

ORGANISATION

ACE AFRICA (Tanzania)
(Action in Community Environment)
PO Box 16416 Arusha, Tanzania
Sakina Olosivo, Behind Oilcom, Nairobi Road, Arusha Tanzania

CONTACT PERSONS**Joanna Waddington Director**

Email: joewadd@ace-africa.net
Cell: +255 (0) 784 792103

Anthony Okoti Project Manager

Email: okoti@ace-africa.net
Cell: +255 (0) 789 596461

Oswald Mwita Project Accountant

Email: oswald@ace-africa.net
Cell: +255 (0) 784 476594

PROGRAMME TITLE:

To reduce the impact of HIV/AIDS in rural areas of Arusha, Tanzania through health promotion, food security and nutritional assistance, education opportunity, community capacity building and support so that Orphans and Vulnerable Children can develop to their full potential

FULL PROGRAMME LENGTH: Ten Years

SPECIFIC PROJECT TITLE: Strengthening community structures to increase access to child protection, HIV education, life skills and direct aid.

Period of Evaluation: Midterm Phase One July 2008 – June 2010

Project Location: Arumeru District, Arusha Region, Tanzania

Direct Beneficiaries: **19,150**

Indirect Beneficiaries: **38,000**

EGMONT TRUST GRANTS **Grant I - November 2008 – October 2009**

Grant II - November 2009 – October 2010

FUNDS RECEIVED FROM EGMONT TRUST TO DATE: £41, 684.50

CUMMULATIVE FUNDS RECEIVED FROM ALL DONORS TO DATE: £ 177,719.56

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1.0 Introduction

1.1 ACE Africa mission and aims

Mission - To reduce the impact of HIV/AIDS on rural communities in Africa through health promotion, food security and nutritional assistance, education opportunity, community capacity building and support among the infected/affected so that orphans and vulnerable children can develop to their full potential within their own community

Aims - ACE holistic programming addresses; care and counseling, prevention of HIV/AIDS infection, treatment and immune boosting, nutritional improvement, income generating, direct support and scaling up of activities through these thematic areas:

- Building sustainable nutritional capacity and livelihoods
- Building community ability to protect the health and rights of PLWA and children affected/infected by HIV/AIDS
- Providing psychosocial support and direct aid
- Development of 'good practice' template

1.2 ACE Africa (Kenya and Tanzania) Background

ACE Africa (Kenya) is a registered International NGO in Kenya and has worked in Bungoma and Siaya Counties for the last seven years. ACE Africa (Tanzania) is a registered Non Profit Company in Tanzania No: 63324 and has worked in Mateves, Kimnyaki and Lemuguru wards in Arumeru District, Arusha for the last two years.

1.3 Purpose of evaluation

To conduct a mid-term evaluation for the ACE Africa Programme 2008 – 2010 with the support of Egmont Funds November 2008 – to date and other donor funds.

2. ACE Africa (Tanzania) Arusha Project

2.1 Background

ACE Africa (TZ) conducted a baseline survey in order to identify the needs and systems of support for orphans and vulnerable children in Mateves and Kimnyaki wards in Arumeru District, Arusha region between January and June 2008. Baseline findings showed that:

- Community members are primarily settling nomadic Maasai in the target areas. The expanding urban areas of Arusha have resulted in a change in the cultural norms in the rural areas and has led to high incidence of HIV and OVC
- The stigma associated with HIV and AIDS is high
- HIV prevalence is high, estimated between 20 -30 % of adult population and there is low comprehensive knowledge about HIV and AIDS
- 17 – 20% of primary school children are orphans and school attendance is thought to be erratic due to pastoralist customs i.e. child labour and early marriage for girls
- Over 60% live below the poverty line resulting in a lack of access to basic medication, safe water, clothing and household needs

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- Knowledge and information from local service providers on the benefits of nutrition in the management of HIV and AIDS is very poor
- Knowledge on the rights of children and women is low due to cultural norms and polygamy- which increases vulnerability to HIV and negatively impacts on lives, particularly girls who drop out of school and are rendered parents of parents before they have become adults
- Over 60% are subsistence farmers, malnutrition is high among children and PLWA and common knowledge on the benefits of nutrition is poor
- Access to water, particularly in Mateves is very limited affecting agricultural activities. In Kimnyaki there is better access and greater potential to establish agricultural activities and improve community nutrition and health
- Access to education, HIV and AIDS awareness and life skills is virtually nonexistent particularly in schools

Based on the findings, ACE Africa started implementing project activities across its three thematic areas in July 2008.

Operational Sites ACE Africa works in two operational sites in Arumeru District, Arusha Region Tanzania i) Mateves ii) Kimnyaki. In 2010, ACE expanded to Lemguru ward.

Partners and donors Funding sources over the past two years have included; The Egmont Trust, The Rowan and Tory Trusts, Dulverton, an anonymous donor, Garfield Western and ACE Africa UK.

ACE Africa (TZ) partners with relevant government departments including the Ministry of Health, Agriculture, Social Welfare and the cooperative development department, as well as working within established government and community structures. ACE Africa conducts activities in collaboration with community support groups and other civil society partners in the project areas including; World Vision, CARE TZ, SIDO (Small Industrial Development Organization), Selian Hospital, Support for international Change (SIC), One heart Source, OSOTWA, Child Trust Fund, Tanzania Caucus for Children Rights, Global Service Corps, Compassion, CEDESOTA and Afya Bora.

2.2 Project objectives Phase One July 2008 – June 2011

ACE Africa programme model is designed to be implemented over a ten year period over three phases as follows: Phase I – Three Years; Phase II – Four Years and Phase III – Three Years. Phase one activities include identifying needs and systems of support, creating partnerships with community structures and partners and community training. Phase I aims to reach 30% of children in need.

Thematic Area One: Community Livelihood Initiatives

Objective One: To increase community knowledge on nutrition and sustain production of nutritious food crops for PLWA, OVC and community at large

Thematic Area Two: Child Rights and Welfare

Objective Two: To increase community access to and knowledge of HIV and AIDS Education and child protection systems in line with the Government of Tanzania new Child Rights Curriculum across the public and private sectors

Thematic Area Three: Counselling, Education services and Direct Aid**Objective Three:** To increase access to psychosocial support, life skills and CT**Objective Four:** To increase access to basic medication, nutritional supplements and direct aid**Project Evaluation: Activities** Conduct midterm and end of project evaluation**2.3 Specific Project Objectives and outputs Egmont Trust 2008 – 2010****2.31 Year One November 2008 – October 2009 Grant One****Objective One:** To increase community knowledge on nutrition and sustain production of nutritious foods crops for PLWA, OVC and community at large**Activities**

- Train new 40 community members in Agriculture and nutrition
- Train 20 trainees as Agriculture and nutrition mentors
- Provide regular technical support through follow ups to 80 trainees
- Develop 2 new community demonstration gardens to generate food and income for OVC and act as an example of good agricultural, nutritional and medicinal practice
- Provide start up garden tools for demonstration
- Renovate and furnish 4 community resource centres

Objective two: To increase community ability to sustain production of nutritious flour and improve access for PLWA and OVC**Activities**

- Train 20 new teachers(from 10 primary schools) in child to Child (CTC) Education
- Train Headmasters in child to Child Education
- Establish 10 new child to Child HIV and AIDS health clubs
- Engage 500 new primary school children in Child to Child HIV and AIDS health clubs
- Monitor and provide technical assistance in 10 trained CTC schools
- Facilitate 12 community sensitization days on HIV and AIDS, stigma reduction, community and local support services and Child Rights

Objective Three: To improve teachers and children's access to information on HIV and AIDS, in school guidance, counselling and life skills**Activities**

- Provide regular outreach HIV and AIDS counselling for 40 PLWA/guardians/OVC per month
- Provide 200 PLWA and OVC HH with nutritional supplements for 6 months
- Provide 100 PLWA and OVC with basic medication for 12 months

2.32 Year Two November 2009 – October 2010 Grant Two**Thematic Area One: Community Livelihood Initiatives****Objective One:** To increase community knowledge on nutrition and sustain production of nutritious food crops for PLWA, OVC and community at large

Activities:

- Train new 40 community members in Agriculture and Nutrition and business skills
- Provide regular technical support through follow ups to Agriculture & Nutrition trainees
- Provide regular technical support to community groups producing nutritious flour

Thematic Area Two: Child Rights and Welfare

Objective Two: To increase community access to and knowledge of HIV/AIDS Education and child protection systems in line with the Government of Tanzania new Child Rights Curriculum across the public and private sectors

Activities

- Train 20 new teachers (from 10 primary schools) and 10 head teachers in Child to Child (CtC) Education & Government of Tanzania Child Rights Curriculum
- Establish 10 new Child to Child HIV/AIDS health clubs engaging 500 new children
- Train 40 community members in Child Rights & establish 2 Child Rights Committees
- Train 40 Child Welfare mentors in vulnerability identification, referrals and Child Index status
- Conduct local and district advocacy days on Child Rights and the Child Rights Curriculum
- Strengthen linkages with local and district partners for referrals
- Conduct 24 community education days on the rights of the child and Child rights Curriculum

Thematic Area Three: Counselling, Education services and Direct Aid

Objective Three: To increase access to psychosocial support, life skills and CT

Activities:

- Provide outreach counseling to 40 PLWA/OVC/Guardians per month X 24 months
- Conduct 12 outreach HIV Counseling and Testing (CT) days testing a total of 600 people
- Provide 'In school Guidance and life skills training to 2,000 children at 20 schools quarterly
- Train 20 teachers from 20 schools in basic counseling skills

Objective Four: To increase access to basic medication, nutritional supplements and direct aid

Activities

- Provide 80 OVC with school uniforms
- Provide 300 PLWA and OVC with nutritional supplements for 6 months
- Provide 600 PLWA, OVC and guardians with basic medication
- Provide 200 OVC/PLWA with mosquito nets

Project Evaluation:**Activities**

- Conduct midterm project evaluation in October 2010
- Conduct end of project/ Phase One evaluation in October 2011
- Disseminate findings to stakeholders and partners

2.33 Specific Project Objectives and activities other donors July 2008 – June 2010

Objective One: Building sustainable nutritional capacity and livelihoods

Activities

- Train 100 communities in Agriculture and Nutrition
- Train 20 community mentors to provide technical support at village level and to increase community adoption of techniques
- Train 2 groups on the cultivation of Soya beans, grain amaranth, millet and sorghum for the production of nutritional flour
- Train 2 groups on the cultivation of soya for the production of soya milk and flour
- Train 40 community members on the soya bean cultivation for sale to nutritious flour and Soya flour manufacturing groups
- Train 40 community members in Agriculture and Nutrition business providing knowledge on management, budgeting and business skills to market their crops effectively
- 20 community members in the production and marketing of nutritious flour
- Conduct 24 community awareness days on the benefits of good nutrition
- 24 community follow ups

Objective Two: Provision of psychological support and direct aid

Activities

- Provide 2 Posho mills, start up tools and seeds, weighing scales, information leaflets
- Provide 100 HH with nutritious flour for 6 months and 100 PLWA and OVC with outreach counselling
- Provide 4 weighing scales and tape measure for monthly health assessment
- Provide 2 Posho mills to trained groups
- Provide 2 soya mills
- Provide 100 PLWA and OVC with medication 4 times a year

Objective Three: Develop a best practice “HIV and AIDS Management through nutrition” tool and technical support system to be adopted by other organizations

Activities

- Documentation of training, baseline and evaluation tools
- Conduct support technical site visits

3. Evaluation Purpose and procedures

3.1 Evaluation Purpose/ justification

Over the last two years, ACE Africa (TZ) has been implementing project activities in line with donor specifications. As part of ACE Africa’s monitoring and evaluation process and as stipulated by donors, it was agreed with the Egmont Trust and other donors that an evaluation would be conducted after the first two years of implementation. This evaluation assesses the success of activities undertaken in relation to targets set in the ACE Africa strategic plan and by donors. In addition, it assesses specific localized factors affecting the transfer and implementation of the ACE Africa programme including; socio – cultural influences e.g. the peri urban setting of the programmes, the stigma associated with HIV and AIDS, community adoption and decision making, government structures and collaboration. Internally the evaluation addresses organizational structure, staffing and technical support systems within the ACE group. Further the evaluation aims

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to assess the extent to which the model is being replicated and how the programme is being adapted to address the needs of the community in relation to lessons learnt.

3.2 Evaluation specific objectives

Assess:

- i)** Community knowledge on and adoption of organic farming practices to sustain production of nutritious food crops for PLWA, OVC and community at large
- ii)** Children's knowledge on HIV and AIDS, health issues in the community, the role of Child to Child Clubs and children's active involvement in health decisions
- iii)** Access to psychosocial support, VCT and direct aid for OVC and PLWA
- iv)** Impact of Income Generating activities on household and group economic security and ability to support OVC and PLWA
- v)** Knowledge of ACE Africa activities, adoption and collaboration between community and local partners
- vi)** Emerging trends, cultural, social, environmental and economic which impact programming
- vii)** Change in stigma and discrimination within the community
- viii)** Effective replication of ACE Africa model

3.3 Methodology

3.31 Methodology

The evaluation used three approaches to obtain both primary and secondary data for the purpose of analysis and deriving impact results, conclusions and recommendations. Approaches used to collect qualitative and quantitative data were

- i) Desk review of ACE Africa project proposals, reports and data and national data/ reports
- ii) Key informant interviews using questionnaires
- iii) Focus group discussions.

All Questionnaires and FGD guides were developed and translated into Kiswahili.

3.32 Sampling

For the purpose of this study, the population involved in the evaluation comprised the following:

Community members

People Living With HIV and AIDS, Members of community support groups, Children in partner schools, Agriculture and nutrition mentors, ACE Africa Activators and Gardeners

Implementing Partners

Ministry of Health – District and Local, Ministry Agriculture – District, Ministry of Education – District Social Welfare Department, Cooperative Development Department, Community leaders, Local NGOs

ACE AFRICA staff

Management, Agriculture and Nutrition Officer, Child Rights and Welfare Officer, Income Generating Officer, Counseling and Wellbeing Officer, Logistics Officer, Project Accountant Office Assistant

Purposive sampling of 30% was used to derive samples for quantitative information from Agriculture and Nutrition trainees, CTC teachers and Head teachers, staff, community activators and partners. For qualitative information, a sample size of 15 participants per FGD was considered representative and used to collect data from Agriculture and Nutrition trainees and mentors, Children in Child to Child health clubs, Income generating trainees and members of groups with group gardens and beneficiaries of nutritional supplements, counselling and medication.

3.4 Data Collection and analysis

3.41 Data Collection

Quantitative and Qualitative data was collected from the following respondents who were mobilized by ACE Africa staff and community activators as follows;

Agriculture and Nutrition trainees – (Enumerator administered questionnaires) 40

Head teachers and CTC Teachers – (Self Administered Questionnaires) 15

Beneficiaries of nutritional flour, medication and counseling – (Focused group Discussion) 30

IGA and support group members– (Focused group Discussion) 30

Children in Child to Child health (Focused group Discussion) - 30

ACE Africa Staff, Activators and Gardeners (Self Administered Key informant Interview KII) - 11

Partners (Self Administered Key Informant Interview - KII) 6

5 enumerators were identified and trained to administer questionnaires to agriculture and nutrition trainees in the community and a pre –test was done to 10 trainees. 36 questionnaires were administered.

ACE Africa staff were trained and assigned to facilitate Focused Group Discussions. Each FGD had 10 to 15 participants and was managed by two staff with one staff scribing notes and the other leading participants in discussion. 15 CTC teachers and head teachers were provided with a self administered questionnaire coordinated by the Child Rights Welfare officer. Key Informant questionnaires were administered to 4 partners coordinated by relevant staff.

3.42 Analysis

Quantitative Data was analyzed using SPSS version 10 and Windows Excel software and qualitative data analyzed by translating into English, edited to ensure coherence and collated into tally of responses. Data from desk review assisted in triangulation of information received from qualitative and quantitative data collected.

4. Evaluation findings 4.1 Achievements Vs Targets July 2008 –June 2010

ACE Africa TZ Two years Achievements July 2008 – June 2010						
Activity	Phase One Target (3 years)	Year One Target (July 08-June 09)	Year One Achieved (July 08-June 09)	Year Two Target (July 09 – June 10)	Year Two Achieved (July 09 – June 10)	Total cumulative July 08 – June 010 (2 Years)
Support groups identified	30	10	36	10	13	49
Working with support groups	30	10	12 groups	20	21	21
No trained in IGA and Business skills (Manufacture of nutritional flour, soya flour and agricultural produce)	350	100	220 pple	50 pple	50 pple	270 pple
IGA groups producing Nutritional flour	10	2 groups	2 groups	2 groups	1 group	3 groups
No OVC/PLWA supported with basic HH items through IGA groups	400	140	370 OVC/PLWA 70 outside groups 300 inside groups	200	480OVC/PLWA 120 outside 360 inside groups	850OVC/PLWA 190 outside 660 inside groups
Basic A & N Training	320 people	80 individuals and groups	80	120	81	161 in total 116 from groups 5 Activators gardeners 29 individuals 14 teachers
A & N Mentors	100	20	19	20	0	19
Provided with seeds and tools	300individuals 30 groups 20 schools	100individ uals 10 schools 10 groups	50 individuals 10 groups 9 schools	120individ uals 10 schools 10 groups	81 individuals 7 groups	161 individuals 17 groups 9 schools
Water saving training	10 groups	-	-	2 groups People	4 groups 50 people (26M, 32F) 20 from groups 30 from activators, gardeners community	4 groups 50 individuals in total. 3 demo gardens, and 6 groups provided with water tanks

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ACE Africa TZ Two years Achievements July 2008 – June 2010						
	Phase One Target (3 years)	Year One Target (July 08- June 09)	Year One Achieved (July 08- June 09)	Year Two Target (July 09 – June 10)	Year Two Achieved (July 09 – June 10)	Total cumulative July 08 – June 010 (2 Years)
School gardens	20	6	8	4	8 Continuous	8
Community gardens	10	5	10	5	7	17
Individual Gardens	320	80	35	80	75	105
OVC/PLWA supported with food from all gardens monthly	1,000	300	1,095 monthly	500	1,702 monthly	1,702 monthly
No groups with water saving equipment	10	-	-	7	6	6
Trained in Child Rights	120	-	-	40	40	40
CR Committees	2	-	-	2	2 (40 pple)	2
Teachers trained in CtC Education	30	20	18	20	20	38
Head Teachers trained in CtC	15	10	9	10	10	19
Schools in CtC	15	10	9	10	9	19
Children in CtC	1,500	500	450	500	839	839
Resource Centres established	4	3	3	3	3	3
No visiting resource Centres cumulative	2,000	500	677	1000	1,644	2,321
No informed re CR/Nutrition/ACE	6,000	2,000	2,036	2,000	4,067	6,103
HH supported with basic HH items	50	50	504 HH	50	41	545
No receiving nut supplements for 6 months	600	100	150	200	320 (2 X 160 X 6 months)	470
No receiving medication	2,400	100 X 4 months	479	100 x 12 months	1,783	2,262
School uniforms	300	-	49	120	195	244
School fees	100	-	-	-	-	-
No receiving outreach counseling	1,000	300	508 times 56 X 9 months	300	397	905
Community VCT	1,000	250	307	300	735	1,042
Condoms distributed	6,000	2,000	4,800	2000	3,978	8,778
Child school counseling	1,500	40	41	750	320	361
Partners govt / local	10	10	10	10	10	10
Direct beneficiary total	10,000					19,150

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4.2 Findings in relation to evaluation objectives

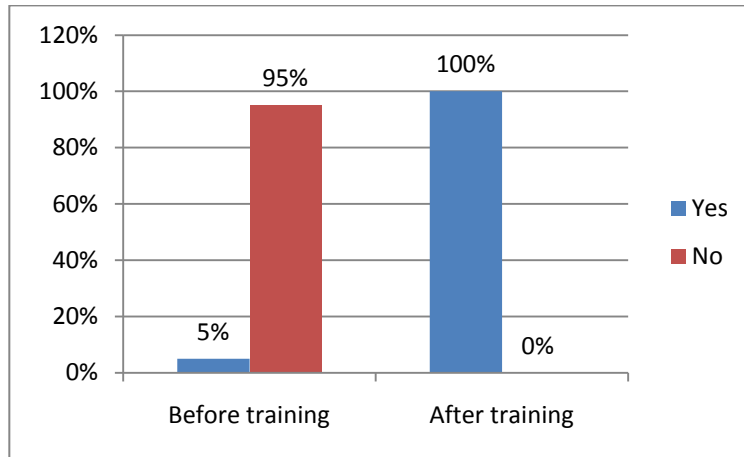
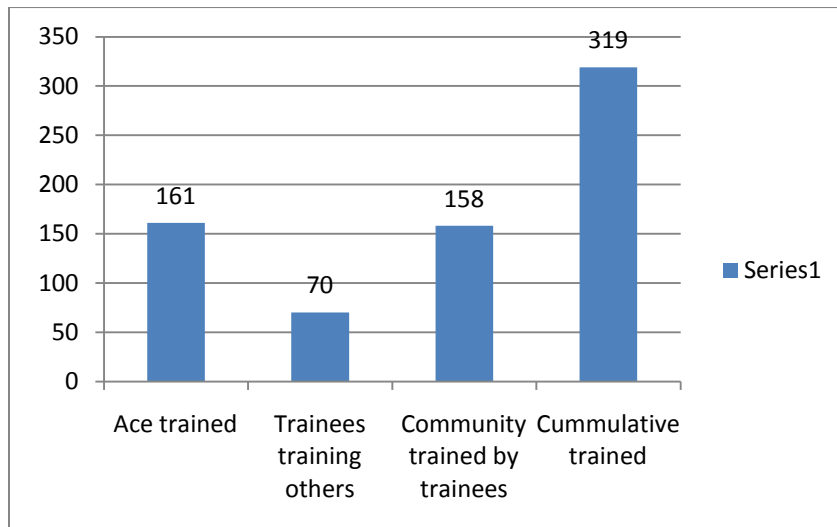
i) Community knowledge on and adoption of organic farming practices to sustain production of nutritious food crops for PLWA, OVC and community at large

ACE Africa aims to improve the management of HIV and AIDS through good nutrition particularly in the remote rural areas where access to treatment is limited and poverty levels high. The programme involves promotion of organic farming methods for cultivation of nutritious and medicinal food crops, provision of nutritional flour and establishment of nutrition related income generating activities. To date, 161 community members have been trained in Agriculture and Nutrition, 4 groups trained in the manufacture of Nutritional flour, 3 demonstration gardens and 17 group gardens established.

From records, 65% of 161 community members trained in Agriculture and Nutrition have established and are managing, harvesting, eating and supporting OVC with food from their kitchen gardens despite long drought and lack of access to water experienced in the project areas especially in Mateves. Food crops grown include indigenous and exotic vegetables (Spinach, amaranth, capsicum, cow peas, courgettes, black night shade, eggplant) Soya beans, onion, capsicum, sweet potato, Spider plant. 8 CTC schools and 17 groups are providing food to OVC and PLWA regularly. 8 CTC schools and 17 groups have also established gardens. Trained community members are using organic farming techniques (composting, planning, mulching, organic pest and disease control, and crop rotation) with an average of 5 food crops being grown.

Other findings show that

- 89% of Agriculture and Nutrition trainees interviewed associated use of these techniques to an increase in yields and a change in composition of food and diets.
- 81% stated that food from their gardens was enough to meet needs of their household and others they support and enable them to generate income to meet household needs.
- All respondents interviewed through questionnaires and FGDs started a change in theirs and their children's health noted through reduced frequency of illness among children and children being happy and more playful.
- 67% of trainees are sharing and training other community members on use of organic farming techniques and benefits of nutrition, and they have established kitchen gardens. Records show that 148 community members have been trained, supported them with seeds and provide technical advice by 60 agriculture and nutrition trainees and 87 OVC and 16 teachers from trained CTC schools have also established their own gardens

% trainees who were aware of and practising organic farming techniques**Agriculture and nutrition adoption in the community****ii) Children's knowledge on HIV and AIDS, health issues in the community, the role of Child to Child Clubs and children's active involvement in health decisions**

9 schools have established CTC clubs and enrolled 839 children. The clubs meet regularly; have leaky tins, CTC logo, established dish racks and 8 of the schools have established CTC gardens. CTC clubs meetings discussions focus on general and personal hygiene, life skills, HIV and AIDS education and child rights especially in regards to culture and tradition that promote child labour, female circumcision and early marriage that affects not only school attendance.

In school guidance and counseling sessions held for over 1,000 OVC have increased self awareness, ability to cope with orphan hood and developed life skills to manage challenges that increase their risk to HIV and unwanted pregnancies that affect their education and development into adulthood. 50% of CTC FGD participants stated increased knowledge on health and HIV and AIDS, have the ability to identify health and other problems affecting orphans and vulnerable children and the community, and ways in which these can be mitigated. 60% of teachers and Head teachers interviewed stated high awareness of CTC club in their schools, increase in and ability to share knowledge of HIV and AIDS by children, and improved life skills for children. 50% stated increased community ability to identify vulnerable children and noted evidence of health changes within the school as a result of CTC schools. 33 % noted a reduction in stigma associated with HIV and AIDS and vulnerable children. While there is noted progress in CTC activities in schools, 50% of respondents stated low motivation by children and teachers to aggressively engage in CTC activities as they have high expectations including monetary benefits and gifts. ACE Africa will conduct a re-training for teachers, develop a mentorship programme and inter CTC exchange visits to increase teachers and children's motivation to engage in Child to Child activities.

Community knowledge on Child Rights

6,103 community members have been sensitized on the rights of children resulting in 2,341 community members visiting ACE established resource centres to seek support for children, an indication that they are aware of the rights of children. In addition, 40 community members have been trained in child rights and two committees established. The committees have held introductory meetings in the community and in 10 CTC schools in order to inform them of their functions in the protection of children rights in line with the newly enacted Children's Act.

iii) Access to psychosocial support, VCT and direct aid for OVC and PLWA

ACE provides one to one counseling sessions, counseling and testing, nutritional supplements, medication, school uniform to OVC and PLWA. To date, 320 OVC and PLWA have received nutritional flour. Field reports show that beneficiaries using nutritional flour improve their appetites, increase food intake, increase weight by an average of 2 to 3 kg (a further analysis of the data is being done and results will be shared), and regain strength, beneficiaries of medication and mosquito nets report a reduction in frequency of illness from monthly to over two to three months while those receiving counseling report they are better able to cope with loss of partners, emotions, overcome stigma share status with family members and are now living positively. Beneficiaries are also trained to make their own flour and establish food gardens as a weaning off strategy to enable them to sustain their nutrition and health. FGD respondents (100%) corroborated stating a change in their lives and they are now able to fend and care for their children while children able to attend school regularly. FGD participants also stated they are now involved in decision making within households and have noted a change in behaviour by family members who provide care for them and their children when they are sick. 244 OVC provided with uniform attend school regularly and are not stigmatized and by the state of their uniform by teachers and other children. This has greatly improved their concentration in school and reports from teachers indicate an improvement in their exams and participation in school extra curriculum activities including games.

iv) Impact of income generating activities on household and group economic security and ability to support OVC and PLWA

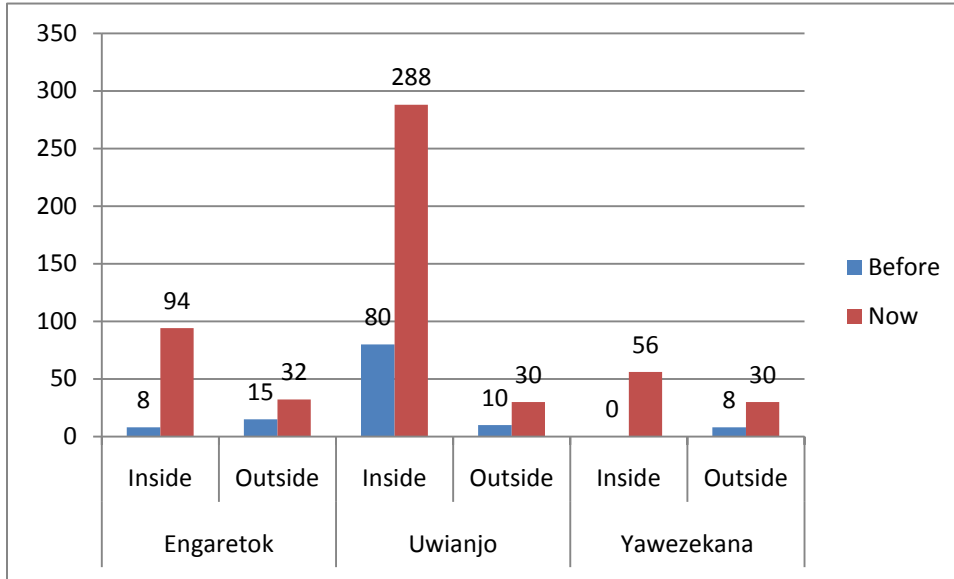
ACE Africa facilitates communities to identify nutritional related income generating activities, provides training in good business and marketing skills and in specific nutrition related IGAs, provides start up materials and regular monitoring. ACE Africa has trained 3 groups to manufacture nutritional flour and supported 17 community groups to establish group gardens. Results from FGDs, all 26 respondents stated that they are able to manage group and their own businesses using knowledge from training provided by ACE Africa. The 26 respondents (representing 65% of group members from 20 groups (3 groups manufacturing Nutritional flour and 17 groups with group gardens) stated an increase in incomes at group level from an average of TSHs 20,000 to TSHs 200,000 and individual level from an average of TSHs 100,000 to TSHs 300,000.

Average group and individual income before and after training stated by respondents

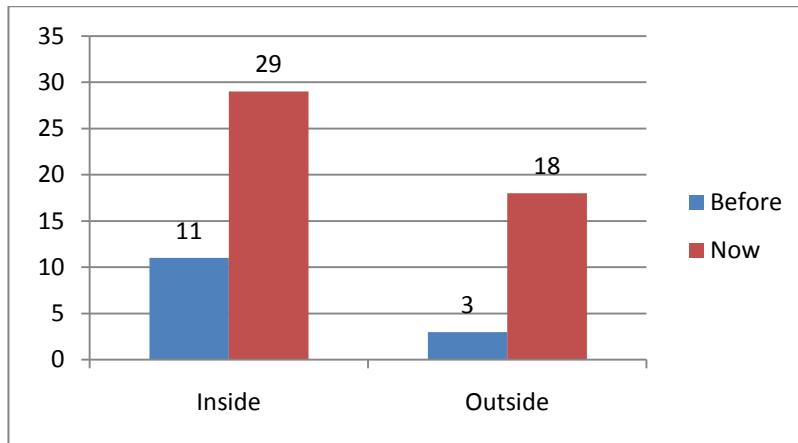


As a result of increased income, and increased food availability in their gardens, groups have been able to increase their support to OVC, PLWA and widows in the community. From records, OVC and PLWA support before training by groups were supporting as low as 2 OVC in a year, but now they are supporting up to 30 OVC and PLWA outside their groups regularly with nutritional flour, soap, variety of food, clothes, school fees, sugar, salts, cooking oil and soaps. FGD participants also stated that support system has changed from random one service to providing three or more services over a period of time to measure change before weaning off enabling groups to support more OVC and PLWA in the community.

OVC and PLWA supported before and after training by 3 groups manufacturing nutritious flour



Representative average OVC and PLWA supported with food by groups with gardens



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v) Knowledge of ACE Africa activities, adoption and collaboration between community and local partners

ACE Africa engages partners in identification, design and implementation of project activities. Results from KIIs show that most of ACE activities are known among partners except for Child Rights (25%) that they would like to learn more about. Collaboration with partners is based on training (50%), material support especially with HIV Counseling and Testing (HCT) Kits and personnel (25%) and information sharing during partner meetings (100%). Agriculture and Nutrition, IGA and business FGD participants also stated strong involvement with community in implementation of activities and recommended that this be sustained

vi) Emerging trends, cultural, social, environmental and economic which impact programming

The ACE programme works with primarily the wa Arusha (Maasai) communities who are semi nomadic and rely on livestock (cattle, sheep and goats) as their main farming activity. However crop farming has been embraced to diversify and meet their food needs as a result in reduction of pasture due to over grazing and long droughts. Maasai culture, beliefs and system of decision making violate the rights of children and women. The socialist system of economy established in the country where resources and service provision is shared has increased dependency and reduced ability of communities to develop own initiatives to address diverse problems and take on new opportunities to improve their lives. While partnership is evident, decision making and implementation processes are slow at all levels i.e. within government, community local structures and community members affecting planning to accomplish tasks on time. Partners and the community perceive NGOs as institutions providing handouts and not facilitators of change in development which further contributes to slow implementation of activities and ongoing negotiations. Changing attitudes and perceptions will take considerable time.

vii) Change in stigma and discrimination within the community

There is noted significant change in levels of stigma and discrimination manifested through increased number condoms distributed, attending HIV counseling and testing (HCT) from initial 5 to now 100 per session held, counseling sessions in homes and at resource centres, attending sensitization days in the community, collection of over 2,400 leaflets during sensitization meetings on stigma and a reduction in illnesses by those accessing medication. 2008 baseline report showed no outreach HCT and counseling services were being provided in the remote areas where ACE works. While majority of respondents felt that people infected with HIV and AIDS are more willing to declare their status publicly, partners 25% partners and 67% of CTC/Head teachers interviewed through KIIs still felt that stigma is still high and community members do not want to be associated with any HIV and AIDS services.

viii) Effective replication of ACE Africa model

The ACE Africa model is divided into three main categories implemented over a 10 year period. They include programming (Community livelihood initiatives, Child rights and welfare, Counseling and wellbeing and Education service), Support services (Finance and Administration and Research monitoring and Evaluation) and Management. Other aspect of the model includes establishment and or strengthening of community structures for community involvement in decision making and programme management. The model is being adapted to fit in with community needs and existing structures in the community for example Child rights committees are part of village and ward multi

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sectoral HIV and AIDs committees that deal with HIV and AIDS issues at community level, the A&N component is expanding to include a water saving component as one of the areas, Mateves, experiences long periods of drought due to changing weather patterns. The model as has adapted to undertake training in marketing of crops in Kimnyaki where the community is already involved in commercial cultivation of vegetable crops but lack the skills to market them effectively. Other adaptations include food processing and value addition (drying of vegetables). The 10 year programme length will be followed and perhaps extended, due to the slow process of community understanding, adoption and commitment to the sustainability of the project.

4.3 Limitations of the study

1. Not all partner questionnaires were returned hence used 4 as sample for partners KII

5. Conclusions and recommendations

5.1 Conclusion

Overall, the ACE Africa Tanzania project, using technical support systems (Management and programmatic) within the ACE group and adapting the model to address the needs of the community, has been able to initiate activities across its three thematic areas (Community Livelihood initiatives, Child rights and Welfare, Counseling and direct aid). Despite challenges faced including ethnic, historical socialist systems, high community expectation, poor access to water for agricultural activities and droughts, and the slow pace of adoption, most targets set have been achieved and in some areas over achieved. Trained project beneficiaries are using and sharing knowledge and skills received from the programme to sustain nutrition, manage nutrition based businesses and involve children in health decisions. Community members are increasingly accessing HCT outreach and counseling services in order to know their status and better cope with loss and engage positively to care for self and OVC in households. Community groups with businesses are regularly supporting OVC and PLWA with food and other basic items. Community sensitization events have helped increase community awareness of ACE Africa activities.

The programme has also engaged and sustained partnerships with government, civil society organizations and community structures in the management of the project. Partnerships have been in the form of developing and adapting training materials, delivery of trainings and contribution of materials (HIV testing Kits) to the programme and personnel to assist with provision of HCT services in the community. To date, the programme has reached 10,416 direct beneficiaries. During the review period, staffing increased from initially four to eight greatly reducing work load and redefining staff roles to ensure project activities are implemented. It is evident that the ACE model can be adapted but requires modifications in order to provide services in the community. The project has the potential to expand with greater involvement of the community and other stakeholders in implementation.

Evidence suggests the following:

Agriculture and nutrition

- Increased food and economic security as a result of increased variety of food crops grown in individual, group and school gardens
- Increased community awareness on nutrition and its role in the management of HIV and AIDS
- Improved health of PLWA and OVC through changes in diet, increased access to nutritious food, nutritional flour and provision of medication
- Increased community commitment and ability to share knowledge with others e.g. community adoption and support OVC with food and other needs

Income Generating Activities

- Increase in income and ability to support OVC and PLWA
- Improved business and marketing skills
- Improved planning and management of businesses leading to greater community income and ability to support OVC and PLWA with e.g. food, clothing, medication, school ,materials (pens, books) and other needs
- Greater awareness of nutritional products

Child to Child

- Greater awareness of issues affecting orphans and vulnerable children
- Greater knowledge of the basic rights of children e.g. access to education, health and food
- Greater involvement of children in health clubs
- Greater awareness of HIV and AIDS and modes of infection
- Increased knowledge on healthy behaviours
- Improved access to nutritious food crops through child to child school kitchen gardens
- Increased ability for children to participate in their own and their families health decision making

Child Rights

- Increase ability of Child rights committees to undertake their functions through training in paralegal training
- Need to strengthen partnership with **Child Rights Caucus** to advocate for the rights of children at the community level
- Development of materials on child rights for use in the community and engage media.

Community Structures

AAC – Three Area advisory Committees have been set up and have memberships of 20 people each. Their function is to represent community views in the identification, implementation and monitor ACE's work in the community, identify. They also identify other development partners and leverage for their services. These committees will continue to be strengthened to undertake their functions as part of ACE Africa's exit strategy alongside community groups.

Stigma and Discrimination

- Increased numbers of people tested on monthly basis
- Increased numbers of people revealing their status
- Changes in attitude from family members and are now providing care to OVC and PLWA
- Changes in attitude from PLWA to positive living
- Increased number attending counseling sessions
- Increased number joining support groups for PLWA

Negative issues arising:

- Stigma and discrimination is still high in the community and is affecting the belief and ability to access services and adoption of activities. This is further weakened by the cultural norms and beliefs, historical socialist system that has made community members dependant on receiving rather than seeking to assist themselves.
- High community expectation for hand outs and lack of understanding of ACE Africa development ethos.
- Community adoption of long term programming goals – commitment, collective responsibility, willingness and collaboration with partners
- While there is good relationship with government sectors, they have been restrictive at individual level and very bureaucratic. The numerous community structures that the programme has to work with and within have also been restrictive. Community attitude towards government bodies tends to be negative.
- Food security is largely affected by access to water especially during the dry spell periods in Mateves.
- Lack of knowledge, systems to support human rights and gender issues
- Community group ability to commit and work cohesively

5.2 Recommendations The following services are recommended in future programming

- More information and community training on the rights of children and women and integrating this into programming and community structures
- Educating men about the importance of empowering women to improve their ability to and support their families
- Inclusion of more women in entrepreneurship activities
- Greater involvement of government and other partners in ensuring Child protection laws are adhered to in the community
- Increased education and awareness on HIV and AIDS and services available for those infected
- Education on girls circumcision
- Greater strengthening of partnerships with partners, government sectors and others in service delivery and ownership e.g. through strengthening community committees AACs and CRCs to act and advocate at district level
- Increased training on project cycle management and monitoring and evaluation
- Expansion and diversification of group business projects
- Increased linkages with other organizations providing services, e.g. grants, loans, materials etc
- Need to engage with other partners that provide services in the community including water and sanitation, home based care etc to complement the programme and ensure proper use of resource sharing

6. Literature Reviewed

ACE Africa annual reports – 2008 and 2009

ACE Africa Baseline report Jan – June 2008

ACE Africa Implementation Plan 2008 - 2011

Donor reports 2008 – 2010 (various reports)

July 2008 – June Monthly and quarterly reports

Summary data tools

National Multi - Sectoral Strategic Framework on HIV and AIDS 2008 – 2012 Tanzania

Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08

UNGASS Country Progress Report Tanzania Mainland January 2006 – December 2007 Report 2008

Tanzania Final Report September 1998 – September 2007 USAID's Implementing AIDS Prevention and Care (IMPACT) Project

7. Appendices

Q1E partners

Q2E Teachers

Q3E Key Informant Interview

Q4E Staff

FGD1E Agriculture and Nutrition

FGD2E Support Groups

FGD3E Children

FGD4E Beneficiaries