

**BEST
PRACTICE
GUIDE**
for comprehensive
Orphan Care
in Tanzania

Ulrike Brizay

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for comprehensive Orphan Care in Tanzania

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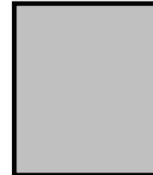
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Ulrike Brizay (b. Block) is preparing a PhD thesis on coping strategies for the orphan crisis in Tanzania at the University of Lüneburg, Germany. From February to July 2007, she conducted a field study in seven regions of Tanzania, in which she talked to more than 70 stakeholders.

**For the people I met in Tanzania,
who have dedicated their lives
to give children a better today and a brighter tomorrow.**

**In remembrance of Samuel Tayali,
who donated his time and energy to this project
and was an invaluable assistant in my research.**

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Contents

PREFACE.....	6
INTRODUCTION	7
▪ Theoretical Background: Thierschs' Theory of life-oriented social work	
▪ The MVC Action Plan 2006 – 2010 by the Government of Tanzania	
1. POLICY AND SERVICE DELIVERY ENVIRONMENT.....	14
1.1. STRENGTHENING REFERRAL NETWORKS : FARAJA ORPHAN AND TRAINING CENTRE, PWANI REGION	15
1.2. NGO CLUSTER : KINSHAI, KILIMANJARO REGION.....	16
1.3. WORKING TOGETHER WITH MVC COMMITTEES : FARAJA ORPHAN AND TRAINING CENTRE, PWANI REGION	17
2. HOUSEHOLD LEVEL CARE.....	18
2.1. SHELTER FOR ORPHANS : KAKAU, KAGERA REGION	19
2.2. FOOD FOR HOUSEHOLDS WITH ORPHANS : WORLD VISION, KAGERA REGION.....	20
2.3. PROVIDING FOOD THROUGH SCHOOL FEEDING PROGRAMMES : SAKUVI, KILIMANJARO REGION.....	21
2.4. CLOTHES, BEDDING AND OTHER EQUIPMENT : COMMUNITY ALIVE, MARA REGION	22
2.5. HANDBOOK FOR CARETAKER : HUYAMWI, KILIMANJARO REGION.....	23
2.6. MEETINGS FOR ELDERLY CAREGIVERS : KINSHAI, KILIMANJARO REGION.....	24
2.7. SAVING GROUPS : SALVATION ARMY, KAGERA REGION.....	25
2.8. SIP (SMALL INCOME GENERATING PROJECTS) : HUYAMWI, KILIMANJARO REGION	26
3. EDUCATION	27
3.1. NURSERY SCHOOL : WOWESOT, MWANZA REGION	28
3.2. SCHOOL SUPPORT AND FOLLOW UP : RAINBOW CENTRE, KILIMANJARO REGION	29
3.3. EXTRA TUITION : WOWESOT, MWANZA REGION.....	30
3.4. SCHOOL FOR CHILDREN WITH DISABILITIES : HOMERC, MWANZA REGION.....	31
3.5. VOCATIONAL TRAINING FOR OUT-OF-SCHOOL ORPHANS : WAMATA ARUSHA, ARUSHA REGION	32
4. HEALTH CARE	33
4.1. MALARIA PREVENTION : COMMUNITY ALIVE, MARA REGION	34
4.2. HIV- PREVENTION THROUGH THE STEPPING STONE PROGRAM : PASADA, DAR ES SALAAM	35
4.3. HIV-PREVENTION THROUGH PEER EDUCATION : YOPAC, DAR ES SALAAM.....	36
4.4. HIV-TEST AND TREATMENT FOR CHILDREN : PASADA, DAR ES SALAAM.....	37
4.5. HEALTH CARD : HUYAMWI, KILIMANJARO REGION.....	38
4.6. SPECIAL NUTRITION AND MEDICINE FOR OVC : WEMA, ARUSHA REGION	39

5.	SOCIAL SECURITY AND PROTECTION.....	40
5.1.	RIGHTS AND DUTIES OF CHILDREN : COMMUNITY ALIVE, MARA REGION	41
5.2.	AWARENESS RAISING THROUGH DRAMA : WAMATA ARUSHA, ARUSHA REGION	42
5.3.	LEGAL SUPPORT FOR WOMEN AND CHILDREN : HUYAWA, KAGERA REGION	43
5.4.	LAST WILL : RAINBOW CENTRE, KILIMANJARO REGION.....	44
5.5.	PEER SUPPORT FOR WIDOWS : WOWESOT, MWANZA REGION.....	45
5.6.	GOOD SAMARITAN : HUYAWA, KAGERA REGION.....	46
5.7.	FOSTER PLACEMENT : MAVUNO VILLAGE, MWANZA REGION	47
5.8.	INSTITUTIONAL CARE FOR ORPHANS WITHIN THE COMMUNITY : GREEN DOOR HOME, DAR ES SALAAM	48
5.9.	REINTEGRATION OF STREET CHILDREN : TUMAINI CHILDREN CENTRE, KAGERA REGION.....	49
5.10.	ADOPTION : ADOPTION SOCIETY, DAR ES SALAAM	50
6.	PSYCHOSOCIAL SUPPORT.....	51
6.1.	HOME VISITS : HUYAWA, KAGERA REGION.....	52
6.2.	PEER COUNSELLOR : HUYAMWI, KILIMANJARO REGION	53
6.3.	KIDS CLUB : SALVATION ARMY, KAGERA REGION.....	54
6.4.	GRIEVING GROUPS : PASADA, DAR ES SALAAM	55
6.5.	MEMORY BOOK : COMMUNITY ALIVE, MARA REGION	56
6.6.	TRAINING FOR CAREGIVERS : VUKA, DAR ES SALAAM	57
6.7.	COMMUNITY AWARENESS ‘JOURNEY OF LIFE’ : REPSSI, DAR ES SALAAM	58
7.	MEASURING THE PROCESS AND RESOURCE MOBILIZATION	59
7.1.	ANNUAL PARTICIPATORY MEETING : WAMATA ARUSHA, ARUSHA REGION	60
7.2.	INVOLVEMENT OF CLIENTS : HUYAMWI, KILIMANJARO REGION	61
7.3.	PARTICIPATION OF CAREGIVERS : PASADA, DAR ES SALAAM.....	62
7.4.	AGRICULTURE AS IGP FOR THE ORGANISATION : KILIMANJARO CHILDREN JOY FOUNDATION, KILIMANJARO REGION	63
7.5.	FUNDRAISING IN THE COMMUNITY : COMMUNITY ALIVE, MARA REGION.....	64
7.6.	MOBILISATION OF RESOURCES WITHIN THE COMMUNITY : RAINBOW CENTRE, KILIMANJARO REGION	65
7.7.	VOLUNTEERS : YOUTH LIFE RELIEF FOUNDATION, DAR ES SALAAM.....	66
7.8.	MAKING USE OF EXISTING ADVANTAGES FOR ORPHANS : WEMA, ARUSHA REGION...	67
	CONCLUSION	66
	BIBLIOGRAPHY	67
	USEFUL LINKS	68
	LIST OF ORGANISATIONS.....	73
	WHAT WOULD BE... ..	78

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-retroviral
CBO	Community-based Organisation
e.g.	for example
ELCT	Evangelical Lutheran Church in Tanzania
GYN	Gynaecology
HBC	Home based Care
HIV	Human Immunodeficiency Virus
ICD-10	International Classification of Diseases
IGP	Income Generating Project
MVC	Most Vulnerable Children
NGO	Non-governmental Organisation
OVC	Orphaned and vulnerable children
PEP	Post Exposure Prophylaxis
PLHA	People living with HIV/AIDS
PMTCT	Prevention of Mother to Child
SIP	Small Income generating Project
STI	Sexually transmitted infection
TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

Preface

Since the outbreak of Aids in the 1980's the epidemic has spread rapidly and has already reached all countries and all social classes. The epidemic poses a danger especially for the development of children in the affected countries. Aids leads to the death of people when they are at their most productive, and often affects several members of one family. After the death of parents, the extended family has traditionally absorbed the orphans, and as such remains the most important safety net for orphaned children.

Estimates say that there are already more than 2.5 millions of children (0-17 years) in the United Republic of Tanzania who have lost one or both parents.¹ Private households continue to shoulder the growing burden, but they have difficulty fulfilling the needs of the orphans and their own children. And some orphans have to face abuse, heavy work or humiliation in their new home.² More and more families are collapsing, and an increasing number of children have nowhere to go and end up living on their own or on the streets. The government and its institutions, as well as NGOs, try to give these children a new home, but the question that remains is: **How should families be supported to fulfil their role in coping with the situation of orphans in the context of the Aids epidemic?**

I tried to find answers to this question during my research, which I carried out from February to July 2007. I visited seven regions of Tanzania and I talked to orphans and their caretakers, staff members of NGOs, representatives of the government and other stakeholders. I wanted to gain a deeper understanding of the difficulties orphans face as they grow up. But moreover I came to find out which coping strategies were developed to support these children. While I was in Tanzania I realised that the necessary answers to the orphan crisis are already in the country. There is no need to import solutions, but there is a need to share the knowledge and skills of organisations. Therefore the aim of the Best Practice Guide is to present the results of the research and a selection of effective methods to care for OVC. The report on each program is just a short description to give an idea about different possibilities. However links and addresses of visited organisations should facilitate an exchange and provide additional information. These should enable organisations to implement the programmes according to the individual problems and resources in their community.

¹ UNAIDS, UNICEF and USAID (eds), Children on the Brink 2004

² Whitehouse, A., A Situation Analysis of Orphans and other Vulnerable Children in Mwanza Region

Introduction

The research aimed to answer following questions:

1. Which are the most pressing needs of OVC?

First of all it was necessary to find out in which fields OVC are disadvantaged compared to other children. This information was the basis of my research, since the evaluation of projects depended on this knowledge.

Questionnaires, which I developed especially for orphans and other children as well as for caretaker, allowed me to collect quantitative and qualitative data about the situation of orphans. Together with staff members of NGOs, I carried out home visits to households with orphans to get an inside view of their living circumstances. Difficulties and resources of households with orphans were also discussed in In-Depth Interviews with staff members of NGOs, teachers and other representatives of the society with an outside view on the situation.

2. What are the different approaches of orphan care in Tanzania?

Different coping strategies were developed in Tanzania during the period in which Aids-related deaths have increased. During the literature review for my research it became apparent that there is a great need to assess these projects. Therefore my research had the aim discovering existing coping strategies and to give an overview of diverse approaches of orphan care and their advantages and disadvantages. This shall offer a better understanding of possible options for orphans.

To get a general idea of these projects it was necessary to visit them, to conduct In-Depth Interviews with staff members and to follow them in their working routine. The evaluation of different organisations proved the significance of community and family based forms of orphan care.

3. How should a household be supported to take care of orphans?

In order to answer this question I evaluated various concepts of community and family based organisations. The organisations differ from each other according to their programmes, methods, theoretical backgrounds and targets. The purpose was to identify reliable and useful instruments that can help to stabilise the extended families as the main safety net for the growing number of orphans.

The theoretical base for the evaluation of organisations and their programmes to assist orphans was Thierschs' theory of life-oriented social work.

Theoretical Background: Thierschs' Theory of life-oriented social work

The task of social work, according to Thiersch, is to give people an orientation in a society characterized by disintegration of traditional ways of living and an increasing complexity of daily life.³ Tanzania is going through a process of modernisation and economic changes, which creates new possibilities as well as challenges for its population. The decreasing importance of traditional values due to poverty, diseases and modern lifestyle is one of the aspects that are putting the lives of individuals at risk.

Thierschs conception of social work has the aim to improve the client's "everyday life" and to initiate social changes. It is therefore essential to consider the relationships of clients in their social network, to take their socio-cultural background into account, to analyse their individual pattern of action and to identify their resources and deficiencies. Instead of presenting a ready-made solution for the problems of their clients, social workers should identify, together with them, a realistic perspective for their future. But the intervention should not be limited to the individual. It is important to make use of the coping competences and resources of communities. Moreover social work should initiate changes in society through awareness raising and political action.⁴

Thierschs theory is based on five main principles:

- **Orientation on the ordinary life** of the clients
- **Prevention** rather than intervention
- **Integration** through reduction of stigma and respecting of differences
- **Participation** in the planning process and the implementation of the service
- **Decentralisation** in order to use local resources and cope with local problems

The programmes, which I visited during my research, were evaluated with the help of these principles. The fictitious examples of two children clubs shall illustrate this:

EXAMPLE 1: In the first children club all children of the local community are invited to public place every Saturday. They do not have a lot of toys, but a neighbour gave them a football and so they play together. Staff and volunteers of an organisation supervise them. They listen to them and teach them life skills, at the children's suggestions.

EXAMPLE 2: The second meeting is in the central bureau of a faith-based organisation. Orphans, who are registered in the programmes of the organisation,

³ Thiersch, H., in Wöhrle, A. (eds), *Profession und Wissenschaft Sozialer Arbeit*, pp. 292-293.

⁴ Bundesminister für Jugend, Familie, Frauen und Gesundheit (eds), *Achter Jugendbericht*, pp. 85-90

are invited to come every Wednesday afternoon. It is a great occasion for the children as they receive sodas and sweets. The office is well equipped and the children have a good time watching videos.

According to Thierschs the first children club would be considered as the more appropriate means to help orphans because this program is able to fulfil the five principles of life-oriented social work.

Orientation on the ordinary life: The first meeting gives orphans and other children the possibility to discuss problems and to receive psychosocial support. It allows children to be children; to play, to talk and to be with friends. The meeting takes place on Saturdays, it is orientated to daily routine and nobody misses the meeting because he or she has to be in school. Life skills are taught according to the needs of the children. The aim is to facilitate them to make use of their own potential and to overcome personal challenges.

Prevention: Life skills also help children to make the right decisions and are therefore preventive measures. For example a child that learns about personal hygiene and prevention of disease and applies this knowledge does not have to be cured.

Integration: The invitation of all children encourages integration and prevents discrimination. Organisations that restrict all their programmes to orphans can cause stigma. An invitation to all children encourages friendships between orphans and other children and helps everyone to understand the special requirements of orphans.

Participation: Children are encouraged to make suggestions for the Life Skill Training. In this way they are involved in planning the program and adapting it to their specific needs.

Decentralisation: The public meeting place in the local community allows all children to come; nobody is left out because of distance or religious hesitations. Local resources, e.g. volunteers and simple donations, are used to solve local problems.

The Best Practices, which are portrayed in this handbook, are just an extract of numerous good examples I saw during my research. I ask for understanding that I had to make a selection of the programmes.

The MVC action plan 2006 – 2010 by the Government of Tanzania

The plan of action for the most vulnerable children of the Tanzanian Government was launched in February 2008 as part of the state visit of US-President Bush and his wife to Tanzania. The plan aims to guide a national response to the orphan crisis. Even though the plan was developed as a reaction to the growing number of orphans the abbreviation MVC (most vulnerable children) has been chosen. The term aims to avoid the discrimination of other vulnerable children like street children and it takes into account that not all orphans are in need.⁵ The development of the MVC action plan was supported by USAID, which undertook immense efforts to ensure the participation of all stakeholders.⁶

The plan contains an evaluation of the current situation of orphans and other vulnerable children and furthermore it specifies seven areas of action. For each area it presents precise objectives including output indicators, responsible actors, defined schedule and a financial plan.

- Policy and Service Delivery Environment
- Household level care
- Education
- Health Care
- Social Security and Protection
- Psychosocial Support
- Measuring the Process and Resources Mobilization

One of the main instruments to identify and to look after orphans will be the MVC committee in communities which should consist of local stakeholders.⁷

Immense efforts of all stakeholders and a close cooperation will be crucial for the success of this strategic plan. The governments' responsibilities are coordination of the MVC activities, improvement of policies concerning MVC, raising awareness regarding MVC, mobilisation of resources and distribution of direct support to MVC. But the government is not able to carry the responsibility for the most vulnerable children alone. The help of individuals, organisations, the private sector and children as well as their caretakers themselves is necessary to fulfil the goals of the action plan.⁸

5 Government of Tanzania, The costed MVC Action Plan 2006-2010, p. vii.

6 Government of Tanzania, The costed MVC Action Plan 2006-2010, p. ix

7 Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 128.

8 Government of Tanzania, The costed MVC Action Plan 2006-2010, pp. xi-xiii

1. Policy and Service Delivery Environment

The first area of action is mainly concerning the government. The aims are to harmonise the legal framework and to strengthen the coordination within the government. Regulations addressing children's welfare can be found in different laws. The plan of action has identified a need to review, develop and implement these policies. The research confirmed this finding. 'The Government policies are there, but we do not see any implementation' was a common complaint of many interview partners. Until now the response to the problems of children in Tanzania is hampered by conflicts in role and responsibilities between different ministries and departments. A new management and coordination structure shall ensure well-organized and effective support. It appoints responsible actors on all levels; from the MVC Committees in the communities up to the Steering Committee and the National Technical Committee on a national level. Moreover it is planned to create a Data Management System for the whole country and to register all service provider. These should help to improve the cooperation between the government and non-state organisations.⁹

But the problems and tasks in the first area of action are not only in relation to the government. Many non-state stakeholders offer assistance to children living in difficult circumstances. The services they offer vary due to different resources, target groups, objectives and methods and the fact that they are focused on certain problems and certain areas. These and a deficit in networking are the reasons for a disparity in the quality and quantity of MVC support. To avoid the duplication of help and to ensure an adequate service for MVC, there is a need for better collaboration between different service providers.¹⁰

Good practice:

- FARAJA Orphan and Training Centre, Pwani Region: Strengthening Referral Networks
- KINSHAI, Kilimanjaro Region: NGO Cluster
- FARAJA Orphan and Training Centre, Pwani Region: Cooperation with MVC-Committees

⁹ Government of Tanzania, The costed MVC Action Plan 2006-2010, pp. x – xii.

¹⁰ Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 15.

1.1. Strengthening Referral Networks : FARAJA Orphan and Training Centre, Pwani Region

The organisation FARAJA Orphan and Training Centre offers a wide range of support to their clients. But there is no organisation that is able to cover all required services. FARAJA met this problem by strengthening the referral network. In the waiting room of their office they put a directory of services for people affected by HIV/AIDS on display. This poster, similar to the chart below, was published by AXIOS and the Abbott Fund. It helps clients to locate organisations that offer the support they need. Moreover it encourages a regular exchange between different service providers.

DIRECTORY OF SERVICES				
Services provided by category	Organisation	Address	Hours of service	Contact person
1.	Adherence Counselling			
2.	Antiretroviral therapy			
3.	Child care			
4.	Clinical care			
5.	Education/schooling			
6.	Family planning			
7.	Financial support			
8.	Food support			
9.	HIV counselling and testing			
10.	Home-based care			
11.	Legal support			
12.	Material support			
13.	Mental health services			
14.	Microfinance			
15.	Nutrition counselling			
16.	GYN service			
17.	Peer counselling			
18.	Post Exposure Prophylaxis			
19.	PLHA support			
20.	PMTCT services			
21.	Post-test clubs			
22.	Psychosocial support			
23.	Social services			
24.	Spiritual support			
25.	STI services			
26.	Substance abuse management			
27.	Support for domestic violence victims			
28.	Treatment support			
29.	TB services			
30.	Youth support groups			
31.	Other			

1.2. NGO Cluster KINSHAI, Kilimanjaro Region

KINSHAI is a network of NGOs, CBOs and FBOs. All of the member organisations work in the area of HIV/AIDS and/or Reproductive Health and most of them are situated in the Kilimanjaro Region. Each member organisation pays an annual fee of 10000TSH which enables them to access different services and support.

The network was established to improve the work of its members, but it is also implementing its own projects. One important program that KINSHAI carries out is the Public Expenditure Tracking. This program, financed by PACT Tanzania and USAID, aims to improve the public management of financial resources for HIV/Aids-related issues. KINSHAI wants to find out how the money is used and how much of it is passed down from the District level to the local communities and finally to the beneficiaries.

But the main activity of KINSHAI is the support of member organisations through capacity building, coordination of networking activities and lobbying. One important aspect of the work of KINSHAI is fundraising. The network applies for donations and distributes this money to its members in order to facilitate certain projects. Moreover KINSHAI provides information about donor organisations and assists member organisations to write their applications for financial support. The network also helps its members to ensure the sustainability of their programmes through income generating projects. Organisations are encouraged to start small projects, e.g. gardening or pig keeping. With the money they earn through these projects they can provide material support for orphans or other clients.

Another part of capacity building is training according to the need of the members' organisations. KINSHAI identifies, together with its members, issues, where organisations lack information or skills. Then KINSHAI recruits experts in this field and organises workshops for its members.

Monthly meetings for supervision on the district level ensure regular contact between KINSHAI and its members as well as between different member organisations. Through these meetings an exchange of experience and knowledge is possible. Member organisations can visit each other and learn from each other. Furthermore they are aware of the programmes that other organisations offer in their district. Therefore they are able to refer clients, which they are unable to take care of, to other projects. This knowledge about other organisations is indispensable to create equal opportunity in the access to aid and to prevent duplication of services.

1.3. Working together with MVC committees FARAJA Orphan and Training Centre, Pwani Region

FARAJA tries to help orphans and PLHA by using local resources: „*What we were doing was to try to sensitise our community to help these children and help patients within our community. We believe that these are our children and these are our patients so that we should not depend on somebody to come from the outside to help our children and patients. We should take this responsibility*”¹¹.

According to the MVC action plan of the government, MVC committees shall be responsible for orphans and other vulnerable children on the lowest level in the communities. These committees should consist of local stakeholders. The members should be facilitated to identify the most vulnerable children in their area and a MVC welfare fund should be established to meet the basic needs of these children. MVC committees are a crucial factor in achieving the goals of the MVC action plan. They make a decentralised response possible in which each community is able to develop its individual coping strategy according to the problems and resources in their area.¹²

Many MVC committees are already carrying out great work. But in many other areas they are not yet established. And in other places they were set up but due to insufficient training of their members and a lack of adequate collaboration with existing projects their work is ineffective. MVC committees are neither a substitute nor a competitor for other organisations, and through a good cooperation everyone can gain from their existence. Therefore it is important for organisations to seek a beneficial partnership with these committees, to help them to overcome initial problems and to remind them of their responsibility.

FARAJA is using the local MVC committees to locate children with problems. The committee identifies orphans and vulnerable children and gives their names and details to FARAJA. This information makes it possible for the volunteers of the organisation to visit the children at home, to verify their situation and to make out their needs. Therefore it is possible to reach not only families that seek support by themselves, but also children that are unaware of the organisation or unable to contact it. The committees help FARAJA in its work through their input and FARAJA does not have to set up special schemes for identifying the most vulnerable children.

¹¹ Interview with Joyce Chitenje, FARAJA Orphans and Training Centre, 30. May 2007 in Kibaha

¹² Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 128.

2. Household level Care

The extended family is still the most important safety net for orphans and other vulnerable children. 84% of the partners interviewed confirmed that it is still the family or the community that take responsibility for a child after the death of its parents. Especially the elderly people carry the burden of the orphan crisis. More than half of all double and single orphans (not living with surviving parent) are cared for by their grandparents.¹³ Smart Daniel, the program officer of HelpAge International in Tanzania, explains the reason: “*An older person will not say no when it comes to the question of caring his or her grandchildren; whether they have the ability or not.*”¹⁴ As a result these households as well as other households caring for MVC are overwhelmed by the task of bringing up the children.

The improvement and expansion of the household level care plays a central role in scaling up the response to children. The MVC action plan recommends five areas that are necessary for the well being of children: good shelter, access to sufficient and nutritious food, adequate clothes, bedding and other household equipment, child rearing according to accepted standards and development of the capacity of MVC, their households and the community.¹⁵

Good practice:

- KAKAU, Kagera Region: Shelter for orphans
- World Vision, Kagera Region: Food for households with orphans
- SAKUVI, Kilimanjaro Region: Providing food for orphans through school feeding programmes
- Community Alive, Mara Region: Clothes, bedding and other equipment
- HUYAMWI, Kilimanjaro Region: Handbook for caretaker
- KINSHAI, Kilimanjaro Region: Meetings for elderly caregivers
- Salvation Army, Kagera Region: Saving groups
- HUYAMWI, Kilimanjaro Region: SIP (Small Income generating Projects)

13 UNICEF, *Africas' orphaned generation* (2003), p. 16.

14 Interview with Smart Daniel, HelpAge International – Tanzania, 7 June 2007 in Dar es Salaam

15 Government of Tanzania, *The costed MVC Action Plan 2006-2010*, pp. 57-64.

2.1. Shelter for orphans KAKAU, Kagera Region

KAKAU (KANISA KATOLIKI DHIDI YA UKIMWI) is a faith-based organisation that provides care for orphans and PLHA and spreads information about AIDS with the help of the KAKAU-Band. The organisation believes that the best place for a child is within its family and that the community should be mobilised to support such children.

One of the problems they discovered in the villages was a lack of adequate shelter. Ill parents, old caretakers or children in child-headed households are often unable to maintain their houses or to build new accommodation for a growing number of orphans. They lack the physical energy, the skills or the material to ensure protection from weather and burglars.

KAKAU responds to this problem by mobilising the community. Andrew Kagya recalls the case of a HIV-affected family: *“We mobilised the community to come and to contribute to the building of her house. The house now is in progress, they have already begun building it. We went with KAKAU-Band, we invited a lot of people, we played some music, gave the message, we talked about the problem of AIDS, the orphans. Then we told, encourage the people, how to help these people. That we have a problem now that we have to work on. They contributed around 650.000 Shilling, we needed around 1.5 Million... . The problem is not only the money but also the idea that this is our responsibility.”*¹⁶

It is not always necessary to build a new house; most of the time there is just a need for repairs to improve the habitability. By motivating neighbours or other community members to take care of the maintenance, much can be achieved.



¹⁶ Interview with Andrew Kagya, KAKAU, 11. April 2007 in Bukoba

2.2. Food for households with orphans World Vision, Kagera Region

World Vision is an international organisation that tries to promote the development of particular areas through empowerment of communities. In Kagera Region they also have an orphan's project to serve the basic needs of these children.

The questioning of 205 children in different regions of Tanzania revealed that less than half of the orphans are eating 3 or more meals per day. They are disadvantaged compared to children who still have both parents as 69% of them have 3 or more meals per day. Lack of adequate nutrition can weaken the health of children and undermine their physical and emotional development. Moreover it might reduce their school performance and could cause child labour as children try to find ways of sustaining themselves.

Therefore the team of World Vision provides households with food supplies like rice, maize flour and sugar. Angela Mutashobya witnessed the positive consequences of this support. *„I was talking with this guy, who is sitting here. He is an orphan, no father, no mother, no uncle, no anyone. But he was telling me that since we started supporting them with food and other needs, uniforms and exercise books, he was the first in the class.“*¹⁷

Food supplies can be crucial in some families for the survival of the children. In child-headed families children often do not have knowledge of agricultural methods. Other families with very old or ill caretakers are not capable of cultivating the land. And urban households often lack land. These are cases where extensive provision of food can be required for a certain period of time. Other families just need the kind of supplies that they can not produce themselves, like sugar or cooking oil.

However handing out food is a challenge as the help should not undermine the capability of the household or the efforts of the community around. There is a risk of creating a dependence on external assistance that could prove hazardous once the support stops. A close assessment of each case and a clear scheme of the duration and goals of the support are essential. Food aid can be a temporary solution while older orphans receive agricultural training to make use of the land they have or while some helping hands of community members are organised within the community, to assist orphans in cultivating the field. Once approved, food support can be a helpful instrument to back families on their way to self-reliance.

17 Interview with Angela Mutashobya, World Vision Kagera, 7. April 2007 in Bukoba

2.3. Providing food through school feeding programmes SAKUVI, Kilimanjaro Region

SAKUVI is providing community-based support within a ward in Kilimanjaro Region.

Like other projects, SAKUVI witnesses the problems that households with orphans are facing; in particular everything that costs money is a great obstacle. One of these things is the fee for school feeding programmes. Established to enable children in Primary school to have a warm meal, it is often too expensive for caretakers. Orphans that can not afford to pay the fee receive food from others or they are left hungry. In both cases the risk of stigma and isolation is increasing. In the first case the child is living at the cost of the others, consequently reducing the portion of each child. In the second case the child can not take part in the social practice of a common meal and he or she is branded as the one who is unable to afford the food. Other problems follow: children, who stay hungry throughout the day, are not able to concentrate on the lessons and they might be tempted to leave school in order to find food.

SAKUVI is working closely with the schools in its area. They talk to teachers of orphans and they pay for the maize that is necessary to provide these children with a warm meal.

Especially for children in places that are not fertile or with caretakers who are too weak to prepare food, the meal at school is very important. And there are other good reasons for projects to invest in school feeding programmes: The food benefits directly the needy child and can not be taken away by other relatives; the child is integrated in its peer groups; the intellectual performance will not be undermined by hunger and the meal can be a motivation for the child to attend school regularly.

Enabling children to have a warm meal is a good way to ensure a stable diet. This can be achieved through paying the fee for the feeding program or offering maize or other ingredients directly to the school. Most of the necessary supplies could even be grown by the organisations themselves and then given to the school on a regular basis.



2.4. Clothes, bedding and other equipment Community Alive, Mara Region

Orphans are often an extra burden to households and therefore the service of the organisation Community Alive is very welcome in and around Musoma. *“Some of these families have a lot of their own children and if you can help them with the orphan, they appreciate it very much.”*¹⁸ The organisation supports 200 orphans and vulnerable children. In order to help these children in a holistic approach Community Alive in Musoma offers a wide range of support according to the needs of the family.

During home visits to families, the team of Community Alive discovers the poor quality of bedding in some homes. Especially during the rain season the floor of the huts can be very wet and cold. Sleeping on the ground could cause different illnesses like colds, pneumonia and rheumatism. Inadequate bedding also creates an additional risk for PLHA. Their weakened immune system is not able to fight illnesses, and diseases that are generally not lethal, may endanger their lives. The improvement of sleeping conditions is therefore a preventive measure. Whenever possible the organisation tries to provide these families with beds, nets, mattresses and bed sheets that allow old caretakers, ill patients and children to sleep in dry and clean condition.

To obtain clothes, and not just school uniforms, is often a big problem for orphans. Therefore the organisation collects old clothes from the community and sometimes, on special occasions like Christmas, children receive new dresses or



shirts and shorts. These clothes are sewn in an associated workshop by young women, who are partly orphans or caretakers of orphans themselves. The workshop gives them the possibility to learn a profession and to earn their livelihood, but it also allows Community Alive to fabricate clothing or school uniforms for a big number of children. School uniforms and

sweaters, which are not needed by the organisation, are sold and this income is used to sustain the workshop.

There are many items that families require but can not afford. Close contact with their clients through home visits can help organisations to identify these necessities. Things like second hand clothes or household equipment can often be found within the Community. Many people are ready to share what they have once they are aware of the hardship of orphans.

¹⁸ Interview with Sr. Mary Reese, Community Alive, 8. May 2007 in Musoma

2.5. Handbook for caretaker HUYAMWI, Kilimanjaro Region

HUYAMWI is a program organized by the Mwiki Bible School on the slopes of Kilimanjaro Mountain. The program has two aims. First of all to help orphans in the communities around, but moreover to give students of the school the possibility to get practice in diaconal care.

To improve the parental skills of caretakers HUYAMWI published a handbook with the title “Ushauri kwa Walezi wa Yatima” (kimehaririwa na Godson S. Maanga). This book can be found in bookshops for the exceptional price of 500 TSH per exemplar.

The book covers a wide range of topics. There is a special section about death and grief and how to help children to overcome the loss of their parents. Special emphasis is put on the importance of love, and different ways of showing love to a child are described. Other chapters explain the challenges of integrating the child into a new family and the rights and duties of an orphan. The importance of education is highlighted by specifying the significance and goals of education for orphans. The responsibilities not only of the caretaker, but also of the child itself are identified.

The book also teaches caretakers and orphans about small projects that can help them to improve the income of their households. The chapter gives details about every step that has to be considered before starting such a project, and it mentions different ways of funding them. Examples show how to keep records of investment and outcome and how to calculate the profit.



This excellent book was written especially for guardians of orphans to guide families in their every day life. It provides practical advice to manage the financial strain that comes with taking orphans into the household. Moreover it recommends simple, but very effective measures to ensure that the child settles well into the new environment. The guide is also of great benefit for teachers and staff members of organisations for orphans. They could use the hand-book as a basis for their own actions and as training material for caregivers.

2.6. Meetings for elderly caregivers KINSHAI, Kilimanjaro Region

KINSHAI, a network of NGO, aims to improve the capacity of its members. However in cooperation with member organisations it also implements programmes in communities. One of these programmes is holding meetings for elderly guardians of orphans and vulnerable children.

Grandparents are in general committed to the task of caring for their grandchildren, but in many ways they are ill-equipped. They are often too weak to cultivate the land or to earn a living. Traditionally they are in an age where they should receive support from their children, but instead of getting something they are supposed to sustain others. Moreover old people are often isolated. For example they lack information about HIV as they are not a particular target group of HIV-Prevention; nevertheless they are expected to care for their HIV-infected children and to raise their orphaned grandchildren. For both task knowledge of HIV/AIDS is essential; first to avoid transmission of the virus while nursing the ill and second to educate the children about HIV-related topics.

KINSHAI wanted to tackle this issue. In two districts the organisation provides information about HIV/AIDS to elderly caretakers and they established weekly meetings for them in their communities. Staff members of KINSHAI or its member organisations are present at the meetings. They supervise the group, help with enquiries and provide counselling. The aged people are trained about small income generating projects, which are adapted to their limited abilities. Then they receive everything necessary to start up their projects.

But the purpose of the meeting is not just education; the gathering is also a pleasant change from every-day life. The participants of each group were able to ask for some equipment and, according to their wishes, they got for example a radio or a drum. Now they can dance together, listen to the news or play music.

That kind of meeting can be conducted for all kinds of caregivers, e.g. widows, heads of child-headed households. It is an ideal method to improve the capacity of household level care regarding different issues. Conversations and training should include skills and knowledge about parental skills, family income, psychosocial support and others. Regular meetings are a great opportunity for guardians to learn, to exchange ideas and to help each other. At the same time it is a reward for their commitment. The meeting gives participants a good time and it can help them to get rid of frustration and questions.

2.7. Saving groups Salvation Army, Kagera Region

Unlike other projects the Salvation Army in Kagera Region does not hand out material help. Instead they empower orphans, women and communities to take care of their own problem. „*The logic is that we want to help children but we want to use the caretakers and the parent. ... We all teach them how to dream big, how to dream for their future, how to have big dreams. Even those who are HIV infected, we tell them: that is not the end of life. So they have to see how they can help the kids they are having.*”¹⁹

One way to empower women to care for the daily needs of their family is the Saving Groups. The Salvation Army has established 97 groups in and around Bukoba. One group consists of 20 to 25 women. Four women from each group form the Management Committee and others act as Literacy Volunteers to help women, who are unable to read or calculate. In weekly meetings the women learn about saving, they are trained on starting small businesses and they share experiences. On a regular basis they contribute small sums to the funds of the group. Over the week, the money is kept in a cash box with three keys. Each member of the Management Committee holds one of these keys and the last member takes care of the box. This is done to avoid theft and false accusations.

The money is managed by the women themselves and loans can be taken in order to start a business or to improve existing income generating projects. The women invest in small agricultural projects or they buy and sell items on the market or from house to house. With the money they earn they are capable to sustain themselves and their families. Moreover the self-esteem of these women is raised as they are able to act now on their own behalf rather than just receiving support. The independence from an organisation creates sustainability, because even if the organisation runs out of funds or donations, the women will still be able to run their saving group and to support their children.

Sometimes organisations can cause discrimination by limiting their services to certain target groups, like orphans or PLHA. With the intention to reduce stigma and to provide equal opportunities to everyone the Saving Groups are open to all women. However beside many other children, around 800 orphans are benefiting as their caretakers are now able to pay primary school related costs and other basic needs.

¹⁹ Interview with Maria Mpangala, Salvation Army Kagera, 10. April 2007 in Bukoba

2.8. SIP (Small Income generating Projects) HUYAMWI, Kilimanjaro Region

HUYAMWI gives material support but in order to reduce the dependence on the organisation, HUYAMWI also started SIP for orphans and their caretakers. The chairman of HUYAMWI explains the program: „*First of all we train them about how to start projects according to the environment, according to the need in the community or the neighbours. Than after that they choose or they will decide for themselves which project they want to run. ... It's small income generating because it helps these orphans and these widows to get these small, small things like exercise books, like uniforms sometimes. For example if they have a chicken project, if you sell two chicks you can at least buy a uniform or exercise books or a pen or other small, small things.*”²⁰

Very important in achieving durable outcomes is good preparation and follow up. HUYAMWI holds four seminars to ensure the success of these small projects. In the first seminar the participants learn how to choose, set up and run a project. Afterwards they have time to write a project proposal, in which they calculate the costs and outcome. Around one month later, these proposals are discussed at a second meeting. Problems or unrealistic expectations are pointed out and finally the proposals are approved. The participants receive everything necessary to start their projects. While they set up their projects they receive advice and visits from fieldworkers. After six months there is another seminar to exchange the first experience and talk about difficulties. In a final seminar the participants may ask for an expansion of their project or a subsequent financing.

Also orphans are given the chance to start little projects, like keeping guinea pigs or chickens. Instead of asking the caretaker for money they are able to pay for small things like pens themselves. It helps them to be less dependent but it also boosts their confidence.



²⁰ Interview with Samuel Mori, HUYAMWI, 16. June 2007 in Mwika

3. Education

Poverty often prevents access to education: MVC are especially at risk of dropping out of school. 83% of the interviewees, who were asked about the problems of orphans, pointed out that lack of education is one of the major challenges. But it is also the area of intervention which could show the most sustainable and long-lasting effects. Education, skills and the knowledge to use them, is the basic requirement to enable someone to live an independent life. It is not of a surprise that 98% of the visited organisations, which support OVC of school age, have chosen to hand out direct educational support. The assistance differs in quantity and quality. Some organisations only offer school uniforms; others provide everything necessary for all levels of education from nursery school to university. The high number of organisations giving educational assistance is an indicator of the hidden chance that comes with the orphan crisis. Deborah Brycke, founder of the Tumaini Street Children Project pointed out that it is due to the AIDS-Epidemic that the world took notice of the plight of African children. Children, who would have never been able to attend secondary school, are now supported and they receive this education. But HIV and AIDS did not only make worldwide donations possible, it also opened the eyes of people within the community. Education is seen as a necessity and mutual efforts are undertaken to ensure that every child receives education.

The MVC action plan points out the responsibility of the government to provide quality education for every child, but it also counts on the organisations and the private sector to fill the gap where the government is not able to accomplish the task.²¹

Good practice:

- WOWESOT, Mwanza Region: Nursery school
- Rainbow Centre, Kilimanjaro Region: School support and follow up
- WOWESOT, Mwanza Region: Extra tuition
- HOMERC, Mwanza Region: School for children with disabilities
- WAMATA Arusha, Arusha Region: Vocational training for Out-of-school orphans

21 Government of Tanzania, The costed MVC Action Plan 2006-2010, pp. 77-82.

3.1. Nursery school WOWESOT, Mwanza Region

WOWESOT is a Community based Organisation for widows and orphans that started on the initiative of Victoria Tesha.

Every day children gather in the nursery school of WOWESOT. They come from the nearby community. In order to avoid isolation and separation the school is open to every child. However, orphans have the right to attend the school for free. WOWESOT offers care and preschool education for them. In friendly decorated rooms and with simple material they learn their first letters and numbers. There is a courtyard in which they have room to play and to enjoy themselves together.

Preschool helps children to develop their physical, intellectual and social abilities. Together with others they learn all skills necessary before starting primary schools. Regular visits to nursery schools gives children stability, which makes it easier for them to overcome changes and difficulties in their lives. Children of



pre-school age are in general too small to seek assistance themselves or to articulate problems; therefore a nursery school can be a way of monitoring the well-being of these children.

Moreover it allows caretakers to earn a living. While the children play and learn the guardians have time to work in the garden, to go to the market or to run a small business.

There is no need for great equipment to start a preschool. Some preschool do not even have a building but they gather under the sky on a beach or in the yard of a building. Others are using rooms provided by the church or the community. Learning materials and equipment for recreation can be produced from local materials. WOWESOT for example is using the tops of Soda bottles to teach the children to count and to calculate. The most important things required to set up a nursery school are people committed to the task of caring for children and with some knowledge about their development needs.

Some nursery schools offer a warm meal of maize porridge to ensure a stable diet for the children. Many caretakers are ready to pay a small amount of 100TSH to make sure the ingredients can be bought.

3.2. School support and follow up Rainbow Centre, Kilimanjaro Region

Rainbow Centre is a faith based organisation that is mobilising resources of the community to help orphans and HIV-affected families. The organisation is located in Moshi, but it is operating in five districts.

Educational support is seen as a priority of the Rainbow Centre. They believe that each child should have the chance to develop his or her potential. Together with women groups in the communities and SMC (Small Christian Communities) the organisation pays for school uniforms, fees, material and other educational costs. They ensure that vulnerable children are supported until they received an education that allows them to sustain themselves. The school support starts if necessary with pre-school. According to their abilities children can continue after primary school in secondary school or they qualify in a vocational training. They may even attend college or university.

But providing the same help to each family can undermine the efforts of caretakers. Sr. Ubalda Kessy explains how they try to minimize this risk by adapting the support to individual needs: *“What the family can provide we don’t provide. Maybe the family or the foster parent provides uniform, shoes and everything, but the child has no copy books and has no pen, we do that. And another foster parent has completely nothing, so we have to do everything. But we educate them, don’t rely on this. And we have to do a follow-up of the child in the school.”*²²

However material assistance alone can not ensure their educational success. Orphans often miss the encouragement of their family or they miss school in order to earn a living. Therefore a close follow-up is essential to avoid an early drop-out of education. Every child that is registered in the programmes of the organisation has his or her own file with a photo and all essential information. Each year the teachers write a report about the educational progress and the overall situation of the child. This report is added to the file in order to make a follow-up of the long-term development possible. During home visits and psychosocial meetings for orphans, children and their caretakers can talk to health workers about difficulties. If necessary the staff will go to the school, talk to the teachers and try to solve the problem.

²² Interview with Sr. Ubalda Kessy, Rainbow Centre, 19. June 2007 in Moshi

3.3. Extra tuition WOWESOT, Mwanza Region

WOWESOT supports children in their school education but came to realise that the provision of school uniforms and other materials is not enough. Even though orphans attend school regularly they are disadvantaged if they are not able to pay fees for extra tuition. The school lessons are often not sufficient and without tuition they are not able to receive good marks and to pass their exams.

Instead of paying for the fees WOWESOT decided to use the rooms of its nursery school to provide tuition for older children. Every Saturday morning pupils come together. Teachers of the nursery school volunteer to give lessons in mathematics and English. Knowing the plight of orphans, often from their own experience, they are ready to contribute their free time. The blackboard of the nursery school is used to do exercises together. Moreover simple tools, which are made of local materials, shall help the children to learn. In between the lessons there is time to play and to sing together and the children can talk to the teachers.

Whenever there are enough funds or donations from the community WOWESOT offers a warm meal in the end of the morning. Caretakers of orphans prepare the food and distribute it to the children. Often small groups of widows or grandmothers gather in the courtyard while the children learn together. They use this time to exchange experience, to talk about common problems and to encourage each other.



3.4. School for children with disabilities HOMERC, Mwanza Region

HOMERC is an acronym for Hope for Orphans and Mentally Retarded Children. The organisation was founded 1999 to help handicapped children who are often left out and denied any chance of education. The objective is to help orphans and disabled children to become economically independent and to be useful members of the society.

The director Theodora Ihuya points out that the plight of disabled orphans is especially difficult. Orphans are often seen as a burden to their caretakers, but they may help in the garden or contribute in other ways to the livelihood of the family. However people think that disabled orphans can not help, may need expensive medical treatment and will possibly always be dependent on the caretaker. Therefore it is difficult to find a place for them when both parents die. Once they are taken by relatives many of them are exposed to open or hidden discrimination and mistreatment. They are especially deprived of the right to education.

HOMERC wants to give these and other disabled children new hope. Every day a group of 44 physically and/or mentally disabled children meets in a small house in Mwanza. Volunteers commit themselves without payment to teach them; each child according to his or her abilities and capabilities. Every day the pupils receive a meal in school and some pupils from poor families are also supported with food at home. Moreover the organisation tries to equip the children with appliance, like wheelchairs or crutches.

The positive effects are numerous. The children thrive; they are more joyful and cheery. The development of these children is impressive. They acquire new skills and some make progress nobody thought they would be capable of. But there are also advantages for the caretakers. During the time the children are at school, guardians can work to earn an income and they are able to cultivate the garden.

However the guardians are the ones who spent the most time with the children; therefore the development of the children depends on their attitude and skills. Every Friday Theodora Ihuya pays visits to foster families and parents to improve the home situation of the children in her school. She shows guardians exercises they can perform at home with the child. Together with the family she tries to find solutions for problems that might occur in the every day life; e.g. adapting the accommodation to a wheel chair. She also advocates for the rights of handicapped children and their needs.

3.5. Vocational training for Out-of-school orphans WAMATA Arusha, Arusha Region

This organisation is a branch of the NGO WAMATA, which operates nationwide. WAMATA is an acronym of the Swahili words “Walio katika Mapambano na AIDS Tanzania”. The objectives of this national NGO are to prevent new HIV-infections throughout the country and to help those who are infected with or affected by HIV. WAMATA Arusha is following these aims and offers different services to PLHA and OVC.

The staff of WAMATA Arusha witnessed the great struggle of orphans that finished or dropped out of school. These adolescents do not possess the skills or equipment necessary to earn a living. This situation can cause many diverse problems. Youth without a purpose in life might loaf about and get involved in drugs or alcohol. They could also be forced to resort to other sources of income, like prostitution or stealing. And they will go on being dependent on their caretakers.

The goal of WAMATA Arusha is to help orphans on their way to self-reliance. They do not just give them the education but they also accompany them on their first steps in independent live. „*For the out of school orphans, who are interested*



in tailoring-, sewing skills, we have a centre and we train those interested for a year. And then we lend them a machine to be able to start up. And then they pay the basic amount that was used without interest. They pay every month a little money until they paid off the machine.”²³

The concept proved successful. After passing the course, some of the trainees used their skills and sewing machines to

set up a workshop together. With the money they earn they are able to support themselves and to repay the cost of the machine. By paying back they contribute to the circulation that will allow others to go the same way.

Education alone is not enough if someone lacks the means to make use of his or her knowledge. Organisations should always consider if adolescents, who finished their formal education, are really in the position to be independent. With a start-up set, tools or a small piece of land and good guidance, young people can be put in the position to help themselves.

23 Interview with Emmanuel Mawere, WAMATA Arusha, 6. July 2007 in Tengeru

4. Health Care

Even though there is insufficient research on this subject different evidences indicate that MVC are disadvantaged in accessing health services. The lack of money to pay for user fees, medicine and transport is a problem for many households with orphans. Other obstacles are added to this problem: Old caretakers or ill parents are often too weak to take children to the hospital and child-headed households have deficits in the knowledge concerning health issues. In other cases caretakers ignore the need of health care. In the first years the mother is generally the person who provides the link between her child and health facilities. Consequently the death of the mother increases the risk of a child to lack medical care.²⁴

The MVC Action plan states that it is necessary to improve the access of MVC to curative Health Care Services, like treatment of injuries, common infections and childhood illnesses. But in addition there is a need to improve preventive measures like vaccination, prevention of HIV-infection, nutrition and growth monitoring, provision of safe water and hygiene. Children infected with HIV have particular requirements. These include HBC (home based care), treatment of opportunistic infections, ensuring access to ARV, special nutritional needs and careful disclosure of the HIV status depending on the child's understanding.²⁵

Due to the AIDS-Epidemic, the public Health System of Tanzania is overburdened. However, in the last years great improvements, especially in the area HIV/AIDS, were achieved e.g. PMTCT and access to ARV. Nonetheless NGO need to assist the government to provide adequate care.

Good practice:

- Community Alive, Mara Region: Malaria Prevention
- PASADA, Dar es Salaam: HIV-Prevention through Stepping Stone Program for OVC
- YOPAC, Dar es Salaam: HIV-Prevention through Peer Education
- PASADA, Dar es Salaam: HIV-Test and treatment for children
- HUYAMWI, Kilimanjaro Region: Health card
- WEMA, Arusha Region: Special nutrition and medicine for OVC

24 Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 91

25 Government of Tanzania, The costed MVC Action Plan 2006-2010, pp. 92-97.

4.1. Malaria Prevention Community Alive, Mara Region

WHO states in the World Malaria Report 2005, that malaria is the leading cause of death for children in Tanzania.²⁶ In swamps and around lakes the risk is especially high as the wet areas provide an ideal breeding place for mosquitoes.

The organisation Community Alive is situated in Musoma close to Lake Victoria. Therefore the staff come across many cases of malaria in their everyday work. Instead of just curing the ill they decided to do something to prevent the disease.

One of the most effective ways of prevention is the use of insecticide-treated nets. By sleeping under these nets, bites from malaria-carrying mosquitoes can be avoided. Studies show that child mortality may be reduced by as much as 40%.²⁷

The organisation Community Alive hands out nets to orphans, vulnerable children and HIV-Patients. But experience shows that the distribution is not enough. Sr. Mary Reese remembers one case: *“One family we had given a net, but this little child was coming with fever, fever and fever. So we went and then the*



*net was finished. So we bought a big net. It is a big bed, there are about 5 or 6 children sleeping there, so we got a big net.”*²⁸ This example shows that follow-ups and regular contacts to the children are required. Old nets have to be replaced or treated and sometimes the size of the nets has to be adapted to the needs of the family, especially when several children sleep under the same net.

However, the provision of bed nets is a big step to prevent malaria and can reduce the cost that would be necessary to get medical treatment for the children.

26 WHO and UNICEF: <http://rbm.who.int/wmr2005/index.html>

27 CDC: http://www.cdc.gov/malaria/features/tanzania_pres_initiative.htm

28 Interview with Sr. Mary Reese, Community Alive, 8. May 2007 in Musoma

4.2. HIV-Prevention through Stepping Stone Program PASADA, Dar es Salaam

PASADA was initially an organisation that offered medical and material support to PLHA. Due to an increase of the demands and the upcoming of new problems the organisation has grown rapidly and extended their services to orphans and vulnerable children. *“When PASADA started it was like a dispensary, it was built like a dispensary, ..., but we found there are children behind when the parents died. So there was a need again to think about these people, so OVC-Department was born... . So it was nearly changing day to day because of the HIV.”*²⁹

Like other children orphans have a risk of infecting themselves with HIV; in fact several factors indicate that their risk could be even higher. Orphans often lack parental guidance, they may resort to prostitution as a way of surviving and they might be exposed to abuse. In order to educate OVC, HIV-prevention is offered in the orphans department through the Stepping Stone Program.

This program was developed in Uganda and is used by projects in over 100 countries. It is a training package on HIV, communication, health, gender and life- and relationship-skills. The material is targeting not only OVC, it can be used for everyone in the community: men, women and children. The concept was designed to empower people to explore and discuss a wide range of topics. All these topics have an affect on the vulnerability to HIV in one way or another. Stepping Stones does not prompt a standardized solution for the diverse risks of HIV; instead participants are encouraged to find individual solutions for the problems they face.

PASADA has very good experience with Stepping Stones. It helps to raise the HIV-awareness of youth and to equip them with essential skills to lead a self-determined life. Moreover the workshops are a good occasion to gather OVC and to encourage an exchange of ideas and experience. Charles Francis witnessed that the positive effects expand to others: *“It [the Stepping Stone Program] also gives them the motivation to think of those who are infected, taking care of them”*³⁰



29 Interview with Charles Francis, PASADA, 7. Februar 2007 in Dar es Salaam

30 Interview with Charles Francis, PASADA, 7. Februar 2007 in Dar es Salaam

4.3. HIV-Prevention through Peer Education YOPAC, Dar es Salaam

YOPAC is an acronym for Youth and Parents Crisis Counselling Centre. YOPAC is a program of the Youth Alive Movement, which is a faith based organisation in Dar es Salaam. The program has different activities like providing material and psychosocial support to OVC and ill patients. But YOPAC does not want to be confined to give relief to people affected by HIV/AIDS; they aspire to tackle the cause of the problem itself. Through Peer education they try to raise awareness and hope to prevent new HIV-infections.

Three times a week young community volunteers, between 18 and 25 years, meet to conduct peer education in local communities. When the music starts to spread through the streets, passers-by stop and listen. Children flock together and struggle to get the best view. Others are already waiting for some time as the news about the upcoming performance has reached the community in advance. The young people sing, dance and spread the message of HIV and AIDS. In dramas they highlight risk behaviour and problems of people living with HIV and AIDS. They seek the contact with the audience, occasionally asking questions and involving people in their plays.

The performance leaves the audience in need of a debate. Therefore counsellors of YOPAC accompany whenever possible the peer educators. They give people the opportunity to ask questions, to discuss incorrect beliefs about HIV and to give them advice about where they can go for testing. If requests are too far-reaching they invite the person into their office for further counselling.

The message YOPAC presents through its Peer Education is clear: HIV/AIDS is a real threat to the life of everyone but each of the spectators possess the capacity to take control of this danger. Moreover people should not stigmatise others who are infected. Instead they have to support them and their families. Through their work the peer educators are not just preventing HIV, they also advocate for the rights of PLHA and orphans.



4.4. HIV-Test and treatment for children PASADA, Dar es Salaam

The Medical and the Counselling Department are just two of many different departments with which PASADA tackles the challenges of HIV and AIDS in the communities. In their work they witness the special needs of children when it comes to test their status.

Children may obtain the HIV-Virus before, during or after the birth from their mother. Without special treatment the risk of Mother-to-Child-Transmission can be up to 30%.³¹ PASADA tries to reduce that risk by enrolling pregnant women who attend their clinic in a PMTCT-program. The women receive ARV during the pregnancy and the child is given the medicine after delivery.

Nevertheless children of all ages can be exposed to the virus; e.g. not all pregnant women know about PMTCT and children may be victims of sexual abuse. The uncovering of the status is essential in order to give a child the right attention and treatment. Like adults they need pre- and post-test counselling; but due to a different understanding of the illnesses and their situation they can not be treated in the same way. PASADA employs ways to counsel them in a child-friendly manner. *“Once we find the need for a child to test we guide them to this specific event and afterward we offer support”*³² Once they are found positive they are enrolled in the programmes of PASADA and they gain access to a wide range of material, psychosocial and medical support. Their health is closely supervised and if required they are selected for ARV-Therapy.

The disclosure of the status to the child is an ethical problem, which is intensely discussed by practitioners and scientists. No easy answer can be found; instead a close look at each case and individual decisions are necessary. Many guardians prefer not to disclose the results of a HIV-test to the children. They might be afraid of questions concerning the origin of the infection or they fear stigmatisation within their family. However if children reach adolescents they have to know their status in order to take good decisions to protect themselves and potential partners.

No matter at what age children learn about their status, at PASADA they receive special guidance, e.g. Individual and Group Play Therapy, to understand the meaning of their status, to come to terms with it and to start to live “positive”.

31 Weinreich,S. and Benn, C., AIDS – Eine Krankheit verändert die Welt, p. 14

32 Interview with Charles Francis, PASADA, 7. Februar 2007 in Dar es Salaam

4.5. Health card HUYAMWI, Kilimanjaro Region

Due to financial hardship many caretakers of orphans are unable to pay medical expenses. Samuel Mori, chairman of HUYAMWI, explains: „*Most of them [the orphans], a big number of them are living with grandparents. Grandparents, they don't have energy to work, they don't have money, they don't have anything.*”³³

HUYAWA has a special category system to define the neediness of orphans in six ranks. With the help of a structured interview the problems and resources of the families are analysed and each child is assigned to one category. Not every child requires the same quality and quantity of services. For the most vulnerable children HUYAMWI decided to pay for their medical treatment. To make that possible they work together with existing health facilities, hospitals and dispensaries in their area.

In order to reduce the risk of misuse, each child, who has the right to access free health care, receives an identity card. This card gives the most important information about the child; whereas confidential information, like the HIV-Status, is coded in order to reduce discrimination. The health card also includes a photo or a fingerprint, with which the staff of the health facilities can recognise the holder of the card. Moreover each child has special health coupons which show the maximal allowance of treatment. This makes it possible for the organisation to control the costs. Exceptional treatment, which exceeds the allowance of the coupons, can be discussed separately with the family, the service provider and HUYAMWI.

If a child falls ill, the caretaker is now able to take him or her to the hospital. The identity card together with health coupons gives them the right to access medical treatment. The coupons might be exchanged for medical examinations, medicines or whenever necessary a stay in the hospital. The service is completely free for the patient as HUYAMWI is reimbursing the hospitals on a regular basis. Through a close cooperation with local health facilities, they managed to ensure adequate health care for the children.

33 Interview with Samuel Mori, HUYAMWI, 16. June 2007 in Mwika

4.6. Special nutrition and medicine for OVC WEMA, Arusha Region

WEMA is a community based organisation that provides services to families on the outskirts of Arusha. It was founded due to the initiative of Asteria Komba, who provided medical support to patients in her own home. In the last years the programmes of WEMA were expanded to Orphan Care and Peer education. However, medical support remained a high priority of the organisation.

Many PLHA are mothers or fathers; they need to remain as healthy and strong as possible to fulfil their role in caring for their children. But even the orphans themselves are victims of the disease. Asteria Komba presumes that 3% of the orphans in the programmes of the organisation are infected with HIV.

The distribution of ARV through Government hospital shows numerous positive effects. People can live longer in a healthy way; many are strong enough to work and to take care of their children. ARV gives HIV-infected parents the chance to watch their children grow into adolescents. However an ARV-Therapy alone does not solve all problems.

Food insecurity can reduce drug efficiency, may cause severe side-effects and could undermine a strict drug regimen. Some side-effects such as loss of appetite or nausea may result in reduced food consumption, while other side effects like diarrhoea and vomiting lead to an increased need for nourishment. Therefore, a balanced diet according to the specific requirements of the prescribed ARV is essential for the success of the therapy.³⁴

In order to strengthen people and children living with HIV and AIDS WEMA decided to support them with basic medical care and special nutrition like vitamins and food supplies. If they are strong enough they come to the office of WEMA and if they are too weak they receive home based care. The family members of the patient receive trainings to enable them to care for the ill. The programmes of WEMA complement the public services for HIV-Patients to facilitate a comprehensive HIV-treatment. The support of PLHA is also a preventive measure. The program cares for parents now, to allow them to raise their children themselves; instead of taking the full responsibility for the orphans later.

34 Castleman, T., Seumo-Fosso, E. and Cogill, B.: Food and Nutrition Implications of Antiretroviral Therapy in Resource Limited Settings, pp. 11-14

5. Social Security and Protection

Agnes Ngowi, working for a CBO in Moshi, explains why orphans require special protection: *“Another thing is that the community tends to think that if this is an orphan, sometime it can be raped. Because they tend to think that these children do not have any security. So they tend to rape them, they tend to employ them as house girls or as house boys, sometimes they tend to give them these abuse drugs to sell.”*³⁵

Social Security for children in Tanzania is a system, which consists of formal interventions, informal arrangements and cultural values, with the aim to support and protect children throughout their childhood. On the national level a set of laws are designed to protect children, but they form just a framework that can be called upon. First of all it is the responsibility of the community and the family to ensure the safety of OVC.³⁶

The MVC action plan confirms that the family environment is seen as the best place for children. But there are children who miss a safe and stable environment. As a consequence there is a need for formal foster care, adoption and institutional care within the country.³⁷

Good practice:

- Community Alive, Mara Region: Rights and duties of children
- WAMATA Arusha, Arusha Region: Awareness raising through drama
- HUYAWA, Kagera Region: Legal support for women and children
- Rainbow Centre, Kilimanjaro Region: testament
- WOWESOT, Mwanza Region: Peer support for widows
- HUYAWA, Kagera Region: Good Samaritan
- Mavuno Village, Mwanza Region: Foster placement
- Green Door Home, Dar es Salaam: Institutional Care for orphans within the community
- Tumaini Children Centre, Kagera Region: Reintegration of Street Children
- Adoption Society, Dar es Salaam: Adoption

³⁵ Interview with Agnes Ngowi 26. June 2007 in Moshi

³⁶ Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 121.

³⁷ Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 20.

5.1. Rights and duties of children Community Alive, Mara Region

Saturdays are always busy at the organisation Community Alive in Musoma. OVC come together in the compound of the organisation. These meetings aim to give children a good time, but they are also used by the staff to talk with them about different issues. One of these topics is their rights and duties.

It is necessary for a child to know his or her rights. The rights of children differ from the Human Rights due to their specific development needs. In order to guarantee social protection and security of MVC following fundamental rights of children have to be achieved: right to access basic needs without discrimination, right to develop their physical, intellectual and social potential, right to be protected from any harm and right to participate in all decisions concerning their lives.

Once a child has learnt about these and other rights he or she becomes conscious of them. If the caretakers deny him or her to go to school, he or she will know that it is a right to learn in order to develop his or her intellectual potential. But it is not enough to make children aware of their rights, they also need to know what they can do once they realise their rights are not respected. It is necessary to give them a trustworthy person, with whom they can talk when questions arise. Children also have to learn that it is not always the fault of the guardians, that rights are not guaranteed. Together with a staff member the reasons for the problem can be identified and solutions can be found. Maybe the child can not go to school because the caretaker is ill and needs the child to look after his or her siblings. Together with a neighbour, who is able to guard the small children in the morning, the problem can be solved.

The rights of children are often highlighted, but frequently the duties of children are forgotten. Joseph Musira explains the duty of orphans within their new family: *“When the child is assimilated to the family, he or she becomes part of the family. So she assumes all the responsibility of the family. Maybe cleaning the house, she will do it or he will do it. Or if they go to the Shamba [fields] particularly, they will go together. They work together as a family.”*³⁸

In the office of Community Alive the rights and duties of children are written in big letters on the wall. In this way they are always present for the staff, the children and the caretakers.

38 Interview with Joseph Musira, Community Alive, 8. May 2007 in Musoma

5.2. Awareness raising through drama WAMATA Arusha, Arusha Region

At WAMATA Arusha the rights of children are also an important topic. Orphans that stay with their grandparents are generally well treated and loved, but the elderly caretakers might have difficulties to provide the basic needs. On the other hand, orphans, who are cared for by families with own children, are often disadvantaged. *„Even during meals in some families the orphans would be last and the portions would be not as much as for the family children.”*³⁹

The staff members of WAMATA Arusha detected the need to mobilise and sensitize the community and families. People should become aware of the rights of orphans; they should support caretakers, who are overwhelmed by the responsibility for their grandchildren and they should stand up against discrimination of orphans. WAMATA Arusha resorts to a method that is normally used for HIV-Prevention. Emmanuel Mawere describes: *„We are doing awareness through role plays and drama. Our volunteers do outreach to churches and we have these role plays on bad treatment of orphans. ... This has been giving much impact in the families. Because when we show this role plays some of the church members and the community members cried for help: “Yes this is what is happening really and this is not good.” So we are using role plays and drama performing to send the message.”*⁴⁰

Through their performance the volunteers, some of them are orphans themselves, inform the people about the rights of orphans and other children and they open a public discussion about mistreatment. Things that used to be talked about secretly are now an open topic.

Moreover the responsibility for the orphans is given to everyone. Whoever witnessed that a child is denied his or her rights is obliged to act. If the guardian is unable to provide enough food, the community is aware that the child has the right to eat in order to develop. Therefore the community ought to support the child. If the child next door is mistreated, the neighbour could try to talk to the caretakers or inform an organisation or local authorities.

People can just help to ensure the rights of children if they are conscious about them. Therefore awareness raising is fundamental to achieve changes in society.

39 Interview with Emmanuel Mawere, WAMATA Arusha, 6. July 2007 in Tengeru

40 Interview with Emmanuel Mawere, WAMATA Arusha, 6. July 2007 in Tengeru

5.3. Legal support for women and children HUYAWA, Kagera Region

There are traditions in the Tanzanian society that reinforce the care of orphans; but there are also norms that are obstacles for their social security and protection. Negative customs, which were mentioned most by interviewees, are the disadvantages of women and children when it comes to their inheritance.

HUYAWA opened a special Legal Rights Department to deal with this problem. *“What we did at the beginning is to go to the villages, conducting different seminars to advise people to take care of the orphans and to make sure that their properties were not deprived. Some villages responded positively, some not, so in some cases we have to go even in court.”*⁴¹

HUYAWA aims to raise awareness in the villages and communities around Bukoba for gender issues and the subject of inheritance. They teach people about the rights of widows and orphans and they explain the inheritance law of the Tanzanian state.

But despite these preventive measures there are still cases where women or children are victims of property grabbing. In the Legal Rights Department, specially trained counsellors try to assist individuals that face problems concerning their inheritance. The first step is an informal mediation. Staff members accompany the person to evaluate the situation. Talks with everyone involved are conducted and if necessary local leaders or other authorities are invited to take part in the meetings. Most of the time a compromise can be reached in this way. However in situations, where it is not possible to achieve an agreement, the case is transferred to court and legal actions are taken. HUYAWA is supporting its clients by paying for a lawyer and other expenses. In general an informal solution should be given priority as it may help to maintain or re-establish the relationship between the arguing parties; whereas a juridical negotiation in front of the court leaves little chance for reconciliation.

The objective of HUYAWA is to ensure the rights of women and children. Rather than supporting families' material-wise, they should be put in the position to help themselves by having access to property, which is legally theirs. For example it is more sustainable and less expensive to help a widow and her children to stay on and cultivate the plot, which belonged to her husband, than giving them food to survive.

41 Interview with Rev. Jonas Balami, HUYAWA, 4. April 2007 in Bukoba

5.4. Last will Rainbow Centre, Kilimanjaro Region

The Rainbow Centre offers home based care for PLHA and support for OVC. Volunteers and health workers attend to the needs of the clients and carry out home visits.

Like in other areas, property grabbing is an important issue in the districts where they are working. Sr. Ubalda Kessy recalls an incident: „*The extended family was not so good to them, so they tried to take away the property which the parents had left.*”⁴² In order to avoid this problem from the very beginning, patients are encouraged to write a testament.

First of all, the health worker talks with the patient about the future of the children. What does he or she wants to happen to the children? Who will take care of them? Will they stay on the family plot? These questions have to be considered and if the children are old enough they should be allowed to participate in the discussion. Even though it might be painful for a child to think about the death of the parents, it can be a relief to be familiar with what will happen afterward. And for the parents it might be comforting to know that they prepared the future for their children.

However, many people who are ill are not ready to think about death. Therefore a lot of sensitivity is required to bring up this subject. If patients are not willing to discuss this issue, they should not be pressed. Nevertheless they should be frequently reminded of the possibility to plan the future of their children. Support groups for PLHA might also be a good setting to talk about the writing of a last will.

Once all decisions are taken, the patient can write his or her Last Will. If the person can not write he or she must choose a trustworthy person. This can be the health worker, a relative or a friend. The document should give details about the property, e.g. size of the land, amount of money, household equipment. For each item a beneficiary or trustee has to be named. Moreover special wishes and arrangement concerning the guardianship of the children should be recorded.

Some organisations offer to keep their patients or clients testament in a safe place. This can prevent the destruction of the will by someone, who might not approve of the content.



42 Interview with Sr. Ubalda Kessy, Rainbow Centre, 19. June 2007 in Moshi

5.5. Peer support for widows WOWESOT, Mwanza Region

WOWESOT is a small community based organisation that was founded by Victoria Tesha: *“Because myself I am a widow and after being a widow I experienced many difficulties. By then I was a teacher, so I thought I am getting this salary but I am getting great difficulties taking care of my children, educating them. What about the widows who do not have even a little salary and are living in difficulties? That is why I thought of starting this organisation, so that we see how we can exchange ideas and look for people who help widows and orphans.”*⁴³

The organisation is aware of inheritance problems women face after the death of their husbands. *“The law says the properties belong to a man and his wife. But when he dies, because of poverty, there is a struggle for the things of the deceased.”*⁴⁴ The organisation would like to employ a lawyer to assist women and children in the fight for their rights, but due to a lack of funds they are unable.

Instead they have found other ways of support. The widows come together and help each other. They discuss the issues and if possible staff members talk to the family to solve the conflict. If no solution can be found and the case is taken to court, the women go on supporting each other. They might meet and go all together to face the trial. Just the sheer number of women can impress the authority; even if the woman has no lawyer, there are many witnesses of the outcome and therefore the decision has to be well justified. Still amused by the memory, Victoria Tesha is giving an example: *„I remember one issue, one woman; the in-law had taken the things so the case was in the court. When it was the date to present the case, we all went there. Many widows went there escorting that widow. So the magistrate, when he saw a lot of women there, he asked: ‘They are widows? They have come to listen to the case of their fellow widow?’ He was afraid.”*⁴⁵

Peer support for widows does not cost anything, but the effect can be amazing. It can be especially effective if some of the women are trained on legal issues, because this knowledge would allow them to give qualified advice to other widows and to assist them in the legal process. And while fighting for their rights, the women learn how to take care of their problems themselves. This can give them new self-confidence and hope.

43 Interview with Victoria Tesha, WOWESOT, 24. April 2007 in Mwanza

44 Interview with Victoria Tesha, WOWESOT, 24. April 2007 in Mwanza

45 Interview with Victoria Tesha, WOWESOT, 24. April 2007 in Mwanza

5.6. Good Samaritan HUYAWA, Kagera Region

HUYAWA gives support to orphans and their caretakers in Kagera Region. This area was the first region struck by HIV/AIDS in Tanzania. Consequently in some families whole generations are wiped out by the disease and the number of children without relatives and child-headed households is increasing. The plight of these children is especially difficult. *„We have some of the child headed families. They need to go to school, but they need to look for their own food, they need to survive. So sometimes instead of going to school they go to look for food.”*⁴⁶

HUYAWA helps these children with material, educational, medical and psychosocial support, but of course they can not replace the parents. Therefore HUYAWA tries to find a “Good Samaritan” for each child without close relatives. This person could be a neighbour, an old friend of the parents or someone from the community. The only qualification needed is that the person accepts to play the role of the Good Samaritan with good will and a big heart.

It is not necessary that the Good Samaritan takes the child into his or her home; often it is enough for the child to know where he or she can go and who would listen. The Good Samaritan has the responsibility to keep an eye on the orphan. He or she should check if the child goes to school or if the child is in good health. Once problems arise, the Good Samaritan may find a solution or otherwise contact the organisation.

The advantages of this arrangement are numerous. It can be a relief for the organisation to know that the child is supervised. Their work is eased as there is a warning system which would give an alarm if necessary. On the other hand, orphans get a sense of belonging and security once they feel that someone is there for them. This is especially important for children who do not have relatives anymore. A Good Samaritan serves as protection because it reduces the vulnerability of the orphan. People of the community know that the child is not completely defenceless and that can reduce the risk of abuse and exploitation. And even for the Good Samaritan there are benefits. Being responsible for someone can be a very fulfilling and rewarding task. Many people in the community, e.g. women whose grown-up children left the house to find work somewhere else, are ready to act as a Good Samaritan to a child less fortunate.

46 Interview with Rev. Jonas Balami, HUYAWA, 4. April 2007 in Bukoba

5.7. Foster placement Mavuno Village, Mwanza Region

Mavuno Village, a Christian organisation, intends to provide two forms of care for children, who do not have a guardian. One idea is to open a children village, where OVC live in family units. The second program, that is running already, is the so-called “off-campus-program”.

The overall intention of this program is to keep the children in the community and to raise them within a family context. *“The kids have to be linked with the community around them.”*⁴⁷ In order to achieve this goal, the organisation is looking for foster parents, who are ready to give children without relatives a new home. Every couple, with or without own children; can apply to become foster parents. Mavuno Village is choosing them according to their social background and financial situation. This is done to avoid that the families take a foster child with the purpose of financing their own life. Once the family is selected it has to be approved by the social welfare. The social welfare also decides if a child is referred to the foster family.

The child should not be a burden to the family therefore the organisation bears all the essential costs. The family receives money for food and daily needs. Other expenses like education or medical treatments are paid directly by the organisation. However, the family gives their time, commitment and love and they provide a stable home within the community.

There are different advantages of this foster arrangement. First the families are chosen according to their commitment and reliability. They are not obliged to take the child; they are neither forced nor pushed into this responsibility. These are the best conditions to enable children to grow up in a loving and secure environment. The children live with their foster parents in their community. By being part of the neighbourhood they learn traditional customs and norms. Moreover it gives children the possibility to experience family life to an extent that is not possible in a conventional institution. Malaki Bujiku explains: *„How will a boy know what it takes to be a father? He will know only if he has been raised by a model. How a Tanzanian girl will know what it takes to be a mother? She will never tell unless she has grown up seeing a mother. ... So we want to bring that back into a perspective. To see what it means to be a father, what it means to be a mother is very important.”*⁴⁸

47 Interview with Mr. Bujiku, Mavuno Village, 1. Mai 2007 in Mwanza

48 Interview with Mr. Bujiku, Mavuno Village, 1. Mai 2007 in Mwanza

5.8. Institutional Care for orphans within the community Green Door Home, Dar es Salaam

The Green Door Home has a similar perspective; they want to provide care for OVC in a family setting within the community. The organisation Boona-Baana Centre provides a house in a residential estate in Dar es Salaam. The home is recognised by the social welfare as an institution for OVC. The houseparents, a couple with two of their own children, are employed by the organisation and live permanently in the Green Door Home. They are entrusted with the task of caring for nine children of different ages, who could not be integrated in their original family. The children stay in the home until another solution is found or they become independent.

Following are the disadvantages of institutional care that were mentioned most during interviews conducted for this research: Children do not grow up in a traditional way and therefore they can not acquire traditional values and customs, which are necessary to integrate into society. They do not develop a sense of belonging and they are isolated from the community. And they lack emotional attention and love.

Even though the Green Door Home is an institution, the organisation operates on a limited scale and therefore avoids many disadvantages of institutional care. The houseparents act as role models and teach the children essential customs and traditions. They are responsible for a limited number of children and therefore they can give individual attention to each child. No child can go unnoticed because of an overwhelming number of children. The children build up close relationships to the houseparent and their “sisters” and “brothers” in the home, who can later provide an important network in their lives.

Moreover the house is placed in a local community. Children can invite their friends from next door or they go to visit the neighbours. They are not isolated in a big compound of an institution; instead there is a regular interaction with the community.

The Green Door Home manages to evade problems of institutional care, but moreover they preserve the advantages as well. The children have access to excellent health care, their daily needs are provided, they receive an education which will help them to be self-reliant in the future and they are cared for by people who are committed to this task.

Several small family units in different communities rather than one big orphanage or children village could help to minimize the disadvantage of institutional care while making use of the advantages.

5.9. Reintegration of Street Children Tumaini Children Centre, Kagera Region

The children who are the most vulnerable in Tanzania are street children. So-called full-time street children have to earn their own living, they face abuse and violence, they are exposed to drugs and alcohol and they lack protection. When the existence of street children in Bukoba became evident, Sr. Deborah Brycke began to provide help. 2003 the Tumaini Children Centre was officially established as a project of the ELCT.

The Tumaini Children Centre gets in touch with the children through street workers; other children just come to the drop-in-centre, which is located in Bukoba town. The staff enquires about their background. As soon as a return of the child into his or her family seems possible, staff members take him or her back. Many children are afraid to return; sometimes they stole things or they left in a fight. Therefore it is important that the child does not have to face this situation alone. The staff of Tumaini accompanies the children, talks to their family and stays if necessary even one or two night.

For each child different measures are necessary to ensure a lasting return. For some of them new guardians have to be located, others left school and need educational support and some families lack parental skills and have to be counselled. The required interventions are as various as the reasons why children run to the streets. Tumaini tries to create a network for each child. They link the child with existing NGO, who could provide support, and they talk to the family, local leaders and teachers to remind them of their responsibility. With the assistance of Tumaini most of the street children are returned permanently to their families and their wellbeing is monitored.

Children, who can not be reintegrated instantly, are taken to a small home outside of Bukoba. Even though the children are free to go where they want the distance helps to prevent them from running back to town; it creates a natural barrier between the temptations of the town and the challenges of a regular life. The home offers a safe and caring surrounding. Once the street children catch up in education they go to local schools. They also help with all the tasks in the house and garden. The temporary residence in the home should be a positive experience but the children should not be spoilt as this would make it all the more difficult to adapt to an ordinary life after their reintegration.

Older children, who can not go back to relatives on a long-term basis, are enrolled in boarding schools. Even if they are not reintegrated in their families, they shall get the chance to be reintegrated into the society.

5.10. Adoption

Adoption Society, Dar es Salaam

Brooke Montgomery opened the first Adoption Society in Tanzania. Her aim is to provide advice and legal assistance to people, who like to adopt.

While informal foster care by relatives or friends is the main coping strategy in the orphan crisis, adoption is not widespread in Tanzania. However adoption is the only way for a child to be legally recognised in the family; he or she assumes the same responsibilities and rights as a biological child. Every person or couple, who is a resident of Tanzania, has the right to apply for adoption. The responsible social welfare officer will conduct several interviews with the applicants and visit them at home, in order to investigate whether they are prepared to look after the child and if they have the means to care for him or her. Once the file is complete the social worker will transmit it to the commissioner for social welfare, where it has to be approved. After the approval a child will be identified. Only children who do not have known relatives or whose relatives are not able to care for them are selected for adoption. The child is given to the family for a foster care placement of at least three month. This time is important as it enables the adoptive family and the social welfare office to contemplate if the family can handle the responsibility and if the child adjusts well to the new environment. After some months, and if there are no evidence to the contrary, the child can be legally adopted through the decision of the High Court.⁴⁹

Some adoptive parents meet the child before they apply for adoption, others do not. For example, some years ago there were two abandoned babies, a boy and a girl, in an orphanage in Kagera Region. An unmarried teacher knew about the girl, as she lived close by. She decided to adopt the girl and while the application was in process, she visited the baby regularly in the orphanage. The boy, on the other hand, did not know his adoptive parents, a couple who could not have children themselves, before they took him in care.

Adoption is especially suitable for abandoned babies. All over Tanzania babies are neglected in front of doors, beside roads or in rubbish tips. These children could adapt well into a family and the adoptive family could raise him or her as their own child. But so far there is a shortage of adoptive families and an unawareness of adoption.

49 Johnson, H., Literature Review of Foster Care, pp. 17-20

6. Psychosocial Support

Psychosocial aspects in the care of MVC are often overseen because of the complexity of psychological reactions, the insufficient knowledge of child development and the lack of understanding psychosocial needs.⁵⁰ But death or illness of their parents, socioeconomic hardships and/or assimilation into a new household have an immense impact on the well-being of children. Peter Massesa, REPSSI, explains: „*When children lose their parents they are traumatised, they have stress and other things regarding their emotional and psychological feelings.*”⁵¹

Psychosocial support is essential to help the children to cope with traumatic experience, to build up self-confidence and to make them believe in their future. ‘Psycho’ refers to feelings and emotional reactions. Children, who lose their parents, are affected psychologically. They can become depressed, might isolate themselves or develop behavioural problems. Psychosocial support therefore must consist of ways to counsel children and to help them to come to terms with the death of their parents and their new situation. The word ‘social’, of psychosocial support, refers to relationships and interaction with others. Children often have to integrate into a new family after their parents die, but also their relationship to friends or the community might change. Therefore psychosocial support should not just focus on the child but also on his or her social surrounding like friends, family and religious groups. Organisations should provide caretakers and communities with skills to integrate the child and to make him or her feel welcome.⁵²

Good practice:

- HUYAWA, Kagera Region: Home visits
- HUYAMWI, Kilimanjaro Region: Peer Counsellor
- Salvation Army, Kagera Region: Kids Club
- PASADA, Dar es Salaam: Grieving Groups
- Community Alive, Mara Region: Memory Book
- VUKA, Dar es Salaam: Training for caregivers
- REPSSI, Dar es Salaam: Community awareness ‘Journey of Life’

50 Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 149

51 Interview with Peter Massesa, REPSSI, 2 June 2007 in Dar es Salaam

52 Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 149.

6.1. Home visits

HUYAWA, Kagera Region

HUYAWA is a faith-based organisation. It was founded 1989, being one of the first projects to respond to the HIV-Epidemic and the plight of widows and orphans in Tanzania. By the end of 2007, 33.772 orphans were registered in the programmes of the organisation. Not all of these children require material support, the need for psychosocial support is often much higher.

In order to reach every child in all the villages and towns of the North-West-Dioceses of the ELCT, the organisation is making use of church structures without restricting their services to children of the same religion. Using the church structures helps to reduce the cost and enables the organisation to provide the same quality and quantity of services in large and partly remote areas.

On the community level, evangelists act as so-called “field assistants” and work for HUYAWA. They live in the villages for which they are responsible and therefore they know the inhabitants. They are aware of the vulnerable people, but they can also identify the ones who may have resources to help or to act as a Good Samaritan.

Close contact is necessary to check the well-being of the orphans. Field assistants visit the children and their caretakers regularly. In this way they identify needs of the family and transmit the information to the next organisational level, the district coordinator. However the home-visits of the field assistant are not only necessary to assess the problems of the family. The field assistant has the task to counsel and to mediate between the child and the guardian when crises arise. He or she gives advice to the family to manage their every-day life.

If a close relationship is established the field assistant might become a trustworthy person for the orphan, with whom he or she can discuss problems and personal issues. Even if life in the family is difficult, the child will feel cared for when someone regularly comes to talk to him or her. Through good guidance a field assistant can help the child to settle in the new environment and to overcome the death of his or her parents.

Home-visits, conducted by trained volunteers, are an excellent way to ensure the well-being of children, to encourage good relationships within the family and to provide children with someone they can trust.

6.2. Peer Counsellor HUYAMWI, Kilimanjaro Region

HUYAMWI, a community based organisation in Kilimanjaro Region, recognizes the need for psychosocial support. Children, who have lost one or both parents, can develop problems. Even in a caring environment, they might feel unloved and neglected. *„Sometimes they have these psychological problems and social problem in the relationship. ... Somebody may think that true love is from the parent. So when the parent is not there, they don't think that they receive true love from another parent.”*⁵³

HUYAMWI conducts counselling sessions and seminars for orphans, but sometimes the assistance of an adult is not sufficient. A trustworthy person can be very important for orphans, but sometimes it is easier for them to share their thoughts with others who are in the same situation. HUYAMWI establishes and promotes a system of peer counselling. Some older orphans, who are willing to volunteer, are carefully chosen by the organisation. They receive training and seminars in which they talk about their own experience and possibilities to support others. It is essential that the orphans come to terms with their own situation before they advise others. If the difficulties of others are just added to their own trauma, nobody will benefit from the system.

Once they complete their training the peer counsellors go together with the fieldworker to visit orphans at home. While the fieldworker talks to the caretaker, the peer counsellor pays attention to the child. It has been the experience of the organisation that it is easier for a child to confide in another orphan than in an adult. The peer counsellor is aware of the misery and worries of an orphan from his or her own experience. But he or she also knows strategies to overcome these challenges. Therefore the children listen to the advice of the peer counsellor, e.g. concerning the duties of an orphan in the family. Peer counsellors also support the fieldworker during the monthly meetings for orphans. There they teach new games and speak to the orphans.

The benefit for the peer counsellor is also of psychosocial nature. They are no longer just orphans receiving support, but they are giving assistance themselves. The feeling of being needed boosts their self-esteem and gives them satisfaction.

53 Interview with Samuel Mori, HUYAMWI, 16 June 2007 in Mwika

6.3. Kids Club Salvation Army, Kagera Region

Like in its other programmes to support women and children, the Salvation Army in Kagera Region employs simple and inexpensive methods to give psychosocial support to orphans and other children. The organisation conducts Kids Clubs, which are also a very effective method to monitor the well-being of children.

Every Saturday the organisation invites children to the shores of Lake Victoria. The meeting is open to all children, whether they are orphans or not. This is done to avoid stigma and isolation. The organisation believes that you can not expect families and communities to integrate orphans when programmes themselves exclude other children. Therefore everyone is welcome to play and discuss together and every child can be registered.

It does not take a lot to make children feel happy. The organisation has two footballs and a rope to jump. While the girls and boys play they are able to forget their sorrow. Older children, who carry the responsibility for their siblings or ill caretakers, are allowed to be a child again. Staff and volunteers of the organisation look after the children and participate in the games.

After the first playtime session the children are divided into two groups, one for the older and one for the younger children. Each group is supervised by a staff member or volunteer. The setting enables the children to talk about their joys and quandaries. Orphans can explain their difficulties to other children and together a solution might be found. Different topics, according to the wishes and needs of the children, are discussed and important life-skills are taught.

During the first playtime and in the groups, volunteers and staff members pay a lot of attention to identify children who require further counselling. When the children go back to play they use the opportunity to do individual counselling. In this informal setting the children can be questioned carefully without putting too much pressure on them. Each child has the opportunity to tell his or her worries. The counsellors comfort the child and give suggestion on how to handle the problem. If necessary a home visit to the family is planned to examine the situation and to find suitable solution.

Conducting Kids Clubs does not cost any money, but it may be the most memorable support for the children. All it takes are committed volunteers, who are fond of children and listen to them, and a public meeting place. Not even a football is essentially needed since children know how to entertain themselves and to play their own games.

6.4. Grieving Groups PASADA, Dar es Salaam

PASADA aims to support orphans and vulnerable children in a holistic way; therefore the organisation offers material as well as psychosocial support. The services vary according to the needs of each child. Psychosocial help to overcome the death of their parents and to equip the children for their future is provided in personal contacts, life skill groups and support meetings. But even these programmes are not always sufficient.

Some children are strongly affected by their experience and they have great difficulties settling into their new lives. The death of parents may cause post-traumatic stress disorder. The ICD-10 Classification of Mental and Behavioural Disorders of the WHO explains that post-traumatic stress disorder can arise as a reaction to a stressful situation which was particularly threatening or catastrophic. Watching parents suffer from long-term illnesses or witnessing their death can be such a disastrous event for children. Consequently some orphans are traumatised. They might show signs of depression, have intrusive memories, are unresponsive to their surroundings or develop anxieties.⁵⁴

Children with particular psychological requirements are identified and receive special treatment from PASADA. The organisation conducts grieving groups which are five-day seminars in a camp away from home. The physical distance creates a distance between the children and their every-day worries. People suffering from traumatic experiences often keep their feelings to themselves in order to protect themselves and to be able to go on in their daily routines. Also children with post-traumatic stress disorder due to their parents' death sometimes avoid talking about their parents or their experience. Every-day life can be an obstacle to coping with traumatic experience, whereas the camps create a therapeutic setting. Children can reveal their emotions and share them with others. They realise that there are other children who went through the same experience. Questions like 'What happened to you when your parents died?', 'How did you feel?' and 'How do you feel now?' are discussed; *"and they [the orphans] come to an understanding of their own feelings and to progressively open up ... and come to think positively about their own future."*⁵⁵

54 WHO (eds): The ICD-10 Classification of Mental and Behavioural Disorders, F 43.1

55 Interview with Charles Francis, PASADA, 7. Februar 2007 in Dar es Salaam

6.5. Memory Book **Community Alive, Mara Region**

The organisation Community Alive offers social meetings for orphans and vulnerable children as well as support groups for PLHA. At both meetings the organisation uses memory books to provide psychosocial support.

The memory book is an important tool in the work with HIV-positive people and it was developed as a creative response to the HIV-Epidemic. The method is simple; people are taught to compose a book for their children. Each book is individual; it may contain the history of the family, wishes and hopes for the future of the children or anecdotes from their childhood. The memory book can be written, but it also might include photos, drawings or even dried flowers as there is no limit to their imagination. The book is the written memory of the parent, which will live on even after their death. It can help the parents to come to terms with their HIV-Infection and to disclose their status to their family. Once the parents are open about it, the children can be prepared and decisions for their future can be made, e.g. the writing of a last will could be done. The resilience of the children to cope with the impact of HIV/AIDS on their family can be strengthened if the HIV-infection of their parents is openly discussed.

The memory book was initially developed for HIV-infected people, but Community Alive is also using it in the work with orphans. Many parents did not have the chance to write a memory book before their death; their memories are lost for their children. However, in the social meetings children are encouraged to write a memory book about their parents. With the assistance of the staff they write down what they remember. In order to fill the gaps they go around asking aunts, grandparents and others about the history of the family. These conversations are good starting points to discuss family issues and to build up closer relationships with relatives. While concerning themselves with the story of their parents, children are facilitated to talk about them and to cope with their death.

The memory book can act as prevention as well as curative measure to make children understand the illness and the death of their parents and to overcome sorrow.

6.6. Training for caregivers VUKA, Dar es Salaam

VUKA Tanzania mobilises volunteers in the community to provide home based care and assistance for orphans. In their work they realised that many caretakers are overwhelmed with the task of bringing up children and integrating them into their lives; not only material-wise but also in terms of emotional and social needs. Often they instinctively assumed the responsibility for the children without being prepared. For example, older siblings do not have experience in child rearing and elderly caretakers raised their own children in another era and are unfamiliar with the demands of current times.

VUKA decided to tackle this problem by giving trainings to guardians of children. For one week around 25 caretakers meet daily to learn about the meaning of childhood, problems of children, life-skills and the responsibility of caregivers. Moreover HIV/AIDS and related topics like discrimination and death are discussed. The concept of the training is participatory and the caretakers are encouraged to give an account of their own experience and to help each other with advice. The tutor provides the input for each topic and guides the discussion, but the participants learn from each other.

A strong emphasise is placed on the psychosocial well-being of children. Social, emotional and psychological needs often go unnoticed due to immediate physical demands. The staff of VUKA wants to raise awareness for these issues. For example they explain the significance of the word 'upendo' (love) and its sense and importance in connection with children. An elderly caretaker admits that it is impossible for him to tell his grandchildren that he loves them; not because he does not feel affection for them, but because he is not used to declaring his love. Therefore the tutor describes different ways of showing one's love to a child, e.g. making the child feel welcome, giving the child a hug, comforting the child if he or she is sad, listening to the child or praising his or her work. These are simple but effective ways to stimulate the psycho-social well-being of children.

The seminar of VUKA lasts one week; that may help to create a concentrated atmosphere, but it is not necessary. Other projects offer one day seminars on a regular basis. They invite caretakers once a week or once a month to teach them about parental skills and psychosocial issues. In this way they have more time to carry out their daily duties and they are trained over a longer period.

6.7. Community awareness ‘Journey of Life’ REPSSI, Dar es Salaam

REPSSI is a regional non governmental organisation working with partners to promote psychosocial care and support for children affected by HIV/AIDS, poverty and conflicts in 13 countries in East and Southern Africa. „*Most of the people now are neglecting this psychosocial, emotional part of the support, but they are concentrating more on material and intellectual support.*”⁵⁶ REPSSI provides tools and technical assistance to facilitate organisations, governments, communities and families to become more engaged in psychosocial support.

A family alone is unable to ensure the wellbeing of the child if the community around is not supportive. Therefore the efforts of an organisation to raise awareness for this issue have to include the community. REPSSI developed an effective tool, called ‘Journey of Life’, to initiate discussions around the issue of child-rearing. ‘Journey of Life’ is a metaphor to describe the process of growing up as a journey, in which one comes across all kinds of obstacles. Only with the support of their environment can the children face the challenges and overcome them.

The facilitator of the workshop calls together community members and uses drawings, which show different stages or problems of childhood, to introduce the subject. Together with the participants, needs of children and ways to fulfil those needs are defined. Through interactive methods, problems and their consequences are explored. One example is that the participants are asked to take a stone. Each stone replaces a possible problem during childhood in this particular community and, while the participants name the problem, they place their stone in a bag. Then a child volunteers to show how much these problems can weigh one down. He is asked to jump as high as possible without the stones and afterwards with the bag full of stones. The effect will be obvious for everyone. Other parts of the workshop cover issues like identifying vulnerable children, building up children’s strength and measures to protect and support children.

The ‘Journey of Life’ is convincing due to its interactive approach which involves all participants. Pictures, role-plays and games make it possible to experience the problems of children rather than just discussing them. After each session of the workshop the essential information are recalled. At the end of the day the community is encouraged to draw up their own community plan to help children.

56 Interview with Peter Massesa, REPSSI, 2. June 2007 in Dar es Salaam

7. Measuring the Process and Resource Mobilization

Monitoring and evaluation as well as mobilization of resources are great challenges at a national level and for organisations. Nevertheless all are essential to improve the service for MVC. The development of a “Monitoring and Evaluation Plan” for all MVC activities has already started on the national level. The framework includes inputs, processes, outputs, outcomes and impact. The first three elements should be evaluated by the implementing organisations. The aim is to answer following questions: Which resources did the project invest in the program? Which activities were done during the process? Which are the direct results of these activities? The long-term effects (outcomes and impact) have to be measured at a national level. The starting point for an enhanced service for MVC is a thorough analysis of the activities done by each organisation.⁵⁷

Lack of financial resources is an important topic for most organisations. The sustainability and quality of MVC services depend on a continual access to human and material resources. The end of financial support from the outside often brings all activities of a project to a standstill. Therefore preference should always be given to local resources and durable ways to generate income. Many organisations visited during the research have shown great creativity in making use of diverse sources.

Good practice:

- WAMATA Arusha, Arusha Region: Annual Participatory Meeting
- HUYAMWI, Kilimanjaro Region: Involvement of clients
- PASADA, Dar es Salaam: Participation of caregivers
- Kilimanjaro Children Joy Foundation, Kilimanjaro Region: Agriculture as Income generating projects for the organisation
- Rainbow Centre, Kilimanjaro Region: Mobilisation of resources within the community
- Community Alive, Mara Region: Fundraising in the community
- Youth Life Relief Foundation, Dar es Salaam: Volunteers
- WEMA, Arusha Region: Making use of existing advantages for orphans

57 Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 170.

7.1. Annual Participatory Meeting WAMATA Arusha, Arusha Region

WAMATA Arusha is a branch of the nationwide NGO WAMATA. However WAMATA Arusha is also an implementing partner of the Southern African AIDS Trust (SAT) in Tanzania. SAT provides capacity-building for its partner organisations through workshops, trainings and financial support. The aim is to build up small community based projects into strong self-sufficient organisations. One of the methods of SAT, which is implemented by WAMATA Arusha, is the annual participatory meeting. These meetings are a very good way to evaluate the work of the last year and to plan the goals for the future.

In order to evaluate the impact of an organisation it is essential that representatives of the clients, the organisation and the community are able to express what they think about the programmes. Everyone who is directly or indirectly involved is therefore invited to the annual participatory meeting, e.g. teachers, orphans, caretakers, local leaders, people from the community, staff members and delegates from religious groups. An extern supervisor, who guides the meeting, proves to be helpful to enable a free and open discussion.

Topics of the meeting may vary, but in general the programmes of the organisation are discussed. The participants bring up questions or mention implementation problems. For example caretakers might not understand why not all orphans got a new school uniform last year. The staff of the organisation has the opportunity to give details concerning the situation of the organisation and criteria for the distribution of support. The meeting is an excellent occasion to explain the limited capacity of the organisation and to identify the responsibilities and tasks of caretakers and community

Moreover the meeting is a good moment to establish some rules related to the support. For example some children, who received a school uniform, are not attending school on a regular basis. Agreements concerning school attendance can be achieved and teachers might be appointed to supervise the observance.

The annual participatory meeting is a valuable evaluation and planning method. It allows all stakeholders to come together and to recall the achievements and challenges of the last year. Moreover suggestions in order to improve the work can be made. The input of all participants has to be taken seriously and the conclusions have to be noted down and integrated in future plans. The meeting helps the organisations, caretakers and communities to find ways to carry the responsibility of orphans together.

7.2. Involvement of clients HUYAMWI, Kilimanjaro Region

HUYAMWI aims to assist orphans, but it also encourages orphans to assist others. Their peer counsellor program is an excellent example on how children and young people themselves can be a valuable resource to the organisation.

32 orphans from eight communities received training which covered various areas like problems of orphans, group dynamics, games and counselling. They were equipped with all skills necessary to help during social meetings for orphans and to escort the fieldworkers to home visits. At the end of the seminar they received a certificate and a book about games.

The following example shall illustrate how profitable this contribution can be. Kulwa* is nineteen years old. He lives alone in a small hut on the land of some relatives. When his mother died he was still young and his father left him in the care of this grandmother in another town. Some month ago Kulwa returned, but his father had married again and in this new family there was no place for him. He does not receive the attention and love he hoped for, but he got shelter and sometimes he receives food. The support of HUYAMWI allows Kulwa to visit a vocational training, which shall ensure his independence in the future. The possibility to gain knowledge and skills is for him the greatest gift of the organisation. But he does not only learn in formal education; HUYAMWI invited him to different seminars and he regularly attends social meetings for orphans. His eagerness was a main factor to choose him when potential peer counsellors had to be selected. Since then Kulwa supports others who undergo similar problems. The organisation realised that orphans feel more comfortable to discuss their problems with other orphans. Kulwa is therefore an important resource of the organisation that can not easily be replaced. And Kulwa says that he enjoys helping others as he know what it means to lose someone. The feeling to be needed and appreciated is good for his self-esteem and everything he learns during his voluntary work will help him in the future.

Orphans as well as caretakers can support the work of organisations through their experience and skills. The method of peer counselling is just one possibility; others include widows who help to sew school uniforms or guardians who prepare food for orphan meetings.

* Name changed by the author

7.3. Partizipation of caregivers PASADA, Dar es Salaam

PASADA is supporting an enormous number of orphans in a holistic way. After some years the organisation realised that they enrol more and more children in their programmes but very few are leaving. This made them decide to make an individual plan for each child. This plan contains specific goals and defines the contribution of the organisation as well as the role of the child and the caretaker. *“We plan together; so the child is involved, the family is involved and we are involved”*⁵⁸

But in order to fulfil the objectives the caretakers are asked what they can contribute. Each family has different resources. Some families may not know that they have them and others have them but are unable to make use of them. For example the parents of an orphan might have left him a piece of land which lies fallow as the boy stays with relatives. The land is a resource which could be rent to someone until the boy is old enough to return and to cultivate the land himself. With the rent the relatives could pay for his school related costs. This shows that sometimes it just takes a closer look to identify possible resources and to maximise their profit.

In some cases the organisation is confronted with obstacles or resistance in families. Many caretakers do not want to understand that the orphans are not only the responsibility of the organisation. Others are in the habit of being a passive beneficiary of support; they do not believe that they possess the power and means to change their situation themselves. *“That feeling of self-esteem being low is a challenge for them. But if you help their self-esteem you find that the families are still capable of managing their own property.”*⁵⁹

A good way to build up their self-confidence is participation. Once they are involved in planning the help and once they are given their share of responsibility and the means to fulfil their role, the caretakers can become active partners in the work of the organisation.

There is the risk of creating dependency through regular support. Participation and precise planning of the aid can help to minimize this risk. Moreover the responsibility for orphans is returned to their guardians and a clear-cut end of the support is defined. And once the goals are achieved the child will be able to live without the help of the organisation.

58 Interview with Charles Francis, PASADA, 7. Februar 2007 in Dar es Salaam

59 Interview with Charles Francis, PASADA, 7. Februar 2007 in Dar es Salaam

7.4. Agriculture as IGP for the organisation Kilimanjaro Children Joy Foundation, Kilimanjaro Region

Some years ago Lucy Lema, then a teacher, took children without a family into her house. She wanted to give them a new home and that is how she started her orphanage. Now the Kilimanjaro Children Joy Foundation accommodates more than 100 children and as the number of children grew the question of sustaining them became more and more important.

From the beginning agriculture was the main source of income and food for the orphanage. Initially Lucy Lema gave up her job to work in the garden and to grow everything necessary to feed the children. While the number of children was rising the agricultural project had to be expanded as well. Now the orphanage cultivates bananas, beans, maize and other plants. Moreover it owns cows, chickens and pigs. Every day volunteers work on the fields and look after the animals. They do not receive a regular payment, but if the harvest is good they may take home their share. Occasionally the volunteers are supported by the children of the orphanage. From time to time they come to the farm and do different chores. Like in a family the children learn essential agricultural skills and they contribute to their livelihood.

The fruits and vegetables are mainly for the nutrition of the children, whereas the animals are put up for sale in order to gain money. If the children need school uniforms, Lucy Lema takes two pigs and brings them to the butcher or the market. When the children have wishes, they often come to Mama Lema to ask her whether she would sell a pig; because they know that this is the way the orphanage is sustaining itself. The children are aware that many efforts are necessary maintain the orphanage. „*With no support we are working very hard to sustain this home.*”⁶⁰ This is not the easy way but it can teach children some fundamental lesson; they do not take the support for granted because it comes from an anonymous external donor, they appreciate the efforts and they learn a lot about commitment.

Agriculture can be an important resource for orphan projects. Instead of being dependent on regular contributions from external donors, fields and animals provide the basic needs. The harvest can be used to support especially vulnerable families with food donations or to prepare a healthy meal for children during social meetings at the organisation. Moreover animals or crops can be sold to finance medical or educational support.

⁶⁰ Interview with Lucy Lema, Kilimanjaro Children Joy Foundation, 14. June 2007 in Manyile

7.5. Fundraising in the community Community Alive, Mara Region

The organisation Community Alive in Musoma provides comprehensive services for orphans and PLHA. Like other organisations they have the experience that it is important to involve the community. *„Involving people reduces some of the problems that might come up. Because if you don't involve the people, what I have seen, then the community tends to push all the responsibility on you. They don't take the responsibility. But when you involve them they realize that they have to cooperate and that they have some areas of responsibility that they can take.”*⁶¹

Once a year, Community Alive reminds businessmen and influential community members of their responsibility. In December, choosing the occasion of the World AIDS Day, the organisation sends letters to prosperous people of the community. The letter explains the situation of orphans in and around Musoma and gives details about the organisation Community Alive. Finally the recipient is encouraged to contribute to the work of the organisation.

People or companies who are capable of supporting charitable projects can be found in every community. Some are ready to become members of the organisation and to pay a regular membership fee to sponsor the programmes. But the donations do not have to consist of money; a seller of second hand clothes may give some sweaters, a farmer could offer a sack of beans, a shop keeper might provide a number of pencils and exercise books. Often people show their willingness to contribute material support whereas they might refuse to help financially. However it is necessary to approach potential donors within the community directly rather than waiting for them to make the first step. A short description of the organisation and a statement of the problem might help to convince potential donors. In order to create a satisfying sponsorship, transparency and reliability is crucial. The donor will appreciate to know that the donation was welcomed and how it was used. Photos or a 'Thank you'-note can help to establish a long-lasting cooperation.

For the organisation Community Alive the efforts are worthwhile. For example, they receive 60 kilos of fish fillets from the local fish industry. Due to this cooperation the children obtain a nutritious meal with fish during the Saturday meeting for orphans.

⁶¹ Interview with Joseph Musira, Community Alive, 8. May 2007 in Musoma

7.6. Mobilisation of resources within the community Rainbow Centre, Kilimanjaro Region

The Rainbow Centre in Moshi mobilises resources within the communities to divide the burden of caring for the orphans. The organisation facilitates different kinds of groups in villages and neighbourhoods to support orphans and vulnerable children in various ways. The experiences they had are promising: *“If you involve the community and you really give them power, they can do a lot.”*⁶²

One of the mayor supporters of the organisation are SCC (small Christian communities), congregations of around 15 Christian families that meet once a week to pray and discuss together. Staff of the Rainbow Centre visited these groups and told them about the problems of orphans in their neighbourhood and encouraged them to engage themselves. The appeal did not go unheard as the following example shows: *„There were some widows and some children alone at home, the houses were falling apart. The small Christian communities built them shelter. ...They cut the timber themselves. From their own contribution they bought the nails, they bought corrugated iron sheets. But we also support them, because there are some materials that are very expensive. If we see their initiative, they have started, they are stuck somewhere and they come to us, we support.”*⁶³ In this way more than 15 buildings were constructed since 2004.

Other groups in the communities that proved to be reliable allies are women groups. Around 15 groups were trained by the organisation. They learned about setting up small income generating projects and they receive regularly advice. Each group has chosen a project according to their possibilities; some do gardening, others keep animals. With the profits they make from these projects, they buy school uniforms or other materials. The produced food can be distributed to especially needy households. And young animals, which were breed in the projects, are given together with instructions to caretakers, so that they start their own income generating projects.

Other human resources in the communities with whom the Rainbow Centre works together are local leaders, teachers, volunteers and churches. In order to mobilise the community it is necessary to facilitate groups and individuals with necessary skills and knowledge and to cooperate closely with them.

62 Interview with Sr. Ubalda Kessy, Rainbowcentre, 19. June 2007 in Moshi

63 Interview with Sr. Ubalda Kessy, Rainbowcentre, 19. June 2007 in Moshi

7.7. Volunteers

Youth Life Relief Foundation, Dar es Salaam

Youth Life Relief Foundation is a small, but expanding organisation, which operates in the Makuna-Ward of Dar es Salaam. It was brought into being by members of the community who saw the need to provide reliable support to OVC and PLHA. Up till now the programmes are based on the passionate efforts of their volunteers. Nobody who is working for the organisation is employed or receives a regular income; but everyone shows great commitment.

The founding members form the Board of Trustees, which coordinates and supports the work of the organisation. Furthermore a group of young students decided that the problems in their neighbourhood should not go unnoticed. They wanted to make a difference for the ones who had fewer chances in their lives. In their spare time they visit households with orphans and PLHA, they carry out the daily chores of the organisation and they engage themselves in networking. With their enthusiasm they managed to involve others and enrol them as volunteers. In cooperation with local leaders they trained a group of 30 young people to become peer educator for out-of-school youth.

Like the Youth Life Relief Foundation many other organisations depend on the dedication of their volunteers. They could not achieve their goals and carry out their programmes without the support of these people. Some projects pay their volunteers a regular compensation. This can help to avoid fluctuation and ensure a continuing engagement. However the risk especially for small organisations is high. Once the donations stop, the efforts of the volunteers might cease and it may become difficult to uphold the programmes. On the other hand the expectation of long-lasting voluntary support without any compensation or recognition is not realistic.

Therefore some organisations follow a path in the middle. They provide financial or material rewards on an irregular basis, according to the possibilities of the project and the donors. The gifts can be related to the tasks of the volunteers. A bike, which enables the recipient to visit orphans and moreover allows him to do small businesses, may be a perfect reward for his efforts. As important as material gifts is the feeling that the voluntary work is appreciated. Organisations should therefore find ways to express their gratitude to volunteers. Through a regular ‘Thank you’, a celebration or the “Thank you”-drawing of a child this can be achieved easily and inexpensively.

7.8. Making use of existing advantages for orphans WEMA, Arusha Region

WEMA knows the problems of orphans in education. Many guardians have problems paying for fees or other school related costs. However small organisations struggle themselves and are often unable to provide an adequate education for all orphans and vulnerable children in their program. WEMA meets this problem by using existing advantages for orphans.

The Tanzanian government allocated funds to facilitate easy access to primary and secondary schools for a small percentage of the most vulnerable children. For example in the financial year 2003/2004 the Ministry of Education sponsored the secondary school education for 6091 of the most vulnerable children. Some district or local governments followed this example. They provided additional support for OVC to pursue secondary school education in day- or boarding schools. Attending a boarding school might be a good solution for orphans, who do not have strong family ties.⁶⁴

WEMA gathered information about government-sponsored school support in its area. Knowing about the possibilities and the ways to gain access, the organisation uses the advantages. First of all the children, who have the potential to succeed in secondary school education but lack the means to pay for it, are identified. Once a child is identified WEMA writes a letter of recommendation. The local leader, from the place where the child lives, is asked to do the same since he or she knows the family and the circumstances in which the child lives. With the letters the child can apply to the authority for educational support and WEMA negotiates with the responsible educational officer. The solution might be that the authority provides education and accommodation and WEMA supplies the child with necessary materials or the school uniform. The quota for the places is limited but with the reference and the assistance of the organisation the chances are higher to obtain one.

Organisations often have better means than families or individuals to obtain information about special advantages for orphans or to assert the rights of children. Therefore they should use this potential. A good cooperation with the government can help organisations to provide comprehensive care to the children in their programmes, but moreover it may facilitate a just distribution of the government support to the most vulnerable children.

⁶⁴ Government of Tanzania, The costed MVC Action Plan 2006-2010, p. 79.

Conclusion

The Best Practice Guide offers examples of a wide range of different programmes that have the ability to improve the lives of orphans and other vulnerable children in one way or another. The examples given in this Best Practice Guide should always be adapted to the specific needs and resources of the clients and the location.

Thiersch's Theory of life-oriented social work can be used as a guideline and may give ideas to develop existing organisations further. The principles of Thiersch aim to respect the client as a self-determined individual and to support the coping strategies and capacities of the client. Following questions are a suitable basis to evaluate existing programmes and offer an orientation during the implementation process of new programmes.

Orientation on the ordinary life:

- Is the program orientated on the specific problems of each client?
- Is the program using resources of the clients?
- Is the program developing coping strategies of the clients instead of undermining their own efforts?

Prevention:

- Is the program preventing further problems and an escalation of the situation?
- Is the program tackling the roots of the problem instead of just dealing with the consequences?

Integration:

- Is the program avoiding further discrimination of orphans and vulnerable children?
- Is the program aiming on equal chances for all children?
- Is the program open for all needy children?

Participation:

- Is the program supporting ideas and suggestions of their clients in their planning process?
- Is the program including clients in the boards?
- Is the program using clients as a resource in their work?

Decentralisation:

- Is the program using resources within the community?
- Is the program able to reach their clients on a regular basis?
- Is the program tackling local problems?

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- UNAIDS, UNICEF and USAID (eds): Children on the Brink 2004 – A Joint Report of New Orphan Estimates and a Framework for Action (Washington, USA 2004).
- UNICEF (eds): Africa's orphaned generations (New York, USA, 2003).
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- WHO (eds): The ICD-10 Classification of Mental and Behavioural Disorders (Geneva, Switzerland, 2005).

Other sources

- Centres for Disease Control and Prevention: Fighting Malaria in Tanzania:
http://www.cdc.gov/malaria/features/tanzania_pres_initiative.htm
- WHO and UNICEF: World Malaria Report 2005, Country Profile of the United Republic of Tanzania:
<http://rbm.who.int/wmr2005/index.html>

Useful links

General Information

The International HIV/AIDS Alliance offers a collection of information, tools and guidance to support OVC

<http://www.ovcsupport.net/sw505.asp>

The OVC-Toolkit for OVC in sub-Saharan Africa

<http://info.worldbank.org/etools/docs/library/162495/index.htm>

UNESCO Open Training Platform provides access to existing free training courses and resources concerning Development and Education

<http://opentraining.unesco-ci.org/cgi-bin/page.cgi?g=Categories%2Findex.html;d=1>

Policy and Service Delivery Environment

Information: MVC Action Plan and Youth Participation:

<http://www.fhi.org/NR/rdonlyres/epptddeus4pfemh5m74wnkiiy4peo6kchxbwyguffepjyjrg3jjufchlW63awv5zuzqfvsulutl/TanzMVCActionPlan.pdf>

Information: OVC Country Response Rapid Analysis Tanzania

<http://www.constellagroup.com/ovc/DRAFT%20Narrative%20Report%20TANZANIA.doc>

Information: Assessment of the MVC Program/MVC Committee

http://www.unicef.org/evaldatabase/files/Tanzania_2004_021_Most_Vuln_Children.pdf

Practical Guide: HIV/AIDS Networking Guide for Organisations

http://www.icaso.org/publications/NetworkingGuide_EN.pdf

Household level care

Practical Guide: Improving nutrition through home gardening

<http://www.fao.org/DOCREP/003/X3996E/x3996e00.htm#TopOfPage>

Practical Guide: Handbook Saving Groups

http://www.fao.org/participation/english_web_new/content_en/Sector_doc/resource-en.pdf

Practical Guide: Income Generating for Women

<http://www.iwtc.org/files!/start.html>

Practical Guide: Enterprise development

<http://www.ruralfinance.org/servlet/CDSServlet?status=ND02NTM4JjY9ZW4mMzM9KiYzNz1rb3M~>

Education

Information: HIV/AIDS and Education and educational support for OVC

http://hivaidsclearinghouse.unesco.org/file_download.php/OVC_Training_Manual_English.pdf?URL_ID=3402&filename=10790247591OVC_Training_Manual_English.pdf&filetype=application%2Fpdf&filesize=1353705&name=OVC_Training_Manual_English.pdf&location=user-S/

Practical Guide: Early Childhood Development Kit

<http://www.crin.org/docs/GuidelineforECDKitcaregivers.pdf>

Practical Guide: Community Learning Centre

<http://unesdoc.unesco.org/images/0012/001238/123825mo.pdf>

Practical Guide: Community Learning Centre

http://www2.unescobkk.org/elib/publications/7manual/manual_clc.pdf

Practical Guide: Constructing Furniture for Schools

<http://unesdoc.unesco.org/images/0013/001391/139145eb.pdf>

Information: Special education for children and young people with learning disabilities

<http://unesdoc.unesco.org/images/0009/000963/096357e.pdf>

Practical Guide: Facilitating young people to become independent
<http://unesdoc.unesco.org/images/0014/001449/144933e.pdf>

Health Care

Information: Malaria Country Profile Tanzania
<http://rbm.who.int/wmr2005/profiles/tanzania.pdf>

Information: Life-saving knowledge for women and children about health issues
http://portal.unesco.org/education/en/file_download.php/48ab23adf29e605599887d68fb118130factsforlife-en-part1.pdf

Practical Guide: HIV-Prevention through Life Skill training in Swahili
http://www.peacecorps.gov/library/pdf/M0065_lifeskillsswahili.pdf

Practical Guide: Stepping Stones
<http://www.steppingstonesfeedback.org/index.htm>

Practical Guide: Toolkit for HIV-Prevention through theatre
<http://unesdoc.unesco.org/images/0014/001492/149283e.pdf>

Practical Guide: Games for Adolescent Reproductive Health
<http://www.path.org/files/gamesbook.pdf>

Practical Guide: Providing care for children infected or affected by HIV/AIDS
<http://www.womenchildrenhiv.org/pdf/p08-ch/ch-03-00.pdf>

Practical Guide: Training Course and Handbook for Home based Care
http://www.pathfind.org/site/PageServer?pagename=Pubs_CHBC

Information: ARV and nutrition
http://www.fantaproject.org/downloads/pdfs/tn7_ARVs.pdf

Social Security and Protection

Document: Convention on the Rights of the Child
<http://www.unhchr.ch/html/menu3/b/k2crc.htm>

Document: African Charter on the rights and welfare of the child
<http://www.africa-union.org/root/au/Documents/Treaties/Text/A.%20C.%20ON%20THE%20RIGHT%20AND%20WELF%20OF%20CHILD.pdf>

Resources: Free UNICEF teaching material about Children's rights
https://www.unicef.org.uk/store/group_display.aspx?grp=B1591885-457A-45EB-A956-F4483B6DEAD2&presPage=1

Information: World Report on Violence against Children
<http://www.violencestudy.org/a553>

Information: Identification and Prevention of Child Abuse and Neglect
<http://www.childwelfare.gov/pubs/usermanuals/foundation/foundation.pdf>

Information: Enhance Protection for Children affected by HIV/AIDS
http://www.unicef.org/publications/files/Enhanced_Protection_for_Children_Affected_by_AIDS.pdf

Practical Guide: Future Planning Notebook for Families and Communities affected with HIV/AIDS
<http://www.ovcsupport.net/graphics/OVC/documents/0000760e00.pdf>

Practical Guide: Providing alternative care for children in Institutions
<http://www.crin.org/docs/De-institutionalising.pdf>

Information: Street Children – Promising Practices and Approaches
<http://www.crin.org/docs/Street%20Children%20-%20Promising%20Practices%20and%20Approaches.pdf>

Information: Adoption in Tanzania
<http://www.adoptiontanzania.org/adoptionBrochure.pdf>

Psychosocial Support

Information: Psychosocial Support
http://synkronweb.aidsalliance.org/graphics/secretariat/publications/bbe30103_bb_psychosocial_support_eng.pdf

Information: Post-traumatic Stress Disorder
<http://www.who.int/classifications/apps/icd/icd10online/>

Practical Guide: Memory work for families affected by HIV/AIDS
http://www.healthlink.org.uk/PDFs/imp_manual.pdf

Practical Guide: Memory Books
<http://www.repssi.org/index.php/REPSSI-Tools/Memory-Box-Project.html>

Practical Guide: 'Journey of Life'
<http://www.repssi.org/index.php/REPSSI-Tools/Journey-of-Life.html>

Measuring the Process and Resources Mobilization

Information: Monitoring and evaluations of OVC programmes
<http://info.worldbank.org/etools/docs/library/162495/howdo/monitoring3.htm>

Practical Guide: Fundraising strategies for NGO
<http://www.snpo.org/funding/index.php>

Practical Guide: Writing a Grant Proposals
<http://nonprofit.about.com/od/fundraising/ht/proposals.htm>

Practical Guide: Involvement of Children in OVC-Programmes
<http://www.ovcsupport.net/graphics/OVC/documents/0000302e05.pdf>

Information: Developing and Managing Volunteer Programs
<http://www.managementhelp.org/staffing/outsrcng/volnteer/volnteer.htm#anchor1270094>

Explanation of categories:

Information:

- Link provides information which give service provider a deeper understanding of certain issues
- e.g. reports, data collections, analysis, assessments

Practical guide:

- Link provides practical guidance and tools in order to facilitate service provider to implement certain programs
- e.g. handbooks, toolkits, tips, examples, training package

Document:

- Link provides juridical texts to which service provider may resort
- e.g. laws, convention

Resources:

- Link provides didactic material, which can be ordered for free
- e.g. books, posters, picture charts

List of Organisations

I would like to express my most grateful thanks to following organisations and persons. My research, and therefore this book, would not have been possible without their remarkable support, their encouragement and their patience to answer my endless questions.

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Dar es Salaam

Family Health International

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HelpAge International

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Youth Life Relief Foundation.[YLRF]

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Kemondo Orphan Care Center

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Ntoma Orphanage

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Partage Tanzania

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www.partage-tanzanie.org

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Kilimanjaro Region**Amani Children's Home**

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Community based Support

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Mara Region**Community Alive**

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Bethany Project

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Forever Angels

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HISANI Orphanage

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Community based Support
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Mavuno Village

Childrens' Village/ Foster Care
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Social Welfare Regional Office

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Starehe Children's Home

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TCRC

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WOWESOT

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Pwani Region**Baobab Home**

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Faraja Orphans and Training Centre

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Orphan care and Aids control

Community based Support
Contact: Tabu Saadani
P.O.Box 7 Bagamoyo

What would be...

...the consequence for Tanzania if the orphans are not cared for?

„Orphans should be taken care of because if we don't help, we don't take care of them, we will have a weak nation.” Henri Rashaan Challi, Assitant Director for Children in the Ministry of Community Development, Gender and Children

“The crisis I can see is like leaving children unattended at this date is like a timing bomb that's coming to the nation here. We shall find lots of children, lots of people, ahead of us uneducated, lots of people unemployed or lots of people just have nothing to do. On the end of the day crimes will increase ...and when crimes increase these children are going to be abandoned by the society.” Charles Frances, PASADA

“We can't expect to have good fathers and mothers in the future” Hatibu Kunga, YLRF

„We have the police against criminals, but the problem is that we are creating our own criminals. We invest money without solving the problems, so if we could invest here, now and today we have less work tomorrow.” Mr. Bujiku, Mavuno Village

„If the orphans don't get a good quality of education, I think we will loss good leaders, we will loss good doctors and others, who will support the nation.” Agnes Ngowi, KIWAKKUKI
 “A good person is made and does not just fall from above.” Jonas Balami, HUYAWA

„People will not be useful to the community in any way, then automatically that will ruin the whole process of development for this country. So we are saying this is a time bomb, we have to address it once and for all.” Smart Daniel, Help Age International

“More robbers, more prostitution, more diseases and actually everyone won't have peace.” Maria Mpangala, Salvation Army Kagera

“If they find their own way of growing up, when they are grown up they will never consider the community.” Andrew Kagya, KAKAU

„The fabric of society will just be torn in half and that's what keeps Tanzanians together, the fabric of the family.” Brooke Montgomery, Boona Baana Center

„We have people who are not able to become leaders, we have people who are not be able to work, we are finished.” Adolf Mrema, SAT

“It will destroy the society, the entire society, because they are many now so we can not ignore them... We have to take the full responsibility.” Gertrude Kulindwa, Regional Social Welfare Officer Mwanza

BEST PRACTICE GUIDE

for comprehensive
Orphan Care
in Tanzania

This book written by Ulrike Brizay highlights good examples of orphan care in Tanzania and gives practical advice to professionals and non-professionals working in this field.

The author is preparing a PhD thesis on strategies addressing the problems of orphans in Tanzania and while she conducted a field study in Tanzania she realised that the necessary answers to the orphan crisis are already in the country. “There is no need to import solutions, but there is a need to share the knowledge and skills of organisations.”

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