



*An evaluation report of Gender Based Violence,
Most Vulnerable Children and HIV/AIDS programs,*

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1st Septmber -5th October 2009.

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ACKNOWLEDGEMENT

Sincere gratitude goes to the management and staff of Norwegian church Aid Tanzania for affording me the opportunity and facilitating the processes of evaluation, making sure that every document, materials and logistics were arranged in time before, during and after the evaluation exercise.

I particularly acknowledge the support from my team members Wigai Kisandu (WLAC) and Ansila Tembo (TEC-MBULU) who dropped all their duties and responsibilities to join me on this tedious but fulfilling task, please receive my special thanks.

I can not forget that this evaluation would have not been possible without the cooperation and management of all the staff members of the partner organizations, TGNP, TEC, WLAC, BAKWATA, YWCA, CCT, ELCT, TANARELA, WCRP, TCRS, IOP, WIA, SWAHIBA Sisters, Ubiri women group and Dogo dogo centre for Street kids. They were all very receptive and honoured all our appointments despite the pile of work on their desks.

The warm welcome and support from community leaders, women, men, youth and children will also not go without appreciation.

Last but not least my gratitude goes to Emmanuel Ngulu who tirelessly drove us across Tanzania in search of answers. It is not possible to include everyone's name in just this one page, but if its not here it is definitely imprinted in my heart, God bless you all, I will forever be grateful.

EXECUTIVE SUMMARY

The Norwegian Church Aid (NCA) is an international non-governmental development organization working to promote Social justice, Human Rights and Economic justice for poor communities in more than ten Countries all over the world. In Tanzania, Country Office was established in October 2005.

The overall vision of the NCA Tanzania program is to promote the human rights and human dignity of poor and marginalised women, men and youth, by supporting partners and programs that contribute to the increased participation, equity and protection. The thematic focus areas currently stand as indicated below;

- 1) Accountable governance and economic Justice
- 2) Gender based violence
- 3) HIV/AIDS, Orphans and Most Vulnerable Children,
- 4) Interfaith dialogue and peace building
- 5) Water and sanitation.

This evaluation was based on two thematic areas namely; Gender Based Violence; HIV/AIDS and Most Vulnerable Children. The evaluation exercise involved 13 partner organizations that implemented various activities between 2005 and 2008.

The evaluations aimed at assessing the implementation process and outcomes of these different interventions carried out by the partners; highlight changes in the environment that affect rates of gender-based violence and HIV/AIDS; Identify good practices and derive lessons from operational experiences that can help improve performance.

The evaluation team used multiple data collection methods, both quantitative and qualitative, reviews of documents, appreciative inquiry, focus group meetings, individual in-depth interviews/ key Informant Interviews.

The team concluded that partner organizations have been able to make several significant changes within the thematic focus areas. For instance, the evaluation team made field visits to three organizations working on the elimination of four of the forms of GBV, namely Female Genital Mutilation (FGM), Sexual Violence (Rape), Domestic Violence and Child Marriages.

The partners have been able to mobilized communities to identify GBV cases through raising awareness about the dangers of GBV. The programmes initiatives succeeded at transitioning a large number of the community from supporting FGM to being hesitant about it. Again as a result of partner interventions religious leaders are now aware of the concept of rape within marriages. Partner organizations have also managed to effectively promote and protect women and children's rights in their operation areas through legal aid clinics.

Under the thematic focus area HIV/AIDS and Most Vulnerable children, the clergy are now open to discussions on HIV/AIDS issues as a problem that affects and infects the clergy community too. The communities are well informed on facts about transmission and prevention of HIV/AIDS.

The MVC projects have effectively managed to realize the following results; Improved access to basic needs and medical care for orphans; Increase enrolment of MVC in schools; Enhanced self-esteem among MVC particularly those who have managed to finish tertiary level education.

The Evaluation team made a couple of recommendations aimed at improving impact of partner organization programmes. Most of the partner organizations need tailor made capacity building interventions on the formulation of their objectives so that these in effect reflect the SMART (Specific, measurable, achievable, Time bound) synonym. Some partner organizations have challenges in demonstrating impact created by their training and advocacy interventions. NCA Tanzania should also support the capacity of partners to design and monitor training and advocacy programmes effectively.

NCA Tanzania should initiate and encourage partner to partner activities so as to enhance mutual learning, synergy and Networking. Most significantly this should aim at creating links between resource partners and community level activities.

GBV is multi-faceted and for this reason partner organizations should adopt a programmatic approach that ensures sufficient interventions and alternative links.

HIV/AIDS and Most Vulnerable Children care and support projects/programmes should improve on their community support initiatives for purposes of continuity and sustainability.

On the concept of Partnership the evaluation team made the following recommendations, NCA Tanzania should initiate and encourage partner to partner activities so as to enhance mutual learning, synergy and Networking. Most significantly this should aim at creating links between resource partners and community level activities. NCA Tanzania should institute systematic partnership selection criteria. NCA Tanzania should also ensure the documentation and reporting of all partnership engagements.

CHAPTER 1

1.0 Introduction

The Norwegian Church Aid (NCA) is an international non-governmental and development organization working to promote Social justice, Human Rights and Economic justice for poor communities in more than ten Countries all over the world. The NCA has its foundations based in a congregation of churches in Norway, whose efforts are dedicated towards eradicating poverty, its causes and social deprivation.

As a church based organization, NCA vision and mission is founded on the belief that women and men are created in God's image as equals with the same basic rights and obligations. God calls us regardless of our religion, gender, culture, ethnic origin or traditions to affirm signs of hope and oppose destructive forces that threaten human dignity and the whole creation. The Tanzania Country Office was established in October 2005, NCA Tanzania articulates this belief in five core values of compassion, justice, participation, integrity of creation and peace¹

1.1 *Thematic focus:*

The overall vision of the NCA Tanzania program is to promote the human rights and human dignity of poor and marginalised women, men and youth, by supporting partners and programs that contribute to the increased participation, equity and protection.

During the period 2005-07 NCA Tanzania was engaged in the following thematic areas:

1. Accountable governance for economic justice
2. HIV, AIDS and most vulnerable children (MVC).
3. Inter-religious dialogue for peace and overcoming violence

¹ NCA TANZANIA Gender Equality Concept Paper: Adopted from NCA TANZANIA Global Strategic Plan 2005-2009, pg 10

In 2007, NCA did a mid-term review of the global strategy plan and a corresponding review of all country programme plans. In Tanzania this led to the inclusion of two new thematic areas: gender based violence and water and sanitation.

NCA views Gender Based Violence (GBV) and HIV/AIDS as key hindrances to development and a source of social deprivation and marginalization. Gender based violence is therefore defined as any physical, mental, or social abuse that is directed against a person because of his or her gender role in a society or culture.

The thematic focus areas currently stand as indicated below;

- 1) Accountable governance and economic Justice
- 2) Gender based violence
- 3) HIV/AIDS, Orphans and Most Vulnerable Children,
- 4) Interfaith dialogue and peace building
- 5) Water and sanitation.

CHAPTER 2

2.0 The Evaluation

2.1 Scope of the evaluation

The evaluation is based on two thematic areas namely;

- Gender Based Violence
- HIV/AIDS and Most Vulnerable Children

The period under evaluation is between 2005 and 2008. There are currently 13 NCA Tanzania partners implementing various activities under the two thematic areas. The evaluations aims at assessing the implementation process and outcomes of different interventions carried out by partners, highlight changes in the environment that affect rates of gender-based violence, HIV/AIDS, Identify good practices and derive lessons from operational experiences that can help improve performance.

2.2 Objectives;

In the course of operations NCA Tanzania has since increased support to local partners so as to achieve the following objectives;

1. Mainstream gender and elimination of any forms of Gender Based Violence.
2. Mainstream, provide prevention, care and support services to people living/affected by HIV/AIDS including orphans/most vulnerable children.

2.3 Methodology

The evaluation approach was aimed at emphasizing the interests of key stakeholders; the evaluation team used multiple data collection methods, both quantitative and qualitative as highlighted below;

- **Reviews of documents;** this involved reading and analyzing related literature, interim reports and project documents.
- **The Appreciative Inquiry forms;** a check list with open-ended questions, administered to program staff. This assessment grid covered assessments Gender and HIV/AIDS Mainstreaming in Project Cycle.
- **Focus group meetings:** As in-depth follow-up to the questionnaires, these were brainstorming sessions to test the general knowledge on GBV and HIV/AIDS and

also to assess operations on gender mainstreaming at the community level, these were held with groups of male, female and youth at the community level.

- **Individual in-depth interviews/ Key Informant Interviews** ; semi structures question guides were used during interviews with leadership and programme management staff of partner organizations, religious leaders and government leaders at community level.

2.4 Evaluation Objectives;

1. Evaluate and assess the ability of the activities that are implemented under the GBV thematic focus to contribute towards emancipation of women rights and elimination of any forms of GBV at the local and community level.
2. Identify and document factors that have contributed towards GBV in the NCA Tanzania operational areas.
3. Evaluate the ability of the activities conducted under GBV focus to strengthen local government structures to address and fight against GBV in the NCA Tanzania's operational areas
4. Evaluate and propose ways through which the NCA Tanzania's GBV activities can contribute towards strengthening local women community participation in the governance process

2.5 Key evaluation questions under GBV.

1. To what extent are the interventions based on sound gender analysis, and does the analysis make account of the impoverished conditions of the actors, their attitudes and beliefs?
2. To what extents have the partner organizations used the gender analysis to prioritize the most urgent causes and most harmful and frequent abuses in their operation areas?
3. To what extent do the partner organizations involve women and men in all planning stages of their intervention?
4. To what extent are planned intervention activities actually realized?"

5. To what extent have the partner organizations made consideration of the possible positive and negative impacts the intervention may have on women and men post-implementation?
6. To what extent have the partner organizations integrated measures to physically and emotionally protect survivors from violence, through protective environments such as safe havens?

(Standards adapted from F. Pickup, S. Williams and C. Sweetman. (2001). Ending Violence against Women: A Challenge for Development and Humanitarian Work. Oxford: Oxfam)

2.6 Evaluation Objectives on HIV/AIDS and Most Vulnerable Children (MVC)

1. Evaluate and assess the ability of the activities that are implemented under the HIV/AIDS and MVC thematic focus to contribute towards reduction of the HIV/AIDS pandemic and the caring of orphans/MVC at the local and community level.
2. Identify and document factors that have contributed towards HIV/AIDS and MVC in the NCA Tanzania's operational areas.
3. Evaluate the ability of the activities conducted under HIV/AIDS & MVC focus to strengthen local government structures to address the problem of HIV/AIDS and orphans/MVCs in the NCA Tanzania's operational areas
4. Evaluate and propose ways through which the NCA Tanzania's HIV/AIDS & MVC activities can contribute towards strengthening local community participation in the governance process

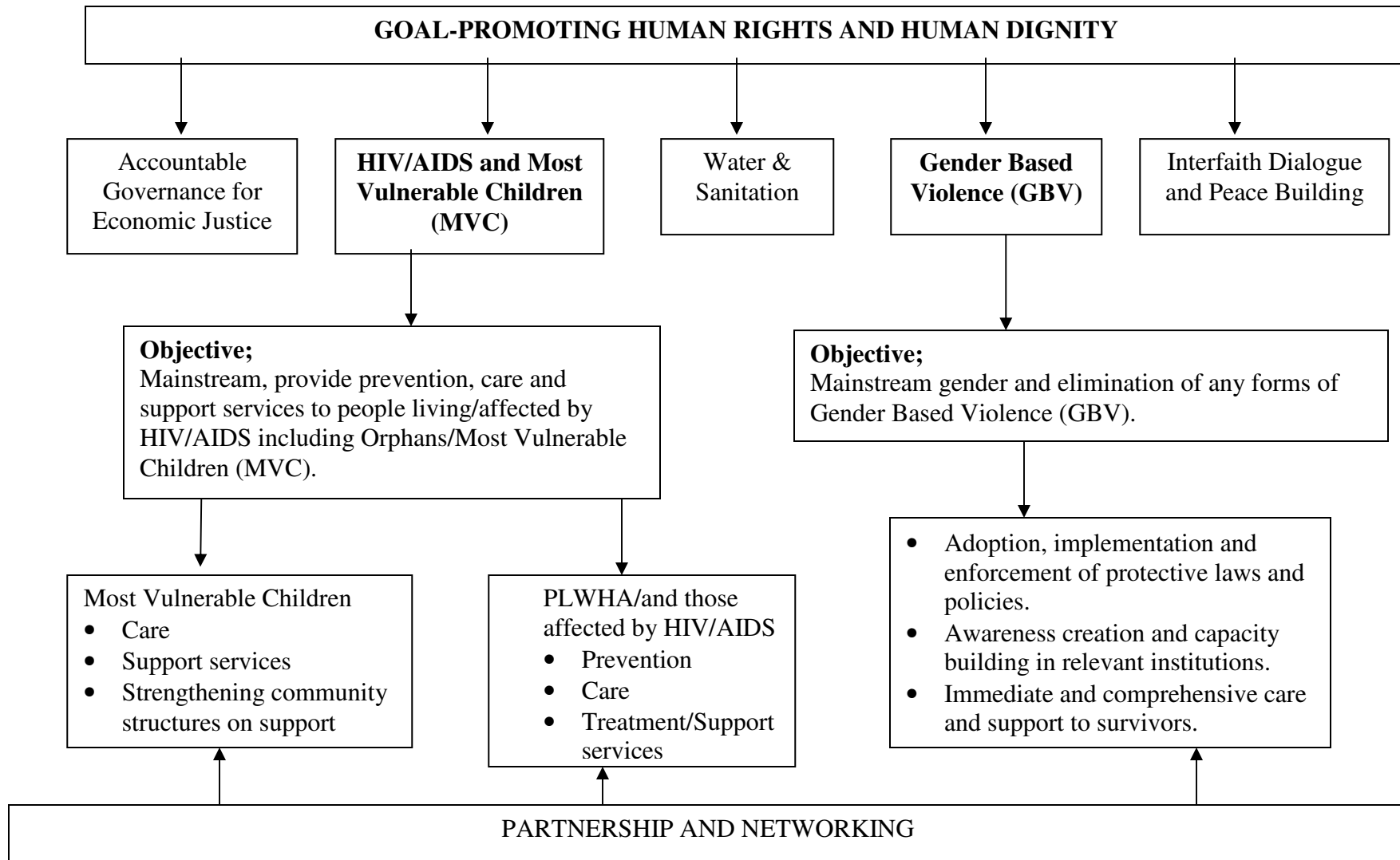
2.7 Key evaluation questions under HIV/AIDS and Most Vulnerable children.

1. To what extent do the partners have the capacity to participate effectively and rapidly in a local comprehensive response to the HIV/AIDS epidemic?
2. To what extent have the partners analyzed the effects that HIV/AIDS have at individual, community or a society level, and does this analysis make account of the impoverished conditions of the actors, their attitudes and beliefs?
3. To what extents have the partner organizations used the HIV/AIDS analysis to prioritize the most urgent causes and those who are susceptible and most vulnerable to the impacts of AIDS in their operation areas?
4. To what extent do the partner organizations involve women and men in all planning stages of their intervention?
5. To what extent are planned intervention activities actually realized?"
6. To what extent have the partner organizations made consideration of the possible positive and negative impacts the intervention may have on women and men post-implementation?
7. To what extent have the partner organizations integrated measures to physically and emotionally protect those affected and infected by HIV/AIDS?

2.8 Limitations

- Inadequate qualitative and quantitative specific indicators
- Some project documents did not differentiate between objectives, outcomes and outputs.
- Insufficient base line survey data on targeted populations hampered the possibilities to fully gauge outcomes.

2.9 The Thematic Framework: Pictorial overview of the country programs thematic focus areas;



CHAPTER 3

FINDINGS AND ANALYSIS

3.0 GENDER BASED VIOLENCE:

3.1 Introduction

Gender Based Violence (GBV) is defined as violence, sexual or otherwise, which plays on gender norms and gender exclusions to break people down both physically and emotionally (El Jack 2003).² This definition encompasses all women, men, girls and boys who have experienced GBV.

Gender-based violence (GBV) is said to be a symptom of underlying gender inequalities and power imbalances in a society, it is often condoned by traditional customs and reinforced by institutions. GBV thrives on impunity.

GBV is an acknowledged human rights abuse, in an effort to meet NCA Tanzania's goal of promoting human rights and dignity, the country programme has given support to several partner organizations supporting the theme on GBV. The objective here is to mainstream gender and eliminate all forms of GBV in programme areas.

“What is the cost of not engaging with GBV? human rights are abused, atrocities and individual trauma and suffering continues, humanitarian and development interventions are undermined because women and girls are psychologically unable to participate, and delivery of the Millennium Development Goals (MDGs) such as reduction in infant and maternal mortality, women's empowerment, and girl-child education will not be realized”³

² El Jack, Am., *Gender and Armed Conflict, Overview Report*, BRIDGE (development gender), IDS, 2003

³ Jennings, M and Maclean, S. (2005), *Gender based Violence study*, Consortium of Irish Human Rights, Humanitarian and Development Agencies & Development Cooperation Ireland.

The evaluation team made field visits to three organizations working on the elimination of four of the forms of GBV, namely Female Genital Mutilation (FGM), Sexual Violence (Rape), Domestic Violence and Child Marriages.

This chapter highlights the objectives of the projects, the outcomes and conclusions.

3.2 Female Genital Mutilation (FGM)

The World Health Organization (WHO) defines Female Genital Mutilation as partial or total removal of the external female genitalia for cultural reasons.

In Tanzania the practice is varying in different regions. FGM is prevalent in 10 regions namely: Arusha and Manyara has 81%, Dodoma 68%, Mara 44%, Kilimanjaro 37%, Iringa, Singida, Tanga, Morogoro and Dar es Salaam.

3.2.1 Christian Council of Tanzania (CCT):

Christian Council of Tanzania (CCT) is the organization responsible for implementing the Female Genital Mutilation project in Tarime District in Mara. There are 15 protestant church organizations and another 14 para-church organizations that form the Christian council of Tanzania.

According to the project document 2007, the overall goal of this project was to improve women and girls dignity by involving community and national leaders in advocating against FGM and traditional harmful practices in Mara Region.

3.2. 2 Specific Objectives;

1. To enhance understanding among stakeholders on the effects of FGM and traditional harmful practices in order to eliminate gender based violence.
2. To facilitate establishment of strong legislation and laws against.
3. To develop sustainable advocacy systems on fighting against FGM and traditional harmful practices in the Region.

3.2.3 Program effectiveness;

To some extent the program has been effective in reaching the first objective above. Within the visited villages namely Nyamwanga and Nyamongo the project mobilized communities and raised awareness about the dangers of FGM/C through a variety of activities. The evaluation team gathered information by holding community meetings with village and church leaders, focus group discussions with women and youth, an interview with a traditional birth attendant. From the information gathered, it was evident that majority of the people in the community were aware of the physical dangers of FGM.

The information also indicates that the program succeeded at transitioning a large number of the community from supporting FGM to being hesitant about it. During the discussions none of the groups wanted to be responsible for tolerating the practice, men blamed traditional leaders, women blamed men (Fathers) and the girls blamed boys.

Traditional birth attendants also stated that the awareness campaigns had at least changed the way they severed the genitalia, they had a new system of clipping the tip of the clitoris as compared to the full mutilation that had previously been done.

3.2.4 Monitoring

The project has partially managed to meet the objectives, because of inconsistencies in monitoring and follow up, some regression occurred, the community members noted that of the 90 girls who graduated at the alternative ceremony at least 60 percent of the young girls actually regressed and went through with the traditional practice because there was no follow up activities planned after this ceremony. The community leaders interviewed said that the period just after the alternative ceremony was crucial and strategies should have been planned so as to ensure that the girls don't get lured or forced back into FGM.

Another factor that stimulates this practice is that the young girls get presents and money, traditional leaders and mutilators get a percentage bounty, and hence this practice is an income generating activity. The community leaders suggested that alternative sustainable income generating activities should be promoted for these groups.

Support and management of survivors had not also been articulated during the project design and so when the girls and their families get harassed and forced into FGM they have no where to turn to for support. The groups interviewed said they were aware of the existence of a law (sexual offences provisions ACT of 1998) against this practice however they stated that the missing link was enforcement.

3.3 Sexual violence (rape) and domestic violence

The term **Gender Based Violence** is also used to encompass all women, men, girls and boys who have experienced sexual violence. The following definition by the world health organization is adopted to define sexual violence, “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work”

Domestic violence on the other hand is defined as violence between adult intimate partners. This could be in the form of acts of physical aggression, sexual coercion, psychological abuse and controlling behavior.

Under this form of GBV the evaluation team held key informant interviews with program management staff of the Young Women Christian Association (YWCA)

3.3.1 Young Women Christian Association (YWCA)

In 2007, YWCA started the implementation of a three year advocacy program, known as the Tamar Campaign, the program aims at breaking the silence on Gender Based Violence (GBV) in all communities, this intervention is informed by the Biblical text as found in 2 Samuel 13:

3.3.2 Goal

The overall goal of the campaign has been stated as, to contribute towards prevention and elimination of Gender-Based Violence with special focus on Sexual (Rape) and Domestic Violence through use of Biblical teaching.

The program had 3 main objectives as indicated below;

1. To break the chains of silence and denial regarding prevalence and consequences of sexual and domestic violence and promote the voice of the Churches and Christian organization to speak against it.
2. To build capacity of the churches/christian organizations in providing support and opportunities to victims and holding perpetrators accountable as well as to help them to come to terms and reconcile to the society
3. To strengthen networking and collaboration between churches/religious institutions, civil society, health providers, police, judiciary, local administration, media, and other stakeholders in addressing the problem of sexual and domestic violence.

3.3.4 Project effectiveness.

The 3 objectives of the programme mentioned above are yet to be achieved. YWCA however realized specific outcomes with their interventions as indicated below;

- After the sensitization workshop with religious leaders, participants were able to define and acknowledged the existence of rape within marriages, during the evaluation the general secretary stated that before the workshop, majority of the religious leaders could not comprehend the existence of rape within a marriage. This forum also generated discussions on the responsibility of religious leaders as custodians of women's rights within their communities.
- Another issue that imaged from this forum was the gap in "sex education" as a contributing factor to the escalation of domestic violence and high prevalence rates of HIV/AIDS in married couples within the communities.

- One of the trained religious leaders from Arusha managed to incorporate GBV issues within a Sunday sermon.
- The TV, Radio and posters distributed yielded 10 people affected by GBV one of whom expressed interest in contributing financially to YWCA interventions on GBV.

3.4 Enforcement of Protective Laws and Policies.

3.4.1 Women's Legal Aid Centre (WLAC).

WLAC is a legal aid non governmental organization with a mission that strives to promote and protect women and children's rights, the organization was registered in 1994.

Objectives of the program are:-

1. To enable poor women and children access justice through court system.
2. To increase communities awareness on legal rights of women and the effects of gender based violence.
3. To increase access to justice for vulnerable groups in rural community through paralegal services.
4. To advocate for changes of discriminatory laws and practices at national level.
5. To build the internal Institutional capacity.

3.4.2 Project effectiveness;

WLAC has managed to effectively promote and protect women and children's rights in their operation areas. According to reports within 6 months (Jan. to June 2009), a total of **2434** clients had been assisted through legal aid at both Kinondoni and Ilala Suwata.

Apart from the provision of legal aid WILAC has also held several advocacy interventions and trainings for paralegals, police, religious leaders and media persons.

- Developed a paralegal training manual.
- There are 18 functional paralegal centers within the regions, were paralegals actively engage with communities to promote women and children's rights as noted during evaluations of Women in Action (WIA) in Magugu.

- WLAC has spearheaded advocacy and lobbying at national level for repeal/amendment/enactment of gender-sensitive policies and laws.
- Conducted capacity building for the police to improve performance in addressing gender based violence (investigation and prosecution).currently there are established gender desks at police stations in Dare es salaam.

Table1. The table below shows WLACs activities according to an interim report dated January to June 2009.

Type of case	Number of cases attended at Suwata.	Number of cases attended at Kinodoni.	Totals
Cases represented in court	0	54	54
Reconciled	25	19	44
Document drafted	112	161	273
Women's property recovered	12	1	13
Rape case reported/ prosecuted	4	5	9
Clients deprived property	0	9	9
Clients coached	59	88	147
Clients complaining on services	1	0	1
Clients brought by old Clients	64	13	77
Clients on non Clinical days	600	435	1035
Cases Lost	16	22	38
Cases Won	3	5	8
Totals	896	812	1708

Conclusions;

1. GBV is multi-faceted and for this reason any project/program hoping to create changes within a community must aim at tackling all the four elements within the framework below.

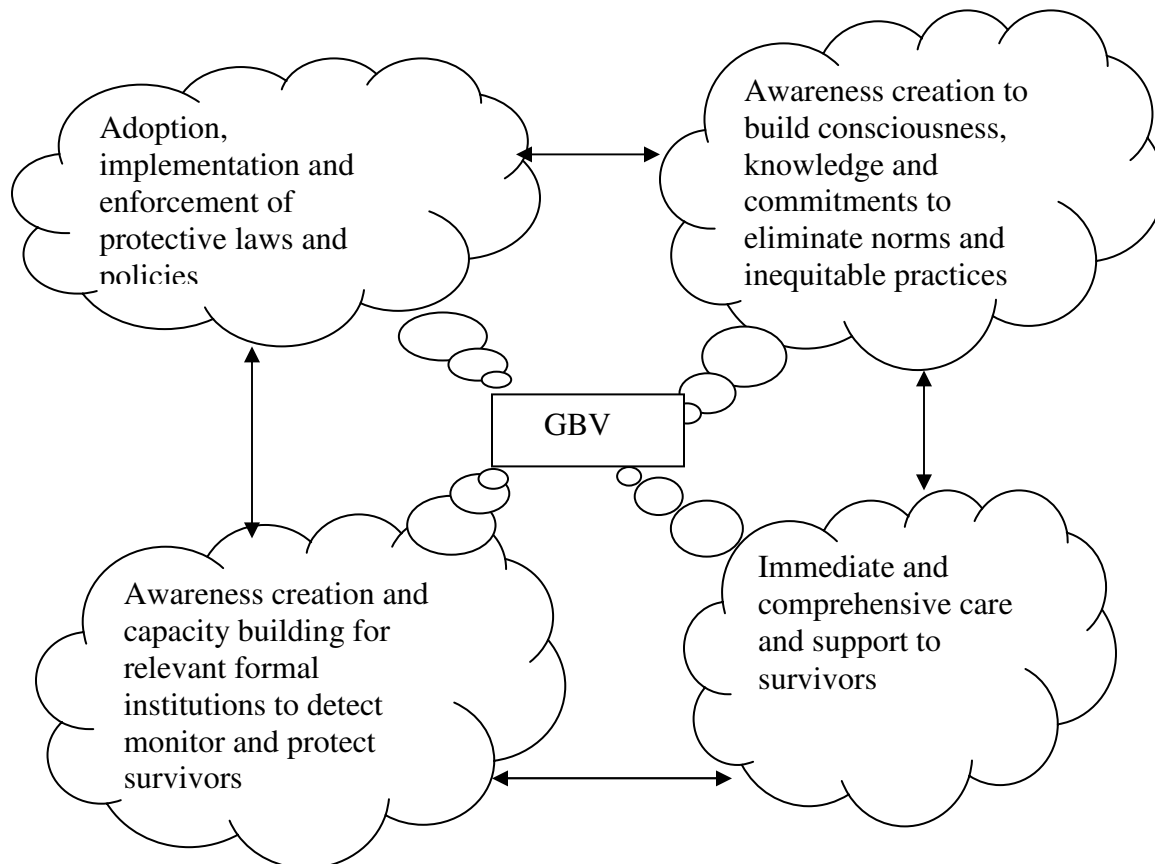


TABLE 2: The table below is used to assess partner project interventions against the basic elements of an integrated GBV project.

Partner Involved	Adoption, implementation and enforcement of protective laws and policies	Awareness creation and capacity building for relevant institutions	Immediate and comprehensive care and support to survivors
WLAC	<ul style="list-style-type: none"> • Legal Aid Clinics • Filing cases on behalf of survivors. • Lobby and advocacy for repeal/amendment/enactment of gender-sensitive policies and laws 	<ul style="list-style-type: none"> -Paralegal trainings on women and child rights -Trainings for the police and media persons to enhance performance in addressing gender based violence 	Adhoc interventions as and when a serious need arises.
YWCA	Adhoc interventions as and when a serious need arises.	<ul style="list-style-type: none"> -Developing Advocacy materials on breaking the silence on sexual violence and domestic violence. -Trainings of religious leaders on GBV -Bible study groups and survivor groups in schools and other locations. 	<ul style="list-style-type: none"> • Adhoc interventions as and when a serious need arises.
CCT (Tarime project)	<ul style="list-style-type: none"> • Adhoc interventions as and when a need arises. 	<ul style="list-style-type: none"> • Awareness creation and advocacy against FGM • Alternative ceremonies 	<ul style="list-style-type: none"> • Adhoc interventions as and when a need arises.

2. WLACs position in the partnership as a resource has not been sufficiently used, WLAC trained TOT paralegals from various partner organizations, the anticipated results at community level were not realised. The director of WLAC attributed this to shortfalls in project design and planning, and stated that “paralegal” is a new concept for the partners. There is need for awareness and to sell the idea of what paralegals can do to create changes within the communities.
 3. The link between resource partners and community level activities is also not sufficient, the partner organizations with interventions on awareness creation on GBV, women and children’s rights need direct and active collaborations with organizations doing Advocacy and lobbying at National level.
 4. There are 3 main reasons why it is important to track and monitor Advocacy projects;
 - Assess whether on track
 - Adjust advocacy action plan to move towards once goal
 - Document the smaller successes that contribute to achieving once goal
- YWCA implemented several advocacy activities, the evaluation team however failed to get data or information documented or collected to verify the progress, outcomes and impact of these advocacy efforts. There were also no follow up made on the Women’s legal Aid Clinic (WLAC) hotline number used. Advocacy is complex and there are often many players involved. It is therefore vital to show how ones efforts have contributed to the impact seen.

CHAPTER 4

4.0 HIV/AIDS, CARE, SUPPORT AND PREVENTION.

4.1 Introduction.

The aim of the evaluation team on the above theme was to determine the effectiveness of HIV/AIDS and Most Vulnerable children prevention, care, and support programs.

The data collection tools were designed to gather information on the knowledge, attitude, beliefs, and practices (KABP) of the target communities.

The team held focus group discussions with community groups and key informant interviews. The children were asked to compose songs.

The information gathered was used to answer the following questions;

- How do members of the target community conceive HIV/AIDS?
- What is their level of knowledge of the specific facts of HIV/AIDS, transmission and prevention?
- How do they perceive the process of behavior change in their community?

This section describes the findings on key partners objectives, interventions and outcomes, in addition there are challenges and lessons learned as described by partners during the field visits.

4.2 TANERELA+

Tanzania Network of Religious Leaders Living with or personally affected by HIV and AIDS (TANERELA+). This organization aims at reducing stigma and discrimination of PLWHA, Stigma has been described as a dynamic process of devaluation that ‘significantly discredits’ an individual in the eyes of others mainly because of the association of HIV/AIDS with already-marginalized behaviours such as, adultery, sex work, drug use, homosexual and transgender sexual practices. Stigma and discrimination undermines the ability of individuals and communities to protect themselves⁴.

4.2.1 Approach;

- Empowering religious leaders living with HIV/AIDS to take the lead in diverse support and advocacy activities.
- Mobilizing religious leaders to foster respect and compassion for people living with HIV/AIDS,

and to participate in prevention activities.

- Advocating increased access to voluntary counseling and testing (VCT) services to the clergy.

4.2.3 Activities

A numbers of the clergy have since been trained on various forums to open up discussions on HIV/AIDS issues as a problem that affects the clergy, and also integrate HIV/AIDS education and sexual behavior change messages into their sermons.

Sample discussions between religious leaders within the partner inter-religious forums;

Clergy; - **Bishop why are you so much against condoms?**

Bishop; - promoting condoms is promoting immorality,

Clergy; - **do you have a daughter studying in Dar es saalam?**

Bishop; - Yes I do.

Clergy;- **what would be your reaction if she tells you that she has had a sexual relationship with a man whom you new for sure was HIV positive..... mmmmm....like me for instance?**

Bishop; -God forbid! You will have killed my daughter!

Clergy;- **what would be your first reaction, if she came back to you six months later and told you daddy I have tested 3 times now and I'm negative, I think it's because we used a Condom.**

Bishop; -mmmmm.....silence

Clergy; - **wouldn't it behallelujah! Praise the Lord!!!!!!**

By; Rev. S. Aminiel

⁴ Goffman E. (1963) *Stigma: notes on the management of a spoiled identity*. New York: Simon and Schuster in; UNAIDS (2005), *HIV-related stigma, discrimination and human rights violations: case studies of successful programmes*, WHO publication, Geneva.

**4.3 KIANGA WOMEN GROUP-
BOMBO GONJA, SAME DISTRICT.
Program; - Orphans and Home based
care.**

The evaluation team visited Kianga women group in Bombo Gonja, Same district, majority of the community members are small holder farmers who belong to the pare tribe. “Kianga” is a pare word that means a beam of light.



Dora a member of Kianga women group lighting up a candle as their symbol during the focus group discussions.

4.3.1 Objectives; the group was formed in 2005, after a member Dora Mtango, a medical nurse by profession attended a training on home based care organized by the Christian council of Tanzania (CCT) family health desk in Dodoma.

Dora is a matron at the Bombo Gonja Lutheran Hospital. This hospital serves a

very large population, the next second nearest hospital is about 76 kilometers away and transport is difficult to find particularly on rainy seasons.

The group currently has 30 members, two of whom are living with HIV/AIDS. Their main aims are to provide basic medical information and services to those persons who remain without medical attention in the villages either because of the distance to hospitals or the congestion of patients.

Target population; the groups activities targets vulnerable children (orphans, children living under difficult circumstances), people suffering from terminal illnesses including those with HIV/AIDS and the aged.

4.3.2 Achievements; when asked to state their achievements, the group mentioned the points highlighted below;-

- 2 boys and 2 girls from the village have attended a 2 weeks training program organized by CCT on HIV/AIDS and peer-counseling and are currently used as peer counselors.
- The group has 25 trained home based care members. Each person currently monitors between 3-5 sick persons and vulnerable children within

assigned areas. On record there are a total of 396 sick persons receiving care and basic treatment.

- Kianga members have managed to create a data base of 500 vulnerable children in Bombo for purposes of providing them with educational materials like books, pens and school uniforms.
- 30 Members infected and affected by HIV/AIDS have received soft loans to enable them boost their small income generating activities, 25 have so far completed repayments, the remaining 5 passed on.
- About 19 MVC are also in school under a fee sponsorship program.

4.3.3 Challenges; -during the focus group discussions the women mentioned 3 main challenges they faced while working as home based care assistants.

- So far they have not been able to get medical kits, with essential tools and equipments to facilitate their work.
- The patients and vulnerable children most often can not afford to eat a balanced diet, the

group has no capacity to deal with this problem.

- Another group known as Palliative Care (ELCT), who also attended the same training on home based care, doing the same kind of services in the community, do get same fee every month. This demoralizes Kianga group members who feel they also deserve a fee particularly to support them with transport.

4.4 ORPHANS AND MOST VULNERABLE CHILDREN.

The evaluation team met with a group of 61 orphans and most vulnerable children supported by Kianga, 25 girls and 36 boys all from Bombo Gonja. The children were divided into three groups and asked to choose a name for their group; they were then assigned a task to prepare a short song within 30-40 minutes on how HIV/AIDS affect their community.

4.4.1 THE SONGS

Group one- Simba;-

*The world is not our home to stay,
We are born, we grow up, we grow old,
The world is not our home to stay,
So many beautiful and good people have
died of AIDs*

The world is not our home to stay,

Group two-Jerusalem;-

*Be wary of prostitution
AIDs kills the poor and the rich
Be wary of stigma
We refute stigmatization
Be wary of AIDs*

Group Three-Sungura (Hare);-



*The fire is burning,
When you bend, when you stand up,
when you run away, AIDs is there,
AIDs is everywhere.*

*The fire is burning,
When you bend, when you stand up,
when you run away Stigma is there,
Stigma is everywhere.*

The fire is burning.

4.4.2 Susceptibility; when evaluators asked Kianga group members to state the risk behaviours within the community, the following were mentioned;-

- Unsafe sex particularly on major market days were community members would mix and socialize with business men and women from different town centers.
- Alcohol and poverty, young girls/boys would be lured into town centers, in search for work and better living conditions only to get involved in unsafe sex and commercial sex.
- The risk behaviours above are reflected in the songs sang by the children, within the songs they mention “young and beautiful” people dying, they also mentioned prostitution and stigma as things the community should be wary about.

4.5 DOGODOGO CENTRE

Aim; - Empowering street children aged between 7 and 17 who have expressed the will to realize their potential and become self-reliant by mobilising resources for their education and advocating for rights as children's.

4.5.1 Specific Objectives:

- 1.1 Withdraw children from the streets who have shown willingness to realise their own potential
- 1.2 Influence national policy regarding children through advocacy, and networking especially in areas of child abuse HIV/AIDS
- 1.3 Empower street children and pastoralist girls to attain their human rights.

Target; Rural migrating children to Dar es Salaam who have become "street children". As at may 2009 the centre had 149 in residence formerly street children.

4.5.2 Achievements

- The children are provided with nutritious food everyday, they have a clean and safe place to stay with beddings and cloths provided.
- They also get weekly Counselling and life skills training which help to

shape their characters and to instil discipline.

- They are provided with basic education and skills training through a sponsorship program on primary, secondary and vocational skills education centres.

4.5.3 Advocacy and networking;

- Dogo Dogo Centre have also published a book and Produced a child's rights film "One Thousand begins with One," and won a second place award at the FESPACO prestigious film festival in West Africa. The book and the film have been instrumental in creating awareness on the plight of street kids particularly to policy makers.
- Dogodogo has since been appointed as part of the task force developing the Strategic Plan on Street Children mandated by the President of Tanzania. The centre is also spearheading the revival of the National Network of Organization working with/for children (NNOC)

4.6 EMUSOI GIRLS, ARUSHA

Emusoi girls is also part of the DogoDogo centre. Targeting pastoralist girls majority of whom are from the Maasai community. In Maasai language “Emusoi” means (discovery/awareness)

Aim; Emusoi is committed to empowering pastoralist girls to ascend the education ladder from secondary to university and achieve their rightful place as development agents in their communities.



4.6.1 Achievements;

The program has Sponsored 60 girls from pastoralist societies to attend private secondary schools. The centre has been instrumental in changing the course of life for pastoralist girls who are living in unfavorable circumstances and some of whom are escaping from forced marriages. 6 of the girls finished secondary school in 2008.

When the girls are referred to the centre by local government and church leaders,

they join the pre-form one class. Here they are given specialized classes to prepare them psychologically, socially and academically for the transition into formal education systems.

The evaluation team held discussions and debates with a group of 30 girls undergoing the pre-form one class.

The topic of the debate assigned to the students by their teacher was “Education is better than Money”. The money group had most points.

This debate showed the girls ability to analyze issues within their community; they were very eloquent and showed great potentials in public speaking.

The next exercise was a discussion on HIV/AIDS, they had knowledge on HIV transmission and prevention.

One of the transmission methods mentioned was FGM, but when asked to state why this practice was still kept alive. They said it had “benefits”; this may be because they have been at the centre for just ten months. They also stated that the adults within their community have realized that when girls go to school they get negative on the practice. So the community has resulted into circumcising young girls who are not of school age.

4.7. ILULA ORPHANS PROGRAM (IOP).

This program consists of three interventions within Ilula Ward in Kilolo District in Iringa.

4.7.1 Orphan Sponsorship Program:

supports over 1000 Most Vulnerable Children (MVC). Sponsors are solicited to assist with payments of school fees and other educational needs. through the sponsorship project IOP has support MVC through higher education system, currently there are approximately 12 who are through with their university education and are working at the center.

4.7.2 Orphan Center for Girls: This center is located in Masukanzi village; The centre is a home to MVC who were previously living in adverse conditions, a few a living with HIV/AIDS, at the centre they have been given counseling services, medical support, consistent nutritious food, shelter, clothing's and they also go to school.

4.7.3 Foster Parent Support (Integrated HIV/AIDS project): this project is supported by Norwegian Church Aid (NCA), orphans are able to live within their families. The families are given support on food rations, supported on trainings and starting

income generation activities, management of piggery and village community banks.

IOP supports about 130 foster families living with approximately 400 orphans; the evaluation team visited a foster family of a grand mother and two of her grand children, boy 15 and 2 girls 13 and 16 years old.

When asked to state how they had been supported the following were mentioned;

- IOP had built a 3 roomed house for them.
- The girls had a bed and mattress.
- They often got rations of soap, maize meal, cooking oil, school books, pens and uniforms.
- And their elder sister was attending a vocational training centre supported by IOP.

When asked if there were any other needs they would like IOP to support. Neema the 13 year old girl answered by saying the house was very nice but IOP should also support them with a "Toilet".

4.7.4 Challenges;

- Teenage pregnancies particularly at secondary school level, the girls are vulnerable because of poor living conditions. They are easily lured by money tokens.
- The needs at foster families are too many and the program cannot sufficiently cope.
- Most of the MVC do not perform well at local schools because they need personalized attention.

CHAPTER 5

5.0 Conclusions on Orphans and Most vulnerable children;

Amongst the category most vulnerable Children (MVC) the largest group are those affected by the HIV/AIDS pandemic. The projects on MVC and HIV/AIDS showed the following characteristics;

- High numbers of orphans and vulnerable children.
- Limited community resources to respond to the situation of orphans and vulnerable children.
- Limited degrees of genuine community support and commitment to collaborate.
- Limited government support on basic educational and health care services.

5.1 Results; The projects have effectively managed to realize the following results;

5.1.1 Improved access to basic needs and medical care for orphans.

5.1.2 Increase enrolment of MVC in schools

5.1.3 Enhanced self-esteem among MVC particularly those who have managed to finish tertiary level education.

5.2 Lessons learnt

5.2.1 Community involvement and ownership; the projects are mainly operating under a service delivery model that depend entirely on externally initiated funding. Efforts should be made to involve community members and structures in planning, funding and execution of activities.

5.2.2 Adolescent reproductive health services; this aspect should be incorporated in the projects, adolescents dropping out of school because of pregnancy were mentioned as a problem in all the projects.

5.2.3 Income generating activities; these pose a challenge of close monitoring, the question however is how can we ensure that the profit, once made, would directly benefit the fostered children?

5.2.4 Changes at national policy level; Partner organizations should work towards incorporating advocacy interventions for state, and local government policy changes within their operation areas that can benefit all families and children affected by HIV/AIDS.

Chapter 6

6.0 SUPPORTIVE INCOME GENERATING ACTIVITIES

6.1 UBIRI WOMEN GROUP



Products by Ubiri women group.

During the focus group discussions members said they first started the group in 1996.

6.1.2 Aims; - Their aim at the time was to start a business operation that could earn members some income.

When asked why they decided on food processing, members said that most often, women would bring fruits and vegetables to the market, but since everyone sold the same kind of vegetables and fruits, the sales were not good, they would therefore live these merchandise at the market place to rote.

A few members had earlier attended some training on food processing and so they used this skill and abundance of

fruits and vegetables as an opportunity to produce fruit jam, pickles, juice and wine.

6.1.3 Funding and support;-members mentioned that they first received support from the Norwegian embassy to move their small scale business from the village where they were originally operating into the district headquarters (Urban center). And this was mainly to access transport and a larger market for their goods. The building was however small and could not accommodate all the operations, they further received support from NCA Tanzania to expand the building they currently own and are operating from.

In addition they have been supported by NCA Tanzania to purchase office equipments and machinery like computers, printers, fax machines, a deep freezer and a food processor.

They have attended several trade fairs and have also been facilitated by NCA Tanzania to replicate this skill on food processing to 12 other groups each having approximately 20 members in the area.

6.1.4 Impact; - when asked to state if this support has made a difference in their operations and lives, the women said they had benefited a lot.

- Through their participation on trade fairs within the country, they were able to get publicity from a local television station and they are now getting purchase orders by cello phones from people who watched this programme, more so in Arusha and Dodoma, their market has expanded considerably well.
- The trainings they give to other groups at the village level has helped them in organizing and cooperating with groups of small holder farmers who are their suppliers of fresh fruits and vegetables. This cooperation comes handy particularly on meeting the demand.
- The office and the equipment provided have facilitated the process of keeping records and communication when marketing and supplying products.
- At individual level members said they now have a source of income and can contribute towards family expenditures particularly secondary school fees.

- They have also used the skills gained on food processing to start their individual businesses supplying friends and neighbours with jam, pickles and spices.
- Their children are able to enjoy these food products at home.
- And because of supplementing the family income, the relationship with their spouses has improved.
- At the community level, other women groups in the area have been challenged to also involve themselves in income generating activities, and as a result the evaluation team visited “Wema women group” who are a sister group to Ubiri women group. Wema is involved in a village banking system.



Ubiri women group in front of their office building after the focus group discussion-17/09/2009.

6.1.4 Challenges; - when asked about challenges they faced the women said that due to an increase in demand for their products, there is a shortage in packaging materials particularly bottles.

They had however raised this issue with their suppliers and were working on modalities of ascertaining consistency on the supply of packaging materials.

The women could not certainly state how many customers they were supplying at that particular moment, they gave an estimate of about 50 supermarkets and retail shops in Arusha, and another 20 retail shops in Dodoma and other areas.

Another challenge they faced was that this business depends on seasonal vegetables and fruits, when these are off season the income is minimal.

6.1.5 Observations;-The evaluation team felt that there was a deficiency in documentation of suppliers and customers, and this could be a contributing factor to the packaging problem, since they could not anticipate sales.

Improper costing of production processes could be another contributing factor to the fact that they could not certainly state individual average monthly income.

The members also belong to multiple other groups which could hinder group performance in terms of monthly meetings and contributions.

6.1.7 Lessons learned; - below are some of the success factors in group operations mentioned by the women, for a group to succeed;

- Members must be committed to one mission,
- They must all cooperate, transparency and open discussions on financial matters is paramount,
- Consistent feedback,
- Constructive criticism and
- There must be accrued benefits these could be financial, social or in kind.

6.2 Tanganyika Christian Refugee Service (TCRS)

The organization was established in 1964 to provide humanitarian assistance to refugees in Tanzania at the time it was also the first African field program of the Lutheran World Federation Department for World Service (LWF/DWS). In 1998 there was a fundamental shift on operations from service provision to an empowerment approach. Since 2006, TCRS has been operating as a local relief and development NGO under the Evangelical Lutheran Church in Tanzania (ELCT).

6.2.1 Community Empowerment Program (CEP).

The CEP initiative has several objectives enlisted in the country operational plan 2006-2008. However for purposes of this evaluation the team assessed the objectives below;

- Promote and encourage women economic group formation for income generation and micro credit skills.
- Promote and encourage gender equity and HIV/AIDS awareness

The evaluation team visited field operations in Morogoro in particular Mkuyuni ward, Mfumbwe village. This forms part of the Eastern Cluster under which TCRS operates; this area was selected on the basis of relative low levels of human development using a District Development Index (DDI).

The evaluation team held focus group discussion with 2 groups of men and women as community members and leaders of the village.

The aim was to assess whether Gender and HIV/AIDS issues had been incorporated within the interventions at the community level.

When asked to state what kind of support they had received from TCRS the following were mentioned by both groups.

- Trainings on animal husbandry and vegetable production
- Provision of seeds and farm tools
- Trainings on good governance and leadership skills
- Trainings on gender and HIV/AIDS
- Trainings on Village community banking systems.
- 4 community animators were also given trainings on various aspects.

6.2. 2 Changes; when asked to state how the interventions changed their ways of life the following were mentioned;

The community leaders said that they now ensure that women are represented in community meetings, and that women participate more in decisions making at community and household level.

The women attributed this to the fact that they now have small income generating activities of their own, they grew vegetables, they kept chicken, they contributed towards family expenses on food and most importantly secondary school fees and they were also members of the village community bank (VOCOBA).

They said that before the project, women in the village where mainly doing domestic work, they were forbidden to engage in any activity that would require them to travel out of the village or out of the home often, the men said before the project they had a notion that it reflected badly on a man if his wife was doing business and travelling out all the time. When asked why this changed, they said that they felt relieved from the burden of being full time breadwinners and decision makers. They could now share responsibilities.

The Village community bank is named “hindiko hindiko” (lets move together)

GBV; when asked if there were any forms of GBV within the community, the village leaders said the only form they had seen was child marriages, Women said incidences of domestic violence was however very limited, mainly because dowry was negligible.

HIV/AIDS; the groups said that there were very few incidences of PLWAD within the community, when asked if they had visited a VCT facility, the answer was affirmative and all remembered dates of their visit.

6.2.3 Challenges;

- The groups mentioned that the community was still not open enough on discussions about HIV prevention particularly to the youth and teenagers.
- There were also incidences of teenage pregnancies at secondary school level.
- Their income generating activities were mainly dependant on seasonal rains and this was not stable nor sustainable.

6.3 VILLAGE COMMUNITY BANKS (VICOBA).

NCA has promoted the concept of VICOBA groups to partner organizations, World Conference on Religion and Peace/ Tanzania (WRCP) has been instrumental in training TOTs (training of trainers) on modalities and the formation of VICOBA groups.

The evaluation team had meetings with 10 groups from various partners organizations, majority of the groups visited were currently in the process of establishing VICOBA groups and had not been fully operational, concrete results have yet to be seen. In all the groups, the community members were however very optimistic about the future of the groups.

6.3.1 Lessons learnt;

In some of the partner areas of operation, there were several organizations advocating for the formation of Village community banks (VICOBA). This was mainly evident in Karatu and Mbulu where five different organizations had interventions on VICOBA, namely ORGUT AID, Care international, pathfinder, social and economic development initiatives of Tanzania (SEMIT).

This created a clash of interests and a scramble for members. As a result group members get different modalities in running VICOBA and shift from one organization to another in search of better terms and conditions. Some of the organizations are also offering matching loans against shares; some groups have been lured by this concept without thorough analysis on what is the cost of the loans to the group.

Care should be taken to avoid the VICOBA groups from being exploited or used as political vehicles.

Chapter 7

7.0 RECOMMENDATION

7.1) Project Design

- Most of the partner organizations need tailor made capacity building interventions on the formulation of their objectives so that these in effect reflect the SMART (Specific, measurable, achievable, Time bound) synonym.

7. 2) Training and Advocacy

- Some partner organizations have challenges in demonstrating impact created by their training and advocacy interventions. NCA Tanzania should also support the capacity of partners to design and monitor training and advocacy programmes effectively.

7.3) GBV

- GBV is multi-faceted and for this reason partner organizations should adopt a programmatic approach that ensures sufficient interventions and alternative links.

7. 4) HIV/AIDS and Most Vulnerable children

- HIV/AIDS and Most Vulnerable Children care and support projects/programmes should improve on their community support initiatives for purposes of continuity and sustainability.

7.5) Partnership.

- NCA Tanzania should initiate and encourage partner to partner activities so as to enhance mutual learning, synergy and Networking. Most significantly this should aim at creating links between resource partners and community level activities.
- NCA Tanzania should institute systematic partnership selection criteria.
- NCA Tanzania should also ensure the documentation and reporting of all partnership engagements.

Appendix 1 Gender mainstreaming capacity assessment grid responses.

During the evaluation a gender capacity assessment grid was used to assess capacity at the level of program practice, this tool was filled by project/program management staff from all the partner organizations. It assessed the degree to which gender mainstreaming has been implemented in program practice and whether commitments at the policy level are reflected in the internal structures, procedures and culture of the organization. Responses were as indicated below; -

Project areas	%No Seriously requires support	%No. Good, but could use some support	%No. No need for additional training
Staff capacity and expertise on gender- related issues	30	70	0
Developing background information and justifications	30	60	10
Developing realistic goals	10	80	10
Assessing target beneficiaries	10	50	40
Developing “SMART” Objectives.	10	40	50
Designing activities	0	80	20
Developing Indicators	0	70	30
Implementation	20	80	0
Designing monitoring and evaluation systems		80	20
Designing Communication Frameworks	40	60	0
Analysing risk	10	80	10
Ensuring “gender proof” budgets	10	80	10

APPENDIX 2

FOCUS GROUP TOPIC GUIDE FOR MEN/WOMEN ⁷

Name of Group Interviewed: _____		Date: _____	
Site: _____	Time discussion started: _____	Time ended: _____	
Participant summary: No. of women: _____		No. of men: _____	No. of children: _____
Total No.: _____			
Name(s) of Facilitator(s): _____			

- What practices are considered sexually inappropriate, abusive, or violent in the community?
- What happens to the perpetrators?
- Has the problem of gender based violence gotten worse, better, or stayed the same in the last year? What particular types of sexual violence have gotten worse, better, or stayed the same?
- If there has been a change, what has caused it?
- Is there ever a situation where a woman might be partially responsible or to blame (or at fault) for her sexual assault?
- Do women look for help when they experience Gender based violence?
- Are there traditional practices that hurt the welfare of women and/or girls?
- What kinds of conflicts occur in marriages and families and what are the reasons
- What can be done to prevent abuse and violence within families/women and girls

Appendix 4

Appreciative inquiry form; HIV and AIDs mainstreaming checklist for projects or Policy documents of partner organizations.

YES	NO		Comment
		Policies and actions	
		1) Does our organisation actively mitigate the impacts of HIV and AIDS in the communities we work with?	
		2) Does our organisation actively mitigate the impacts of HIV and AIDS on the functioning of our organisation ?	
		procedures and systems required to run the organisation and to put the policies and programs into action	
		1) Is addressing HIV and AIDS and gender issues part of all relevant job descriptions? If not, why?	
		2) Are all staff members informed about their rights and responsibilities concerning HIV and AIDS in the workplace?	
		3) Are partnerships/networks established with organisations and professionals with HIV and AIDS/Gender expertise?	
		4) Does our organisation regularly organise training sessions, or other means to strengthen and update staff knowledge and skills in the area of HIV and gender?	
		Decision making and actions taken on program/projects	
		1) Do program staff consider susceptibility to HIV infection and impacts of AIDS and gender issues while taking decisions in the different stages of the project cycle?	
		2) Are financial resources allocated to programs which directly address HIV and AIDS (prevention, treatment, care and support)?	
		3) Do you include gender-specific factors that influence susceptibility to HIV infection and impacts of AIDS in the situational analysis?	
		4) Do your programs include activities to directly address HIV and AIDS: to (a) prevent HIV infection and (b) promote access to VCT, treatment, care and support?	

		5) Do you modifying your existing work to indirectly address HIV and AIDS?	
		6) Does your monitoring & evaluation system include attending to the impacts of HIV and AIDS on program activities?	

Appendix 5

Semi- Structured Interview Questions for Projects on Street Children

Rehabilitation;

1. Are the types of children on the streets changing?
2. What age groups do you work with?
3. Do you make efforts to contact relatives or parents of those who have them?
4. What activities do you carry out?
5. Are all activities carried out as planned if not what are the reasons?
6. What is the content of their training and education?
7. Is the project reaching an acceptable number of street children?
8. Do you get Drop outs? If so what can be done to prevent this?
9. Do you have a community advisory committee? If so what is the composition of this committee in terms of women and men.
10. How often are meetings held?
11. What significant changes have they contributed to this programme?
12. What effect does the project appear to be having on the street children?
13. What kind of problems do the staff encounter?
14. What advise would you give to any organization engaged in this kind of intervention?

Appendix 6.**Six partnership principles that form the building blocks for successful partnership.**

Partnership principles	Elements of the partnership principles	Different NCA partners responses and views on partnership.
1) Recognize and accept the need for partnership.	<ul style="list-style-type: none"> • A clear and agreed account of what has already been achieved through the partnership. • Acknowledge areas in which you are not dependent upon the other to achieve your goals • Identify the principal barriers to partnership these can be distinguished as: structural, procedural, financial, professional, cultural and matters of status and legitimacy. 	Partners should understand and appreciate each others backgrounds.
2) Develop clarity and realism of purpose, values, mission and principles.	<ul style="list-style-type: none"> • Values and principles may express direction without necessarily declaring the intent to follow it. • Aims and objectives which are not realistically capable of attainment will soon diminish the need for partnership. • Acknowledge that change will not be accomplished quickly and highlight both 'quick wins' and 'small wins. 	A real partner is one who adds value to your work.
3) Ensure commitment and ownership;-	<ul style="list-style-type: none"> • The commitment and personal connections between key decision-makers may be used to cement a culture of trust. • Operational staff often possess the capacity to 'make or break' shared 	<ul style="list-style-type: none"> • NCA should concentrate on acquiring partners who have structures that can create impact. • NCA Tanzania has acquired too many

	<p>arrangements, their willingness to share, and even give up, specialised knowledge is crucial.</p> <ul style="list-style-type: none"> • Commitment, at whatever level between the organisations need to be consistent, taking actions to change, or withdraw from, joint agreements without communication have consequences. • Problems can arise if partnership working becomes too reliant on the networking skills of individuals. These problems become most apparent when these individuals leave. 	<p>partners too soon, there fore the level of commitment and attention to partnership processes is watered down.</p>
4) Develop and maintain trust;-	<ul style="list-style-type: none"> • Each partner’s contribution is recognised and valued in the way the partnership is structured, irrespective of some having more of some resources than others. • Avoid one or two partners always setting the agenda or defining the language for partnership working. • Openness and honesty: communicate when you have to temporarily, re-direct/re-invest time, effort and resources to dealing with “internal difficulties” 	<ul style="list-style-type: none"> • Some partners have insufficient administrative capacity. • Partners should be together in good times and in bad times. • Enhance inter relations by not only attending development activities but also faith based functions and celebrations organized by different religions involved in the partnership. • Visions match, and trust should be able to reduce beurocracy so that interventions can be carried out on

		time.
5: Create clear and precise partnership arrangements	<ul style="list-style-type: none"> • Spell out the resource that each partner brings to the table. Others are less tangible, and may comprise knowledge, experience, power and legitimacy. • There is need for a shared understanding of the stability associated with each other's resources, and an appreciation that partnership may have to cope with reductions in previously agreed resource levels. • complex or restrictive partnership working arrangements often reflect low levels of trust between partners and caution about 'giving too much away' 	NCA Tanzania should enhance communication on changes and deviations from the agreements mutually developed particularly on funding amounts agreed upon visa vie amounts actually disbursed to partners.
6: Monitor, measure and learn	<ul style="list-style-type: none"> • Agree on the success criteria Systematic feed back on the lessons learnt from such joint working – whether of success or failure. • Revision or refinement of aims, objectives or arrangements 	<ul style="list-style-type: none"> • NCA Tanzania programme staff are very close to the partners particularly on monitoring of partner activities at the grass root levels, this fact creates enthusiasm and legitimacy of the interventions carried out to beneficiaries. • NCA Tanzania should re-assess the country strategic plan, vision,

		<p>values, mission and goals then match these to potential partners.</p> <ul style="list-style-type: none">• Partners with Basket funding modalities should have a different format of report, the current project reporting system is not suitable.• Financial support and agreement periods of 1yr does not warrant expectations of Impact. particularly on HIV and AIDs stigma reduction interventions
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Appendix 7

TERMS OF REFERENCE

FOR EVALUATION OF GENDER BASED VIOLENCE AND HIV/AIDS & MVC

1:0 Background to the study

The Norwegian Church Aid (NCA) is an international non-governmental and development organization working to promote Social justice, Human Rights and Economic justice for poor communities in more than ten Countries all over the world. The NCA has its foundations based in a congregation of churches in Norway, whose efforts are dedicated towards eradicating poverty, its causes and social deprivation.

In Tanzania, NCA works with poor Communities and local partners (FBOs, Resource Partners and Strategic partners) in **41** districts of mainland Tanzania, including Zanzibar. The organisation's vision is *'together for a better world'* and since 2005 the organization has been implementing activities aimed at realizing this vision.

The NCA's operations are structured along **FIVE** key thematic areas namely 1) Accountable Governance and Economic Justice 2) **GENDER BASED VIOLENCE** 3) **HIV/AIDS and Most Vulnerable Children**, 4) Interfaith and Peace Building and 5) Water and Sanitation. Att the thematic focus are in line with the three clusters of Tanzania's National Strategy for Growth and Poverty Reduction (NSGRP) also known in Kiswahili as *Mkakati Wa Kukuza Uchumi na Kupunza Umasikini Tanzania* (MKUKUTA).

As a church based organization, NCA's vision and mission is founded on the belief the women and men are created in God's image as equals with the same basic rights and obligations. God calls us regardless of our religion, gender, culture, ethnic origin or traditions to affirm signs of hope and oppose destructive forces that threaten human dignity and the whole creation. The NCA articulates this belief in five core values of compassion, justice, participation, integrity of creation and peace

The NCA views Gender Based Violence (GBV) and HIV/AIDS as key hindrance to development and a source of social deprivation and marginalization. Gender Based Violence is seen as an umbrella term for any harm that is perpetrated against a person's will and those results from power inequalities that are based on gender roles.

Gender based Violence is seen in a wider perspective which includes any form discrimination based on sex, battering of women, Female Genital Mutilation, Gender Stereo types, Gender Insensitivity.

2.0 Purpose of the study

Over the past years Tanzania has made remarkable progress towards Gender Equality and Elimination of any forms of gender based discrimination and violence; treatment, care and support of PLWHAs and orphans/most vulnerable children.. The government of Tanzania is a signatory to the United Nations Convention on Elimination of all Forms of Discrimination Against Women (CEDAW). The government has made a number of policies and reforms aimed at Gender Main streaming, HIV/AIDs and MVCs. The constitution provides a legal basis for elimination of any forms of gender discrimination and/or abuse of human rights by acknowledging that every citizen is equal.

The constitutional provisions have also been embedded into the national legislative and policy framework. The National framework on Gender and HIV/AIDs is reflected in the Local Government Reform processes and Decentralization by Devolution policy whose spirit is to transfer more resources to grass root level. These reforms underscore the need for 1) elimination of any discrimination against women, any forms of violence against women and participation of women in the governance and decision making process and the need for the local leaders to be responsive to the needs of women 2) treatment, care and support to people living/affected by HIVs and orphans/most vulnerable children.

In this spirit, NCA has been supporting partners to conduct/activities that seek to:-

- Main stream gender and elimination of any forms of Gender Based Violence.
- Care and support people living/affected by HIV/AIDs and orphans/most vulnerable children
- NCA's contribution or interventions has been through support of its partners to *inter alia*:
- -Train communities and groups on aspects of Gender Based Violence, FGM, and conducting of Public Campaigns to address any forms of GBV and discrimination against women.
- Train/empower communities, foster parents, religious leaders, orphans/most vulnerable children, local leaders and groups on HIV/AIDs (stigma reduction, life skills, human rights, children's rights, voluntary testing)

Despite these efforts, there seems to be still gaps that have to be addressed in order to sharpen and improve the quality of our work on GBV and HIV/AIDS & MVC and improving the impact of our work at the local or community level. It is upon this background that NCA is seeking a consultant to conduct a study in evaluation of its Gender Based Violence (GBV) and HIV/AIDS & MVC work for the last couple of years.

3.0 Expected objectives and tasks

The consultant will be expected to:

- To review all existing NCA GBV documents
- To review all existing NCA HIV/AIDS & MVC documents
- Evaluate and assess NCA's thematic framework on Gender Based Violence accountability and propose ways on how to improve it
- Evaluate and assess NCA's thematic framework on HIV/AIDS & MVC accountability and propose ways of how to improve it
- Evaluate and assess the ability of the activities that are implemented under the GBV thematic focus to contribute towards emancipation of women rights and elimination of any forms of GBV at the local and community level
- Evaluate and assess the ability of the activities that are implemented under the HIV/AIDS and MVC thematic focus to contribute towards reduction of the HIV/AIDS pandemic and the caring of orphans/MVC at the local and community level
- Identify and document factors that have contributed towards GBV in the NCA operational areas
- Identify and document factors that have contributed towards HIV/AIDS and MVC in the NCA operational areas
- Evaluate the ability of the activities conducted under GBV focus to strengthen local government structures to address and fight against GBV in the NCA operational areas

- Evaluate the ability of the activities conducted under HIV/AIDS & MVC focus to strengthen local government structures to address the problem of HIV/AIDS and orphans/MVCs in the NCA operational areas
- Evaluate and propose ways through which the NCA's GBV activities can contribute towards strengthening local women community participation in the governance process
- Evaluate and propose ways through which the NCA's HIV/AIDSs & MVC activities can contribute towards strengthening local community participation in the governance process
- Documenting NCAs Gender Based Violence related activities and assessing to what extent they have brought about change and impact on the communities at the local level.
- Documenting NCAs HIV/AIDS & MVC related activities and assessing to what extent they have brought about change and impact on the communities at the local level.
- This study will also involve interrogating of:
 - GBV activities or projects like the TAMAR Campaign, Paralegal Groups, Police Training Programs, FGM, Proposed Gender Based Violence Telephone Hotlines and Safety Houses etc to assess
 - HIV/AIDSs & MVC activities or projects like Breaking the Silence, stigma reduction; care and support to orphans, foster parents and most vulnerable children; income generating activities, socio and psichosocio services
 - Strength or suitability of their structures,
 - Number of people so far reached
- Interview a sample of implementing partners and beneficiaries or target groups of the activities implemented under the GBV and HIV/AIDS & MVC thematic focus.
- Prepare and submit a concrete and well written report to NCA after conclusion of the study

4.0 Scope of the Study

The study will involve desk research and field visits to some of NCAs partner operational areas, where the activities under the two themes are being under taken. This is very essential in order to core relate and collaborate desk information with actual situation on the ground.

5.0 Methodology of the study:

This study will involve desk work and actual field visit to all or some of NCA's operational areas. It will also involve actual visitations and interviews with some of the local partners and beneficiaries of the activities conducted under the good governance thematic areas.

The consultant is required to read and review relevant literature with regard to the NCA's Gender Based Violence and HIV/AIDs & MVC Focus themes. The consultant is required to have a thorough understanding of Gender and power relations; a hand on mastery of Tanzania's social relations, cultures and traditions and the contemporary issues surrounding gender, HIV/AIDs and MVCs.

6.0 Expected Outcome

The consultant will produce a concrete and acceptable report to the NCA (Executive Summary, Body of findings and analysis, a set of recommendations and appendixes or annexes). The discretion to judge the report as 'acceptable' will be entirely upon the NCA.

7.0 Time Frame

The Task is expected to take 35 **days** starting from **1st September, 2009**

8.0 Budget

The consultant is expected to submit a technical and financial proposal indicating how she/he will conduct the work and the total cost for the study. Upon discussion and approval of the proposal, the NCA will finance the work in installments as shall be indicated and agreed in the service contract.

9.0 Qualification and Experience

The Consultant should have academic qualification at the Degree/ Masters Level and should be one with vast experience in Gender, HIV/AIDS, Local Government Reform Programme , Democracy and Poverty Eradication. The study also requires the consultant to have concrete knowledge of community work and community participation.