Knowledge For Development Without Borders (KFDWB)

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Legal Page

Legal Agreement

This Development Case Study (DCS) is an example of KFDWB´s Development Case Study. Our Development Case Study (DCS) could vary from business domain to business domain and from need to need. Please contact us for additional information. Our Development Case Study (DCS) is designed for the public intention for contribution, supporting and funding the projects related to this Development Case Study.

This Case study could not contain all relevant information you may need. For contribution, funding, supporting and additional relevant information to this project in in Tanzania please contact the KFDWB. This is an opened Development Case Study (DCS). It does not imply an offering of securities.

Please we are appealing individuals, development agencies, foundations, charities organizations, NGOs, local governments, researches institutions, universities, public and private sector to join us to find together a long term-solution for the described human development challenges in this Development Case Study (DCS).

Content

1. Key messages

Knowledge for Development Without Borders (KFDWB) is an NGO, based in Vienna, Austria, whose mission is to identify current development issues and development best practices on the ground and to make this knowledge available to development organisations and local and national responsible bodies in order to highlight and alleviate the problems at a community level.

Our development Aid Support system is a way for local communities, volunteers and Aid Workers to make their joint work accessible to a wider audience. The community is made up of volunteers and Aid workers interested in letting us and our audiences know of the human development situation on the ground, and the best local approaches.

The KFDWB gives the chance to academics, Aid development workers, people who are interested in human development problem as well as people who are interested in working in the development arena to work in the field to help the local communities know and understand which human development challenges they are facing.

2. Project Location and Background

Children Care Development Organization (CCDO) is located in Iringa town of Iringa region-Tanzania. It is located between latitudes 6° 55¹ and 10 ° 30¹ south of the Equator and between longitudes 33° 45¹ and 36° 55¹ east of Greenwich. To the north of the region are Singida and Dodoma regions. It borders Morogoro region in the east and Ruvuma region and via Lake Nyasa the Republic of Malawi.

The proposed project will be located at Iringa District and the key focus shall include;

1) Community capacity is maximally built for future sustainability of all development initiatives and OVC/MVC care and support.
2) Highest quality staff are employed and restructured for Community capacity building and for effective resource utilization.
3) Lessons learnt, best practices replicated for continuous learning and change management.

There is a lot of poverty in this area mainly due to:

1) Cultural beliefs and practices.
2) Poor infrastructure
3) Negative community attitude – people not open to diversification in income generation
4) Gender issues – low girl child school enrollment, low status of women who cannot make decisions.

Iringa Municipality is the capital of Iringa region with population of more than 106,371 residents according to the 2002 census. Out of this population 32% are youth. The town has numerous socioeconomic problems such as poverty, poor infrastructure, unemployment, poor social services and social ills. These make the town to be incompatible with the booming population that is hungry for these services. Young population is becoming dominant population group in the town. This group is also the most affected group of society by the

above stated socio –economic constraints. The young sect of society in Iringa is alarmingly increasing from time to time because of three reasons 1) high rural to urban population 2) the strategic location of the town 3) the presence of some government institutions. Rural area of Iringa district is generally characterized by high land shortage causing low productivity.

Because of his there is horrible poverty in rural Iringa that forces the young to migrate to urban center especially Iringa town in search of better life, education, health and other services. Second, Iringa is located in strategic position with main roads and highways crossing it in four directions namely Mbeya –Dar es Salaam, Ruvuma to Dar es Salaam capital city of Tanzania, Rukwa to Dar es Salaam, Mbeya to Dodoma headquarters' of Tanzania, Ruvuma to Dodoma, Rukwa to Dodoma. The accessibility of the town has resulted in high mobility of population from different directions to Iringa town. Third, there are some government institutions and different offices to which many youth come for education and other reasons. These all have resulted (especially the first two reasons) in high unemployment and juvenile delinquency.

The Children Care Development Organization (CCDO) is implementing an HIV/AIDS project in Iringa district of Iringa region in Tanzania. Its main activities include community capacity building through income generating activities and empowerment, training home based care counselors for HIV/AID caregivers, nutrition education and agricultural promotion, vocational training for orphans and vulnerable children , school fees and scholastic materials, Shelter and care through shelter renovations and provision of clothing bedding and safe water, protection which ensures that the child's basic rights are met, healthcare to ensure that the child's health needs are met, Psychosocial support to promote the child's social ,mental and emotional wellbeing and Economic Strengthening. CCDO has also started home and community based care programs.

This project hopes to mobilize community and empower them to take responsibility for the well-being of OVC affected by HIV/AIDS. Thus the strategies used will strengthen existing resources, coping mechanisms and 6 support capabilities within the family and community structures and will facilitate networking and partnering with community stakeholders and outside resources.
The Most Vulnerable Children (MVC/HCBC Project intends to support 1500 Children in the project. We are aware there are vulnerable children living with very ill parents and other child headed families but have no one to support them.

CCDO is in the process of focusing more intensely on the OVC because:

1) We are a child focused Community based organization and cannot ignore the plight of OVC/ MVC.
2) Caring for OVC fulfills God's calling to look after the orphans and widows to defend the course of the weak.
3) OVC are among those most affected by AIDS and most neglected.

4) Investing in OVC is investing in the future strength and security of communities and countries.
5) Care for OVC is a powerful common ground for initiating AIDS responses in communities.

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2.1. Situation

Tanzania currently ranks 6 out of nearly 200 countries in the Human Development Index (HDI), life expectancy at birth is 51 years, and adult literacy rate of only 43.2% and Gross Domestic Product per capita annual growth rate over the decade 1990-99 was 3.8%. The southern region of Tanzania comprising Iringa, Mbeya, Ruvuma, Rukwa, Mtwara and Lindi. In 2002, over 101,400 children below five years and almost 1.4 million adults' aged 15-49 years are estimated to be living with HIV/AIDS nationally. Relieving the suffering requires improved healthcare, better access to the treatment, more vigorous prevention efforts, more effective social outreach and support for those most vulnerable. However, stigma and discrimination blocks the march forward against HIV/AIDS.

Globally, advances in the treatment of HIV infection during the last 20 years have resulted in antiretroviral therapy (ART) combinations that can result in reduced HIV RNA level and improved immunologic function, leading to dramatic improvements in health, reductions in morbidity, and prolonged life. Increased funding has become available for HIV treatment in the developing world, and the vast majority of such programs have demonstrated excellent clinical outcomes. Despite this, optimism is tempered by the fact that HIV infection remains a major cause of morbidity and mortality when at the same time malnutrition remains the main cause of child mortality across the developing world. The largest burden of HIV disease still exists in low countries like Tanzania- and middle-income countries, where >2 million deaths due to AIDS occurred in 2007 alone and just 31% of patients requiring ART have access to treatment. Early mortality while receiving ART is a common feature in many programs, with individuals presenting for care with very advanced disease and multiple comorbid conditions. Comorbidities such as tuberculosis, undernutrition, diarrheal disease, and malaria are highly prevalent in these areas, and all have a negative interaction with HIV infection.

Barriers to effective HIV care in the Tanzania are many, including a lack of trained health care professionals, a lack of infrastructure, and a lack of resources devoted to health. The financial cost of care to individuals also has an important effect on HIV care in resource-constrained environments—paying for care has been associated with both worse outcomes and worse adherence to therapy. Both households and governments face competing choices for their expenditures: food (often accounting for as much as 75% of total household spending), health care, and education are frequent competitors. In this context, the complex interaction between HIV infection, undernutrition, and food insecurity can be a critical barrier to effective HIV care, and the development of evidence-based programmatic solutions to these issues becomes essential.

2.2. Project Overview

The HIV prevalence in Tanzania show the most affected population is the young productive adults between the ages of 15 and 49 with the highest infection occurring among women aged 20 to 24 years. Since this is the most economically productive population, the resulting deaths constitute a serious economic burden with serious implications for the orphans and other vulnerable children .Over the years the epidemic has grown to infect and affect so many people and households in Tanzania. The effect of this epidemic has been reduction of life expectancy, increase in number of orphans, increased morbidity and mortality and high socio-economic burden on affected households.

The impact of HIV and AIDS on Orphans and Vulnerable Children (OVC) is enormous especially to children themselves, their families and society at large. It is estimated that the number of AIDS orphans in Tanzania is above 2 million and half of them are due to HIV and AIDS. Most of these children get infected as a result of Mother to Child Transmission (MTCT) of HIV. Children may also be infected as they take care of their parents. They may also be infected as a result of early marriages or commercial work.

OVC constitute the most vulnerable members of the society because they lack basic needs such as food, health care, shelter and education. In addition they are stigmatized, thus exposing them to further abuse and exploitation. At the community and family level there is increased stress on the extended families as they try to care for these children while an increasing number of elderly and young children are forced to become household heads. It is worse in the poor rural settlement and urban slums where children have no relatives to take care of them when the parents are ill or die. HIV/AIDS has negatively affected the population especially agricultural production of most communities, with dwindling food resources that lead to OVC getting inadequate nutrition and are often malnourished leading to frequent illness and stunted growth.

The government of Tanzania is committed to formulating and implementing effective national legislation, policies and action plans for the promotion and protection of the rights of children.

The adoption of the Law of the Child Act 2009 is a key step in Tanzania’s efforts to strengthen the legal protection of children’s rights and establish an effective child care and protection framework that complies with international standards. While the law is a welcome development for Tanzanian children, there is widespread uncertainty about how the Act will work in practice. For civil society organisations (CSOs) like Children Care Development Organization (CCDO), which champion children's rights and provide child protection services, it is unclear what role they will play in the new regime and how key child protection interventions, such as fostering, will be implemented. This is in part due to the fact that the Act is not clearly drafted but largely because its key provisions are yet to be operationalised by regulations. It is the most comprehensive legislation for children in the region and provides the necessary legal framework for the promotion and protection of child rights. The current government is also supportive of HIV/AIDS programs.

The government encourages and promotes spirit of partnership in issues of children and has involved stakeholders in development of National program guidelines on OVC by HIV/AIDS. The guidelines assist in programming for OVC and responding to the effects of the epidemic on children as well as discouraging harmful practices.

2.3. Problem Statement

The primary problems in the area include the prevalence of HIV/AIDS, poverty, drought in some areas , incapacitation due to illness, and a growing number of orphaned and vulnerable children (OVCs). To combat these problems, CCDO currently supports approximately 250 OVCs/ MVCs and 103 People Living with HIV/AIDS (PLWHAs) by fulfilling their nutritional and clinical needs and providing them with small soft loans fund , counseling and referral hospital services, tailoring and ICT training that is relevant to their needs, and education.

In spite of the efforts of CCDO, there are still many unmet needs in Iringa. With additional funding CCDO will be able to expand and improve its services to the community, including:

1) Providing Healthcare to OVCs/ MVCs and PLWHAs
2) Ensuring that 250 OVCs /MVCs Complete Basic Education
3) Providing OVCs/ MVCs with Adequate and Secure Shelter
4) Improving the Psychosocial Well-Being of 250/MVCs/ OVCs and 1500 PLWHAs
5) Improving the Nutritional Status and Food Security of OVCs/MVCs and PLWHAs
6) Fighting Social Stigma and Improving Legal Rights of OVCs/ MVCs and PLWHAs
7) Providing Home-Based Care services since Home-based care is an approach to prevention and care with combined clinical services and nursing care, counseling psychological and spiritual support. This represents a continuation of care from health facilities to community, family, and individuals with HIV/AIDS. The home-based care project of CCDO is a powerful tool in fighting stigma and discrimination in the community. Through home-based care, CCDO promotes the message that HIV/AIDS infection does not mean death is at hand. CCDO in Iringa's trained home-carers are committed to strengthening the capacity of families to support family members living with HIV/AIDS. We aim to improve the health and prolong the lives of PLWHAs through treatment of opportunistic infections, provision of antiretrovirals, and nutritional support.

We will implement each of these goals one by one depending on our funding. Currently we are focusing on achieving the first goal of providing healthcare to OVCs/MVCs and PLWHAs through purchasing medical equipment and supplies.

This is because; thousands of people in Iringa District live in the rural areas where health facilities are inadequate, inaccessible, and unaffordable. CCDO collaborates with the Ngome Government Health Center located at Iringa Municipality to offer medical services to our clients through material and technical advice. Our current constructed new health center building lacks medical equipment and partner for medical services provisions to our clients.

CCDO seeks funds to facilitate medical tests, support people living HIV and our school orphans, to purchase drugs and shipping donated medical equipment from our partner known as International Aid (IA) from United States of America. The dispensary also lacks a laboratory to facilitate medical investigation for effective holistic clinical management.

2.4. PROJECT GOALS AND OBJECTIVES

Goal 1: To improve quality of life of Orphans and vulnerable children and their households through provision of care and support for the infected and affected children and enhance prevention and protection.

Objectives

(i) Improved psychosocial support services for OVC and their households
(ii) Increased HIV/AIDS awareness among school children
(iii) Increased level of advocacy on OVC protection from abuse and exploitation
(iv) Increased OVC and households enabled to cope with the increased demands of providing care.
(v) Increase community groups providing quality care and support services to OVC
(vi) Increased OVC provided with life skills/ vocational training and financial support to start Income Generating Activities.
(vii) Mobilize the community to pull together their resources and capacities to address OVC care and support epidemic.
(viii) Supporting people living with AIDS to access effective medication and follow treatment plan agreed upon by their primary care providers including referral hospital services.

Project justification

The impact of HIV/AIDS is unique because it kills adults in their prime years and leave the most vulnerable, which deprives families and communities of the young and most productive people. HIV/AIDS is also deepening poverty, reversing human development achievements, worsening gender inequalities and eroding the capacity of government to provide essential services. When parents fall ill children are often compelled to leave school to take care of the ailing parents or due to diminished resources to keep them in school. Those in school do not concentrate as they worry about what would befall their parents. Teachers are also infected and affected and as a result education of the children is affected. HIV/AIDS scares their minds and are left with traumatized memories of society's stigma towards them and many unanswered questions.

In addition, children are particularly being affected by AIDS epidemic as they lose one or both parents to the disease, leading to a decrease in school enrollment and an increase in orphans and vulnerable children. Majority of MVC /OVC lives with a surviving parent who may eventually fall ill as well. Grandparents, uncles and aunts are also looking after orphans

demonstrating that the extended family continues to share the burden in spite of hard economic situation.

CCDO believe orphaned children develop best when they are able to remain with their siblings within a family situation with an adult caregiver in their own community. The comfort of siblings, relatives and familiar authority figures and surroundings helps to mitigate the grief, insecurity and fears experienced by children who lose a parent. Orphans are also able to participate in their own traditions and cultures. In turn they are more likely to succeed in school, socialization skills and preparation for their future livelihood. HIV/AIDS prevention and advocacy for protection against MVC abuse and exploitation interventions will also be put in place to make sure MVC and other children in the communities are protected.

It is against this background that this MVC initiative is being proposed to address the problem of the impact of HIV/AIDS problem in Iringa and in particular the plight of the vulnerable and orphaned children. The project will put in place short-term and long-term measures aimed at improving quality of life of MVC and the community psychosocial support systems. The long-term interventions will include Income Generating Activities (e.g. Dairy cow keeping, improved local chicken rearing, kitchen gardening), psychosocial support, organic farming to help MVC and community members to be self-sustaining. The community's main activity is farming. Older orphans can be trained to grow their own foods besides other activities. This will help in improving the welfare of MVC in a more sustainable way.

Definition of Most Vulnerable Children / Orphans and Vulnerable Children (OVC)

a) Orphans.

For this project, orphans are children aged below 18 years who have lost a mother, father or both parents to any cause.

b) .Vulnerable Children.

These will include:

Children whose parents are chronically ill.

These children are often more vulnerable than orphans are because they are coping with psychosocial burden of watching a parent wither, and the economic burdens of reduced productivity and income and increased healthcare expenses.

ii) Children living in households that have taken in orphans. When a household absorbs orphans, existing household resources must be spread more thinly among all children in the household.

iii) Other children the community identifies as most vulnerable, using criteria developed jointly by the community and CCDO. One of the critical criteria will be the poverty level of the household.

The term "AIDS orphans" will NOT be used throughout to avoid discrimination and stigmatization of the orphans.

Strategies to be employed.

The CCDO focuses on the following strategies:

a) Education and vocational training.

Education promotion enhances school enrolment, early childhood education, retention and skills building through vocational training. Activities under education support include:

1) School enrolment
2) Payment of school levies for early childhood development
3) Provision of school uniforms
4) Provision of scholastic materials
5) Visits to schools to promote school retention
6) Access to vocational training and apprenticeship
7) Strong partnership with Ministry of Education, Ministry of Gender, children and Social Development and other line ministries in sharing best practices.
8) Provide financial support for OVC/MVC vocational training.

The first line of defense for OVC/MVC is to enable children to remain in school so that they can learn skills to care for themselves. Interventions that assist them to remain in school must address the factors that cause them to dropout. Girls may dropout because of early marriages, poor sanitation, initiation ceremonies and other reasons. Boys may stop schooling because the family is unable to pay school levies. Tanzania declared free primary education for all children since the day of independence 1961. The proposed OVC/MVC project will encourage the Orphans and Vulnerable Children to complete basic education.

MVCs/OVCs are increasingly coping on their own with minimal skills to support themselves. The project will support MVCs/OVCs to acquire life skills and vocational training, which will improve their ability to provide for themselves and those in their care. Community-based apprentice schemes responding to local demands such as home repair skills, carpentry, mechanics, farming, household management skills and negotiating skills will be supported to discourage the children from migrating to urban areas. The project will however deliberately support completion of basic education for MVCs/OVCs as far as possible and also support post-primary education for the bright students.

The project will also strengthen community/families skills through training to maximize on the potential of each community member in caring for the vulnerable children. The resourcefulness of the communities/ families will be promoted by providing opportunities to build their own support networks.

b) Healthcare and Sanitation:

The purpose of this service is to ensure that the child's health needs are met. The main activities here include;

1) Prevention, e.g. immunization, health education, environmental sanitation, personal hygiene promotion.
2) Referral of children and their caregivers to appropriate health service providers.
3) Promoting the health seeking behavior of the household.
4) Provision of sanitary towels to mature girls.
5) Community and Home based care
6) Awareness creation towards improved health standards.

c) **Shelter and care.**

No child is supposed to go without shelter, clothing and access to safe water, basic hygiene and guardianship. Activities under this category will include:

1) Every child must have an adult caregiver
2) Provision of care to children enrolled in the program.
3) Support to child headed households.
4) Provision of clothing, bedding, mosquito nets to OVC.
5) Shelter renovation

d) **Life-skills and HIV prevention for school children.**

The focus here is on:

1) HIV/AIDS awareness creation and sensitization geared towards behavior change.
2) Peer education in school
3) Working with community/women groups in creating HIV/AIDS awareness and providing Community and Home based care to people living with AIDS.
4) Provide financial support for OVC vocational training.

Children aged 5-15 years are generally not yet sexually active and have among the lowest HIV/AIDS prevalence rates in the overall population. Thus they constitute a window of hope for HIV prevention. The children will be educated about the transmission of HIV/AIDS, encouraging behavioral choices that are value-based and age-appropriate and which will protect them from exposure to the virus.

Young people are particularly vulnerable to HIV infection and frequently carry the burden of caring for the family members living with HIV/AIDS. Many are vulnerable to HIV because of risky sexual behavior and substance abuse while they lack access to HIV information and prevention services, and for other social and economic reasons. Yet, it is also young people who offer the greatest hope for changing the course of the HIV/AIDS epidemic, if given the tools and support.

This age group has been ignored yet it is more promising in terms of developing behaviors that reduces their risks to HIV infection. It is also not very easy to divorce the children below 15 years from those above, because the behavior gained overtime will continue to be manifested among the older youths. Many young people begin sexual activity at an early age, well before marriage. Many adolescents do not connect knowledge and risk perception with behavior, although they find themselves in risky circumstances. It is important to help adolescents develop self-esteem and avoid high-risk behavior. And it is essential to put in place HIV prevention programs to save young people before they become sexually active. At the same time train children on Life skills to enable them support themselves in future.

Although there is an attempt by Ministry of Education to integrate HIV/AIDS in the curriculum, teachers lack training, competence and commitment to teach on top of the over-crowded and examination-driven curriculum. HIV prevention education is more effective if provided before a child is sexually active. This project will train teachers as the schools are a key location of HIV prevention efforts because they provide a means of reaching large numbers of children. The church, Community groups and other partners will be major partners in this area. Other platforms that will be utilized for reaching children include opportunities of special events like sports activities and performances in the communities. These could also be deliberately organized with the aim of reaching children who are out of school.

e) Psychosocial support.

Psychosocial support is the process of meeting the physical, emotional, social and mental well being. These are the essential elements for meaningful and positive human development .It helps the child to deal with trauma, grief and anxiety related to parental illness and death. The project will strengthen the capacity of the extended families and communities to care and offer psychological support to OVCs and the affected households. At the family level caregivers will be trained on care, support and counseling of OVC so that the children are made to feel like members of the family. At the community level interventions will include formation and training of peer support clubs among the youth, establishment of women and child protection groups. It is hoped that these community groups will be able to offer psychosocial support on a more sustainable basis.

Activities under this service are:

1) Counseling
2) Life skills

3) Recreation
4) Family fun days
5) Parenting and caregiver support
6) Home visits by care providers
7) Stigma reduction

f) . Food Security and Nutrition.

The source of livelihood in Iringa location is agriculture, lumbering, tea plantation, tobacco, fishing and livestock. The area is characterized with low, unreliable and inadequate rainfall. Agriculture in this community is the source of both household foods and income to about 90% of the target community. Crops commonly grown in Iringa include cereals (Maize, beans, peace, wheat, Irish potatoes, rice, sweet potatoes, and Sorghum) and Tubers (Cassava and Sweet potatoes). A few of the target farmers grow tomatoes and onions.

The Iringa area is food insecure with Food Poverty. Food poverty refers to those whose expenditure on food is insufficient to meet the FAO recommended daily allowance of 2,250 calories per adult. In addition, a disproportionate number of women are affected. For example, a big percentage of the active women population works as subsistence farmers. Given that subsistence farmers are among the very poor, this relative dependence of women upon subsistence farming explains their extreme vulnerability.

Agriculture (crop production) is the main source of household food and income in this community. The high food poverty level has been attributed to low agricultural production which is as a result of unreliable and insufficient rainfall, poor farming techniques, impact of HIV/AIDS, high poverty levels.

The impact of HIV/AIDS include declines in the area under cultivation, decrease in the range of crops grown, labor shortage, decrease in the average size of cattle per family, and shift in cropping patterns as active economic adults are lost to HIV/AIDS. This epidemic has also continued to force families to make irreversible decisions like selling of livestock, equipment, land and other assets to cover AIDS –related expenses. These coping strategies are gradually leading to greater poverty and increased vulnerability of families.

As a result of HIV/AIDS, the community continues to battle with an overwhelming number of AIDS orphans compared to available resources. Accordingly, lack of food is the priority need among the OVCs.

g) Child Protection.

Protection ensures that the child basic rights are met. The focus is on ensuring the child is protected against abuse, exploitation and neglect. The project will have the responsibility of educating communities and raising their awareness about their responsibility over the welfare of children, and ensuring that no child within the community suffers from neglect and abuse. The project will work with the local leadership (church/local administration/school) to develop foster care mechanisms for children in need. In sensitizing the community on the need to protect the rights of children, the project, together with schools, Churches and other CBOs will advocate for policies that support culturally appropriate foster care practices; that promote social integration of the children and those that advocate for stricter enforcement of child laws. Many OVC/MVC live in households that are not able to provide the care they need. These households include grandparent headed households (grand parents as old as 80 years), child headed households (children as young as 12 years care for other children), foster homes (some families will take in orphans despite the large families that they already have), widow/widower headed households (also grieving the loss of the spouse), chronically ill headed households (children care for the chronically ill parents).Caregivers will fill the parental gap even before some of the parents of the children die, and provide the following services:

1) Protecting the children from all forms of abuses e.g. sexual abuse and exploitation.
2) Ensure the well being of the child by ensuring that the OVC/MVC have food, shelter, access to health services and school.
3) Provide counseling to OVC/MVC and guardians.
4) Ensure nutrition for the OVC/MVC.
5) Care for the chronically ill guardians to delay orphaning of the children.
6) Provide spiritual counseling to OVC/MVC.
7) Prepare the children for death of their parents (will writing, identify foster parents, develop memory books)
8) Mobilize resources to support OVC/MVC.
9) Train guardians on OVC /MVC care.
10) Assisting with birth registration and
11) Inheritance claims.

h) **Economic Strengthening**.

This service aims at enhancing employment creation, income generational and the general livelihood of the households. Activities that reflect this service include:

1) Skills building for care givers
2) Income generation activities

3) Employment creation initiatives
4) Small business promotion
5) Savings and internal lending to communities
6) Linkages with other community economic promotion initiatives e.g. table banking and grants.

The well being of OVC/MVC depends so much on the capacity of the family to cope economically. Micro enterprise development plays a very big role in improving the economic status of the family caring for the OVC/MVC. Micro enterprise will be offered to caregivers and capable households caring for the OVC/MVC. Activities will include training, linking the community to sources of funds like the Women enterprise development fund, provision of materials for production and creation of market linkages.

3. Community mobilization and participation

The project recognizes that family and community initiatives represent the first line of response for the increasing number of orphaned children and those affected by HIV/AIDS. The families and community members will be sensitized and mobilized to support the OVC/MVC initiatives through meetings, seminars and community meetings and activities .The efforts of this project will aim at scaling up the ongoing interventions and to build upon any promising community initiatives. Active participation by the community, the orphans living with HIV/AIDS (PLWAs) will be encouraged to make the project more relevant and sustainable at the community level.

4. Partnership and networking

Community structures such as CBOs, church groups, community volunteers, provincial Administration and other organized groups will be utilized. Stakeholders operating in the location, whose potential could be tapped for the benefit of this project, will organize meetings and deliberate on needs of OVC/MVC. For example, trained community health workers/volunteers will be used to provide Community and Home-based care to OVC/MVC and infected families/ persons.

5. Project management and sustainability

The day-to-day project planning and implementation will be in the hands of the CCDO, and other organized community groups. In order to streamline the management at the community level, project management committees will be formed at the village levels. It will be the responsibility of these committees to ensure that the entire community participates and is involved in major decision-making processes. Program sustainability objectives will be achieved through enhanced community participation, and involvement of other partner agencies.

6. Monitoring and Evaluation

Monitoring will be done in a participatory manner through community meetings, visit to OVC/MVC households, meetings with the children themselves and reports from the community committees. Feedback meetings will be planned and held at the community. These meetings will help the community review what had been done, what succeeded and what failed, why it failed or succeeded, lessons learnt and issues that need to be resolved further .A Detailed Implementation Plan (DIP) in which, yearly targets will be set. There will be a Quarterly, Bi-annual and Annual Review Meetings held. The community and other stakeholders involved in the implementation process will be in-charge of day-to-day monitoring of the project activities and will participate in preparation of relevant monthly, quarterly and annual progress reports.

In partnership with the Community groups, the CCDO team will:

1) Facilitate the supervision and monitoring of the project and will report on the progress according to agreed indicators.
2) Monitor community performance, including financial management, according to agreed indicators and schedule
3) Document the assistance provided to OVC/MVC.
4) Facilitate monthly community-monitoring meetings to ensure accountability
5) CCDO staff will prepare a human-interest story with photos illustrating the difference that OVC/MVC support has made in the lives of an orphan or highly vulnerable child and her/ his family.

7. Interventions to Interrupt the Cycle

Targeted food and nutritional assistance to individuals with HIV infection and their families has the potential to improve nutrition and may decrease susceptibility to HIV infection. Targeted food rations, for example, may allow infected individuals to improve adherence to therapy while preserving assets by not having to sell possessions to purchase food. In Tanzania, nutritional interventions to prevent weight loss and wasting in HIV-infected patients have not often focused on counseling and nutrient supplements rather than food rations to increase energy and protein intake. Many have been shown that they are not to be very successful. Interventions that seek to enhance the knowledge and behaviors of mothers with respect to nutrition have been recognized for decades as being valuable for child nutrition. Although techniques and message content vary widely across programs, communicating specific information on nutrition is consistently associated with a positive outcome. Targeted food interventions may also enable increased labor supply and the productivity of that labor, the benefits of which might include increased home production of food and increased wage earning, both of which contribute to household food security. In other words, food and other nutritional assistance programs have the potential to improve the

course of HIV disease in Tanzania including other Sub-Saharan countries, where undernutrition and food insecurity are major coexisting factors.

8. Project Beneficiaries for Food Assistance

Efficient targeting of food assistance is critical to the management of scarce resources, but few data exist to guide programs as to which individuals or households to target in locations where there is both high food insecurity and a high prevalence of HIV infection. Programs are often targeted to individuals receiving ART including OVC/MVC, but it is highly plausible that food assistance would benefit those not yet requiring ART, potentially preventing the progression of HIV disease and delaying the need for ART. It is not clear how food or other nutritional support (whether supplements or nutritional education) is shared within families. Households are not unitary decision-making bodies; food is shared and allocated differently within different types of households depending on demographic composition, who within the household is sick or has died, social standing, socioeconomic status, and other factors. Understanding the differing bases for sharing food is critical to improving the targeting of therapeutic food versus food intended for general household

9. Conclusions

HIV infection constitutes a global public health emergency and is most prevalent in areas of the world where undernutrition is also a serious concern. The concept of enhancing access to food among undernourished people, regardless of HIV status, is long-standing; however, critical questions remain as to the most effective ways to incorporate nutritional interventions into HIV programs to our most vulnerable children (orphans) in needy. The differentiation between food and nutrition must be emphasized, as must the concept that quantity of food is not synonymous with nutritional value. This has been less of a focus because of the urgency of the situation and the understandable reflex to get whatever food is available to those who are hungry during emergencies. The negative interactive effects of undernutrition, inadequate food consumption, and HIV infection demand special focused efforts to ensure that effective cross-sectorial solutions are devised and implemented.

This is because, over the past 27 years, the HIV/AIDS epidemic in our country has escalated enormously. According to a World Health Organization (WHO) report 2007, there are currently 1.5million infected people living in the country. This project is specifically aimed at ensuring that every Orphans and Vulnerable Children and other people living with HIV/AIDS in the country has the social, psychological and material support required to fulfill his/her potential. This because silence surrounds children and that of their parents are affected by HIV/AIDS and the inaction that results is morally reprehensible and unacceptable. If this situation is not addressed, and not addressed now with increased urgency, millions of children and their parents will continue to die, and tens of millions more will be further marginalized, stigmatized, malnourished, uneducated, and psychologically damaged.“In Tanzania HIV and AIDS or Orphan and vulnerable children is a national problem!‘‘Each day children all over the country increase steadily after the death of their parents, due to HIV/AIDS disease and

poverty. The problem is getting worse. It is an epidemic: Hence our program is needed more in Tanzania compared to other countries.

10. Remark

As remark, Knowledge for Development without Border (KFDWB) wishes to state that much as the Government has tried to come up with policies and programs to mainstream HIV/AIDS the aspect of monitoring and evaluation remains a challenge that should be taken seriously.

KFDWB is appealing local and international development organization, foundations, NGOs private and public institutions to provide financial support and technical assistance to support the efforts of Children Care Development Organization in Tanzania in the locally battle against, and in the treatment of HIV/AIDS.