation in Care and Support for OVC.

**Table 15: Community Participation in Care and Support for OVCs.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	12	12.8	12.8	12.8
No	67	71.3	71.3	84.0
Don't Know	15	16.0	16.0	100.0
Total	94	100.0	100.0	

(Source: Fieldwork, Oct 06)

Table 15 indicates that, a total number of 67 out of 94 which is about 71.3% of all people interviewed disagreed the presence of community participation on care and support for OVCs. Few people (12), which is about 12.8% of all interviewees agreed. The rest 15 out 94 which is about 16% of all respondents didn't know. The above result implies that, the community is not involved and majority of community members are excluded in the process. Failure to involve the community creates loopholes for maltreatment of OVCs. So, the community need to be sensitized on key issues such as leadership, resource mobilization, and teamwork, so that the community can work together to support each other.

### 1.3.4 The Level of Knowledge of CBO in Program Design and Management

**Table 16: Sex of CBO Respondents**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	2	100.0	100.0	100.0

(Source: Fieldwork, Oct 06)

Table 16 shows that two, which is about 100% of all people interviewed were males. The two were married and aged between twenty-eight to thirty eight, and the other one aged thirty-nine to forty-nine.

**Table 17: Highest Level of Education Achieved.**

	Frequency	Percent	Valid Percent	Cumulative Percent
College graduate	1	50.0	50.0	50.0
Primary School	1	50.0	50.0	100.0
Total	2	100.0	100.0	

(Source: Fieldwork, Oct 06)

The above table shows that 1 out of 2 which is about 50% of all respondents was a college graduate while the other person which represents about 50% of all interviewees completed primary education.

**Table 18: Exposure to Program Design and Management Course.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	50.0	50.0	50.0
No	1	50.0	50.0	100.0
Total	2	100.0	100.0	

(Source: Fieldwork, Oct 06)

The table above indicates that 1 out of 2, which is about 50% of all respondents, has attended some courses on program management. The rest 50% has not attended the course. The finding implies that, some staff have got knowledge but others not. However, no effort was done to impart the knowledge to unqualified staff. Therefore, the organization is encouraged to learn and share knowledge and skills among each other, so as to improve quality of work.

**Table 19: Problems Encountered in Providing Care and Support to OVC.**

	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of information on care and support	1	50.0	50.0	50.0
Inadequate funds	1	50.0	50.0	100.0
Total	2	100.0	100.0	

(Source: Fieldwork, Oct 06)

The above table shows that 1 out of 2, which is about 50% of all respondents mentioned lack of information on care and support as a challenge to the organization. The finding relates to the intention of the CBO of influencing research on care and support so that, data for planning appropriate intervention on OVCs is available. The rest, which is about 50% of all interviewees mentioned inadequate resources as a challenge to the organization. In this case, the organization should network with other organizations, develop learning materials, mobilize resources and train its staff on issues related to Program Management.

## **CHAPTER TWO**

### **2.0 PROBLEM IDENTIFICATION**

#### **2.1 Problem Statement**

Orphans and Vulnerable Children (OVCs) is one of the problems affecting children in Temeke Municipal Council. Currently, Temeke has a total number of 8,875 OVCs, out of which 4,717 are males and the rest 4,158 are females. Similarly, a total number of 1,346 children were admitted to the hospital out of which 251 died of AIDS related diseases during the year 03/04 (survey, 2004).

Traditionally, the community was responsible to meeting OVCs' needs and requirements: food, shelter, treatment, and school requirements. However, with the spread of HIV/AIDS, the trend has changed. The community and families are no longer assuming such traditional responsibility. Families have ceased to offer the expected quality services. As a result, children are no longer receiving proper attention.

The situation is caused by increased number of OVCs, poor economic status and rampant poverty. Majority in the community are low-income earners with monthly income of less than twenty thousand shillings per month. The amount that cannot suffice needs and requirements of OVCs.

Other causes include: inadequate resources, lack of support, as well as stigma and discrimination for OVCs.

The mostly affected groups include OVCs and Caretakers. *“Impact of most vulnerable children and young people stems from impoverishment following death of parents. The most vulnerable households are forced to sell essential assets to make ends meet. The impact is also seen in the presence of sick people, lack of enough labour in the villages, and the inadequacy and breakdown of traditional African extended and community coping mechanisms that care for and support vulnerable children and young people”*<sup>1</sup>

Generally, it has been difficult for OVCs to cope with the situation. Mrumbi (2006) establishes difficulties facing OVCs: stigma and discrimination, feeling of being different, feeling loneliness, psychosomatic complaints, crying, and abuse of OVCs.

If the challenges are not addressed, maltreatment and suffering of OVCs will persist. The situation which affects growth and development of OVCs in the community. Therefore, this study intends to explore the factors, which affect the provision of care and support and suggest better strategies and sustainable solution.

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<sup>1</sup> The keynote address by Benjamin Mkapa, the former President of the United Republic of Tanzania to the General Meeting of Churches United Against HIV/AIDS in Southern and Eastern Africa. (2005). Kunduchi Hotel, Dar es salaam.

## **2.2 Target Community**

The targets of this project include 100 heads of households from Mtoni Kwa Azizi Ally in Temeke Municipal Council. Indirectly, the project intends to support OVCs. The aim is to improve care and support, so that, OVCs can receive appropriate community attention. To realize this, CBO staff were trained on how to design and implement micro projects. Also, Caretakers will be trained on similar subjects. After training, they are expected to start micro projects for income generating activities.

The project is participatory because the community has been part and parcel of the process throughout project lifecycle. Local Government Authorities for instance, were engaged from the beginning. So far, their participation during needs assessment, research, and during implementation has made this project a success. Leaders mobilized and identified trainees from the community.

Under the leadership of Mass Development Association (MAdeA), the project was implemented in the area using local resources. The structure and leadership of the organization have been used to implement the project.

### **2.3 Project Stakeholders**

The government is one of the key stakeholders of the project. Also, we collaborated with other organizations operating in Temeke Municipal Council such as Daima Tazama Mbele, which deals with community capacity building; SAGETA, and Lumbesa Group, which are working on environment and income generating activities in the area. Collaboration and networking with other stakeholders has widened our understanding of community resources, which could effectively and efficiently be used to improve lives of OVCs in Temeke Municipal Council.

### **2.4 Project Goal**

Care and support for OVCs in Temeke Municipal Councils has been deteriorating from time to time. The community has ceased to give proper attention; as a result, OVCs are abused and discriminated in the community. Therefore, the goal of the project is to explore the factors that affect care and support for OVCs in the community.

### **2.5 Project Objectives**

The objectives of the project are:

- 2.5.1 To determine factors which affect provision of care and support for OVCs, as well as its effects of care and support to both OVCs and Caretakers in Temeke Municipal Council.
- 2.5.2 To determine the level of community participation in care and support for OVCs.

### 2.5.3 Determine the level of knowledge of CBO in program design and management.

The Underlying Assumption is that, effective intervention to support OVC depends on the degree of community participation at various levels of project cycle. Also, sustainability of OVC care and support project depends on the use of community existing structures and traditional coping strategies. Increased burden to Caretakers reduce effectiveness to support orphans and vulnerable Children in homes. Similarly, the level of skills and knowledge has direct impact on project performance and achievements. Therefore, project goal has a direct link to the mission of the organization.

## **2.6 Limitations of the Study**

The limitation of the study is that, it was conducted at Mtoni Kwa Azizi Ally Ward. The ward was randomly selected hence; the findings of the study cannot be generalized for the whole of Temeke District. They only pertain to the particular organization and at the area where the study was conducted. However, the findings can be generalized to areas with similar characteristics.

## **2.7 Community Based Organization.**

The study was implemented at Mtoni Kwa Azizi Ally ward in Temeke Municipal Council, and MAdA was the host organization. This is a Non-profit Organization established in 2000. The mission of MAdA is to



alleviate poverty; improve habitat, gender and health; as well as maintain the right of a child through resource mobilization, research, capacity building, and information accessibility to individuals and communities.

MAdeA has the following objectives:

- 2.7.1 To mobilize, promote, and enhance moral and technical support for poverty alleviation activities among community groups.
- 2.7.2 To explore different issues facing young children and support Caretakers or parents with regard to children growth and development and sensitize individuals, groups, and the community on HIV/AIDS, as well as care and support for orphans and vulnerable children.
- 2.7.3 To contribute and facilitate community on environmental user-friendly technologies and sustainable habitat.

The organization structure of MAdeA includes: general meeting, which is mandated for final decision on matters related to the organization; board of trustees; board of directors, and the office management which comprises of the Executive Secretary, Director of Finance and Administration, Director of Operations and Support of Staff and the secretary (see appendices)

Also, MAdA has established four supportive committees namely: resource mobilization, Organization Image Committee, Advisory Technical Committee, and Advisory Operation Committee.

The organization coordinated all project activities in the area. Also, it contributed some resources for implementation of the project; for instance, an office which was used for coordination purpose. Similarly, it provided volunteers and staff to facilitate progress of the project. Volunteers mobilized the community including Local Government Leaders. Also, the organization played a key role in identifying Caretakers who will be trained on how to initiate productive micro-projects, creativity, and management of micro-projects.

The CED Consultant was attached to the organization with the task of providing technical. In this case, training and capacity building for CBO staff was done. The training focused on key areas such as data collection and interviewing, monitoring and evaluation, as well as initiating micro-projects for income generating. The intention is to promote income in families so that they can be able to care and support for OVCs.

## **CHAPTER THREE**

### **3.0 LITERATURE REVIEW**

The study was conducted at Mtoni Kwa Azizi Ally in Temeke Municipal Council. It is based on experiences and literatures by different researchers. Therefore, references which entail theoretical, empirical, and policy were reviewed. Literatures were cited in order to broaden understanding of the CED Consultant, MAdeA Staff and other readers.

#### **3.1 Theoretical Literature Review**

The global AIDS epidemic is one of the greatest challenges facing our generation (UNAIDS 2004). Human immunodeficiency virus, or HIV, is the virus that causes acquired deficiency syndrome, or AIDS. When enters the body, HIV weakens the immune system, making the body susceptible to and unable to recover from other diseases (TACAIDS, 2005). Transmission of HIV can be in four ways: sexual contact; mother to child transmission; transfusions of contaminated blood; and through the use of needle.

Moreover, AIDS has become the greatest threat to growth and development of children in many parts of the world. Countries including Tanzania have responded to this challenge, but still are overwhelmed with escalation of the epidemic. So, response to the problem has not been very effective.

The experience shows that not all children who are affected or infected receive proper attention or support; for instance, those indirectly affected, are too often forgotten. The needs of children who are affected through the sickness and death of parents, carers, siblings and others in the community have not been seen as a priority (Kalmia, 1998).

As a result, the number of vulnerable children has been gradually increasing and majority of them are orphaned children. If not well checked, the disease might create a large cohort of disadvantaged, undereducated, and less than healthy youth (Hunter & Williamson, 1998a). This has an adverse effect on the community; for instance, there is an increasing or growing pressure caused by AIDS on both household and community.

With increased needs of children as well as poverty, carers are increasingly unable to meet the needs of children (Welbourn, 1998). Moreover, a research conducted in the Philippines, India and Thailand has established that, coping with HIV/AIDS crippled household income-earning capacity, and it took several years to recover after death (Godwin, 1997). This affects children who are growing up in Africa and whose right to education and health, to protection and care, is being challenged by HIV/AIDS, thus curtailing their capacity to develop as adults. The

decline in standards of living for young children is a clear evidence of this situation.

Moreover, children who are affected or infected by HIV/AIDS live in poor countries and have limited access to health, education and welfare services. So, accessible public health and social services are just one part of the broad developmental approach needed to support such children: their need for psychosocial support and for acceptance in a non-discriminatory environment is just as important as their material needs for food, shelter and education.

Impact to most vulnerable children and young people stem from impoverished following death of parents. The most vulnerable households are forced to sell essential assets to make ends meet. The impact is also seen in the presence of sick people, lack of enough labour in the villages, and the inadequacy and breakdown of traditional African extended and community coping mechanisms that care for and support vulnerable children and young people (Mkapa, 2005).

Similarly, Barnett & Blaikie (1992) argue that the breakdown of safety net is due to the longer period of illness and the escalating number of adult deaths. HIV/AIDS can be seen as an unprecedented long wave disaster.

According to UNAIDS, when one parent dies in a family, it is acknowledged that carers within such families are the children. There is often no one else but the children to look after the other parent who falls sick. Many children are left to cope with terrifying conditions and witness the suffering of the person they most love and depend on in the world, without skills or knowledge and often without anyone having talked to them directly about what is happening.

Also, caretakers who have experienced stress due to nature of the work itself also feel the impact. The fact that they are dealing with an incurable condition that kills largely young people causes terrible suffering and is heavily stigmatized. The most commonly reported causes of stress among carers include: financial hardship; oppressive workloads; unmet needs of children and lack of clarity about what the caregiver is expected to do (UNAIDS, 2000).

### **3.2 Empirical Literature Review**

The findings in the World of Work Report has revealed that, HIV/AIDS has increased burden in families and therefore, other adults in the households of a person with HIV/AIDS will have to shoulder an increased burden of care, estimated to be 1 percent greater globally in 2015 than in the absence of HIV (6 per cent in Sub- Saharan Africa). Moreover, in rural areas of the most affected countries, HIV/AIDS is

worsening the economic situation of impoverished rural households to withstand shocks, and seriously aggravating existing food insecurity, and also children will suffer from lack of parental care and guidance, or find themselves forced to abandon schooling and seek work which not only threaten the goal of eliminating child labour and promoting sustainable development (ILO, 2004).

Moreover, (Urasa et al, 2002) have found that expenses associated with HIV/AIDS were higher than those of other causes of death. Also, World Bank (1997) made similar findings that, AIDS is one of the major factors that increases burden for care and support in families and in the community. Probably this is why malnutrition is widespread among orphans, but also among non-orphans in AIDS affected households (Barnett & Blaike, 1992; World Bank- Kagera, Tanzania, 1997).

The experience from Soweto, South Africa, shows that AIDS has begun to challenge traditional attitudes, men especially, those who are infected. *“We have seen both extremes in the behavior of men here in Soweto says Mark Ottenweller. Some have looked after sick partners or relatives magnificently; some have abandoned infected wives or thrown them out of the home”*<sup>2</sup>. The outcome of this experience is that, children would

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<sup>2</sup> Quotation of Mark Ottenweller made as part of UNAIDS Case study on Caring for Carers: UNAIDS Best Practice Collection, May 2000 p 14.

suffer the consequences, as they are more likely to grow in a frustrating environment while missing development opportunities.

Researches in Tanzania have found that, the loss of parent leads to higher levels of sickness and malnourishment among children and lowers their odds of attending school; for example, children who have parents who are ill with AIDS related diseases have special needs. Also, studies have shown that children in families that take in other children orphaned as a result of AIDS suffer a loss of resources for health education, and other purposes (TACAIDS, 2005).

In Tanzania more orphaned children are living with elderly carers, though there has been a rise in the number of child-headed households. In this regard, a study conducted in Tanzania has estimated that 80 per cent of foster parents are grandmothers (Caldwell, 1997).

The research conducted between 1992 and 2000 on the impact of orphanage on the living arrangements and school enrollment of children in ten countries by (Anne et al, 2001) revealed that, orphans in Africa on average live in poor households than non-orphans, and are significantly less likely than non-orphan to be enrolled in school. The study has also found that, outcomes for orphans depend largely on the degree relatedness of the orphan to the household head.



Children headed by non-parental relatives fare systematically worse than those living with parental heads, and those in households headed by non-relatives fare worse still. Much of the gap between the schooling of orphans and non-orphans is explained by greater tendency of orphans to have more distant relatives or unrelated caregiver.

Also, the experience and case studies have shown that children infected or affected by HIV/AIDS experience discrimination and exclusion as they frequently live in great poverty than their peers, and very often they are forced to take on adult responsibilities particularly if they lose both parents. The following case studies from South Africa demonstrate discriminative environment faced to orphans and vulnerable children in families: *“sometimes they are treated badly. They are made to work more than other children in the families that they stay with. They fetch water whereas other children are just sitting they cut wood. They work more than the other”*<sup>3</sup> Similarly *“if relatives get to know about it they’ll never treat your children well. I am talking about what I know. My other sister has got it (HIV/AIDS) too. When we go to my aunt’s place my aunt literally guards what our children are doing. She also tells her child not to use the same glasses. You can see from this that she doesn’t want our*

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<sup>3</sup> A quotation of an orphaned boy who has been taken in by his aunt’s family, Ingwavuma made in SFAIDS Newsletter, 2001.

*children. Since she knows what they have she doesn't accept them any more*"<sup>4</sup>

Moreover, as the number of orphans increases in the community, responsibility to care and support for OVC increases as well; therefore, families are overwhelmed by escalation of the disease. In Western Tanzania, for example, pressures on families hosting children orphaned by HIV/AIDS are such that relatives are refusing to take in more children, or are unable to provide for them if they do (SAfAIDS, 2001).

Similarly, OVC are victim of parenting in the presence of HIV, which is not fully understood as stressful for instance, an ill mother may be unavailable for care, absent, or ill to carry out daily mothering and caring tasks. It also creates stress in households and communities, and also hampers new loving relationship, as children miss unconditional love which is seen, as important for their capacity for social adjustment, and ideas of self and relationship formation. Also, children lack socialization, development of skills, attitudes and behavior, as there will be no role model to follow through (White, 2000; Sherr, 2005). Also, it creates stressful situation among carers (UNAIDS, 2000).

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<sup>4</sup> Woman living with HIV/AIDS whose young child is also HIV positive, as quoted in SAfAIDS Newsletter in 2001.

The study in Zambia has found that, children of HIV patients were significantly more likely to be unhappy, solitary and fearful (Poulter, 1997)

From the above case study, it shows that Orphans and Vulnerable Children is a global challenge which has shocked most families and in particular the traditional care and support system in the community. Therefore, there is need to explore the factors behind this in order to design better strategies, that will assist families, to assume their full responsibilities in care and support. Also, it shows that, Orphans and Vulnerable Children are disadvantaged, and most likely to be deprived of their basic rights in families, as well as in the community because of death of their parents.

The impact seems to go beyond OVCs, as AIDS affects also caretakers. Families are stressed and likely, they are overburdened with an increased number of Orphans and Vulnerable Children in the community. So, some literatures have suggested a systematic studies of stress among careers at all levels and documentation of the different strategies used to cope with the stress, how well they work, what they cost, and their effects on the quality of care as well as on the morale and commitment of carers (UNAIDS, 2000).

Moreover, the lesson learned from TASO, the AIDS support organization in Uganda is that, majority of care and support occurs within the family

and surrounding households and communities. Unless this grass root structures are empowered and competent in providing care and support, there can be no meaningful scale-up.

Similarly, (ILO, 2002) suggests strategies and tools against social exclusion, which explores the potential and supportive development of decentralized systems of social protection. In this regard, the study will take into account such experiences, and apply some of the strategies recommended in order to make a successful study.

The case studies and experiences demonstrated have provided a benchmark for the research in the study area. Moreover, the study has taken into account the role of organizations and the community. Also, it has also considered family as the remaining principal support unit for children.

### **3.3 Policy Literature Review**

The problem of Orphans and Vulnerable Children has now been recognized as serious challenge facing the world.

The United Nations through UNAIDS has established standards to guide interventions for care and support among nations. The guidelines provide urgent steps to scale up and replicate successful interventions. Therefore, countries including Tanzania have committed to: conducting participatory

situation analysis; implementing a national policy and legislation review to protect children; establishing national coordination mechanisms for responding to the orphan challenge; developing and implementing national action plans addressing both orphans prevention and the needs of orphans; and implementing monitoring and evaluation activities based on indicators that specifically measure effects on the well-being of orphans and children made vulnerable by HIV/AIDS (UNAIDS, 2004).

The Government, NGOs, and other development partners have been in the front line to improve the situation. In 2001, for instance, the government prepared and approved HIV/AIDS policy in which it recognized rights of OVC, and calling for support by the central government, local councils and community, to minimize the impact of HIV/AIDS in their lives (Policy, 2001).

In December 2002, a new National Multi-sectoral Strategic Framework on HIV/AIDS 2003-2007 was introduced to translate the policy into meaningful and concerted guidance. The strategic Framework has also recognized a need to reduce adverse impact on Orphans and Vulnerable Children.

In Uganda for instance, a policy for OVCs has been developed as part of the guiding principle, that OVCs require special attention in terms of

access to social services. The policy is based on human rights approach in programming, and also, it recognizes the family and community as first line of response. Also, it encourages focusing on most vulnerable children, reducing vulnerability, community participation, stigma reduction and other important aspects in care and support for OVCs (Orphans and Other Vulnerable Children Policy, 2004).

## **CHAPTER FOUR**

### **4.0 PROJECT IMPLEMENTATION.**

The project was implemented immediately after gathering enough information regarding the situation of OVCs in the area. The aim was to strengthen the capacity of families on care and support of OVCs by training CBO and Caretakers.

#### **4.1 Project Planning**

CED Consultant and MAdeA staff jointly planned the implementation of activities. In this case, meetings were organized to discuss ways and means to implement the recommendations. Meetings were identified as an easiest way of resolving issues in the community. Through local government leaders, it was possible to reach out in the community. So far, the focus was to supporting the family: the most preferable and sustainable institution for care and support. Therefore, implementation of activities aimed at enabling such institution to cope with the situation (see table 20).

The aim was to strengthen and build capacity of families and Caretakers in particular. This involves training of CBO leaders and caretakers. On one hand, CBO staffs have been trained on how to initiate, supervise and manage micro projects. On the other hand, caretakers will be trained on how to plan, implement, and evaluate sustainable micro projects. They will also be trained on creativity and marketing. After training, they will

have access to capital to start micro-projects. This will increase family income and consequently, facilitate growth and development of OVCs in the community.

## **4.2 Products & Outputs**

### **4.2.1 Products**

The research conducted in October 2006 has revealed a number of issues and concerns that required attention. So far, the research has come up with recommendations that include: identified priority area to focus with, identified implementation strategies and also, a need to develop a project that will be used to mobilize financial resources from development partners. Also, CBO staffs have been trained

Other products of the project include: increased CBO's knowledge and skills on micro-projects for income generating. So far, CBO staffs were trained on how to initiate and manage productive micro-projects, as well as monitoring and evaluation. Also, they were trained on how to look for markets of their products. Similarly, awareness of the community and families on OVCs care and support has increased. So far, the community is now aware of the challenges encountered by both OVCs and Caretakers, and it has started to take measures to improve the situation.



#### **4.2.2 Outputs**

The implementation of the project has come up with a number of outputs: a training project for Caretakers has been developed. The project is expected to raise a total amount of Tanzanian shillings 13,904,000.00 equivalent to USD 10,695.385. Also, four CBO leaders have been trained on how to develop and manage micro-projects for income generating. Similarly, a total number of 100 caretakers will be trained. The training will also address issues of designing and establishing productive micro projects, marketing, and creativity. However, this will depend on the availability of funds. After training, caretakers will have access to funds for establishing micro-projects for income generating in families. The intention is to uplift economic status and lives of OVCs in families. Therefore, established micro-projects will promote economic development and welfare of OVCs in families.

## Project Planning

**Table 20**

Activity	Resources Required	Planned Delivery Timeline	Responsible
Identify CBO to work with	Transport, stationeries	Sept 05.	CED Consultant
Conduct organization situation analysis	Stationeries	October- Dr, 05	MAdeA Staff & CED Consultant.
Prepare project design proposal	Stationeries	Jan-March, 06	CED Consultant
Develop project proposal	Transport, stationeries, personnel	November, 06	MAdeA Staff and CED Consultant
Conduct a meeting to discuss recommendations then, set priority on what to be implemented.	Stationeries & personnel	November, 06	MAdeA Staff and CED Consultant
Train CBO members on develop productive micro-projects	Facilitator, Stationeries, personnel	January 07	MAdeA Staff and CED Consultant
Conduct monitoring and evaluation to develop a project proposal.	Personnel stationeries	Sept 06- January, 07	MAdeA staff and CED Consultant
Prepare and submit final report	Stationeries	Feb, 2007	CED Consultant

(Source: CED Program Sept 2006)

### **4.3 Staffing**

During the study, a team of nine people comprising of four MAdeA staff and five community members who were chosen by Local Government Leaders participated in meetings, which were facilitated by the CED Consultant. The aim was to build capacity of the team on technical issues including data collection, developing project proposal, and community mobilization.

On one hand, the CBO was responsible for organizing community meetings. Also, it was responsible for coordination of both the meetings and the implementation of activities in general. MAdeA office acted as the central point where activities were coordinated.

The CED Consultant was not only responsible for providing technical support including facilitation of the meetings, but also, developing reports for the project implementation.

### **4.4 Project Budget**

The project has costed a total amount of Tanzanian Shillings 1,905,000.00. The amount covers for transport and facilitation. Also, some of the funds were used for stationeries: papers, pens, marker pens, binding, and printing. Other costs for office space and utility were voluntarily provided by the hosting organization.

## **4.5 Project Implementation**

### **4.5.1 Project Implementation Report**

The implementation of the project is successful because planned activities have been achieved. In November 2006, a workshop to develop a project proposal for fund raising was developed. The proposal is now used by CBO to mobilize resources from development partners. Also, in November 2006, meetings to discuss recommendations of the research were held. The meetings were used to set priority areas for implemented.

Having already set priority areas, in January 2007, training for CBO staff on how to develop productive micro-projects was conducted. The training has built capacity of the CBO in providing leadership to support community initiatives for income generating. On the other hand, training for Caretakers has not been done due to limited resources. However, the activity is planned to be done as soon as funded are available.

Monitoring of activities is ongoing. The mid term evaluation was accomplished whereas other activities including initiating micro-projects for income generating, as well as final evaluation will be done as soon as funds are secured. In February 2007, the final report was accomplished and submitted.

#### **4.5.2 Project Implementation Gantt chart**

The 18 months project was implemented at Mtoni Kwa Azizi Ally in Temeke Municipal Council. During this period, a number of activities were carried out: The first task was to identify an organization to work with during this period. So far, this task was accomplished in September 2005. Then, SWOT analysis to identify: strength, opportunities, weaknesses, and threats of the identified CBO was conducted. This activity was done from October to December 2005. From January to March, 2006 a project proposal design was developed

Needs assessment and research was conducted at Mtoni Kwa Azizi Ally in Temeke Municipal Council from April 2006 to January 2007. The exercise has provided enough information regarding OVCs in the community.

From October 2006 to January 2007, meetings were organized to share findings, recommendations, and also to determine the future of the project. In this case, priority areas were identified and strategies to sustain the project were developed. Also, between December 2005 and January 2007, training of CBO staff on how to initiate productive micro-projects was conducted.

The training intended to build capacity of CBO on income generating activities, which will promote income in families. With high income families are expected to be able to care and support for OVCs. Also, Caretakers will be trained as soon as funds are secured. The exercise to identify trainees on micro-projects was done in November 2006. So far, a total of 100 Caretakers from Mtoni Kwa Azizi Ally will be trained.

Monitoring was regularly conducted whereas evaluation was conducted during mid term. Final evaluation is scheduled towards the end of the project. For detailed information on the activities planned (see appendix iv)

## **CHAPTER FIVE**

### **5.0 MONITORING, EVALUATION AND SUSTAINABILITY**

#### **5.1 Monitoring**

Monitoring refers to a process of routinely gathering information of all aspects of the project. It provides information, which helps to analyze current situation, identify problems and find solutions. Also, monitoring helps to discover trends and patterns, keep project activities on the schedule, measure progress towards objectives and formulate or revise future goals and objectives (CEDPA, 1994).

##### **5.1.1 Reason for Monitoring**

Monitoring plan was developed and implemented to ensure that, the study performance meets goal and objectives. The monitoring plan, which entails information, was required in determining effectiveness and efficiency of the implementation process. Also, the plan indicates what to be monitored, specific targets such as imparted knowledge and skills, as well as number and types of services provided.

Also, the plan outlines responsible people for implementation of activities. In this case, the CED Consultant and CBO staff jointly collected and managed information. However, at the beginning it was expected that, information could be received, processed, and computerized by CBO administration. But, this was not possible because

the organization has not computerized information system. So, data were kept in files. The CED Consultant reserved data electronically, and it helped to keep tracking of information regarding the project

### **5.1.2 Research Methodology for Monitoring**

Different methods were used to monitor the project implementation. The methods included both qualitative and quantitative methods such as: observation, documentary review, meetings, focus group discussions, and review of documents and records were used to monitor the implementation.

Focus group discussion was used to collect primary and qualitative information from the leadership of the organization. During the discussion, leaders were free to share experience and their opinion about progress of the project. Also, they suggested the right way for better implementation in future. So far, open and free discussion has improved confidence, knowledge and skills on care and support for OVCs. Also, the organization has improved the capacity to develop proposals for resource mobilization.

Meetings with Local Government Leaders were held both in office and at household levels. Usually, invitation letters are circulated through local government channels for information before meetings are held. This has



increased turn up and participation of the community. The method was relevant to producing first hand information.

Observation method was also used to take note of what was going on in the community. Through observation, it was easy to verify existence of a certain issue for instance, it was very important to observe behavior of heads of households and Caretakers in order to determine the environment in which OVCs are brought up.

Review of documents and records was used in order to collect secondary data. During the review, important documents like constitution of the CBO and OVCs' reports were reviewed.

The methods were chosen because are simple and convenient to both CED Consultant and the community organization. Meetings for instance, are commonly and widely used in the area.

### **5.1.3 Monitoring Verifiable indicators and Means of verification**

Indicators are quantitative or qualitative criteria for success, which enable one to assess the achievement of project objectives. To ensure good follow-up, monitoring indicators were developed right from the beginning of the project. These include: number of CBO, identified factors affecting care and support for OVCs, number of people trained,

number of meetings held and number of micro projects initiated (refer table 21).

The means to verify achievement of the above indicators include: training reports, meeting attendance register and questionnaire.

#### **5.1.4 Tools for Monitoring**

Also, a tool for monitoring activities was developed. The tool was used to monitor and collect information. The tool comprised of key questions that include: gender, age, persons who conducted the activity? What services were delivered? What population was served? What was the content of the training? What were the challenges and how was resolved? What was the logistics? What resources were used? What can we learn from the intervention? What should be done to improve the situation? How should it be done? What was observed? What should be the most appealing or interesting thing?

The monitoring of the implementation focused on four objectives of the project namely:

- i) To determine the factors which affect the provision of care and support for OVCs, and its effects to both OVCs and caretakers in Temeke Municipal Council.
- ii) To determine the level of community participation in care and support for OVCs

- iii) To determine the level of knowledge of CBO in program design and management.
- iv) To build capacity by training 4 CBO leaders and 100 Caretakers in designing and managing micro projects for income generating at Mtoni Kwa Azzizi Ally in Temeke Municipal Council.

**Table 21: Summary Monitoring**

Activity	Indicators	Delivery Timeline		Responsible
		Planned	Actual	
Identify CBO to work with	Identified organization	Sept 05.	Oct, 05	CED Consultant
Conduct community needs assessment.	Identified needs and problems	Oct- Dec 05	Nov, 05	MAdeA Staff & CED Consultant.
Prepare project proposal	Developed proposal.	Jan-Mar, 06	Dec 05-June, 06	CED Consultant
Develop data collection tools	Number of tools developed	Apr- June, 06	July-Sept, 06	MAdeA Staff and Consultant
Collect data in the study area	Collected data available	July 06-Dec 06	Oct 06	MAdeA Staff and Consultant
Analyze data	Analyzed data available	July 06- Dec 06	Oct-Nov, 06	MAdeA and Consultant
Train CBO members on how to develop projects	Number of people trained	December 06	January 06	CED Consultant
Conduct meetings to prepare project proposal for CBO	Number of project proposal developed Number of meetings	November 06- February, 07	February, 07	MAdeA Staff and CED Consultant
Train Caretakers on developing micro projects	Number of people trained	July 07	Until funds are secured	MAdeA staff
Provide micro-project funds to Caretakers	Number of projects initiated	August 07	Until funds are secured	MAdeA staff
Prepare & submit report	Report prepared	Feb, 2007	Jan, 06	CED Consultant

(Source: CED Program Sept 2006)

### **5.1.5 Monitoring Results**

The results of monitoring include improved capacity to keep project records. Also, monitoring has helped to know what is going on at CBO and in the community. Through monitoring, needs and challenges were easily identified. The mission and objectives of project were clearly understood and shared among participants. Also, monitoring has increased not only ability to identify project gaps, but also ability to re-plan in order to meet intended targets.

Other results of monitoring include improved quality of activities such as training contents and the quality of people trained. So far, the target for training was realized. Also, a project for training of Caretakers on designing productive micro projects, marketing, and creativity was developed.

### **5.2 Evaluation:**

Evaluation is the process of gathering and analyzing information to determine whether the project is carrying out its planned activities and the extent to the project is achieving its stated objectives (CEDPA, 1994).

### **5.2.1 Reasons for Evaluation**

The project evaluation was carried out to:

- i) To assess the degree to which the intended objectives have been achieved.
- ii) To find out how effective the project is
- iii) To learn how well things are done
- iv) To learn from experience so as to have improved future activities.

### **5.2.2 Research Methodology for Evaluation**

Different methods were used to evaluate the implementation of the project. During evaluation, both qualitative and quantitative methods such as: observation, documentary review, focus group discussions, and review of documents and records were used.

Also, two workshops to review progress of the project are planned. The first workshop was organized during the mid term. During the workshop, participants were grouped for discussion. This helped to collect primary and qualitative information. Leaders were free to share experiences and opinions about the project. Also, they had opportunity to determine the right way for improvement in future. So far, free discussion has improved confidence and trust of one another. Similarly, the project has increased knowledge and skills of the community organization in generating

income for care and support of OVCs. Also, the organization has improved the capacity to develop proposals for resource mobilization. Final evaluation will be done towards the end of the project.

Also, observation method was used, and it was useful in taking note of what was going on in the community. Through observation, it was easy to verify existence of a certain issues. The method was very important to determine nature of the place where the project was implemented.

Review of documents and records was used in order to collect secondary data. During the review, important documents like constitution of the CBO and OVCs' reports were reviewed.

The methods were chosen because are simple and convenient to both CED Consultant and the community organization. Meetings for instance, are commonly and widely used in the area.

### **5.2.3 Evaluation Verifiable indicators and Means of verification**

To ensure that targets are met, evaluation indicators of the project were developed. The indicators measured achievements and outcomes of the project. The indicators were as follows: identified CBO to work with, number of meetings held, number of project developed, identified factors which affect care and support for OVCs, established level of community

participation, as well as number of people trained in both CBO leaders and Caretakers.

The implementation of activities was verified through progress and annual reports. Through these reports, the CED Consultant was able to prove achievement of activities.

#### **5.2.4 Tools for Evaluation**

The developed tool comprised of key questions: personal details including age and gender, how the activities was implemented? Who implemented the activities? Where the activities were implemented? What are the impacts of the project activities? What are the challenges and how were they overcome? What are the lessons learn't and project's best practices.

The tool was addressed to both CBO and in the community by the support of volunteers who were trained on data collection techniques. The evaluation was done during the mid term. Also, there will be final evaluation towards the end of the project.

#### **5.2.5 Evaluation Results**

The result of the evaluation includes: improved confidence of CBO staff and volunteers in designing and managing micro projects for income generating. Also, the evaluation has shown that, the community has begun to develop a positive attitude towards OVCs. So far, lives of OVCs in some of the families have improved in terms of care and support.



Summary Evaluation: Table 22

Objectives	Indicators	Expect Outcome	Actual Outcome
To determine the factors, which affect the provision of care and support for OVCs, and its effects to both OVCs and caretakers	Identified CBO to work with.	Identified organization to work with	CED Consultant identified MAdeA as organization to work with
	Number of meeting and proposal	6 meetings at least one per quarter. A proposal developed	5 meetings were held k Proposal to support caretakers developed.
	Developed and submitted project proposal design	Report with factors which affect care and support for OVCs	Identified factors, which affect care and support for OVS, as well as its effects to OVCs
	Number of interviewees	One hundred interviewees.	Ninety four interviewees
To determine the level of community participation	Established level of community participation	Known level of the community on care and support for OVCs	Improved level of community participation on care and support
To determine skills and knowledge of CBO on project Management	Established level of skills and knowledge	Understand the level of staff knowledge on Project Design and Mgt.	Improved knowledge on designing and managing projects
To build capacity of 4 leaders and 100 caretakers on projects design	Number of trainees	4 trained MAdeA staffs 100 trained caretakers	4 trained MAdeA staffs. To be trained as soon as fund is secured
To provide micro-project funds to Caretakers	Number of micro-projects	100 micro-projects	Until funds are secured

(Source: Field Work, 2006)

### **5.3 Sustainability**

The sustainability of the project has been observed, and strategies have been established at various levels: financial, institutional, and political sustainability.

#### **5.3.1 Financial Sustainability**

To ensure financial sustainability, the CBO has build capacity of its staff on how to develop productive micro projects for income generating. The skills and knowledge gained will be imparted to Caretakers in order to be able to initiate productive micro projects for income generating, marketing, and creativity. After training, capital to start micro projects will be availed to trainees. Also, the CBO will continue providing technical support until caretakers are competent enough to manage their projects. Also, generated income is expected to be used for care and support for OVCs in families. In this way, the quality of care and support will be improved.

#### **5.3.2 Institutional Sustainability**

The CBO has reviewed its vision, mission, and objectives. A strategic plan has been developed because of environmental changes. The issue of increased number of OVC in the community has triggered impetus for change; therefore, the focus of the CBO has also changed. So far, the project is in line with the new vision, mission, and objectives of the CBO. Also, it has been implemented by using local community resources

including volunteers, MAdeA's staff and office. The project was part of capacity building of local resources; for instance, the training on interviewing skills was done to strengthen the capacity of both MAdeA staff and Volunteers who were identified by Local Government Authorities.

Also, the organization has established a review system, which has to take place every year. This creates an opportunity to reflect on prevailing issues, and be able to respond to the challenges as they occur.

### **5.3.3 Political Sustainability**

The implementation of the project considered a number of issues, which were crucial for sustainability. The critical issues include: community participation at various stages of project cycle; involvement of local government authorities, and the use of local structures and resources including community volunteers.

The project has been involving people throughout its life cycle. Through participatory process, activities were easily implemented. During needs assessment, CBO and community members were involved. So far, the structure of the CBO was used to identify the participants. So, both CBO and community members participated in the project. Similarly, the community has been involved in carrying out research and during the implementation of its findings. Also, the planned training of caretakers is

intended to strengthen the capacity of the community to implement the project.

Also, local government leaders were involved in different phases of the project. The leaders for instance, assisted in identifying volunteers who played a very significant role in data collection. Under the leadership of the CBO, trained volunteers collected data and will continue with the implementation of the project. The use of local government authority has increased recognition of the project and MAdA in general. The profile of the organization has increased, and confidence of CBO leaders has increased too. The organization has become one of the famous community based organizations, which can even apply for funding from the local government authorities. And because of the built credibility, chances to win funding remain very high.

Similarly, from its early stages, the project has been using available local resources. The training of both CBO staff and volunteers has increased chances and capacity of the community to continue with the project in future.

## **CHAPTER SIX**

### **6.0 CONCLUSIONS AND RECOMENDATIONS**

#### **6.1 Conclusion**

The project has achieved its aim and objectives. The identified factors such as abject poverty, low income, low level of education, family size, lack of support, as well as lack of community strategies have been affecting the provision of care and support for OVCs in the community. Also, because of limited income and poverty, the community and families in particular are compelled to provide services of low quality and sometimes not at all.

Similarly, the objective on community participation on care and support for OVCs has been realized. So far, it has been found that the family, which is the lowest institution at the grassroots, is not fully engaged in care and support for OVCS.

The study also established that, although the level of knowledge of the CBO on program design and management and exposure on similar subjects was good, but there was a problem of not sharing the information among each other, something, which has affected performance of the CBO.

So far, the results of the study have provided baseline information for care and support for Orphans and Vulnerable Children in Temeke. Therefore, the results have enabled CBO to develop an intervention

strategy, which could help OVCs in the community. Also, the findings could be used by other stakeholders to design and implement appropriate strategies to address the challenges facing OVCS in Temeke Municipal Council.

## **6.2 Recommendations**

The findings and experience have shown that if we really want to succeed on care and support for OVCs, we need to decentralize our intervention strategies. The support should be focused and community based. In this case, the community has to participate at all levels. The participation in planning and designing community intervention strategies is critical not only for meeting the real needs and challenges of OVCs, but also for sustainability of our programs.

Based on the findings of the study, we recommend that:

- 6.2.1 The government should prepare laws to protect OVCs in the community.
- 6.2.2 Family is the most preferable and sustainable institution for care and support of OVCs; however, the institution should be supported socially and economically in order to be able to cope with the situation.
- 6.2.3 A wider research should be done on Orphans and Vulnerable Children. So far, this study was limited in terms of coverage,

as Temeke Municipal Council is wide, and the sample taken was from only one ward.

6.2.4 The best way for care and support is to integrate OVCs in the community; however, effort should be done to rekindle the spirit of neighborhood, which seems to be diminishing due to globalization.

6.2.5 Capacity building of local community organizations on resource mobilization and Project Design and Management is critical for Care and support of OVCs

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