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SOUTHERN NEW HAMPSHIRE UNIVERSITY

MASTER OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT
(2005)

PROJECT PROPOSAL FOR THE EL-SHADAI ORPHANS

HOME (EOH) ORPHANAGE PROJECT

DOMINA RWEYEMAMU (MRS.)

SUPERVISOR CERTIFICATION

That is to certify that, I have gone through the Final Project Paper, and find it to

be in the form acceptable for review.
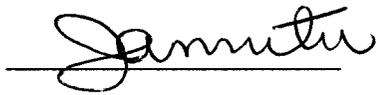
(signature)

Joan A. Mrutu (Mrs.)

Project supervisor

STATEMENT OF COPYRIGHT

DECLARATION

I am hereby declaring to the best of my knowledge that, this is my own original work, and it has not been submitted for the similar degree in any other University.

Domina Rweyemamu (Mrs.)

DEDICATION

I dedicate this project proposal to my spouse Amadeus, my children Agape, Rei, Gaudia and Shalom for their constant prayers, encouragement and support.

ABSTRACT

Orphans and vulnerable children are always confronted with immense psychological and social problems. As they grow older, they are also vulnerable to maltreatment (harassment and violence), economic and sexual abuse and exploitation, due to lack of care and protection. These risks and other vulnerabilities are also likely to harm their future livelihoods as well. A sustained commitment to protecting and improving the lives of these orphaned and vulnerable children is required so as to ensure that their needs are addressed through actions at the local level as well as at the higher levels, so that interventions made can achieve the widest possible impact.

The El-Shadai Orphans Home (EOH) is a Community - Based Organization (CBO) based in Kibangu area, Ubungo ward in Kinondoni Municipality. The organization decided to set up a centre for orphans and other vulnerable children so as to address their problems at the community level. In view of the envisaged initial capital investment, the EOH with a technical support of Domina Rweyemamu (Mrs.), a student pursuing MSc. CED programme offered by the Southern New Hampshire University at the Open University of Tanzania pledged to develop a proposal to facilitate mobilization of required

resources to implement EOH Orphanage Project. Moreover, the organization required the project proposal in order to ensure that the opinions, suggestions and views of stakeholders at different levels were taken into consideration prior to embarking on actual implementation of orphanage project.

The general objective of the proposed project is to provide support to orphans and vulnerable children so as to enable them live a normal life like other children in the country. The project is largely aimed at providing care to the orphans and vulnerable children who do not have parents or guardians to look after them as well as assisting them to acquire basic education by supporting them attend nursery and primary schools. The EOH identified Gwata Ujembe Village in Mikese Ward, Morogoro District in Morogoro Region as a community were the centre will be established.

A participatory approach was adopted in preparing this proposal. The process involved a survey in Gwanta Ujembe community were the orphanage centre will be set up. Besides the survey at the community level, discussions and consultations were as well made with officials in the Ministry of Labour, Youth Development and Sports which is responsible for social welfare. Other orphanages based in Dar es Salaam were visited to learn the way such facilities

are operated. Others consulted were Engineers and Architects. Acquisition of land and construction of buildings for the centre is estimated at TShs. 148.00 million. Purchasing of furniture, equipment and recreational facilities for the centre is estimated to cost TShs. 79.00 million. Implementation of this project proposal has already started with the Gwata Ujembe Village Government contribution by allocating a total of 150 acres of land to the EOH organization to facilitate construction of buildings, play grounds and for farming activities to generate income for the proposed orphanage.

ACKNOWLEDGMENTS

Developing of this proposal is an outcome of support, collaboration and assistance of many people, including instructors of the Southern New Hampshire University and the Open University of Tanzania as well as officials in the Ministry of Labour, Youth Development and Sports, University College of Land and Architectural Studies, El-Shadai Orphans Home, orphans centres and other individuals. I would like to express my gratitude to all persons who provided assistance and support to me make this work a success. More specifically, I would like to thank Mrs. Joan A. Mrutu, my supervisor for her constant support and guidance. I would also like to thank Mr. Michel Adjibodou, the Director CED Program for his overall guidance and assistance.

I would like to thank Mrs. Justina Benedict, the Chairperson of the El-Shadai Orphans Home for cooperation and collaboration whenever I consulted her. I am also indebted by the members of the Gwata Ujembe Village Council for their collaboration during the survey of orphans and vulnerable children which was conducted in their community. I also acknowledge the assistance of Mr. Enock Mbise, a senior officer in the Ministry of Labour, Youth Development and Sports. I am grateful to Ms. Saida Hassan and Mr. Hassan Hamis of

CHAKUWAMA Orphanage as well as Mrs. Mkandawile of Kurasini Orphans Centre for availing me with details on how their orphanage centre operates.

Lastly, I would like to express my very special appreciation and thanks to my spouse, Amadeus for his prayers, assistance and encouragement throughout the entire period of my assignment.

ACRONYMS AND ABBREVIATIONS

CBO   -   Community Based Organization

CCS   -   Counseling and Care Support

CED   -   Community Economic Development

EFR   -   Economic and Fund Raising

EOH   -   El-Shadai Orphans Home

ETS   -   Education and Training Support

MOH   -   Ministry of Health

PLHA   -   People Living with HIV/AIDS

PMO   -   Prime Minister's Office

TACAIDS   -   Tanzania Commission for AIDS

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Chapter One

INTRODUCTION

1.1   CBO Background

The El-Shadai Orphans Home (EOH) is a Community - Based Organization (CBO) which was established on the 1st September 2003 to help, assist and support suffering orphans and other vulnerable children. The organization is situated in Kibangu, Ubungo ward, in the suburbs of Dar es Salaam, in Kinondoni Municipality.

1.1.1   Vision

The vision of the organization is to build a society which loves and accepts orphans and vulnerable children so as to attain healing of their emotional wounds, build their confidence, and create space and opportunities to facilitate the development of their talents so that they can live in dignity, respect and managing their own lives independently.

1.1.2   Mission

The mission of the El-Shadai Orphans Home is to ensure that adequate care and support is provided to both orphans and vulnerable children, abandoned

by parents and families; and assisting such children to be educated and trained so as to be successful and useful members who can contribute productively to their societal development.

1.1.3 Organization structure

The organization structure of the El-Shadai Orphans Home is as shown in the figure below.

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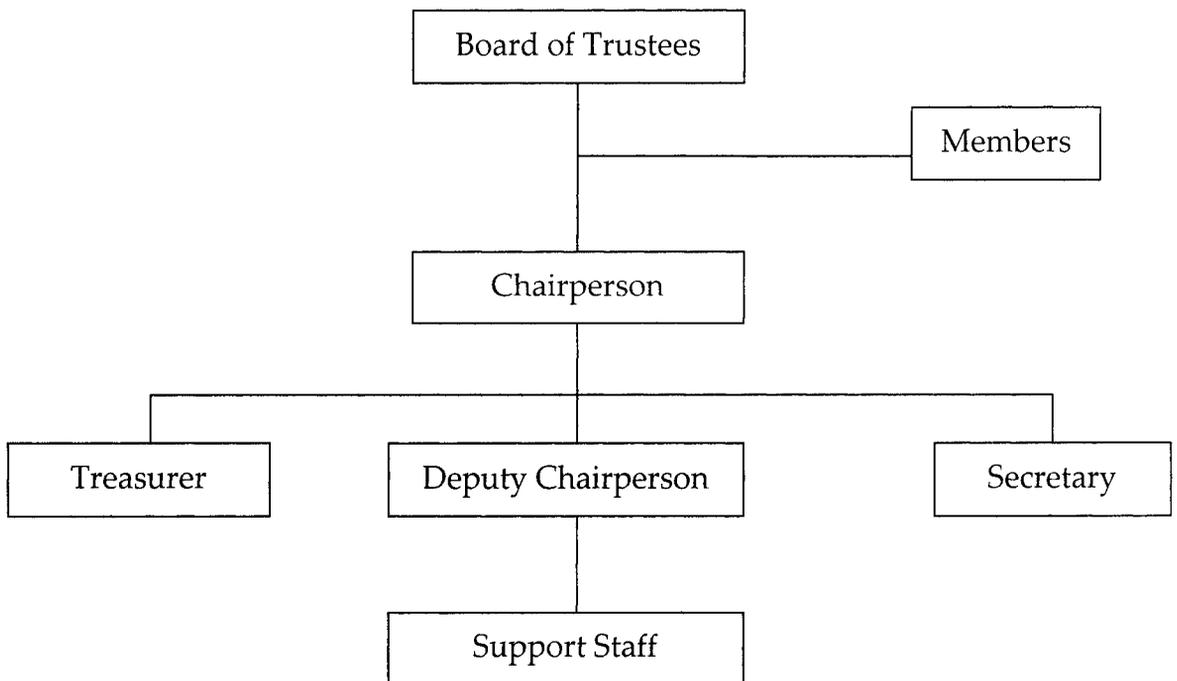
Fig. 1 EOH Organization Structure

1.1.4 Objectives

The overriding objective of El-Shadai Orphans Home is to support orphans and vulnerable children to live a normal life like other children in the country. The overriding objective is supported by the following three specific objectives:

(i)   To assist the orphans and vulnerable children acquire basic education by supporting them attend nursery and primary schools;

(ii)   To undertake fund raising and implement economic projects so as to ensure sustainable support to the orphans and vulnerable children;

(iii)   To provide care to the orphans and vulnerable children who do not have parents or guardians to look after them.

1.1. 5 Programs and Activities

The organization's three programs and activities under each program are as presented below:

(i)   Counselling and Care Support (CCS) Program

(a)   Providing counselling so as to continue stabilizing children, psychologically and socially;

(b)   Caring and looking after orphans and vulnerable children and ensuring that they are physically secured;

    (c)   Minding and feeding children with balanced diet so as to promote their growth and ensure that children's cognitive, spiritual, mental and intellectual capacity are well developed.

(ii)   Economic and Fund Raising (EFR) Program

    (a)   Organizing charity walks and other fund raising activities;

    (b)   Operating income generating activities, such as shops, secretarial services, like photocopying, etc.

(iii) Education and Training Support (ETS) Program

    (a)   Training of nursery school teachers and other interested individuals in appropriate approaches to handling and care for the orphans and vulnerable children;

    (b)   Promoting the use of indigenous knowledge in designing teaching aids so as to make education more affordable;

    (c)   Promoting learning environments for orphans and vulnerable children through dialogue and discussion with nursery and primary school leadership and teachers;

(d)   Sensitising various stakeholders on the special needs of

the orphans and vulnerable children.

1.2   Statement of the Problem

The loss of one or both parents, confronts a child with immense

psychological and social problems as well as reducing a child's chances

of starting, continuing, or completing school. As they grow older, they

are also vulnerable to sexual abuse and possible HIV/AIDS infection.

These risks and other vulnerabilities are also likely to harm their future

livelihoods as well. There are no shortcuts or quick solutions to these

problems facing orphans and vulnerable children. A sustained

commitment to protecting and improving the lives of these orphaned

children is required so as to ensure that their needs are addressed

through actions at the local level as well as at the higher levels, so that

interventions made can achieve the widest possible impact.

It is estimated that there are about one million orphaned children in

Tanzania. About 50 percent of the orphans live with their grand parents.

There are only 52 orphanage centres caring for about 3,000 orphans. Still,

there is constant increase in number of orphaned and vulnerable children, especially in urban centres who are lacking adequate care and support. The challenge of the EOH was to mobilize resources to facilitate setting up of an orphanage centre to alleviate the prevailing problem of poor care of the orphans and other vulnerable children whose number is so big and is increasing constantly.

1.3 Rationale for the Project

The EOH envisages to lay a good foundation and bring up orphaned and other vulnerable children in a way which will enable them to live in any setting being rural or urban. The idea is to give children exposure to community life, provide them with skills and an opportunity to use acquired skill to undertake practical production work. The intention is not to turn them into labourers, but to orientate them to real community life experiences so that when they are adults, they should be beggars and dependent but self reliant and happy to engage in productive work.

A project site at Gwata Ujembe Village, Mikese Ward in Morogoro District was specifically selected for a number of reasons. Soil in Gwata

Ujembe is fertile and it is a high rainfall area hence ideal for farming. In view of the expected benefits to the children and the community at large the Village Council was willing to allocate to the EOH land required for the orphanage project. Basic services, such a primary school, health facility and are available in area. The project site can be easily reached from the main road. The community is located about 3Kms for Dar es Salaam – Morogoro highway and about 40Kms from Morogoro Municipality.

Gwata Ujembe being and ideal site, the EOH will ensure that required schools are established in this community, these will include nursery, primary, secondary and vocational schools. Children play fields, dormitories and conference hall will also be constructed. Both cash and food crops such as sunflower, cassava and potatoes as well as fruits and vegetables such as pawpaw, oranges, mangoes, pineapples, cabbages, carrots, tomatoes and spinach will be produced. Other production activities planned include diary cattle keeping, poultry, piggery and fish farming.

1.4   Objectives of the Project

1.4.1   General Objective

The general objective of the project is to support orphans and vulnerable children so as to ensure that they are reached with effective social protection measures.

1.4.1   Specific Objectives

The specific objectives of the project are:

(i)   Providing care to the needy orphans and vulnerable children;

(ii)   Supporting orphans and vulnerable children attend nursery and primary schools so as to attain basic education;

(iii)   Sensitizing and mobilizing the society to support needy orphans and vulnerable children.

Chapter Two

LITERATURE REVIEW

2.1 Introduction

Orphans and other vulnerable children affected by various crises, that is, those who have not yet lost a dying parent but are nonetheless caring for them, or children living in a household that has fostered orphans, or fostered themselves are ever increasing in number and therefore need attention and support.

2.2 Theoretical review

There has been many different definitions of a 'child' in Tanzania, depending on the form of legislation cited (Charwe, 2004). The National Guidelines for Community Based Care, Support and Protection of Orphans and Vulnerable Children define a child as every human being below the age of 18 years (MLYDS, 2003). The guidelines suggest that for the purpose of care, support and protection of orphans and other vulnerable children, the age limit can be flexible, considering economic dependence of a young who is still studying.

An orphan is defined as a child below the age of 18 who either has lost one or both parents or has been abandoned or neglected by biological parent(s). A vulnerable child is any one below the age of 18 years, who is either currently experiencing or likely to experience lack of adequate care and protection. OVC are the children who, in a given local setting, are most likely to fall through the cracks of regular programs, policies and traditional safety nets and therefore need to be given special attention when programs and policy are designed and implemented (Kielland, 2004). The Government of Tanzania uses the Most Vulnerable Children (MVC) as the working definition of OVC so as to avoid bias in favour of AIDS induced orphans. In this regard MVC are defined as children who have either lost a parent or both; or have been abandoned or lost contact with their biological parent(s), either experiencing or likely to experience lack of adequate care and protection (Kaare, 2005).

Community capacity, especially the traditional extended family safety net to care for, support and protect children has been weakened by a number of factors, including poverty, urbanization and the outbreak of

HIV/AIDS. Consequently, many children have become vulnerable. The government has identified 12 categories of children who can be classified as vulnerable; they include; orphaned children, abused and neglected children, children in institutions (e.g. remand homes, approved homes and crisis centres), child mothers due to early marriages and teen pregnancies, working children, including domestic servants (mainly 11-15 years), children with disabilities, children living on the streets, children in prostitution, children in conflict with the law, children displaced due to war or national calamities, children caring for terminally ill parents over a long span of time, knowing they are potential orphans and children heading households (MLYDS, 2003).

The HIV/AIDS epidemic has registered its deadly impact, not only in the spread of the disease itself, with growing illness and death, but also on the lives of families and communities (Connelly, 2000). In Tanzania, AIDS accounts for highest mortality among all diseases in adults. The epidemic is making orphans out of many of Tanzania's children, and threatens to reverse gains so far made in economic development and social progress. Whatever the cause, orphans and other vulnerable

children face the heightened risk of malnutrition, mortality, morbidity and psycho-social damage. Vulnerable children under the age of five years in AIDS-affected areas face even more life-threatening risks. There is therefore a need to provide assistance to such children. Assistance specially tailored for orphans and other vulnerable children ca take several forms and include fostering, subsidies, and institutional care.

Informal fostering within an extended family is usually the best intervention, provided that the care given is of an acceptable level. Placing children with kin promotes their integration into mainstream society, reduces their risk of being marginalized and promotes their psychosocial and intellectual development. Of all interventions to-date, governments, international donors, and NGOs view fostering as the most culturally appropriate, cost effective and sustainable approach (Barth, 2002). Subsidizing the education and health fees of orphans and other vulnerable children could become the main means of placement of such children with extended families. The chief merit of this intervention is that it supports investments in children without encouraging child labour. Health and nutrition subsidies can lengthen

the life expectancy of orphans and other vulnerable children, improve their learning achievement while at school, enhance their productivity as they become adults and prevent increased health care costs and social protection later in life. School subsidies in particular would benefit such children since they are easy to monitor and less prone to abuse or fraud than other subsidies, they would give orphans the opportunity to attend school when school fees are prohibitive, children would be integrated into local community life and in the long run orphans and other vulnerable children would have marketable skills, hence making them more productive members of society (World Bank, 2002).

Orphanages hold a well-recognized place in the history of caring for children. Over the years, there have been increasing concerns about the use of orphanages compared to alternative ways of caring for children (Freundlich, 2004). The high cost, sometimes questionable quality of care, and the reliance on orphanages as a refuge from poverty have been the main arguments against them. Nevertheless, the swelling number of orphans and other vulnerable children particularly in the Sub Saharan

Africa necessitates considering institutional care as one of the options even if on a temporary basis until permanent caregivers are found.

Since orphanages are expensive, they should be considered when other options are not ideal. Nevertheless evidence from Eritrea and Uganda does point to their effectiveness in providing care for orphans (Dunn, 1992). For this reason, they can not be ruled out, especially in the urban settings. Even in the rural settings, it is possible to convert the concept of orphanage in such a way that 'children's homes' right in the midst of the village, with significant community oversight. The challenge is to provide a nurturing and stable environment that avoids the potential institutional up bringing approach (Subbarao, 2001). It is important therefore, when planning orphanage establishment to give due consideration to cost-effectiveness of its operation so as to ensure sustainable provision of services to the orphaned children.

2.3   Empirical review

The 'term' vulnerability is normally used in a variety of ways. Nevertheless, in the context of this Report its meaning is specific. Vulnerability is the likelihood that an individual, household or

community will experience a decline in well-being (RAWG, 2004). It is the probability or likelihood of being harmed by unforeseen events or as susceptibility to exogenous shocks. A vulnerable household is a household with a poor ability to: prevent the likelihood of shocks hitting the household, reduce the likelihood of a negative impact if shocks were to hit or cope with shocks and their negative impact. Vulnerable children are those who face a higher risk than their local peers of experiencing: infant, child and adolescent mortality, low immunization, low access to health services, high malnutrition, high burden of disease, and low school enrollment rates, high repetition rates, poor school performance and/or high drop out rates. Vulnerable children are also likely to experience intra-household neglect compared to other children in the household (reduced access to attention, food, care), family and community abuse and maltreatment (harassment and violence), and economic and sexual exploitation, due to lack of care and protection (Kielland, 2004).

General child vulnerability has increased over the past two decades due to the ever increasing number of orphans, a problem that is largely

attributable to HIV/AIDS pandemic. Despite the orphan rate in Sub Saharan Africa has increased only marginally, over the last decade the AIDS pandemic has contributed to increase the number of orphans in Sub Saharan Africa by 11 millions (30%) and by 2010 will be responsible for 18 millions (36%) of Africa's orphan population (Hunter and Williamson, 2002).

The growing number of orphans and the high number of adult deaths have caused a shock to traditional child protection mechanisms in many areas, and social capital is weakening as family and community systems disintegrate. Traditional absorption mechanisms for children have become strained (in some places completely exhausted) and this affects also non orphaned, critically vulnerable children. Child social inequalities have increased within countries, within communities, and even within households. As a result, it has become harder to reach a large number of critically vulnerable children with regular education, health and social protection programs.

Historically, orphaning on a large scale has been a sporadic, short term problem, caused by famine, disease and war. In Tanzania, HIV/AIDS has transformed orphaning into a long term, chronic problem. The first three AIDS cases were reported in Kagera region in the northern west part of Tanzania in 1983. By 1986 all regions in Tanzania Mainland had reported AIDS cases (PMO, 2003). During the year 2001 a total of 14,112 AIDS cases were reported; resulting into a cumulative total of 144,498 cases since 1983 when the first cases were reported in the country. In view of the estimates that only one out of five AIDS cases is reported, a cumulative total of 722,490 of AIDS cases has occurred since the beginning of the epidemic in Tanzania (MOH, 2004).

It is estimated that 12 percent of the adults in the country are infected with HIV and estimations range from 1.3 million to 2 million people living with HIV/AIDS. In 1999 alone, about 140,000 people were estimated to have died due to AIDS (World Bank, 2003). It is assumed that today AIDS accounts for highest mortality figures among all diseases in adults. The HIV epidemic in Tanzania has affected both rural and urban areas. The peak age group of infected females is the 25 -

29 year old group, while amongst males it is the 30 - 34 year old group.

Widespread illness and deaths due to HIV/AIDS are projected to lead to

a reduction in GDP since some of the most productive age groups in

society are thought to be infected by HIV, and the productive sectors are

experiencing a loss of skilled labour, increasing costs of recruitment and

benefits, and reduced productivity (TACAIDS, 2004). It is apparent that

HIV/AIDS has a negative impact on both economic growth as well as

poverty reduction in the country.

Since the disease is transmitted primarily through heterosexual contact,

the epidemic is having dramatic impact on the mortality of women and

men in their prime childbearing and earning years, doubling or tripling

the mortality rates of adults aged 15 – 50 years (Boerma, et al. 1998). The

combination of high parent mortality and large family size has produced

a tragic result, that is, one in ten children under the age of 15 years is an

orphan, having lost one or both parents (Hunter and Williamson, 2000).

According to the statistics in the Ministry of Health indicate, the number

of orphans created by the AIDS epidemic was estimated to be 1.1 million

(cumulative), 700,000 of whom were estimated to be alive in 1999 (MOH,

2004). The National AIDS Control Program (NACP) of the Ministry of Health estimated the number of AIDS orphans to rise to 2 million by the year 2005. Despite a big number of AIDS orphans in Tanzania, there are 52 orphanages caring for about 3,000 orphans and other vulnerable children (Axios, 2001).

All orphanages in the country with the exception of Kurasini National Children's Home are run by NGOs or charitable organizations. The conditions in some of the orphanages are in dire need of improvement. For instance, in the government run orphanage, the Kurasini National Children's Home, building roofs had been damaged, water was leaking into the dormitories of the children, only one water tap existed to provide water for about eighty children and there was no indoor plumbing as the sewage system was broken (Axios, 2001). The situation improved in 2003 when the orphanage received external support to finance the implementation of its rehabilitation programme. Most orphanages rely on donations and charity. With funds secured it is difficult for the orphanages to meet the basis needs of children in terms of food and medicines.

Conditions of some of some of the orphanages, for instance, Simike Orphan centre in Mbeya Municipality is extremely poor. Most children have no bed sheets or mattresses and very few have blankets. Most of the orphans at the centre lack clothing and shoes as well as essential school materials such as uniforms, exercise books, pens, pencils and other stationery. Soap, toothbrushes and toothpaste are not available. In some centres, just like Simike, children barely get one meal a day and for this reason most children are underweight and malnourished. Insufficient water supply is also an important issue as it causes frequent outbreaks of diseases, particularly diarrhoea and eye and skin diseases (Axios, 2004). There are reports on both physical and sexual abuse of children orphanages. Some children are said to be abused by orphanage staff and in other cases fellow children are responsible for such deeds. (Barth, 2002). Some orphanages take care of children and youth of age ranging from six months up to twenty five years, hence is easy for older children to abuse young ones if conditions at the centre are poor and children are not well monitored.

The empirical evidence on the situation of orphanage homes in Tanzania is not different when compared to what is happening to other countries, particularly in Sub Saharan Africa where orphanages have been around for decades and initially run by missionaries. In these countries, orphanages still exist, mostly in most post conflict countries, such as Rwanda and Uganda and are typically run by NGO's although some receive government funds. Interestingly, there is evidence that many of these orphanages have taken in children whose parents believe the orphanage can provide better care, especially if the family is coping with a crisis. For instance, one study in Uganda showed that war orphans living in orphanages had higher standard of living than those who had been taken in by foster families or relatives (Sengendo, 1987). Furthermore, orphanages run by missionary often provide education, which parents regarded as great advantage

Experience on treatment made to the orphaned children in the orphanages in Tanzania is just like what is happening in other African countries. Evidence gathered through researches conducted on children who have

been orphaned exhibit physical symptom such as hysteria, crying, insomnia, nervousness, and a general emotional imbalance marked by anxiety, depression, and grief. Abandonment or separation from parents leads also to similar responses. Besides orphan hood children are abandoned for many reasons, including rejection because of handicaps, unplanned pregnancies and extreme poverty. Children whose parents disappear without explanation are typically fearful and suffer from the sense of insecurity. Regardless of what the cause of emotional imbalance, children in orphanage centres need special support and adequate monitoring (UNICEF, 2000).

2.4   Policy review

The challenge posed by orphanhood and vulnerability of children has implications on government policies, particularly on attainment of the Millennium Development Goals (MDGs) which governments are committed to, as internationally agreed targets for reducing poverty, hunger, diseases, illiteracy, environmental degradation and discrimination against women by 2015 (VPO, 2004). The inclusion and

protection of OVC is needed to reach at least 6 of the 8 Millennium Development Goals. The two goals, namely, achieve universal primary education by 2015 and reduce child mortality by 2/3 by 2015 are directly related to OVC. The following four are indirectly related; these are halve the proportion of people who live on less than $1 a day by 2015, eliminate gender disparity in primary and secondary education by 2005, reduce maternal mortality rate by ¾ by 2015, and halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases by 2015.

Regarding universal education whose indicator is 'children everywhere able to complete primary school by 2015', only 49% of all children in Sub Saharan Africa reach class five, approximately 20% of Sub Saharan Africa 150 million school-aged children are OVC (around 30 million). Double-orphans living in household have an estimated 35% chance to reach class five. Children affected by conflict, street children and child laborers are almost never in school, children living with a disability are also often excluded. For the entire group of OVC the share is therefore probably much lower. Based on this we assume that OVC overall have

around 1/3 the chance of reaching class five as non-OVC, or around 20%. (Non-OVC=56%). OVC then represents 31% of the children who do not reach class five. As for the goal on reducing child mortality, the indicator is to reduce under five mortality rate (U5MR) by 2/3 by 2015. U5MR in Sub Saharan Africa is currently averaging 174%, and will need to be reduced to 58% to comply with the MDG. OVC core group children generally have higher mortality rates than average due to their greater exposure to shocks, and limited access to mechanisms. In the case of U5MR we only count children living with a disability or a chronic illness, AIDS and war affected children. (Street children and child laborers are normally older). If 15% of youngest children in Sub Saharan Africa are OVC in this respect, and if their U5MR is 300% they would represent 1/3 of U5 deaths. If OVC are not reached in the reduction efforts, OVC will come to comprise 78% of the 58% mortality rate target that needs be achieved by 2015 (Kielland, 2004).

Years of social progress and economic development in Tanzania have been unravelled by HIV/AIDS pandemic which is a major development crisis that affect all sectors and aggravate the problem of orphans and

vulnerable children (PMO, 2003). The epidemic has spread relentlessly, particularly in the past two decades, affecting people in all walks of life and decimating the most productive segments of the population. The ever increasing number of AIDS related absenteeism from workplaces and deaths reflects the early manifestation of the epidemic leaving behind suffering and grief. The disease has also raised infant and child mortality as well as the growing number of orphans, lowered life expectancy, increased dependence ratio, reduced productivity and increased poverty. The epidemic is a serious threat to the country's social and economic development and serious and direct implications on the social services and welfare (PMO, 2001).

According to the National AIDS Policy, the objectives of the national response will be mostly effectively realised through community based comprehensive approach which includes prevention of HIV infection, care and support of those infected and affected by HIV/AIDS and in close collaboration with people living with HIV/AIDS (PLHAs). PLHAs, including orphaned children have the right to comprehensive health care and other social services, including legal protection against all forms of

discrimination and human rights abuse. The Child Development Policy stipulates that protection is one of the basic rights of the child (URT, 1996). The policy advocates for mobilization of the community to protect children from various forms of discrimination. The policy directs that all children, whether orphaned or not should be enrolled in school so as to make sure that they get basic education. The National Policy on Gender and Equity stipulated that since HIV/AIDS is a social, cultural and economic problem, girls and women need extra consideration to protect them from the increased vulnerability to HIV infection in the various social, cultural and economic environments (URT, 2000).

As afore-said, HIV/AIDS lead to a decline in GDP as the most productive age groups are infected; productive sectors lose skilled labour and increasing costs of recruitment and benefits. In view of the vicious circle between poverty and HIV/AIDS, interventions for the control of the epidemic should be simultaneously related by poverty alleviation initiatives. In an effort to intensify the fight against the HIV/AIDS pandemic, institutional framework for the national response has been transformed from the National AIDS Control Programme (NACP) under

the Ministry of Health (MoH) to the centrally placed Tanzania Commission for AIDS (TACAIDS) under the Prime Minister's Office (URT, 2004). Furthermore, the Government launched the Multi – Sectoral Strategic Framework on HIV/AIDS in 2003 to translate the National Policy on HIV/AIDS by providing strategic guidance to the planning of programmes, project and interventions by various stakeholders in the fight against HIV/AIDS (VPO, 2004). The Government is essentially providing management and financial leadership in the national response to the HIV/AIDS epidemic, including care for orphaned children.

As afore - said, the share of OVC among those who do not yet benefit from health, education and protection services and projects is increasing and hence it becomes gradually more challenging to reach those who remain excluded. Doing more of what the government already does will not be adequate to include the hard-to-reach remaining children, since they often have special needs that must to be considered. The government ought to not reach the MDGs, unless effective strategy can identified for including the children who consistently keep falling through the cracks of communities, policies and

programs, and to secure their equal participation. Including OVC and ensuring their equal participation requires new approaches and innovative thinking which will include working more closely with civil society organizations and the private sector

Chapter Three

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents and describes research design adopted in collecting relevant information and the techniques used in data collection and data analysis. The objectives of the research were:

(i) To review current policies and practices adopted by orphanage centres in providing care to the orphans and vulnerable children;

(ii) To assess the situation of children in Gwata Ujembe Village where the establishment of orphans centre is planned and to identify the existing plans to assist children who are experiencing difficulties;

(iii) To assess willingness and preparedness of communities to contribute for the orphans centre and whether they will accept enrolment of orphans from outside Gwata Ujembe Village.

3.2 Research Design

The approach adopted in designing the research work took into consideration the following factors:

(i)   Timely collection of all the required information from various sources;

(ii)   Acquisition of information from the community, other orphanage centres and from relevant ministries

(iii) Ensuring triangulation through use of several data collection methods like interviews, questionnaires, observation and literature review.

3.3   Units of enquiry

The source of the data for the research included senior officers in the Ministry of Labour and Youth Development and Sports, and Community Development, Gender and Children. Data was likewise collected from orphanages and from community members and leaders where the centre for orphans is planned.

3.4   Sampling techniques

The study adopted purposive sampling technique to select officers at the two ministries. This sampling technique facilitated collection of right and required information from officers responsible for children and social

welfare, respectively. Furthermore, purposive sampling was used to select orphanages which provided data on the way they are operated. The same methodology was applied to identify respondents at the community level to ensure that all the groups were represented in the sample.

3.5   Data collection

Understanding of issues related to children experiencing difficulties necessitated adoption of participatory methods as well as conversional questionnaires so as to collect both qualitative and quantitative information. Therefore, data collection was undertaken using questionnaires, interviews, observation as primary sources. Documentary sources served as secondary source of data. Review of relevant literature was made prior to embarking on data collection from the community. Literature reviewed included documents providing information on orphans within and outside the country. Instruments to facilitate collection of qualitative and quantitative information were then developed in consultation with the members of El-Shadai Orphans Home.

(i) Questionnaires

Questionnaires were prepared and used to collect data from the sample community members of Gwata Ujembe. Prior to administering the tool, the questionnaire was translated into Swahili language so as to enable communities understand the question in the tool. Data collection was then made in all the sub villages of Gwata Ujembe with a view to assessing the situation of children and identifying appropriate actions to assist children who are at present experiencing difficulties. The questionnaire is presented in Annex I.

(ii) Interviews

Interviews were conducted with officers managing three orphanages in Dar es Salaam as well as officers at the Ministry of Labour and Youth Development and Sports, and Community Development, Gender and Children, respectively. The interview guides facilitated the interviews which were conducted.

(iii) Observation

Observation was adopted to collect data at the community level as well as in the orphanages so as to complement and confirm information which was collected using other instruments. Observation facilitated collection of useful information for project proposal writing.

(iv) Documentary sources

Various documents were reviewed; such documents included government policies, frameworks and strategies, reports on surveys, studies and researches, progress reports, training modules, newsletters and fliers. Materials which were reviewed provided relevant information to facilitate developing the required project proposal. The documents which were reviewed are indicated in the References.

3.6   Data analysis

As afore-mentioned, both primary and secondary data were collected. Primary data were obtained by using such tools as observation,

interviews and questionnaire while secondary data were collected by the use of documentary review method. Different methods were adopted to undertake data analysis and assess its relevance to objectives of the study. Both qualitative and quantitative methods of data analysis were used in presenting and analyzing data and information gathered. Data collected using questionnaires was presented in percentages and figures. Data collected using qualitative tools was organized in a logical manner and presented in a narrative style. Data analysis facilitated writing of the project proposal.

Chapter Four

FINDINGS AND RECOMMENDATIONS

4.1   Introduction

This chapter presents findings collected at the community level as well as a summary of information collected from three orphanage centres based in Dar es Salaam. The findings in this chapter are based on data and information collected using interview checklist, questionnaires, semi structured interviews with focus groups and observation.

4.2   Performance of Existing Orphanage Homes

A survey of three orphanage homes based in Dar es Salaam namely Kurasini Orphans Home, Chama cha Kulea Watoto Yatima na Wasiyo na Makazi (CHAKUWAMA Orphans and Street Children Centre) and Mtoni Yatima Group showed that orphanages are experiencing many difficulties, some are due to inadequate experience in running orphanages and others are caused by poor funding of the operations undertaken at the centres visited.

Constant increase in the budget of education for the children in nursery, primary and secondary schools was cited as one of the problems. In nursery schools children tuition fee paid by each child per month is estimated at TShs. 4,000.00. Children also need shoes, pencils, text books and exercise books. In primary schools, children are not required to pay school but they need pens, exercise books, text books, school bags, school uniforms as well as mid-day meals and budget to meet travel expenses. Financing of education is a critical problem for children when they reach secondary school stage where fees charged are a bit high. In Government secondary schools annual fee per child is TShs. 120,000.00 for boarding schools and TShs. 20,000.00 for day secondary schools. At Kurasini Orphans Home which run by the government, children education costs met by the government while in privately owned orphanages education costs are met through contributions by individuals, religious organizations as well as the orphanages themselves through small income generating activities.

Children at CHAKUWAMA centre are sometimes expelled from school because of lack of socks or shoes. There are incidences when children have to walk to school because the centre has inadequate funds. In such case children get at school late and are punished by teachers. A total of 45 children at CHAKUWAMA centre are enrolled in different primary schools in Dar es Salaam City including Mwenge, Mapambano, and Mashujaa primary schools while 6 children are in secondary schools. Due to high costs of education, some of the orphanages have decided to establish their own nursery schools. Both CHAKUWAMA and Kurasini orphanages have their own nursery schools.

The government owned Kurasini Orphans Home, has large area, and other facilities such as a dispensary, nursery school. As afore-cited in the literature review the centre was rehabilitated recently, for this reason, classrooms, staff offices and dormitories look modern, accommodation of children in dormitories is arranged according to age groups and sex. Given the large area that the centre has, children are able to play different games such as volley ball, swinging and other games. Older children are also engaged in

other activities such as poultry keeping and gardening. The environment of Kurasini Orphanage is clean. The caregivers said that when the centre is large enough, it makes the careering of the children to be easier than in small area, because children can be grouped according to their age and different activities can be performed as planned.

In the privately owned, CHAKUWAMA Orphans Home, the land area available to the centre is not enough to allow children aged nine years and above to play freely around their dormitories, but children below 9 years can move from one building to another, there is no space where staff offices could be constructed. The Chairperson of the orphanage uses her residential house as a temporary office of the centre and one of the rooms is used for nursery school activities. Limited space at the centre hinders CHAKUWAMA to conduct many activities, such as gardening, different games for children and learning different skills. In total there are sixty children in this centre, with equal number of girls and boys. Caregivers at CHAKUWAMA stated that providing care to children in small area was difficult and as such they were unable to separate children according to their

age groups. Plans to construct stores building, offices, nursery classrooms, dispensary block and a quarter for caregivers have not been implemented due to inadequate land. Presently, due to shortage of land, it is difficult to undertake some activities aimed at imparting specific skills to enable children to be self-reliant when they are grown-up. Plans are underway to acquire enough space in Mbezi area in the suburbs of Dar es Salaam, where some of the activities of the centre activities will be performed. The situation of the Mtoni Yatima Group Orphanage is similar to that at CHAKUWAMA.

4.3   Findings of a Survey at Community Level

(i)   Situation of Children in the Community

All respondents showed that there are children in Gwata Ujembe community who are facing difficulties and are in need of help. Most of the community members who were interviewed, that is, 87 percent of the respondents, indicated that children facing difficulties are orphans. Further discussion with villagers revealed that there is a problem of excessive drinking, among both men and women. Communities use their financial resources and food crops they produce to buy and make

local brew, respectively. The study established that there is a common practice and behaviour of people in Gwata Ujembe community whereby, during harvest time villagers always get involved in traditional dance called 'ngoma'. While participating in 'ngoma', villagers always drink local brew called 'wanzuki' and 'common' which is brewed from cereals, such as millet and maize grown in the village, which also lead into grain scarcity that villagers use for food in their families.

Besides encouraging drinking, traditional 'ngoma' also promote promiscuous behaviour, especially among married people who participate in 'ngoma'. Discussions and observations made at places where traditional 'ngoma' are normally performed showed that youth in the village are rarely involved in dances and promiscuous activities. The study also established that there are some children in households where parents are involved in drinking. Not many children from such households were enrolled at Geza Ulole Primary School, which is the only primary school in Gwata Ujembe Village, and the attendance of those enrolled is poor while many others had dropped out of school.

Besides community members who indicated that there is a problem of orphans, still about 13 per cent of the respondents showed that there are children in the village who experience other types of difficulties, largely due to poverty condition of their parents. Observation made, showed that the condition of some of the children whose parents are alive, is much poor as compared to the condition of some of the orphans.

Regarding the problem of orphans in the village, the study revealed that orphaned children are not so many since their number ranges from ten to fifty. Notwithstanding, moderate number of orphans found in Gwata Ujembe Village, the problem is more pronounced in the neighbouring communities, especially Bwawani, which somewhat looks like a small township, hosting a camp for a company rehabilitating Morogoro road highway. There is also a secondary school in Bwawani township. Some of the workers have left their families behind and hence this could be one of the reasons why promiscuous deeds are committed.

(ii)   On-going Initiatives to Support Orphans

While Gwata Ujembe Village Council has future plans to provide assistance and support to children who are at present experiencing difficulties, only few villagers, that is, about 13 percent of the respondents, were aware of existence of such plans, the rest, that is, 87 per cent of the villagers who were interviewed did not know that such plans existed. The study discovered that dissemination of information among community members was done at the community level mostly through meetings, such as Village Assemblies and sub village meetings. Notice boards at public buildings such as the village office, primary school and dispensary blocks were used to facilitate dissemination of information, since important announcements were always put on such boards.

The study found that, at present orphans as well as other vulnerable children in the village get home based care provided by care givers and other relatives, as indicated by about 98 per cent of the community members, who were interviewed. Despite such services being provided to children who are in need in respective households, children generally seem to be poorly cared for. Most of them are dirty and not healthy and few look

malnourished. As stated earlier, some parents, spend most of their time in clubs drinking local brew. On the other hand during farming season parents leave their homes and move to fields that are far away from their homes where farming is undertaken. It is thus difficult for children to attend school properly because no follow-up is being made by parents to ensure that children attend classes.

(iii)   Willingness to Establish a Centre in the Village

The study established willingness on the part of Gwata Ujembe villagers for an orphan centre to be established in their community, as indicated by about 98 percent of the respondents. During further discussion with villagers on the appropriate location of the centre, community members identified Shingo Feni sub village as the most ideal place for the proposed centre. Shingo Feni is somewhat located in a calm place which is not in the central and busy part of the village. Shingo Feni is deemed ideal since a centre for orphans requires a place which has minimal disturbance. As regards to whether the centre should serve children from Gwata Ujembe community only or extend services to children from other communities as well; 83 per cent of the villagers interviewed were of the opinion that the centre should

cater for all children who are in need regardless of the village they belong to. As stated above, it is likely much more orphaned children from neighbouring communities, such as Bwawani are likely to be served by the centre.

(iv)   Services to be Provided at the Centre

Gwata Ujembe villagers expressed their opinions regarding the types of services that they considered ideal for the centre in their community. More than 97 per cent of the respondent preferred the following services to be provided at the centre; preparing meals and feeding children, providing medical care to children and accommodation. Furthermore, provision of clothes to children, playing and recreation facilities, teaching children how to read, write and simple arithmetic and general care to children would be required at the centre.

As to whether children should be provided with services during the day or if they should sleep at the centre, about 71 per cent of the villagers interviewed preferred children to sleep at the centre and only 29 percent

preferred children to get services during the day and go back to their homes in the evening to join relatives and guardians. Further discussion with the villagers indicated that, although Gwata Ujembe community members thought it was ideal for children to go back to their respective homes each evening, they nevertheless proposed/preferred that children should sleep at the centre because all basic services required by children would be made available at the centre, particularly proper care for orphans.

(v) Sources of Support for the Centre

Sustainability of services to be provided at the centre would depend upon reliability of sources of support. Initial support would be required to facilitate construction of required blocks, water supply system, fitting of playing facilities, procurement of furniture, beddings, cooking utensils, equipment and electric appliances. Prior to starting offering services, reliable source of support will be required to ensure that supplies for children, including; food, clothes, stationery, first aid medicines, sports equipment, funds to pay for utilities, like water, electricity and telephone,

salaries, fuel for lighting and cooking, transport expenses and so forth (Ainsworth, 1992).

Most of Gwata Ujembe villagers, who were interviewed, that is, about 79 percent of the respondents, were of the opinion that support for the centre should largely be provided by donors from within and/or outside the country. Some of the villagers, about 11 per cent of the respondents, indicated that the Village Council of Gwata Ujembe be charged with the responsibility of mobilizing resources for the centre. Observations made as well as discussions with villagers indicated that the village is endowed with so many resources; hence minimal external support to meet initial capital costs will be required to establish the centre. The Village Council has a challenge of mobilizing required resources largely from within the village.

4.4   Recommendations

The research conducted in Gwata Ujembe Village, a community earmarked by the El-Shadai Orphans Home, for the establishment of a centre for orphans, has helped to assess the situation of children. The

study revealed that there are few children facing problems because their parents/guardians are poor. With regards to existing arrangements to assist children who are presently experiencing difficulty circumstances, especially the orphans, the study found that home-based care is the arrangement presently used by the villagers. Community members are enthusiastic about having the centre in their village and consequently are willing and prepared to contribute for the orphanage. Cognizant of the problem existing in the neighbouring communities, Gwata Ujembe Villagers would also like to support orphans from other surrounding communities to be served by the centre to be established in their village.

Chapter Five

IMPLEMENTATION OF THE ASSIGNMENT

5.1   Introduction

This chapter provides a technical proposal and a brief description on the expected usefulness of the proposal to the El-Shadai Orphans Home. The way the proposal has so far been useful to the organization is as well presented in this chapter.

As stated in chapter three, participatory approach was adopted in preparing this project proposal. The EOH participated throughout the entire process. Data collection from various stakeholders at different levels provided exposure to the organization on a number of aspects related to orphanage operations and mobilization of resources. The final decision by the Gwata Ujembe Village Government regarding allocating 150 acres of required land for the orphanage was made during the process of developing this project proposal. The EOH appreciated the usefulness of details of site plan and layout of required buildings and play grounds which were provided by the Architect as presented in Appendix VI. The proposal will largely be used by the organization in

planning and mobilization of resources from different partners to facilitate timely setting-up of the orphanages in Gwata Ujembe, where the centre can be operated without depending on donations and other external assistance.

5.2   Technical Proposal

Executive Summary

Project Title:	Orphanage Project
Contact Person:	Mrs. Justina Benedict
Proposal Submitted by:	El-Shadai Orphans Home
Problem Statement:	Orphans and vulnerable children in urban and rural areas of Tanzania experience difficulties in accessing services provided through regular programmes, hence need specific interventions designed and implemented to address their needs.
Mission Statement:	Provision of adequate care and support to orphaned and vulnerable children and assisting them to be educated and trained so

as to become successful citizens and contribute to development of the society

Target Group: Orphaned and vulnerable children

Activities: Counselling and care support, education and training support, and fund raising.

Outcomes:

(i) Improved welfare of 70 orphaned and vulnerable children in Gwata Ujembe and surrounding communities;

(ii) Community members in the project area and surrounding communities sensitized on special needs of the orphans and vulnerable children.

Requested Funding: US$43,500

Our Contribution: US$11,500

5.2.1 Background

The loss of one or both parents, confronts a child with immense psychological and social problems as well as reducing a child's chances of starting, continuing, or completing school. As they grow older, they are also vulnerable to sexual abuse and possible HIV/AIDS infection. These risks and other vulnerabilities are also likely to harm their future livelihoods as well. There are no shortcuts or quick solutions to these problems facing orphans and vulnerable children. A sustained commitment to protecting and improving the lives of these orphaned children is required so as to ensure that their needs are addressed through actions at the local level as well as at the higher levels, so that interventions made can achieve the widest possible impact.

It is estimated that there are about one million orphaned children in Tanzania. About 50 percent of the orphans live with their grand parents. There are only 52 orphanage centres caring for about 3,000 orphans. Still, there is constant increase in number of orphaned and vulnerable children, especially in urban centres who are lacking adequate care and support. The challenge of the EOH was to mobilize resources to

facilitate setting up of an orphanage centre to alleviate the prevailing problem of poor care of the orphans and other vulnerable children whose number is so big and is increasing constantly.

5.2.2   El-Shadai Orphans Home Organization

The El-Shadai Orphans Home (EOH) is a Community-Based Organization (CBO) which was established on the 1st September 2003 to help, assist and support suffering orphans and other vulnerable children. The organization is situated in Kibangu, Ubungo ward, in the suburbs of Dar es Salaam, in Kinondoni Municipality.

The vision of the organization is to build a society which loves and accepts orphans and vulnerable children so as to attain healing of their emotional wounds, build their confidence, and create space and opportunities to facilitate the development of their talents so that they can live in dignity, respect and managing their own lives independently. The mission of the El-Shadai Orphans Home is to ensure that adequate care and support is provided to both orphans and vulnerable children, abandoned by parents and families; and assisting such children to be

educated and trained so as to be successful and useful members who can contribute productively to their societal development.

The overriding objective of El-Shadai Orphans Home is to support orphans and vulnerable children to live a normal life like other children in the country. The overriding objective is supported by the following three specific objectives:

(i)   To assist the orphans and vulnerable children acquire basic education by supporting them attend nursery and primary schools;

(ii) To undertake fund raising and implement economic projects so as to ensure sustainable support to the orphans and vulnerable children;

(iii) To provide care to the orphans and vulnerable children who do not have parents or guardians to look after them.

5.2.3   Rationale for the Project

The EOH envisages to lay a good foundation and bring up orphaned and other vulnerable children in a way which will enable them to live in any setting being rural or urban. The idea is to give children exposure to

community life, provide them with skills and an opportunity to use acquired skill to undertake practical production work. The intention is not to turn them into labourers, but to orientate them to real community life experiences so that when they are adults, they should be beggars and dependent but self reliant and happy to engage in productive work.

A project site at Gwata Ujembe Village, Mikese Ward in Morogoro District was specifically selected for a number of reasons. Soil in Gwata Ujembe is fertile and it is a high rainfall area hence ideal for farming. In view of the expected benefits to the children and the community at large the Village Council was willing to allocate to the EOH land required for the orphanage project. Basic services, such a primary school, health facility and are available in area. The project site can be easily reached from the main road. The community is located about 3Kms for Dar es Salaam – Morogoro highway and about 40Kms from Morogoro Municipality.

Gwata Ujembe being and ideal site, the EOH will ensure that required schools are established in this community, these will include nursery,

primary, secondary and vocational schools. Children play fields, dormitories and conference hall will also be constructed. Both cash and food crops such as sunflower, cassava and potatoes as well as fruits and vegetables such as pawpaw, oranges, mangoes, pineapples, cabbages, carrots, tomatoes and spinach will be produced. Other production activities planned include diary cattle keeping, poultry, piggery and fish farming.

5.2.4 Objectives of the Project

5.2.4.1 General Objective

The general objective of the project is to support orphans and vulnerable children so as to ensure that they are reached with effective social protection measures.

5.2.4.2 Specific Objectives

The specific objectives of the project are:

(i) Providing care to the needy orphans and vulnerable children;

(ii)   Supporting orphans and vulnerable children attend nursery and primary schools so as to attain basic education;

(iii)   Sensitizing and mobilizing the society to support needy orphans and vulnerable children.

5.2.5 Target Groups

The targeted groups are in two categories, that is, primary and secondary target groups. The primary target group is constituted of orphaned and vulnerable children. The secondary target group includes vulnerable persons and poor households from poor communities in both rural and urban areas of Tanzania. The secondary target is expected to benefit from participation in the implementation of interventions that are aimed to benefit the orphaned and vulnerable children.

5.2.6 Planned Activities

Activities to be carried out are categorized under three programs as presented below:

5.2.6.1 Counselling and Care Support (CCS) Program

(i)   Providing counselling so as to continue stabilizing children, psychologically and socially;

(ii)   Caring and looking after orphans and vulnerable children and ensuring that they are physically secured;

(iii)   Minding and feeding children with balanced diet so as to promote their growth and ensure that children's cognitive, spiritual, mental and intellectual capacity are well developed.

5.2.6.2 Economic and Fund Raising (EFR) Program

(i)   Organizing charity walks and other fund raising activities;

(ii)   Operating income generating activities, such as shops, secretarial services, like photocopying, etc.

5.2.6.3 Education and Training Support (ETS) Program

(i)   Training of nursery school teachers and other interested individuals in appropriate approaches to handling and care for the orphans and vulnerable children;

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(ii) Promoting the use of indigenous knowledge in designing teaching aids so as to make education more affordable;

(iii) Promoting learning environments for orphans and vulnerable children through dialogue and discussion with nursery and primary school leadership and teachers;

(iv) Sensitising various stakeholders on the special needs of the orphans and vulnerable children.

5.2.7 Project Schedule

S/No	Description of Activity	Year I				Year II				Year III			
		1	2	3	4	1	2	3	4	1	2	3	4
1.	Writing of Project Proposal and sharing it with various interested organizations	—	—										
2.	Legal acquisition of land for the planned project		—	—									
3.	Project estate development in Gwata Ujembe					—	—	—	—	—	—		
4.	Training of nursery school teachers and other interested individuals in appropriate approaches to handling and care for the orphans and vulnerable children					—							
5.	Promoting the use of indigenous knowledge in designing teaching aids so as to make education more affordable							—	—				
6.	Promoting learning environments for orphans and vulnerable children through dialogue and discussion with nursery and primary school leadership and teachers	—	—	—	—	—	—	—	—	—	—	—	—
7.	Sensitizing various stakeholders on the	—	—	—	—	—	—	—	—	—	—	—	—

	special needs of the orphans and vulnerable children	
8.	Providing counseling so as to continue stabilizing children, psychologically and socially	
9.	Caring and looking after orphans and vulnerable children and ensuring that they are physically secured	
10.	Minding and feeding children with balanced diet so as to promote their growth and ensure that children's cognitive, spiritual, mental and intellectual capacity are well developed	
11.	Organizing charity walks and other fund raising activities	
12.	Operating income generating activities, such as shops, secretarial services, like photocopying, etc.	

5.2.8 Outcomes

The expected Project outcomes over a period of three years are as follows:

(i)   35 nursery school teachers and other interested individuals training in appropriate approaches to handling and care for the orphans and vulnerable children;

(ii)   12 sensitization seminars on promotion of use of indigenous knowledge in designing teaching aids held;

(iii)   Learning environments for orphans and vulnerable children in all 7 nursery and primary schools surrounding the Project improved;

(iv)   15 sensitization meetings on special needs of the orphans and vulnerable children held in Gwata Ujembe village and in surrounding areas;

(v)   40 orphaned and vulnerable children counseled so as stabilize them psychologically and socially;

(vi)   35 orphans and vulnerable children cared and looked after to ensure that they are physically secured;

(vii)   70 children fed with balanced diet so as to promote their growth and ensure that their cognitive, spiritual, mental and intellectual capacities are well developed.

5.2.9   Monitoring and Reporting

Effective monitoring and reporting arrangements will put in place to assess the effects and project's outcomes and use lessons to improve implementation. Inputs, activities and outputs will be tracked so as to

enhance decision-making aimed at improving performance of the project and achieving the stated objectives.

Data will be collected by Project staff, members of Gwata Ujembe Village Council and community members. The Project will work closely with relevant institutions within Gwata Ujembe Village and Mikese Ward. Data collection will be conducted and reports produced quarterly. Reports will inform the community members and stakeholders about contribution of the Project in the welfare of orphans and other vulnerable children as well as in the overall development of Gwata Ujembe Village and surrounding communities.

5.2.10 Project Cost and Financing

5.2.10.1 Detailed Project Budget

Detailed budget for the project is based on requirements of services for 10 children; hence the number can be easily multiplied with increase in children to be supported. It assumed that children without relatives will be sleeping at the orphanage while others will just stay there during the

day. Meals will be provided to all children enrolled at the centre. Selection and training of home care givers has been budgeted for in order to make sure that children who sleep at their homes get adequate care in the evening when they are not at the centre. The value of land indicated is based on all 150 acres already allocated to the EOH by the Gwata Ujembe Village Government. The annual current cost for 10 children is estimated at TShs. 13,597,500.00. The capital investment is estimated at TShs. 48,200,000.00 for the same number of children. Details are shown in Table 1 below.

Table 1: Costs based on the orphanage of 10 children capacity

Description of Expense	Cost (TShs.)
CURRENT COSTS	
Salaries of remunerated staff	1,600,000.00
Value of volunteer labour	5,435,000.00
Costs of operating the orphanage	
Utilities	120,000.00
Sanitary items	98,500.00
Maintenance	35,000.00
Others	27,000.00
Provision of support to the children	
Education	87,400.00
Food	4,360,000.00
Clothing	415,000.00
Health care	42,600.00

Sanitary items	32,000.00
Start - up activities	
Selection of children	328,000.00
Selection of home care givers	24,000.00
Training of home care givers	668,000.00
Operating costs of EOH	
Implementation and other operating costs	325,000.00
Sub total (Current costs)	*13,597,500.00*
CAPITAL COSTS	
Value of the land	7,500,000.00
Construction of buildings	32,000,000.00
House equipment and furniture	6,800,000.00
Vehicle* (annual cost)	700,000.00
Capital costs for EOH	1,200,000.00
Sub total (Capital costs)	*48,200,000.00*
Grand Total	**61,797,500.00**

*Value of vehicle is based on the expected days of car use yearly.

5.2.10.2 Project Financing

The implementation of the project will supported and financed from various sources. The Village Council of Gwata Ujembe, where the project will be located, will mobilize community members to contribute various resources required for the operationalization of the centre. Villagers are also expected to produce burnt bricks and provide labour during construction of orphanage buildings. Besides resources required for meeting operating costs which will largely be provided by the

community members, at the initial stage some external support would be required due to involved capital investment.

The Village Government of Gwata Ujembe has already allocated 150 acres of land to the EOH so that various production activities, such farming can be undertaken to generate required income to meet the operating costs of the orphanage. Furthermore, some members of the EOH who have experience in child care will provide their service for free as their contribution to the costs of the centre. The EOH will coordinate the mobilization of required resources.

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