

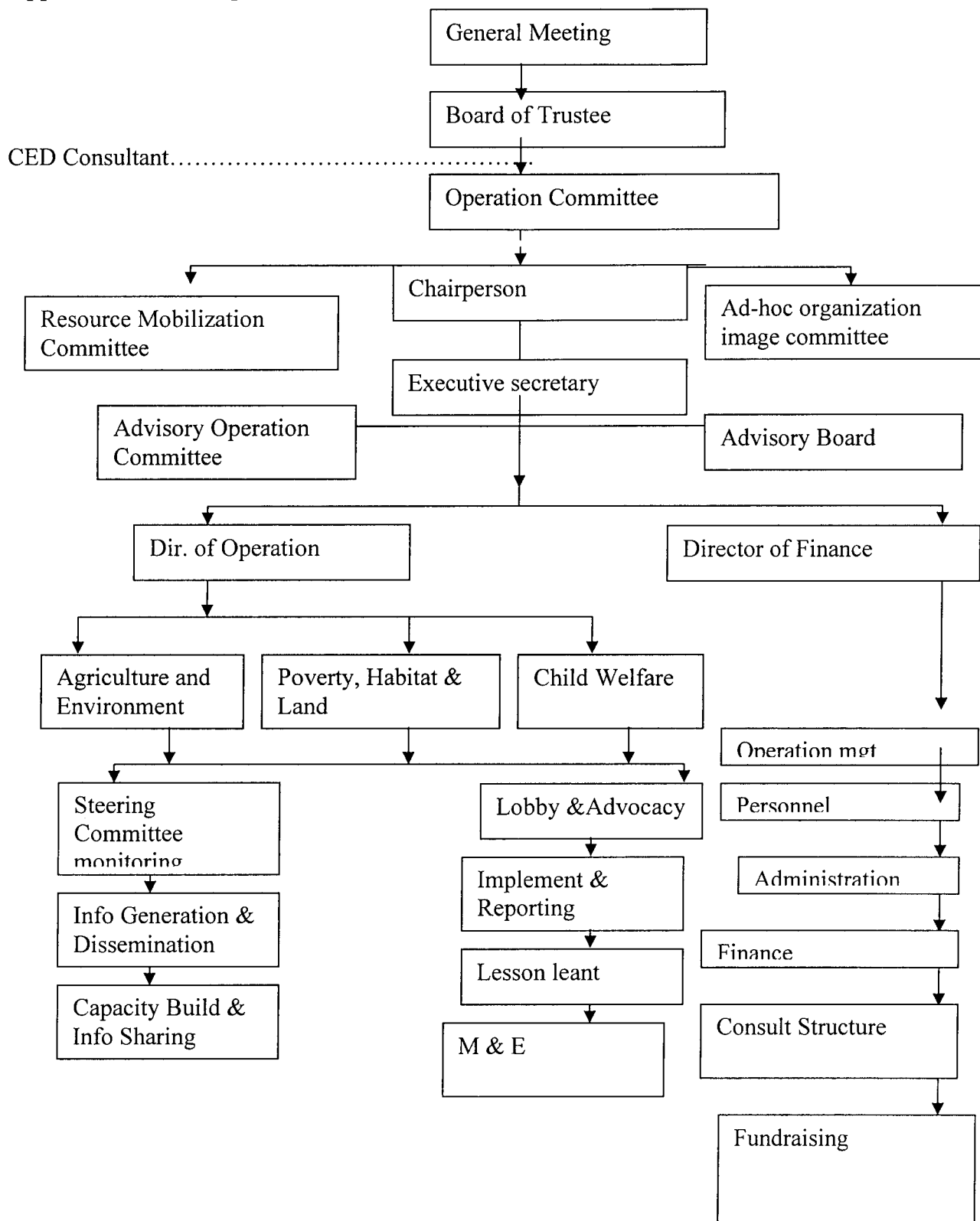
**APPENDICES:****Appendix I: Project Budget (In Tanzanian shillings)**

<b>BUDGET CATEGORY</b>	<b>UNIT COST</b>	<b>NO OF UNITS</b>	<b>AMOUNTS</b>
<b>Data Collection</b>			
-Transport for 4 persons	120,000.00	6 Months	720,000.00
-Lunch for 4 persons	144,000.00	6 Months	864,000.00
<b>Sub- Total</b>			<b>1,584,000.00</b>
<b>Other costs</b>			
Office Supplies			
○ Papers	4,000.00	10 Lims	40,000.00
○ Pens	100.00	50 Pcs	5,000.00
○ Marker pen	6,000.00	1 Box	6,000.00
○ Binding	10,000.00	6 Copies	60,000.00
○ Printing	15,000.00	6 Copies	90,000.00
○ Telephone	20,000.00	5 Copies	120,000.00
<b>Sub- Total</b>			<b>321,000.00</b>
<b>TOTAL COSTS</b>			<b>1,905,000.00</b>

### Appendix ii: Assessing Needs Table

<b>Information Required</b>	<b>Source of Information</b>	<b>Means of Gathering Information</b>	<b>Comments</b>
Factors, which affect the provision of care and support for OVCs	Community members in the study area.	Questionnaires & group discussions	Very important technique, which provided practical
Community participation in care and support for OVC.	Community members in the study area.	Questionnaires, group discussions & observation.	The three methods complemented each other. Observation verified information provided
Effects of care and support to Orphans and Vulnerable Children, as well as Care takers	Community members in the study area.	Questionnaires, group discussions & observation	The three methods provided responses based on the experience of the respondents.
Skills and knowledge of CBO on project design and management.	Community Based Organization.	Questionnaires, group discussions & observation	The tools provided basic information to determine capacity of CBO.

### Appendix iii: The Organization Chart of MAdA.



## Appendix iv: Implementation Plan

Activities	Project Month																		Resource	Person
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Needed	Responsible.
Identify CBO	■																		Transport	CED Consult
Conduct SWOT Analysis of CBO		■	■	■															Stationeries	CED Consult
Prep project Design			■	■	■	■	■												Stationeries	CED Consultant
Conduct research									■	■	■	■	■	■	■	■	■	■	Stationeries Personn	Consult & MAdeA
Conduct meetings to develop CBO proposal														■	■	■	■	■	Person	Consultant & MAdeA
Train CBO members on micro projects															■	■	■	■	Personnel	Consult.
Identify trainees on micro projects																■	■	■	Stationeries	Consultant.
Monitoring		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	Stationeries	MAdeA/Consult
Evaluation										■									Stationeries	MAdeA/Consult
Submit report																		■	Stationeries	Consult

### Appendix v: Monitoring and Evaluation Plan

Goal: The general objective of the study is to explore factors affecting provision of quality care and support to OVC in Temeke Municipal Council.

Objectives	Activities	Indicators	Data source	Methods/ Tools	Persons responsible	Timeframe
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.	Identify CBO	Identified CBO	CBO/Organization	Visits to various CBOs	CED Consultant	September - 15
	Conduct SWOT analysis of CBO	Number of meeting conducted	CBO	Group discussion	CED Consultant	September - December, 2005
	Prepare project proposal design and submit	Developed and submitted project proposal design	CBO, reference materials, lectures, community	Questionnaires, lectures, discussions and interviews	CED Consultant	April- June, 2006
	Conduct Interview in the project area	Number of interviewees	Community members	Questionnaires	CED Consultant and MAdA staff	July, 06- January, 07
To determine the level of community participation in care and support for OVC	Conduct interview in the project area	Established level of community participation	Community members	Questionnaires	MAdA staff and CED Consultant	July, 06- Jan, 07
To determine skills and knowledge of CBO on project Management	Conduct interview in the project area	Established level of skills and knowledge of CBO on proj mgt	Community members	Questionnaires	MAdA staff and CED Consultant	July, 06- January, 07
To provide micro-project funds to Caretakers	Give start up funds to Caretakers	Number of micro-projects	Progress reports	Group discussion	MAdA staff	August - Nov, 2007

## **Appendix vi: Project Proposal**

### **ACTIVITY SUMMARY.**

**Location, Activity name:** ORPHANS AND VULNERABLE  
CHILDREN (OVCs) CARETAKERS TRAINING PROJECT.

**Country:** TANZANIA

### **Sponsoring Organization:**

France Embassy, Social Development Fund P. O. Box 2349 Dar es

Salaam. E-Mail: [chloeroux@diplomatie.gouv.fr](mailto:chloeroux@diplomatie.gouv.fr)

### **Delivery Organization:**

Mass Development Association (MAdeA)

Executive Secretary

P.O.Box 11191

Tel 0713 916630;

E-Mail [madeamass@yahoo.com](mailto:madeamass@yahoo.com)

Dar es Salaam.

## **2.1 Description and Purpose.**

## **2.2 Brief Activity Description**

This is a one-year program that aims to building capacity of Caretakers at Mtoni Kwa Azizi Ally ward in Temeke Municipal Council in Dar es Salaam. Caretakers are key actors in care and support for Orphans and Vulnerable Children (OVCs); therefore, training on self-employment and project management of micro-projects through self-help initiatives is critical for income generating. Increased income will promote growth and development of OVCs in the area.

### **Major Development Objective**

To strengthen care and support for OVCs by training 100 Caretakers on initiating and managing micro-projects for income generating through self-employment by the year 2008.

**Timing:** Start **February 2007** Finish Date **February 2008.**

### **Major Activity Outputs**

100 trained Caretakers on self-employment project design and management

### **Performance indicators of outputs**

Number of Caretakers trained on self-employment

Number of Caretakers initiated self-help micro-projects.

**Major Activity Inputs:** training, training materials, facilitators, organizers, venue, and transport.

**Benefits:** improved skills and knowledge of 100 Caretakers on self-employment, job creation, project design and management, reduced rate of poverty among unemployed Caretakers at Tone Kwa Azizi Ally through self-help initiatives, and increased income, which will be used to support OVCs in families.

### **Risks**

The risks envisaged include misallocation of trainees; however, through facilitation by MAdeA ward authorities will be advised to effectively utilize the knowledge gained.

### **Beneficiaries**

100 Caretakers will directly benefit from this project through training and capacity building. Also, OVCs will indirectly benefit due to improved income and welfare at family level.

### **Estimated Costs, Financing and Timing.**

#### **Budget Summary**

For the whole year commencing from August 200 to August 2001, Caritas Tanzania will spend a total amount of USD 10,695.385 equivalent to Tshs 13,904,000.00.



## **BACKGROUND**

### **Source of Activity Proposal**

Tanzania is one of the East African countries, which has 945000 square kilometers with a population of 29.1 million. The annual growth rate is 3.8%. So far, about 80% of the population lives in the rural areas.

Economically, Tanzania depends on agriculture whereby over 60% of the national income is from agriculture. Other sectors are tourism, and industrial production, which contributes to about 5% to the national economy, mining industries especially for diamond, gold, and Tanzanite.

Culturally, Tanzania is a multi-culture society with more than 120 tribes with different customs and traditions. Swahili has managed to unite the tribes. The inter-marriage among tribes also contributed to the unity.

Politically, Tanzania is a multi-party system. This was introduced in 1992 after 30 years of single party system. The system was expected to expand democracy but this has not been the case. There have been malpractices within political parties due to poor leadership, lack of transparency and embezzlement of funds. There is also struggle for power. With such a situation, Tanzania has a long way to go in building up multiparty system and democracy in general.

The efforts to revive growth of the national economy have not yielded the expected results, as many Tanzanians are still poor. This is attributed by a number of factors such as unfavourable weather, low price offered by the market on products and stiff competition from the producers in the developed countries.

Basing on the above situation, Tanzania has been facing a number of challenges, poverty being the major national problem. It is estimated that 50% of the population who live in the rural areas spend not more than USD 222 per year while 36% of the population spend USD 152 per year. Indicators are seen in the households, as many households are not sufficient in terms of food, failure to pay school fees and other indirect costs related to education.

The spread of HIV/AIDS is another challenge, which has worsened the situation. Currently, Tanzania has the overall prevalence rates of 7 percent among adult infected. So far, infection among women is higher (8%) than men (6%). The most affected age groups include: 40-44 and 30-34 (10.9%), 35-39 (10.7), 25-29 (8.3%), and 40-49 (6.3%). The most affected regions include: Mbeya (13.5%), Iringa (13.4), and Dar es Salaam (10.9%). The most dominant mode of transmission is sexual contact, which count for 80%. Other modes of transmission include: Mother to Child Transmission (19%); sharing needles, syringes and the like, and also blood transfusion which account for 1%.

The most serious impact of the disease is an increased number of Orphans and Vulnerable Children (OVCs) in the community. Tanzania had an estimated total number of 2.3 million orphans by 2005. The number is estimated to increase to about 3.5 million by 2020.

In 2005, MAdeA developed a strategic plan in which the problem of OVCs identified as a priority. The plan emphasized on developing strategies to address issues and problems of OVCs and children in general. So far, MAdeA has already established a unit to deal with children. Efforts are now being made to strengthen such unit. The focus is directed to care and support for OVCs in the community. To achieve this, it has been agreed to strengthen and build capacity of Caretakers through training on various aspects related to poverty alleviation such as planning, and managing income generating projects (savings and credit schemes), job creation for self-employment, the use of available local resources, etc. Using the knowledge, trained Caretakers will be able to mobilize resources, initiate and manage productive income generating projects. This will also promote income in families, which are used to support OVCs.

Training is expected to take place during the initial six months; thereafter, caretakers will design and come up with productive and implementable micro-projects.

### **3.2 Activity Setting.**

#### **The Existing Situation**

The escalation of HIV/AIDS has caused a serious problem of OVCS in the community. The number of Orphans and Vulnerable Children is rapidly increasing. Because of death of parents, children are left alone with nobody to take care of them. Being responsible children, OVCs are forced to assume responsibilities above their age. Regardless of their age, they are compelled to provide basic human requirements in families. These include: food, shelter, and school fees for their young brothers and sisters. Also, they have to care for sick parents.

Traditionally, responsibility for care and support lies in the hands of the community and families in particular. However, it has become difficult for families to cope with such increased number of OVCs. According to the recent study conducted at Mtoni Kwa Azizi Ally on Exploration of the Factors Which Affect Care and Support for OVCs, families are overwhelmed by increased number of needy people in families. Moreover, most of the families have low income of less than twenty thousand shillings per month. And so, poverty has become one of the major factors, which affect provision of quality care and support to OVCs. Under poverty, caretakers are frustrated and exhausted. They

have no food, fees, and other requirements for OVCs. Also, they have neither skills nor knowledge on to cope with the situation. So far, no efforts have been done to support families. As a result, individual families are left alone to streamline ways and means to overcome the situation. The study has also established that, about 50% of community members do care and support for OVCs, but support is needed to strengthen their capacity.

Also, majority of community members at Mtoni Kwa Azizi Ally have only completed primary education. Very unfortunately, this education was not meant to prepare people for self-employment. Agriculture is the major sector for self-employment in Tanzania, as it absorbs a total number of 9,115,932 people out of the total labour force in the country but it is faced with a number of difficulties among which being low income resulting from low production arising from poor management and inappropriate technology; there are poor advisory and consultancy services; lack of good communication and transportation systems; agriculture is a seasonal activity and depends on weather which is not predictable and the like.

The informal sector employees are estimated to be not less than two million people. This is more than twice the number of people employed in the formal sector (Government, parastatal and private

firms). The informal on the other hand has the capacity to employ 62.5% of the yearly increase of labour force in urban areas whereas the capacity of formal sector is only 8.5%. Despite the existing potentials, the informal sector faces a number of problems such as long and cumbersome procedures for loans; lack of investible and working capital; little experience in technical know how and in managing projects, lack of inborn norms for self employment and inability to use endowed personal facilities to use the available wealth in competitive markets.

However, activities done by caretakers in the community vary from one place to the other with age, sex and natural resources available. In general, they are engaged in fishing, animal husbandry and small-scale industries especially in carpentry, tailoring and blacksmith. They are also involved in petty business like selling second hand cloths. They are also involved in selling fruits and various food stuffs. Despite the fact that caretakers are self-employed in the above-mentioned sectors, they face a lot of problems in implementing their activities. Major problems are lack of capital, equipment and technical know how or skill.

A small number of people at Mtoni Kwa Azizi Ally are employed in the civil service, in parastatal organizations and in private sector. This group is only a fraction of the whole uneducated and untrained caretakers in the community. However, they are currently retrenched

under the economic reform policy. The consequence of this is that, caretakers have failed to provide basic requirements to family members including OVCs. Also, OVCs are now engaged in undesirable behavior like robbery, substance and drug-abuse, unsafe sex etc. Sex has become one of their survival means, so the risk of being infected with HIV has increased.

### **3.3 Things That Have Made The Situation Worse**

The falling of national economy, which is attributed to unfavorable weather, low prices offered by the market on products and stiff competition from the producers in developed countries

The Economic Structural Reform Policy propounded by World Bank and IMF. Many educated caretakers have been retrenched from work and most of them do not expect to be employed in the formal sector.

Changes in political structure multipartism and trade liberalization, lack of skills and knowledge in project design and management of micro-projects among caretakers, and the spread of HIV/AIDS.

### **3.4 How has the Country Responded?**

The government of Tanzania has responded to the problems facing the community. Efforts are now being done to accelerate poverty alleviation initiatives through the National Strategies for Growth and Reduction of Poverty known as “MKUKUTA”. The strategy is now being reviewed to include key community issues such as HIV/AIDS.

Currently, the government has made available at least a total amount of 1million US \$ for each region. The civil society is also trying hard to support individuals, groups, and communities by initiating community funds for poverty reduction.

Also, the government established the Tanzania Commission for AIDS (TACAIDS). Through TACAIDS, a number of efforts have been made. These include: development of HIV/AIDS Policy, which guides all HIV intervention in the country; National Multi-sectoral Strategic Framework and resource mobilization. NGOs and the international community have been instrumental in the fight against the disease. They mobilize resource and support groups and communities in their efforts against the disease.

Apart from the above government effort, the community has remained poor. Most of the people at Mtoni Kwa Azizi Ally, for instance, have an income of less than twenty thousand shillings per month. An income, which has completely failed to meet family needs.

### **3.5 Problems encountered**

The number of OVCs in the community is growing. With such a big number, care and support in institutions is completely impractical. So, the family seems to be a better option for Care and support. However, little efforts have been done to support such institution. Moreover, caretakers are who are mostly women and grand mothers in particular



are marginalized. They have neither knowledge nor skills. They are unemployed with limited income, which cannot serve the purpose.

Similarly, lack of loan and pre-loan training, as well as capital has adversely affected economic situation of the people and caretakers in particular. Also, lack of skills and experience on credit management has become a great challenge resulted into failure to supervise project activities. In this case, NGOs, Church institutions and the International Community are called upon to complement government's effort in fighting poverty and promote welfare of caretakers and OVCs in the community.

Moreover, the spread of HIV/AIDS has continued in the community. Also, the number of Orphans and vulnerable children has increased too. So far, caretakers are struggling to care for them. However, the challenge has remained that, families are too poor to manage an increased needs of OVCs.

### **3.6 Existing Programs in the Area**

There is no special program on poverty reduction and HIV/AIDS in the area; however, few NGOs including MAdeA have taken some initiatives to support the community. In 2000 for instance, MAdeA in collaboration with Temeke Municipal Council had an exercise to enumerate OVCs in the municipal council. Very unfortunately, little attention was given to the Caretakers. Through Vice President's Office, the government of Tanzania is supporting groups with capital

to start income generating micro projects; however, the effort does not reach all parts of the country. Few individual families have also taken some initiatives to start micro projects for income generating. In most cases, these projects are supported by NGOs.

In view of the above, MAdeA established volunteer groups. So far, it has been organizing volunteer camps to provide both moral and material supports. Similarly, volunteers are being advised from time to time to assume the responsibility of care and support for OVCs in the community.

#### **4.0 ACTIVITY DESCRIPTIONS AND ANALYSIS**

##### **4.1 Major Development Objectives, Activity Outputs and performance:**

###### **4.1.1 Objective**

To conduct two one-week training workshops for 100 Caretakers (50 each training on designing, initiating, and managing micro-projects for income generating through self-employment at Mtoni Kwa Azizi Ally in Temeke Municipal Council by the year 2008.

###### **4.1.2 Strategy**

Organize two training workshops for OVCs caretakers who are residents at Mtoni Kwa Azizi Ally ward. 100 trained Caretakers on self-employment project initiation and management

Activities	Performance Indicators	Means of Verification	Responsible party	Input: Resource/Equip
Conduct 2 one week training workshops for 100 Caretakers (50 for each training)	Number of trained caretakers	Training workshop report	MAdeA Executive Secretary	Training Material Facilitators Organizers Venue Transport Communication
Provide micro-project loans to Caretakers	Number of micro-projects initiated	Progress reports	MAdeA Executive Secretary	Communication Staffs Loans Secretarial serv. Stationeries

## 5.0 BENEFICIARIES

Beneficiaries of this project are the Orphans and Vulnerable Children Caretakers who will directly benefit through training and capacity building. These are mostly target key people who will start productive micro-projects to generate income. The income generated shall be used to care and support OVCs, who are disadvantaged and most vulnerable in the community.

### **5.1 Descriptions and Analysis of Activity**

The Project will concentrate on training in order to improve capacity in supporting caretakers' activities, which are aimed at reducing poverty through self-employment initiatives. Training will focus on the basic and necessary issues such as creativeness, job creations, resource mobilization (local and international) marketing, book keeping, lobbying, communication, how to make a productive business, environment, net-working with other agencies which are involved similar field, needs assessment, Basic information on HIV/AIDS including HIV Science and the like.

The programme aims to utilize the existing MAdeA structure. However, this project will focus at Mtoni Kwa Azizi Ally ward. Trained Caretakers will be responsible for initiating, strengthening and managing income generating projects in their respective community. The role of MAdeA therefore, shall be to facilitate the process.

### **5.2 Gender Analysis**

The project will very much consider the issue of gender whereby both women and men will benefit from development and also according to vulnerability to poverty

### **5.3 Environmental Assessment**

The issue of environment will be considered during training. Moreover, during implementation only environmentally sounding projects will be established and encouraged.

### **5.4 Major Activity Inputs**

Project inputs include: training, training materials, organizers, venue, transport, loans and evaluation.

### **5.5 Risks**

The risk foreseen is that of misusing trainees in the community. However, through facilitation and monitoring by MAdeA, we shall advise Local Government Authorities to effectively utilize trained caretakers.

### **5.6 Sustainability of Development Activities**

#### **5.6.1 Financial Sustainability.**

The programme will provide training and capacity building for Caretakers from the community on self-employment project design and management. After training, they will be able to identify and start productive micro-projects. However, MAdeA will issue loans at the beginning. The loan will be given under simple terms to allow repayment.

#### **5.6.2 Managerial Sustainability**

The project will be managed under the normal MAdeA structure. The Executive Secretary's Office of MAdeA will be the leading agency for

the programme implementation, and have overall responsibility for carrying out activities

## **6.0 ACTIVITY IMPLEMENTATION**

### **6.1 Role of MAdeA**

MAdeA is a non-for profit organization established in 2000 with a mission to alleviate poverty, improve habitat, gender and health, as well as maintain the rights of a child through resource mobilization, research, capacity building, and information accessibility to individuals and communities. However, issues and needs of caretakers were not properly coordinated though there were some ongoing OVCs activities. The recent research has facilitated to a need to concentrate to families and caretakers in particular, as a crucial thing in care and support for OVCs in the community. In this case, MAdeA shall support caretakers in capacity building, as well as mobilizing resources to support gender sensitive micro-projects.

### **6.2 Management of the Project**

MAdeA will be specifically responsible for monitoring project spending against the approved budget and monitoring on the overall implementation process. To achieve the intended objectives the structure of MAdeA made up of sections with specific functions will be applied. The development section is responsible for the management of caretakers' activities.

### **6.3 Activities**

MAdeA is involved in a number of social development activities. The development section is intending to support caretakers in the area of capacity building training on initiating and managing micro-projects for income generating through self-employment in the community.

## **7.0 MONITORING**

### **7.1 Financial Accountability**

The Executive Secretary of MAdeA and the Director, as per MAdeA standard operating procedures, ratify all expenditure proposed by the Coordinator against the budget line.

### **7.2 Program Evaluation**

MAdeA in collaboration with caretakers shall evaluate the program at every end of Training Workshops. Also, final evaluation will be conducted at the end of the project. Moreover, MAdeA shall report to partners on the implementation and progress of the Programme.

## 8.0 IMPLEMENTATION PLAN

Activities	Project Months												Resource Needed	Person Responsible
	1	2	3	4	5	6	7	8	9	10	11	12		
Conduct 2 one week training workshops for 100 Caretakers (50 for each training)													Transport, stationeries, facilitators, Venue	Executive Secretary MAdeA/ Coordinator
Provide micro-project loans to Caretakers													Stationeries	Executive Secretary MAdeA/ Coordinator
Monitoring													Stationeries	MAdeA
Evaluation													Stationeries Personnel	MAdeA & Caretakers
Prepare and submit reports													Person	Executive Secretary MAdeA/Coordinator



**9.0 PROJECT BUDGET: (In Tanzanian shillings)**

<b>BUDGET CATEGORY</b>	<b>UNIT COST</b>	<b>NO OF UNITS</b>	<b>AMOUNTS</b>
<b>2 Training Workshops</b>			
Facilitators	2prs @ 30,000	7 Days x 2 trainings	840,000.00
Stationeries	50prs @ 5,000	2 trainings	500,000.00
Food & Refreshments	52prs @ 5,000	7 Days x 2 trainings	3,640,000.00
Transport (facilitators)	2prs @ 15,000	2 Trips x 2 trainings	120,000.00
Accommodation & Lodging (facilitators)	2prs @ 30,000	7days x 2 trainings	840,000.00
Venue	50.000	5 Days x 2 Trainings	500,000.00
<b>Sub- Total</b>			<b>6,440,000.00</b>
<b>Loans</b>			
Capital fund to start income generating activities for caretakers.			5,000,000.00
<b>Sub- Total</b>			<b>5,000,000.00</b>
<b>Monitoring &amp; Evaluation</b>			
Monitoring visits to initiated micro-projects	2prs@ 50,000	12 months	1,200,000.00
<b>Sub- Total</b>			<b>1,200,000.00</b>
<b>Administrative cost (10%)</b>			<b>1,264,000.00</b>
<b>TOTAL COST</b>			<b>13,904,000.00</b>

**Appendix vii: Questionnaires on orphans and vulnerable children**

**(To responded by heads of households).**

**General Information:**

**1. Gender**

(Circle one)

- a). Male.....1
- b). Female.....2
- 2). Age.....(Circle one)
- a). 7-17.....1
- b). 18-28.....2
- c). 29-39.....3
- d). 40-50.....4
- e). 51 and above. ....5
- f). Don't know.....6

**3. Marital Status:**

(Circle one)

- a). Single.....1
- b). Married.....2
- c). Widow/ widower.....3
- d). Separated.....4

4). For how many years have you been in the education system?

(Circle one)

- a). 1-4 .....1
- b). 5-7.....2
- c). 8-10.....3
- d). 11-13.....4
- e). 14-16.....5
- f). 16 above.....6
- g). Never gone to school.....7

5). What is your occupation?

(Circle one)

- a). Business .....1
- b). Self- employed.....2
- c). Teacher.....3
- d). Nurse.....4
- e). Doctor.....5
- f). Others.....6

### **Support and Care for Orphans and Vulnerable Children:**

6). How many people are you in your family

(Circle one)

- a). 1-4.....1
- b). 5-9.....2
- c) 10 and above.....3

7i) Do you have orphans and vulnerable children in your family?

(Circle one)

- a) Yes .....1
- b) No .....2
- c) Don't know.....3

ii) If yes, how many OVCs do you have in your family?

(Circle one)

- a) 1-2. ....1
- b) 3-4.....2
- c) 5-6.....3
- d) 7 above.....4

8). Are you able to support and care for orphans and vulnerable children?(if your answer on number 7above was "no" skip this question)

(Circle one)

- a) Yes.....1
- b) No .....2

9). What kinds of support do you provide to Orphans and Vulnerable children?

(Circle all that apply)

- |                                       | Yes | No |
|---------------------------------------|-----|----|
| a) Fees and school requirements.....1 |     | 2  |
| b) Food.....1                         |     | 2  |
| c) Shelter.....1                      |     | 2  |
| d) Transport.....1                    |     | 2  |

- |                              |   |   |
|------------------------------|---|---|
| e) Clothing.....             | 1 | 2 |
| f) Parental care.....        | 1 | 2 |
| g) Psychosocial support..... | 1 | 2 |

10). How satisfied you are with each of the following services provided to orphans and vulnerable children in the community? (Circle all that apply)

- |                                      | Satisfactory | unsatisfactory |
|--------------------------------------|--------------|----------------|
| a) Fees and school requirements..... | 1            | 2              |
| b) Food.....                         | 1            | 2              |
| c) Shelter.....                      | 1            | 2              |
| d) Transport.....                    | 1            | 2              |
| e) Clothing.....                     | 1            | 2              |
| f) Parental care.....                | 1            | 2              |
| g) Psychosocial support.....         | 1            | 2              |
| h) All the above.....                | 1            | 2              |

11(i). Do you get assistance to support and care for orphans and vulnerable children?

(Circle one)

- |             |   |
|-------------|---|
| a) Yes..... | 1 |
| b) No.....  | 2 |

ii) If yes, where do you get the support?

(Circle all that apply)

- |                    |   |
|--------------------|---|
| a) Government..... | 1 |
| b) NGO.....        | 2 |

- c) Volunteers.....3
- d) Self support.....4
- e) No support.....5
- d) All above.....6

12). Approximately, what is your monthly income?

(Circle one)

- a) 10,000 to 20,000.....1
- b) 30,000 to 50,000.....2
- c) 100,000 and above.....3

13. How do you rate the quality of services provided to orphan and vulnerable children?

(Circle one)

- a). Satisfactory.....1
- b). Not satisfactory.....2

14). What problems do you encounter in providing support and care for to orphans and Vulnerable Children?

(Circle all that apply)

- a) Lack of information on support and care for OVC.....1
- b) Inadequate resources and funds.....2
- c) Increased needs for orphans and vulnerable children.....3
- d) Increased number of orphans and vulnerable children in families.....4
- e) Lack of support from the government, NGOs and stakeholders.....5
- f) Inadequate skills and knowledge.....6

g) Stigma and discrimination against orphans and vulnerable children.....7

h) All the above.....8

15i). Are there effects of support and care for orphans and vulnerable children to caretakers? (Circle one)

a) Yes.....1

b) No .....2

c). Don't know. ....3

15ii). If yes, what are the effects of deteriorating care and support for Orphans and Vulnerable Children to caretakers?

	Agree	Disagree	(Don't know)
	(1)	(2)	(3)
Stress and burnout.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy burden of responsibility, which they cannot help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness as they have no time to rest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling unsecured.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling helpless due to unmet needs of children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling isolated due to nature of the work they do...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stigmatization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the above.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16i). Are there effects of care and support to orphans and vulnerable children?

(Circle one)

a) Yes.....1

b) No .....2

c). Don't know .....3

16ii) If yes, what are the effects of deteriorating support and care for OVCs?

(Circle all that apply)

	Yes	No
a) Learning impairment at school.....1		2
b) School dropout.....1		2
c) Stigma and discrimination.....1		2
d) Stress and trauma.....1		2
e) OVCs are compelled to move into streets.....1		2
f) Increasing number of child headed households.....1		2
g) OVCs are turned into working force in families .....1		2

### **Community Participation in Support and Care for Orphans and Vulnerable Children:**

17i). Is the community participating in care and support for OVCs?

a). Yes.....1	
b). No. ....2	
c). Don't know.....3	

17ii). If yes, how the community is participating?

(Circle all that apply)

	Yes	No
a). In planning activities for support and care for OVC.....1		2
b. In implementing activities on care and support for OVCs.....1		2
c). During monitoring and evaluation of care and support activities.....1		2



- d). All of the above.....1 2
- e). None of the above.....1 2

18). Are there community strategies for care and support for orphans and vulnerable children in the community?

- a) Yes.....1
- b) No.....2
- c) Don't know

19). If yes, what are the strategies, which are used to support and care for orphans and vulnerable children in your community?

- |  | Yes | No |
|--|-----|----|
| a) Integrate OVC in the community.....1                                    | 2   |    |
| b) Establish centers for support and care for OVC.....1                    | 2   |    |
| c) Establish community a fund for care and support for OVCs.....1          | 2   |    |
| d). Plan for activities for support and care for OVCs.....1                | 2   |    |
| e) Implement activities for support and care for OVCs.....1                | 2   |    |
| f). Monitoring and evaluating activities for care and support for OVCs...1 | 2   |    |
| d) All of the above.....1  | 2   |    |
| e). None of the above.....1  | 2   |    |

THANK YOU

**Appendix viii: Questionnaire for CBO staff**

**1. Gender**

(Circle one)

Male.....1

Female.....2

**2 .Age.**

(Circle one)

a) 0-17.....1

b) 18-27.....2

c) 28-38.....3

d) 39-49.....4

e) 50 and above. ....5

**3. Marital Status:**

(Circle one)

a). Married.....1

b). Unmarried.....2

c). Widow/Widower.....3

d). Divorced .....4

**4). Do you support and care for orphans and vulnerable children?**

a). Yes.....1

b). No.....2

5). What kind of support do you provide to Orphans and Vulnerable children?

(Circle all that apply)

- a) School fee.....1
- b) Food.....2
- c) Shelter.....3
- d) Transport.....4
- e) Clothing.....5
- f). Parental care.....6
- g) Counseling.....7
- h) None of the above.....8
- i) All the above.....9

6). What is the highest level of education that you achieved?

(Circle the correct answer)

- a). Postgraduate .....1
- b). Collage graduate.....2
- c). High school.....3
- d). Secondary School.....4
- e). Primary School.....5
- f) Elementary School.....6

7) Have you attended Program Design and Management course?

(Circle the correct answer)

- a) Yes.....1
- b) No.....2

8). What problems do you encounter in providing support and care for to orphans

Orphans and Vulnerable Children?

(Circle all that apply)

- a) Lack of information on care and support.....1
- b) Inadequate resources and funds.....2
- c) Increased needs for orphans and vulnerable children.....3
- d) Increased number of orphans and vulnerable children in families.....4
- e) Lack of support from the government, NGOs and stakeholders.....5
- f) Inadequate skills and knowledge.....6
- g) Stigma and discrimination against orphans and vulnerable children.....7
- h) All the above.....8
- i) None of the above.....9

THANK YOU

TRAINING FOR CATHOLIC NUNS ON  
BREAKING THE SILENCE ON  
HIV/AIDS HELD AT TEC  
18-19 SEPT, 2007  
FUNDAMENTALS OF HIV PREVENTION  
COUNSELING  
BY ALOYS MADULU  
TEC, Health Dept

## Objectives

- State and apply the fundamental counselling concepts and skills used in prevention counselling
- Demonstrate all the steps of prevention counselling

## What is HIV Prevention counselling?

- A client centered exchange of information designed to support individuals in making behaviour changes that will reduce their risk of acquiring or transmitting HIV
- Client-centered means the tailored to behaviour, circumstances and special needs of a person

## The six steps of HIV Prevention counselling session

- Introduce and orient client to session
- Identify clients to personal risk behaviours and circumstances
- Identify safer goal behaviours
- Develop client action plan
- Make referrals and provide support
- Summarize and close session

## Counselling skills

- What is counselling?  
Counselling is communication both verbal and non verbal, made in response to and in the presence of feeling
- Effective Counselling can help client
  - Explore
  - Express
  - Understand
  - Accept feeling

## Counselling is not

- Counselling is different from education though education can be a component.
- Good counselling does not equal to good information giving
- Counselling is not solving client's problem
- Not giving advice
- Telling the client how to solve the problem or what decision or action to take

## A Counsellor

- Brings a set of skills to the interaction that can enable the client to reach a better understanding of the problem, deal with her/his related feelings and concerns, and assume responsibility for evaluating alternative and making choices.

## Counselling Concepts

- Focus on feelings
- Manage your own discomfort
- Set boundaries

## Basic counselling skills

- Open-ended questions
- Attending
- Offering options not directives
- Giving information simply

## HIV prevention counselling definitions

- Risk behaviours  
These are the sex or drug use actions that in and of themselves can result in transmission of HIV
- Safer goal behaviour
- These are specific actions that directly prevent or greatly reduce HIV transmission and that the client is willing to try to adopt

## Definitions cont...

- Action steps  
Specific incremental steps a client can take to help him or her adopt a safer goal behaviour

## HIV prevention counselling

Risk behaviours

action steps

Safer goal behaviours

## Tips for giving feedback

- Give feedback not suggestions
- Be specific- state
  - "I liked it when you..."
  - " I wish you had...."
- Focus on things the counsellor can change

# Temeke Municipal Council

