



DEVELOPMENT AID REQUEST

The key approach being taken through delivering development aid through case reporting is to mobilize local citizens, and to develop an integrated central database capable of recording earlier information and knowledge on the ground according to the economic, social and environmental frustrations and problems local citizens are facing each day and to make these universally accessible via a central [database](#) and useful to development organizations and local and national responsible bodies in order to highlight and alleviate the problems at a community level to reach Sustainable Development Goals (SDGs).

Our organization can provide development agencies, social entrepreneurs, funding agencies, banks, local government, etc. with case studies for any of the support requests shown in the [table](#) of summary requests for development aid we have received in our [database](#).

DEVELOPMENT AID REQUEST

An example of case study of Tanzania



Volunteer/Knowledge Customizer profile

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1 Introduction

Iringa Municipality is the capital of Iringa region. 32 % of population there is made up of young population which is becoming dominant population group. The town has numerous socioeconomic problems such as poverty, poor infrastructure, high unemployment, juvenile delinquency, poor social services, social ills, gender issues – low school enrollment of girls, low status of women who cannot make decisions.

Rural area of Iringa district is generally characterized by high land shortage causing low productivity. Because of this there is horrible poverty in rural Iringa that forces the young to migrate to urban center especially Iringa town in search of better life, education, health and other services, also due to the strategic position in the region and because there are some government institutions and different offices to which many youth come for education and other reasons.

As in many developing countries, in this region there is also a huge number of infected people by HIV/AIDS. Comorbidities such as tuberculosis, undernutrition, diarrheal disease, and malaria are highly prevalent in these areas, and all have a negative interaction with HIV infection. But globally, advances in the treatment of HIV infection during the last 20 years have resulted in antiretroviral therapy (ART) that can result in improved immunologic function, reductions in morbidity, and prolonged life. But not everyone can get the access to the therapy; there are many barriers to effective HIV care in the Tanzania, including lack of trained health care professionals, lack of infrastructure, and lack of resources devoted to health.

2 Children Care Development Organization (CCDO)

2.1 Vision and mission statements

- To strengthen local community through the promotion of education and access to health care and information, in the hope of building capacity and resilience within our more deprived sectors
- To develop sustainable livelihood and conservation programs within our region, whilst promoting human rights, advocacy and positive life choices and decisions

2.2 Video materials

<https://www.youtube.com/watch?v=xBe-m-W5kKI>

3 Projects/activities of CCDO

3.1 Activities and projects

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

3.2 Known and planned activities of CPSK and the donors

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

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

CCDO collaborates with the Ngome Government Health Center located at Iringa Municipality to offer medical services to our clients through material and technical advice. Our current constructed new health center building lacks medical equipment and partner for medical services provisions to our clients. CCDO seeks funds to facilitate medical tests, support people living HIV and our school orphans, to purchase drugs and shipping donated medical equipment from our partner known as International Aid (IA) from the USA. The dispensary also lacks a laboratory to facilitate medical investigation for effective holistic clinical management.

4 CCDO's HIV/AIDS project

4.1 Geographic location

The proposed project will be located at Iringa District.

4.2 Background of the project

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

This is because, over the past 27 years, the HIV/AIDS epidemic in our country has escalated enormously. According to a World Health Organization (WHO) report 2007, there are currently 1.5million infected people living in the country. This project is specifically aimed at ensuring that every Orphans and Vulnerable Children and other people living with HIV/AIDS in the country has the social, psychological and material support required to fulfill his/her potential.

This because silence surrounds children and that of their parents are affected by HIV/AIDS and the inaction that results is morally reprehensible and unacceptable. If this situation is not addressed, and not addressed now with increased urgency, millions of children and their parents will continue to die, and tens of millions more will be further marginalized, stigmatized, malnourished, uneducated, and psychologically damaged. "In Tanzania HIV and AIDS or Orphan and vulnerable children is a national problem!" Each day children all over the country increase steadily after the death of their parents, due to HIV/AIDS disease and poverty. The problem is getting worse. It is an epidemic: Hence our program is needed more in Tanzania compared to other countries. The most affected population by HIV is the young productive adults between the ages of 15 and 49. Since this is the most economically productive population, the resulting deaths constitute a serious economic burden with serious implications for the OVC/MVC. Over the years the epidemic has grown to infect and affect so many people and households in Tanzania by reduction of life expectancy, increase in number of orphans, increased morbidity and mortality and high socio-economic burden on affected households.

The impact of HIV and AIDS on OVC/MVC, their families and society is enormous. It is estimated that the number of AIDS orphans in Tanzania is above 2 million and half of them are due to HIV and AIDS. Most of these children get infected as a result of Mother to Child Transmission (MTCT) of HIV. Children may also be infected as they take care of their parents. They may also be infected as a result of early marriages or commercial work. OVC are lack of basic needs such as food, health care, shelter and education. In addition they are stigmatized, thus exposing them to further abuse and exploitation. It is worse in the poor rural settlement and urban slums where children have no relative to take care of them when the parents are ill or die. When parents fall ill children are often compelled to leave school to take care of the ailing parents or due to diminished resources to keep them in school. Those in school do not concentrate as they worry about what would befall their parents. Teachers are also infected and affected and as a result education of the children is affected. HIV/AIDS scares their minds and are left with traumatized memories of society's stigma towards them and many unanswered questions.

HIV/AIDS has also negatively affected the population especially agricultural production of most communities, with dwindling food resources that lead to OVC getting inadequate nutrition and are often malnourished leading to frequent illness and stunted growth.

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

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

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

4.3 Project objectives of CCDO

- Improved psychosocial support services for OVC and their households
- Increased HIV/AIDS awareness among school children
- Increased level of advocacy on OVC protection from abuse and exploitation
- Increased OVC and households enabled to cope with the increased demands of providing care.
- Increase community groups providing quality care and support services to OVC

- Increased OVC provided with life skills/ vocational training and financial support to start Income Generating Activities.
- Mobilize the community to pull together their resources and capacities to address OVC care and support epidemic.
- Supporting people living with AIDS to access effective medication and follow treatment plan agreed upon by their primary care providers including referral hospital services.

4.5 Main activities to achieve

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

The project will also put in place short-term and long-term measures aimed at improving quality of life of MVC and the community psychosocial support systems. The long-term interventions will include Income Generating Activities (e.g. Dairy cow keeping, improved local chicken rearing, kitchen gardening), psychosocial support, organic farming to help MVC and community members to be self-sustaining.

The community's main activity is farming. Older orphans can be trained to grow their own foods besides other activities. This will help in improving the welfare of MVC in a more sustainable way.

Furthermore, the CCDO focuses on these following strategies:

- **Education and vocational training**

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

- ❖ School enrolment
- ❖ Payment of school levies for early childhood development
- ❖ Provision of school uniforms

- ❖ Provision of scholastic materials
- ❖ Visits to schools to promote school retention
- ❖ Access to vocational training and apprenticeship
- ❖ Strong partnership with Ministry of Education, Ministry of Gender, children and Social Development and other line ministries in sharing best practices.
- ❖ Provide financial support for OVC/MVC vocational training.

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

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

- **Healthcare and Sanitation**

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

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

- **Shelter and care**

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

- ❖ Every child must have an adult caregiver
- ❖ Provision of care to children enrolled in the program
- ❖ Support to child headed households
- ❖ Provision of clothing, bedding, mosquito nets to OVC
- ❖ Shelter renovation

- **Life-skills and HIV prevention for school children**

The focus here is on:

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

Children aged 5-15 years are generally not yet sexually active and have among the lowest HIV/AIDS prevalence rates in the overall population. Thus they constitute a window of hope for HIV prevention. The children will be educated about the transmission of HIV/AIDS, encouraging behavioral choices that are value-based and age-appropriate and which will protect them from exposure to the virus. Young people are particularly vulnerable to HIV infection and frequently carry the burden of caring for the family members living with HIV/AIDS. Many are vulnerable to HIV because of risky sexual behavior and substance abuse while they are lack of access to HIV information and prevention services. So it is essential to put in place HIV prevention programs to save young people before they become sexually active. At the same time children will be trained on Life skills to enable them support themselves in future.

Although there is an attempt by Ministry of Education to integrate HIV/AIDS in the curriculum, teachers are lack of training, competence and commitment to teach it. This project will train teachers as the schools are a key location of HIV prevention efforts because they provide a means of reaching large numbers of children.

The church, Community groups and other partners will be major partners in this area. Other platforms that will be utilized for reaching children include opportunities of special events like sports activities and performances in the communities. These could also be deliberately organized with the aim of reaching children who are out of school.

- **Psychosocial support**

Activities under this service are:

- ❖ Counseling
- ❖ Life skills
- ❖ Recreation
- ❖ Family fun days
- ❖ Parenting and caregiver support
- ❖ Home visits by care providers
- ❖ Stigma reduction

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

- **Food Security and Nutrition**

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

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

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

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

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

- **Child Protection**

Protection ensures that the child basic rights are met. The focus is on ensuring the child is protected against abuse, exploitation and neglect. The project will work with the local leadership (church/local administration/school) to develop foster care mechanisms for children in need. In sensitizing the community on the need to protect the rights of children, the project, together with schools, Churches and other CBOs will advocate for policies that support culturally appropriate foster care practices; that promote social integration of the children and those that advocate for stricter enforcement of child laws. Many OVC/MVC live in households that are not able to provide the care they need. These households include grandparent headed households, child headed households (children as young as 12 years care for other children), foster homes (some families will take in orphans despite the large family that they already have), widow/widower headed households, chronically ill headed households (children care for the chronically ill parents). Caregivers will fill the parental gap even before some of the parents of the children die, and provide the following services:

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

- **Economic Strengthening**

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

- ❖ Skills building for care givers
- ❖ Income generation activities
- ❖ Employment creation initiatives
- ❖ Small business promotion
- ❖ Savings and internal lending to communities
- ❖ Linkages with other community economic promotion initiatives e.g. table banking and grants.

The well being of OVC/MVC depends so much on the capacity of the family to cope economically. Micro enterprise development plays a very big role in improving the economic status of the family caring for the OVC/MVC. Micro enterprise will be offered to caregivers and capable households caring for the OVC/MVC.

4.5 Monitoring and evaluation of the project

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

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

4.6 Beneficiaries of the project

The most it is focused on helping Orphans (OVC) and Most Vulnerable Children (MVC). For this project, orphans are children aged below 18 years who have lost a mother, father or both parents. MVC are children whose parents are chronically ill or Children as orphans living in a household which accepted them and which resources must be spread among all children in the household, or other children using criteria developed by the community and CCDO. One of the critical criteria will be the poverty level of the household. The term “AIDS orphans” will NOT be used to avoid discrimination and stigmatization of the orphans.

4.7 Call for Donors

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

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

5 Follow us on...

Official websites: <http://www.ccdo-tanzania.org/>

<https://envaya.org/ccdo>

Facebook: <https://www.facebook.com/children.care.73>



KNOWLEDGE
FOR DEVELOPMENT
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