



## **CAMPAIGN FOR FEMALE EDUCATION**

# **END OF PROJECT EVALUATION REPORT TACKLING GIRLS' AND YOUNG WOMEN'S VULNERABILITY TO HIV&AIDS IN TANZANIA**

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*Dar Es Salaam, March 2010*

## i. Acknowledgements

This external evaluation of the project ‘Tackling girls and young women’s vulnerability to HIV&AIDS’ was commissioned by Camfed International from January to February 2011. The evaluation employed a participatory and consultative process with significant contribution of representatives of stakeholders involved in planning and implementation of the project at international, national, district, school and community levels. The technical aspect of the evaluation was managed by a team of external consultants while logistics (such as travel, communication and appointments) as well as evaluation reference materials were arranged beforehand by Camfed. This facilitated a smooth evaluation process.

Gratitude is expressed to the Camfed Founder and Chief Executive Ms. Ann Cotton, Camfed International Deputy Executive Director Ms. Lucy Lake, Camfed Tanzania Executive Director, Prof. Penina Mloma and her technical team for their advice and support without which this evaluation would not have been possible. Special thanks go to the Camfed M&E Manager Mr. Godfrey Kundi, who travelled with the team to Rufiji and Iringa Districts. Appreciation is also expressed to the Camfed International Impact Advisor Ms. Laurie Zivetz who also gave direct input and guidance to the evaluation process. Gratitude is also expressed to consultant Mr Claude Kasonka who assisted in the stages of developing the evaluation plan and tools, researcher Ms. Roseanne Kilonzo and the interpreter Ms. Heavenlight Kassy.

Critical information in the field would not have been obtained were it not for the support and cooperation of members of Community Development Committees, Parent Support Groups, and Cama. Others included the school administrators, teacher mentors and the primary beneficiaries, orphans and most vulnerable students. They provided great insight into the evaluation. We express gratitude to these informants and appreciate the highlights and recommendations made from the evaluation exercise.

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### DISCLAIMER

*The views expressed in this report are solely those of the evaluation team and do not necessarily reflect the views of Camfed Tanzania or its funders.*

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### iii. Abbreviations used in the document

AIDS	Acquired Immune Deficiency Syndrome
Camfed	Campaign for Female Education
CAN	Child Abuse and Neglect
CCHP	Council Comprehensive Health Plan
CDC	Community Development Committee
CMAC	Council Multisectoral AIDS Committee
DSW	Department of Social Welfare
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IGA	Income Generating Activity
M&E	Monitoring and Evaluation
M&OD	Management and Organizational Development
MFI	Micro Financing Institutions
MOEVT	Ministry of Education and Vocational Training
MOH	Ministry of Health
MSG	Mother Support Group
NMSF	National Multisectoral Strategic Framework for HIV&AIDS 2008-2012
OMVC	Orphans and Most Vulnerable Children
OVC	Orphans and Vulnerable Children
PEPFAR	US Presidents Emergency Plan for AIDS Relief
PSG	Parent Support Group
SACCOS	Savings and Credit Society
SBC	School Based Committee
SGBV	Sexual and Gender Based Violence
SNF	Safety Net Fund
TACAIDS	Tanzania Commission for AIDS
THIS	Tanzania HIV Indicator Survey
THMIS	Tanzania HIV&AIDS and Malaria Indicator Survey
TM	Teacher Mentor
TOR	Terms of Reference
USA	United States of America
USAID	United States Agency for International Development
VMAC	Village Multisectoral AIDS Committee
WMAC	Ward Multisectoral HIV&AIDS Committee

## SECTION 1: EXECUTIVE SUMMARY OF EVALUATION FINDINGS AND RECOMMENDATIONS

The United Republic of Tanzania is an East African country. It has a population of over 40 million persons whose HIV prevalence stands at 5.7%. The corresponding HIV prevalence for women and men in Tanzania stands at 6.6% and 4.6% respectively. Research studies in the country report that women and girls are not only more infected but also more affected by HIV&AIDS. The Tanzania Commission for AIDS (TACAIDS) leads the national response to HIV through implementation of the National Multisectoral HIV&AIDS Strategic Framework for HIV&AIDS (NMSF).

Camfed too has contributed to the national HIV&AIDS response by implementing a US Presidents Emergency Plan for AIDS Relief (PEPFAR) funded project titled 'Tackling Girls' and Young Women's Vulnerability to HIV&AIDS in Tanzania' in 3 districts; Iringa, Kilolo and Rufiji. This project, which began in 2008 but ends in 2011, had 4 main objectives:

1. Strengthening community support structures to create a sustainable response to the HIV pandemic through access to education.
2. Building the capacity of schools and teachers to provide health and psychological support to Orphans and Vulnerable Children (OVC).
3. Delivering direct resources to orphaned and vulnerable children to support them through their education.
4. Decreasing young women's vulnerability to HIV by expanding their economic opportunities through training in business skills, life skills, and sexual and reproductive health.

In order to realize the set objectives, the main activities which were implemented by Camfed included: providing community management structures in communities in 3 districts of Tanzania with financial training and resources to provide direct support to OVC and indirect benefits to children as a whole in order to improve retention in school; building the capacity of inclusive school committee structures to proactively improve the school environment to protect excluded and disadvantaged girls and other OVC; providing HIV prevention information to students through the Camfed-trained Teacher Mentors (TMs) at schools; providing grants, loans and business training to young vulnerable female secondary school graduates - many of whom are AIDS orphans themselves - to help afford them safe livelihood options that provide income for their own support and other vulnerable dependents.

Camfed, therefore, has commissioned an end-of-project external evaluation whose findings are documented through this report. The findings were drawn from review of literature and discussions with international and national stakeholders, community support committees, school authorities, students, Cama members and local leaders. This evaluation assessed project relevance as well as the extent to which the desired outputs, outcomes and impacts of the project were achieved within the 3 years of the project. All the stakeholders interviewed feel the project was relevant and useful because it indeed addressed critical OVC education and HIV&AIDS related challenges which they had been facing prior to partnership with Camfed.

Linkages and alignment were also assessed. It was found that Camfed activities are linked and aligned to government, school and community structures. Camfed's partners are, by definition, a blend of government representatives who are in the Community Development Committees (CDCs). Such CDCs primarily comprise senior representatives from government agencies at the district level. Camfed also partners with the School Based Committees (SBCs) which represent leaders from the schools and communities. Parent Support Groups (PSGs) and the Camfed Association of Young Women (Cama) also partner with Camfed and represent community members themselves. Considering that Camfed is largely focused on education, the link to other HIV&AIDS-specific structures is less developed.

In terms of outputs, it was found that all the targets which had been set for activities were met with minimal deviations. Desired impacts and outcomes were fully met for the Objectives 3 and 4. Impact, for Objectives 1 and 2, was only partly achieved. Educational support contributed to the NMSF thematic area of mitigating impact of HIV&AIDS through education for OVC. This support was provided through school fees, bursary for secondary school girls as well as Safety Net Fund (SNF). This fund provided uniforms, shoes, books and other supplies for primary school girls and boys. OVC were therefore enabled to stay in school. They registered lower drop-out rates, improved retention rates, improvement in passing of exams and enrolment into the next stage of learning.

Cama is the Camfed Association of young women graduates. Economic support to OVC girls who are members of Cama contributed towards the NMSF thematic area of prevention of HIV transmission. Through the project, members of Cama established and managed profitable Income Generating Activities (IGAs). Consequently, they reported reduced engagement in transactional or commercial sex, increased confidence and ability to negotiate for safer sex and reduction in numbers of sex partners.

However, although intermediate impact was achieved for the Objectives 1 and 2, Camfed and its structures will need to work towards achieving the ultimate impact in future. Within the initial 3 years the intermediate impact of strengthening community support structures and schools to support OVC education was achieved through various training, mentorship and supervision activities which strengthened knowledge and skills of CDCs, SBCs, PSG, TMs and school heads in the targeted communities.

The evaluation team found that intervention efforts and levels of understanding of community support structures and school officials were more inclined towards education for OVC as compared to protection from HIV&AIDS transmission and impact. In future, therefore, the support structures will need to deliberately and consciously work towards enhancing their understanding of and interventions related to protecting the OVC from the risk and impacts of HIV&AIDS by reinforcing HIV&AIDS education so as to achieve HIV prevention among the OVC. Among the main things done very well to contribute to achievement of the results included:

- a. Development and implementation of clear plans and budgets in an open, transparent and consultative manner that involved all stakeholders.
- b. Camfed playing a catalyst effect by challenging communities to action which led to PSG and communities providing food for primary school children and Cama establishing their own savings and credit schemes.
- c. Improved appreciation of the rights of the child to education and protection as a result of education and creation of awareness among members of support structures and schools.
- d. Reinforcement of oversight and monitoring of project resources by support structures and community members. This led to optimal usage of resources.
- e. Clear articulation of roles and responsibilities among all stakeholders involved in the project.

Like any other complex and large intervention, it was found that there are some key areas in which the project could have performed better in order to fulfill the requirements of the approved grant contract objectives and outputs. These include: (a) inadequate networking linkages and integration into HIV&AIDS-focused government, civil society, private and other existing structures especially structures related to HIV&AIDS as well as child rights and protection. This applied to the visited district, council and village levels visited where there were no child rights agencies working with or in support structures or schools; (b) inadequate and non-systematic outreach to address barriers to reporting and punishing cases of Child

Abuse and Neglect (CAN); (c) lack of formal incorporation of the roles of TMs into Ministry of Education and Vocational Training - MoEVT structures and policies.

Although not stipulated as part of the approved grant, there were some things that could also have been done differently in order to maximize the achievement of project goals and outputs. This is based on issues that emerged during the implementation of the project. These include the need for: (a) adequately sensitizing and mobilizing parents and guardians within the communities to support education for the OVC; (b) systematic generation and use of strategic information which links education and HIV&AIDS prevention among OVC to enhance quality of services; (c) engagement in policy monitoring and advocacy networks by the community support structures, school authorities and OVC; (d) addressing pertinent issues with decision makers within the communities; (e) deliberate action to address the fact that need for educational support like bursaries and SNF for OVC exceeded the response; (f) adequate support to community initiatives so that they are able to engage in local philanthropy to provide more substantial support for increased number of OVC education; and (g) the need to reinforce sustainability of Cama.

In order to reinforce the impact and outcomes results of the project in future, the evaluation team recommends the following main priority actions to be undertaken by Camfed Tanzania:

- a) Redefine roles and responsibilities of all stakeholders at community levels. This should engender an expanded, aligned and linked program from schools up to community and household levels.
- b) Establish a simple but vibrant strategic information system which justifies the linkage between education and reduction of HIV risk and vulnerability among OVC.
- c) Implement a culturally sensitive and appropriate mechanism to identify and report and punish all cases of CAN that occur within the communities and schools.
- d) Strategically engage community support structures, school authorities and OVC in policy monitoring and advocacy networks which address pertinent child rights and protection issues with decision makers within the communities.
- e) Enable support structures, schools, students and Cama members to engage in economic initiatives so that they contribute more to local philanthropy by supporting bursaries and educational needs of OVC.
- f) Re-orient Cama as a SACCO so that it can provide larger but more secure loans to members in a well regulated manner.

## SECTION 2: INTRODUCTION AND BACKGROUND INFORMATION

### 2.1 Overview of HIV&AIDS in Tanzania Mainland

The United Republic of Tanzania is an East African Country with a population of over 40 million persons. Like other African countries, some of the main challenges which affect Tanzanians include poverty, HIV&AIDS, tuberculosis, malaria, maternal and newborn child health issues. It is now over 20 years since the first cases of HIV&AIDS were formally reported in 1983 within Tanzania. By the year 2003-4, the Tanzania HIV&AIDS and Malaria Indicator Survey (THMIS) found that 7.0% of Tanzanians were living with HIV. Over the years, Tanzania's HIV prevalence has declined slightly with the current HIV prevalence rate reported at 5.7% through the THMIS of 2008. 6.6% of women and 4.6% of men are HIV positive.

The country's national response to HIV&AIDS is coordinated by TACAIDS. It leads stakeholders from all sectors in implementing the NMSF. TACAIDS identifies the following as the main factors contributing to the spread of HIV within the country: risky sexual behaviour, inter-generational sex, concurrent sexual partners, presence of other sexually transmitted infections, lack of knowledge of HIV transmission, gender inequality, poverty, harmful socio-cultural beliefs and practices, population mobility and absence of male circumcision among certain communities.

The main factors highlighted in the Gender Operational Plan for National HIV&AIDS Response in Tanzania as placing girls, particularly those who are OVC, at high risk and vulnerable to HIV include: poverty, Sexual and Gender Based Violence (SGBV); child labour, gender inequality, harmful traditional beliefs and practices and limited access to accurate HIV&AIDS related information. Considering this, the NMSF has highlighted strategies for prevention and mitigation of the impact of HIV&AIDS among the OVC.

It is within this context and as part of the national HIV&AIDS response that the Camfed program was designed and implemented. It aims at reducing risk and vulnerability to HIV among the OVC especially the girl child. The project titled 'Tackling Girls' and Young Women's Vulnerability to HIV&AIDS in Tanzania' was implemented between October 2008 and April 2011 in three districts of Tanzania Mainland; Iringa, Kilolo and Rufiji. It was funded by US PEPFAR.

## 2.2 The Camfed project background information

Camfed is a non-governmental organization dedicated to the education of girls and empowering young women in Africa since 1993. It operates in five African countries, namely; Zimbabwe, Ghana, Malawi, Zambia and Tanzania. Its head office is in Cambridge, United Kingdom (UK). In Tanzania, Camfed was established in 2006 and is now operational in 10 districts and works with 540 schools.

Camfed's mission is to *fight poverty and HIV&AIDS in Africa by educating girls and empowering women to become leaders of change*. With the aim of eradicating poverty, Camfed has devised a model that enables girls to complete their primary and secondary education, start and develop businesses or go on to higher education. Young, educated women are supported through Cama - the Camfed alumni - to become role models and leaders for the next generation. The four stages of the support are: primary education, secondary education, economic empowerment and leading change. Camfed provides material and social needs necessary for girls to succeed and feel secure. Camfed has established long term partnerships with district, school and community structures that manage resources and contribute to supporting OVC within the communities.

Between October 2008 and April 2011, Camfed Tanzania implemented a program in Iringa, Kilolo and Rufiji Districts. This covered 22 secondary schools and 120 primary schools and the surrounding communities. The project was designed to address some of the fundamental and well documented drivers of vulnerability to HIV infection of girls and young women. These include low levels of educational achievement, limited access to accurate information and limited economic options.

This project was funded by PEPFAR through a United States Agency for International Development (USAID) Cooperative Agreement with the Camfed United States of America (USA) Foundation, but implemented by Camfed Tanzania. The project was guided by a number of objectives:

1. Strengthening community support structures to create a sustainable response to the HIV pandemic through access to education.
2. Building the capacity of schools and teachers to provide health and psychological support to OVC.

3. Delivering direct resources to orphaned and vulnerable children to support them through their education.
4. Decreasing young women's vulnerability to HIV by expanding their economic opportunities through training in business skills, life skills and sexual and reproductive health.

The main activities which were implemented under the project included: (a) providing community management structures in communities in 3 districts of Tanzania with financial training and resources to provide direct support to OVC and indirect benefits to children as a whole in order to improve retention in school; (b) building the capacity of inclusive school committee structures to proactively improve the school environment to protect excluded and disadvantaged girls and other OVC; (c) providing HIV prevention information to students through the Camfed-trained TMs at schools, and; (d) providing grants, loans and business training to young vulnerable female secondary school graduates - many of whom are orphaned by HIV related causes themselves - to help afford them safe livelihood options that provide income for their own support and other vulnerable dependents.

### 2.3 Description of the Camfed project evaluation

From January to February 2011, Camfed commissioned an end-of-project external evaluation of the project. This report contains findings of this evaluation. The Camfed end-of-project evaluation sought to assess and document the extent to which the project met its objectives and outcomes of the interventions. Specifically the evaluation assessed if:

- a. Community support structures were strengthened to create sustainable response to the HIV pandemic through access to education.
- b. The capacity of schools and teachers was built to provide health and psychological support to OVC.
- c. Direct resources were delivered to OVC to support them through their education.
- d. The vulnerability to HIV of young women was decreased by expanding their economic opportunities through training in business skills, life skills and sexual and reproductive health.
- e. There were any other unintended outcomes of the project.
- f. There were lessons that might have implications for scale or advocacy.

The evaluation applied both qualitative and quantitative methods the former being the dominant approach. Using a combination of primary data and archive data, the approach embraced tenets of study design and methodology to draw preliminary conclusions and generalizations. Primary data was collected through discussions with stakeholders at international, national, district, community and school levels. Among the key informants included CAMFED staff, USAID staff, Camfed collaborators and partners, CDCs, PSGs, SBCs, school heads, TMs, students and community leaders.

Data was collected through review of critical reference documents, individual interviews with all stakeholders met as well as Focus Group Discussions (FGDs) with the community support structures. The discussions also obtained data on OVC knowledge and attitudes. This data is aligned to and will be used to measure trends and changes since the baseline survey was conducted in the project. Field visits were undertaken to Iringa highlands and Rufiji coastal districts during the evaluation, the districts were selected collaboratively between CAMFED and the consultants. These particular districts were selected because they represent two different zones of the country. Further, they contain an array of varying drivers of the epidemic. To validate the selection of the two districts, Camfed provided the evaluation team with a matrix of schools and communities noting programmatic strengths and weaknesses. Two secondary schools and two primary schools were visited in each district. Community support structures, community leaders and Cama members were also met in each of the districts.

For each of the project objectives this evaluation report outlines findings related to: (a) relevance and/or usefulness of the objective; (b) achieved outputs including what went well; (c) outcome level results; (d) impact level results; (e) findings related to specific questions which were raised by Camfed in the TOR; (f) what could have been done differently, and; (g) recommendations to strengthen the project. The report also includes a section of findings related to sustainability, partnership, voluntarism and gender related issues within the project.

## SECTION 3: KEY FINDINGS OF THE PROJECT EVALUATION (BY OBJECTIVE)

### *Objective 1: Strengthening community support structures to create a sustainable response to the HIV pandemic through access to education*

#### 1.1 Relevance and/or usefulness of the project objective

All the stakeholders who were interviewed were of the opinion that the Camfed-supported interventions, within this objective, were relevant and useful to their communities. They noted that prior to the Camfed project they had not organized themselves in well-structured teams that would work towards upholding rights to education and protection of the OVC. The project made available resources for travel, communication and outreach meetings. These enabled the CDC, SBC and PSG to undertake activities aimed at supporting OVC education and protection. The evaluation team concludes that this objective was relevant and useful because without it, the communities would not have had such an organized and well coordinated response to OVC education and protection.

#### 1.2 Achieved outputs and what went well

In schools, TMs, school heads, SBC and CDCs developed and implemented strategies and work plans for supporting OVC, especially girls. In implementing these strategies, communities at school and district levels identified 1, 000 vulnerable girls, many of whom were orphaned due to HIV, to receive support to complete 4 years of secondary school education.

Members of support structures and students met during the evaluation noted that there was transparency in supporting students. This was mainly because community members take interest, carefully monitor and raise complaints if they feel the selection does not satisfy them. To further enhance this transparency, schools posted data on students who are supported on their public notice boards. School heads also discussed the support provided at the parade while teachers discussed the same in their respective classrooms.

Financial and narrative reports for activities which were undertaken by the schools were developed and shared among the various support structures and interested members of community. The relevance and importance of the project is appreciated well by support

structures. Consequently, some CDC members are committed to advocate for inclusion of support structures' budgets in Council Comprehensive Health Plans (CCHPs) so as to make government finance, supervise and/or monitor their activities on a routine and formalized basis.

### **1.3 Outcome Level Results**

As a result of the activities which were undertaken by the support structures, stakeholders who were interviewed reported that several outcome results were achieved as follows:

- 1.3.1 After training, all support structures gained knowledge and skills in various aspects of financial management, school and program management and organizational development.
- 1.3.2 The training also led to better appreciation of the right of the child to education, especially the girl child.
- 1.3.3 Decisions regarding the finances, activities and processes were made in a consultative, open and transparent manner that involved schools and support structures.
- 1.3.4 There was better planning, transparency and accountability in managing the Camfed activities in schools. SBC and CDC were able to take better oversight and monitoring of activities which took place in schools while guided by the agreed upon strategies and plans.
- 1.3.5 The Camfed support catalyzed PSG to obtain grain from community members and make porridge for children in primary school.
- 1.3.6 The school heads and TMs were able to manage funds and resources in a sound manner while guided by the plans as well as support structures.
- 1.3.7 There was optimal use of funds and resources to address the neediest gaps; the schools and support structures worked together in prioritizing and identifying areas for support.

### **1.4 Impact Level Results**

Within the initial 3 years of project implementation, the intermediate impact of strengthening community support structures was achieved. However it is recommended that in future, there is a need to strengthen understanding and efforts of support structures to deliberately and

consciously work towards achieving the ultimate impact of sustainable response to HIV through reinforcing education.

### 1.5 Findings related to questions raised in the TOR

*(1.5.1) Has the capacity of District Community Development Committees and School Committees in the project districts been strengthened?*

Camfed provided a sub contract to Pact Tanzania who trained CDCs and SBCs in various areas of Management and Organizational Development (M&OD). This training included financial management of school resources. Since then, members of support structures have implemented what they learnt when planning, monitoring and overseeing school activities. The support structures have therefore gained experience and reinforced practical learning over the years. However, not all members, of the support structures met, have fully internalized the relationship between HIV&AIDS and education. Additionally, there are some members who left support structures and were replaced with new members who have not received training.

*(1.5.2) Do they have a good understanding of child rights and protection, gender mainstreaming, monitoring and financial management of school entitlements?*

Members of the support structures, who were interviewed during the evaluation, indicated that the training was condensed and rushed. They felt that they still need additional training in areas of child rights and protection, gender mainstreaming, HIV&AIDS, national OVC policies and operational guidelines. They, however, indicated that they have adequate knowledge, skills and experience in monitoring and financial management of the school interventions targeting OVC.

*(1.5.3) Are they taking action on these issues?*

All members of the support structures who were interviewed, indicated that they take action on planning, monitoring and financial management of the school entitlements by participating in identification of primary school students who receive educational support. This support is in the form of uniform and other supplies. However, they noted that they have not taken much action on child rights and protection because only a few cases of CAN are brought to their attention. They explained that not all cases of CAN are reported due to the following main

reasons: those abused and some officers in authority fear being bewitched by the abusers; some abused girls don't want their impregnators arrested lest they lose out on possible financial support, and; other abused OVC with their parents/guardians fear stigma or judgment, they would rather keep the abuse in secret. These findings are consistent with the baseline survey findings.

*(1.5.4) How engaged are targeted committees in financial management at the school level?*

Communities which were targeted were fully engaged in planning, monitoring and oversight of school activities including financial management. In order to attain this level of engagement, the support structures and schools internalized and implemented processes where: (a) the TM proposes budgets and plans; (b) school head in consultation with TM reviews and discusses the budgets and plans; (c) school head presents to SBC who screen, discuss and update the budgets and plans; and (d) SBC presents to CDC who further screen and discuss and approve the budgets and plans.

*(1.5.5) Are community structures (including Parent Support Groups and Cama) taking steps to support vulnerable children to stay in school?*

Government officials who are CDC members educate and sensitize parents and communities to support education during routine meetings with communities. SBC members meet community members and encourage them to enroll and support students' education. In most of the primary schools visited, it was found that PSG members provide porridge to primary school students - this motivates them to continue learning and not to stray from the compound during school hours. However in schools visited, Cama interaction with the students and teachers was reported to be limited. One expects to observe more interaction through Cama providing counseling, mentorship, life skills development and even some financial or material support services to OVC in schools. However, members of Cama responded that they face inadequate budgetary provision for travel which prevents them from reaching the desired number schools with the said services.

*(1.5.6) What steps have any of these structures taken to provide appropriate referrals to basic services beyond education that OVCs might need?*

The CDC, SBC, PSG, School authorities and members of Cama who were interviewed indicated that they have not established any formal mechanisms for referring students for services beyond education and referring the few cases of CAN to the police and village government.

*(1.5.7) Are these committees adhering to national quality standards for OVC services?*

National quality standards for OVC services which the support structures interviewed indicated that they adhere to include: monitoring, collecting and reporting OVC data; performing household assessments before and during support to OVC; coordinating OVC care and service provision; promoting equal rights of the girl child to education; minimizing overhead costs of support to OVC; upholding transparent and open communication and use of resources; managing finances and decisions at all levels; mobilizing communities to provide food for the OVC, and; providing comprehensive support to OVC including food, supervision and education.

*(1.5.8) How has the partnership between District, School and community structures with communities developed over time?*

Over the years the partnership between the CDC, school, SBC and PSG has been reinforced based on clear roles and responsibilities. The CDC supervises and mentors SBC as well as school authorities. The CDC members sensitize communities during meetings with the general public. Some SBC members supervise and mentor PSG members on matters concerning children's education. PSGs create awareness to all parents within the community to provide food for primary school children. The work of support structures is aimed at all members of the community in general. However, the project has not established a community outreach program which deliberately and specifically targets, educates, mobilizes and engages parents and/or guardians of OVC to actively support education and protection for the latter. This community outreach program would ideally be undertaken by members of PSG of Cama peer educators. In the same vein, support structures and schools indicated that they have not developed partnerships or working arrangements with community structures under TACAIDS, Ministry of Health (MOH), Department of Social Welfare (DSW) and others.

*(1.5.9) How durable are these structures? How long-lasting is the partnership with communities likely to be?*

Other support structures, save for the SBC, are not formed by the government, but most of the CDC members are heads of government offices at district levels. Additionally, Camfed has an on-going relationship with all the support structures which transcends the project cycle. Working arrangements between the support structures with government is based on mutual goodwill and understanding. However, it is worth noting that without a formal and strong support from government, there is no guarantee that support structures will last long after the Camfed support comes to an end.

## 1.6 What could have been done differently?

To strengthen support structures, the main areas identified by the evaluation team and stakeholders that need reinforcing and addressing are as follows:

1.6.1 *Parents and guardians who are not members of the PSG were not adequately mobilized to be keen to motivate learning:* Although not stipulated as a project output, it would have added value for all parents and guardians who are not members of the SBC or PSG to be mobilized to fully appreciate, support and participate in the education of the OVC. It was reported that some parents or guardians affect the OVC education by: taking OVC through child labour, overworking OVC at home leaving them without time to study or do homework, hosting traditional ngoma rituals which discourage OVC from schooling and condone early sexual debut and marriages, marrying-off OVC, not encouraging school attendance or hard work and refusing to provide additional support to OVC on the premises that being Camfed children therefore should approach Camfed for support.

1.6.2 *Inadequate networking linkages and integration into HIV&AIDS-focused government, civil society, private and other existing structures at the community levels:* Although not an explicit project output, it was implied that networking and alignment would be a strategy to achieve success of activities. Camfed has significantly aligned its activities to the MOEVT at all levels level. Within the districts, since Camfed is largely focused on education, the link to other HIV&AIDS-specific structures is less developed. At the community setting, the support structures met indicated that they have not established working relationships with key structures of the community based HIV&AIDS response (like the multisectoral AIDS committees in councils, villages or wards, or like the health facilities or village OVC committees). This signifies a missed opportunity for them to

draw down on available human, material, technical and other resources for the benefit of OVC.

1.6.3 *Shortage of strategic information and inadequate appreciation of the linkages between education and HIV&AIDS among the support structures and school authorities:* Although not stated as a project output, there was a need to make available strategic information on the linkage between education and HIV&AIDS risk and vulnerability. This action would have provided necessary data for project planning, policy review and reallocation of resources at the district, ward and village levels. In the same way, this strategic information would have enhanced awareness and efforts of members of support structures to deliberately reinforce education and HIV risk and vulnerability reduction targeting OVC.

## 1.7 **Recommendations**

1.7.1 *Redefine roles of PSG to intensify community outreach to create awareness and appreciation of child rights among parents and guardians:* PSG roles could be expanded to intensify community outreach education for parents and guardians to support education and supplies for OVC. Efforts could also be made to establish PSGs in secondary schools to carry out this outreach work among the parents and guardians. It ought to be acknowledged this would be challenging since secondary schools students are drawn from distant places within the district - not necessarily from the surrounding community. In redefining roles, Camfed and its stakeholders could also reinforce linkages and alignment of support structures with government processes at community levels.

1.7.2 *Establish a simple but vibrant strategic information system which justifies the linkage between education and reduction of HIV risk and vulnerability among OVC:* Although not a project output or objective, the evaluation team recommends that a simplified community-based M&E system could be established to track the lives of a cohort of students; this would show how being in and out of the educational system impacts on their perceptions and practices towards HIV vulnerability and risk. This would generate strategic information to be shared among all stakeholders to influence their interventions, budget allocations and policies. It is acknowledged however that Camfed

has a robust and sophisticated database that tracks every girl who is receiving support as well as the activities at the school level.

*Objective 2: Building the capacity of schools and teachers to provide health and psychological support to orphaned and other vulnerable children (OVC)*

### 2.1 Relevance and/or usefulness of the project objective

Most of the vulnerable children that Camfed supports are either orphaned or have parents who are too old to support them. These OVC often have unmet psycho-social, mental and spiritual needs, which are essential elements their early childhood development. The evaluation team concludes that this objective is relevant and useful since it builds capacity of schools to meet the psycho-social and mental needs of the OVC. If these services had not been provided to OVC, then they would not have had anywhere else to go when they need parental care and guidance. This would place OVC at risk and vulnerability to CAN and well as HIV infection.

### 2.2 Achieved outputs and what went well

In this objective the project implemented various outputs. Camfed trained female TMs to provide psycho-social support to OVC in their schools. Community activists also shared and adopted best practice through exchange-visits supported by the program. Guidelines, on how to enhance quality of project implementation, were also developed and shared through multi-stakeholder forums.

Through counseling sessions provided by the TMs, students received information on life skills, HIV&AIDS and child rights while in schools. Some of the students, who were counseled, are now able to in-turn educate their friends and relatives on issues of life skills, HIV&AIDS and child rights. There were also some reported cases of CAN which discouraged other possible future offenders and therefore reduced CAN; this was as a direct result of increased awareness.

### 2.3 Outcome Level Results

As a result of the activities which were undertaken by the support structures, stakeholders interviewed reported that several outcome results were achieved as follows:

- 2.3.1 Teachers were better able to detect signs, investigate root causes and deal with cases of CAN.
- 2.3.2 Students' self-esteem was boosted and they had higher life and career aspirations.
- 2.3.3 Students now have an increased understanding of HIV risk and vulnerability.
- 2.3.4 Students reported that they now say 'NO' to rewards and sexual advances.
- 2.3.5 Students engage less in risky sexual practices as well as abuse of drugs.
- 2.3.6 There was a reported reduction in unwanted pregnancies as well as child marriages.
- 2.3.7 There was a reported reduction in child marriages, with some marriages being annulled.
- 2.3.8 Teachers reported that students are seen less frequently in bars, lodges and risky places at night.

## 2.4 Impact Level Results

Within the initial 3 years the intermediate impact of building capacity of schools and teachers was achieved through training and guidance of TMs on the rights of the child, HIV&AIDS, counseling and life skills education. However, it is recommended that in future there is a need to strengthen understanding and efforts of schools to provide health and psychological support with an aim of reducing HIV risk and vulnerability of OVC.

## 2.5 Findings related to questions raised in the TOR

*2.5.1 Do OVCs, other teachers, school administrators and parents perceive TMs as the go-to person for this type of support and information?*

School administrators, other teachers and the support structures who were interviewed felt that the TM's job is to counsel and look into the welfare of children and to make the school a haven to learn from. However, some OVC who were interviewed, especially within the primary schools, perceive the role of the TM as to manage bursary and safety-net fund, they see TM as a kind benefactor. More secondary students saw the TM as a counsellor and friend to advise them.

*2.5.2 How well informed are students, teachers and school administration about child rights and protection?*

The students, teachers and school administrators are fairly well informed about child rights and protection. They are mostly aware of the OVC right to education, food and clothing. Some also know about health. Asked about the types of abuses, most of the students mentioned rape and being deprived of basic needs such as food and shelter. When asked whether corporal punishment exists in school, most of the respondents answered in the negative. They also know that corporal punishment is illegal. The evaluation team however observed corporal punishment actually taking place in 3 out of the 8 schools during the field visits.

### *2.5.3 To what extent are child rights and child protection observed in the schools?*

Most child rights are observed in schools and the school administrators endeavor to make the schools safe for the children. The right to education is recognized and provided. For those that stayed in the school hostels, the right to food was recognized and provided. Children know where to go and who to see when they have a problem with CAN. Most survivors of CAN are well received by the TMs and school head.

### *2.5.4 How effective are classroom and group counselling sessions provided by the TM?*

Class room counseling sessions are provided by some TMs for OVCs alone. In other schools, the counseling sessions are provided as part of school curriculum under MOEVT. Students and teachers, engaged in group counseling sessions, agreed that it increased students' knowledge, confidence and improved their behaviour and attitude towards life. The evaluation team could not, however, assess the extent to which individual counseling sessions were effective as none of the older students who had been counseled was available. Most of them had either graduated or transferred to another school.

### *2.5.6 To what extent has psychosocial support been provided to students?*

Not all cases of CAN are reported; therefore psycho-social support has been limited. It was observed that some cases of CAN targeted at students take place within their households and communities. However, the TMs are not very proactive in community outreach to identify incidents of CAN targeted at the student OVC within their households or communities. This is mainly because they are very busy with their routine duty of teaching vocational subjects - in some cases they are new and untrained TMs who do not have skills in provision of this support.

## 2.6 What could have been done differently

- 2.6.1 Inadequate and not systematic outreach to address barriers to reporting and punishing cases of Child Abuse and Neglect (CAN):* It was found that not all cases of CAN are reported mainly because: students do not all have full understanding of all forms of CAN, some CAN survivors suffer community stigma, others fear being bewitched or losing support from their abusers. However the project has not yet established socially acceptable means to monitor and identify survivors of CAN then provide comprehensive holistic support required from police, judiciary, hospitals and spiritual leaders.
- 2.6.2 Not fully aligned or integrated and overburdened TMs:* It was clear that TMs are already burdened in performing their core roles as vocational teachers, some of them have around 30 lessons to teach weekly. There is an imbalanced teacher-student ratio in all schools visited. It ranged from 70 to 100 students per teacher in the schools visited. The ratio places a lot of pressure on the teachers to carry out their work. Adding more responsibilities of a TM makes it even worse. They have to perform the TM roles only after official work-hours. In addition some of the challenges relating to TMs role included: no formal recognition of TMs in government curriculum, positions, rewards, supervision and job description; some TMs who were trained by Camfed left for other schools or training, and; their replacements are not yet active because they have not yet been trained. This is compounded by the reluctance of some students to speak to TMs about their problems.
- 2.6.3 The community support structures, school authorities and OVC did not engage in policy monitoring and advocacy networks which could have addressed pertinent issues with decision makers within the communities:* At the national level, Camfed is actively engaged in networks of child-rights' organizations which influence policies on OVC education and welfare, by bringing lessons from field partners to national levels. This national level model has not been replicated by the stakeholders who were met in the districts. Although not a project output, there was a missed opportunity for the district stakeholders to engage in child rights monitoring and advocacy with other organizations outside the Camfed project. All the support

structures, schools and students who were met during the evaluation indicated that they have not forged or joined strategic networks of coalitions with other civil society or private sector organizations for policy monitoring and policy advocacy for child rights. Coalitions with women and child-rights' organizations could have assisted them to identify common problems concerning OVC, monitor and obtain strategic information and engage in advocacy for review of policies, resource allocation as well as interventions targeting OVC at the council, ward and village levels.

## 2.7 Recommendations

- 2.7.1 *Implement a culturally sensitive and appropriate mechanism to identify, report and punish all cases of CAN within the communities and schools:* Considering that the conventional model of children reporting CAN to TMs has not worked well so far, it is recommended that Camfed undertakes consultation with all community stakeholders and develops a culturally sensitive and sound mechanism which will be used to identify, report and punish all cases of CAN in the respective communities.
- 2.7.2 *Redefine roles and responsibilities of all TMs to be aligned and more effective:* Schools and Camfed could engage in advocacy targeting MOEVT to define, align and integrate selected and agreed upon roles of the TMs in the structures of the ministry. At the project level, it is suggested that Camfed should train a pair of TMs in each school to provide for continuity in service provision in case one of them is transferred to another school. Guest TMs could visit other schools to address psycho-social needs of students. Perhaps some roles of TMs could be delegated to PSG members, to relieve the former from work-load and burn out.
- 2.7.3 *Strategically engage community support structures, school authorities and OVC in policy monitoring and advocacy networks which address pertinent issues with decision makers within the communities:* Currently the model works well where CDC is linked to government structures, SBC works closely with school-based governance structures and PSG with Cama work with the communities. However, there is a need for schools and support structures to strengthen their networking and coalition-building with various actors that would blend into the project in order to fully

realize the project objective. These actors could include child and women rights organizations, lawyers and government units engaged in CAN. In the process, Camfed could monitor and document CAN cases in a case-study booklet and use it for education and policy advocacy through the network. Camfed Tanzania can borrow a leaf from Camfed Zambia on how Zambia successfully implemented and monitored the “The Advocacy on Child Protection in Zambian Schools Project.” This project was for purposes of consolidating the advocacy for zero tolerance to child abuse in Zambian schools.

*Objective 3: Delivering direct resources to orphaned and vulnerable children to support them through their education*

**3.1 Relevance and/or usefulness of the project objective**

Prior to the Camfed project, there were OVC who didn't attend school for lack of fees and educational supplies. After Camfed these OVC were enrolled, retained in school and graduated to their respective higher levels of education. The evaluation team found that the project was relevant and useful. Had Camfed not come to the rescue of these OVC, they would have stayed at home or perhaps been involved in harmful activities such as child labour and sex-for-survival; which could lead to unwanted pregnancies, HIV infection or sexually transmitted infections.

**3.2 Achieved outputs and what went well**

Schools and communities prevented over 15,000 OVC from dropping out of school by providing direct support to them through the Camfed project. 140 schools and communities effectively managed and monitored resources for supporting OVC education and submitted narrative and financial reports as required by the CDCs. CDCs in the 3 Camfed-supported districts worked productively with local communities in effectively monitoring the delivery of support to OVC.

All the students, who were met, are happy with Camfed support. All teachers and members of support structures interviewed also indicated that indeed support to OVC education reduced their vulnerability to HIV because they are not out in the streets begging or not engaging in

child labour or sex for survival. Parents and PSG also noted that the burden to the parents or guardians to support OVC has been reduced. While some students added that they even shared the school supplies that they had received with their siblings.

### 3.3 Outcome Level Results

As a result of the activities which were undertaken by the support structures, stakeholders interviewed reported that several outcome results were achieved as follows:

- 3.3.1 An increase in school retention rates among OVC was reported by all schools visited during the evaluation. The schools reported that most of the OVC sponsored by Camfed managed to complete their respective primary or secondary education.
- 3.3.2 Reduced school dropout rates among the OVC who were sponsored was reported. The OVC felt less ashamed of being different and not having school supplies after Camfed support. They did not feel discouraged and stayed in school.
- 3.3.3 Reduced absenteeism because the OVC had all supplies and therefore did not have to miss school so that they engage in child labour so as to get their school supplies.
- 3.3.4 High primary and secondary school enrolment because OVC had school fees and supplies required for them to be enrolled and admitted into school.
- 3.3.5 Because the OVC could concentrate without having to worry about being sent away from school, they registered higher exam passing rates. All the primary and secondary school heads visited noted that since the project commenced they have had higher percentages of OVC passing Standard 7 and Form 4 examinations.
- 3.3.6 The safe environment in school allowed the OVC to register good studies especially for those who are boarders in secondary schools.
- 3.3.7 OVC felt less ashamed due to lacking, had less fear of being chased from school, were more confident and spent less time begging in shopping centres.
- 3.3.8 Fewer cases of OVC child-labour and child sex-trade were reported because they had the required uniform, school supplies and fees.
- 3.3.9 More girls are now valued and prioritized for education by their parents and guardians. Girls feel encouraged to go to school where they will meet other girls.

### 3.4 Impact Level Results

Within the 3 years of implementing the program the desired impact result of providing education to OVC as a means of mitigating the impact of HIV&AIDS has been fully realized among those who were targeted.

### 3.5 Findings related to questions raised in the TOR

#### 3.5.1 How many student beneficiaries have been supported under this project?

In line with the PEPFAR indicators and targets, by the end of December 2011 the project was on track to achieve the set targets with no significant deviations as shown in the table below for the reporting period October 1 2009 to September 30 2010:

*Camfed Achievements of PEPFAR indicators (October 2009 – September 30, 2010)*

Program area	Indicator	Life of project target	Life of project achieved by Sep 30 2010	% Achievement
<b>Prevention</b>				
Prevention sub area 8: Sexual and other risk prevention	P8.1.D Number of targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	25,000	22,005	88%
	P8.2.D Number of targeted population reached with individual and/or small group level preventive interventions that are primarily focussed on abstinence and/or being faithful and are based on evidence and/or meet the minimum standards required	5,000	4,209	84%
<b>Care</b>				
	C1.1.D Number of eligible adults and children provided with a minimum of one care service			
	Male	7,750	6,339	82%
	Female	8,310	6,683	80%
	<18 years old	15,500	12,707	82%
	18+years old	560	530	95%
<b>OVC care and support services</b>				
	Number of eligible children provided with shelter and care	15,500	14,357	93%
	Number of eligible children provided with education and/or vocational training	20,800	15,646	75%
	Number of eligible adults and children provided with psychological, social, or spiritual support	15,500	13,649	88%
	Number of eligible adults and children provided with economic strengthening services	560	595	106%

Source: Camfed database, February 2011

#### 3.5.2 How efficient, transparent and equitable has the delivery of bursary and Safety Net Fund resources been?

Efficiency and transparency are the main principles upheld by stakeholders in managing the bursary and SNF resources. A procedure has been established and is used for planning, managing and overseeing the management of these resources. To enhance this transparency, TMs verify and ensure that only needy cases are supported, schools post data on students

supported on their public notice boards, school heads discuss the support provided at the parade and teachers discuss this support in their respective classrooms. The resources are managed in most effective way as CDC and SBC monitors and receives periodic reports on the resources used. PSG and Community members also inquire and are provided reports of support provided.

### *3.5.3 To what extent have these cash transfers contributed towards retention and reduction of OVC drop outs in partner schools?*

The SNF and bursary support have contributed towards the retention of students in all schools which were visited. The schools provided data which depicted the pre-Camfed situation; more students dropped out as compared to the last 3 years of Camfed support where more OVC are retained in school. Reasons attributed to this reduction included the fact that students are not sent away from school for lack of fees and supplies, students are comfortable and encouraged to be in school as they have all supplies. Further, students do not feel tired and discouraged for having to work to maintain themselves in school. The girl child, it was noted, feels very encouraged to enrol into secondary school as she meets more girls there.

## **3.6 What could have been done differently?**

Within the objective of providing educational support for OVC, the main areas which were identified by the evaluation team as well as stakeholders interviewed as needing strengthening and addressing are as follows:

*3.6.1 Demand surpasses supply of educational support like bursaries, SNF for OVC:* Although Camfed has generally met its targets for providing support to OVC, the need outstrips resources that are available. In Tanzania the level of donor resources are too limited to take care of the OVC. In Iringa, the CDC reported that only 100 out of 4000 OVC girls who qualified to go into secondary received bursaries. The corresponding figures for Rufiji were reported at 200 out of 600. This situation is aggravated by the fact that support structures have not established a systematic referral mechanism for ensuring that OVC can access educational, food, clothing, shelter, recreation and other support in addition to what Camfed provides.

3.6.2 *Inadequate community initiatives so that they are able to engage in local philanthropy to support children's education:* Although not a project output, it was noted that the met PSGs, SBCs, Schools, Cama and students do not have community initiatives which they can use for generating income to support OVC bursaries and educational supplies. Some members of the community structures who were interviewed during the evaluation indicated that they would be willing and interested in managing IGAs to contribute to the OVC education. They do not, however, have the working capital to undertake these economic activities.

### 3.7 **Recommendations**

3.7.1 *Enabling support structures, schools, students and Cama members to engage in economic initiatives so that they can contribute to local philanthropy by supporting bursaries and educational needs of OVC:* All support structures, including the students should establish with an IGA with clear set targets. These should state how much they contribute to motivation of members as well as educational support to OVC. PSG, CDC, SBC and Students would be supported with IGAs like rabbit and chicken rearing while schools would be linked to other agencies which can support them to construct boarding houses for rental to parents who are well off.

3.7.2 *Redefine roles and responsibilities of all stakeholders at community levels to have an expanded, aligned and linked program from schools upto community and household levels:* Camfed and the CDCs could support the local structures and stakeholders in their respective districts to define all the needs of OVC with their strategic roles and responsibilities in meeting these needs. The stakeholders would then come up with a formal agreement on referral systems which provide holistic and comprehensive needs of the OVC child to access education, health care, protection, shelter, food, clothing, recreation, spiritual and other basic needs.

**Objective 4: Decreasing young women's vulnerability to HIV by expanding their economic opportunities through training in business skills, life skills, and sexual and reproductive health**

#### 4.1 **Relevance and/or usefulness of the project objective**

Prior to the Camfed program, young OVC girls who graduated from school ended up unemployed, idle and at risk of contracting HIV due to sex-for-survival, frustration or simply non-occupation. Through Cama, Camfed has empowered young women OVC with knowledge and skills in business, life skills, sexual and reproductive health issues. This will effectively decrease their vulnerability to HIV. The evaluation team concludes that this objective was very relevant and useful because in the absence of business training and the business grants, the young OVC women out of school would have remained idle, frustrated and consequently exposed to HIV mainly due to sex for survival.

#### 4.2 Achieved outputs and what went well

Cama district committees successfully managed financial resources and administered business grants for Cama members in Rufiji, Kilolo and Iringa. Camfed trained young women in business skills and provided them start-up grants after their training. Some selected Cama district leaders have also been involved in sharing best practices in business management through exchange visits to other countries. Cama members served as role models in their communities. When free some of them provided guidance and advice to OVC in some schools on matters related to life skills and HIV prevention.

Due to the business training Cama members started off various types of IGAs including selling groceries, baking, farming and running shops. All the Cama members who were interviewed during the evaluation reported that they had made profits and not any losses so far. Cama members have now established a savings and credit scheme which seems to be working very well. So far, they have had no defaulters although some payments have come in late. This scheme involves members saving part of their IGA profits in a group account. Savers are then able to borrow from this fund, for expansion of their businesses. Being self employed, the Cama members reported that they are now busy and less engaged in activities which could predispose them to HIV.

#### 4.3 Outcome Level Results

As a result of the activities which were undertaken by the support structures, stakeholders interviewed reported that several outcome results were achieved as follows:

- 4.3.1 Increased knowledge and skills on how to manage business and protect themselves from HIV infection due to training and awareness creation which targeted members.

- 4.3.2 Improved access to loans, increased profits and sizes of businesses as well family assets and living standards.
- 4.3.3 Cama members interviewed expressed an increase in self reliance and confidence as a result of being empowered through employment.
- 4.3.4 Cama members now finance education for their own children and siblings and support their parents and families.
- 4.3.5 They are more engagement in decision making, than before, within their families as well as village committees.
- 4.3.6 Cama members now depend less on male partners for survival and are independent.
- 4.3.7 Reduced number of members engaged in risky or transactional sex.

#### 4.4 Impact Level Results

The impact result of decreasing women's vulnerability has been fully realized as shown by the outcome level results. Economic empowerment has reduced HIV vulnerability of Cama members since they engage less in transactional, unprotected or not negotiated sex. They are more self reliant and do not depend on men to provide for them.

#### 4.5 Findings related to questions raised in the TOR

##### *4.5.1 How effective are Cama District Committees in managing business grants?*

The evaluation found that Cama District Committees have managed the business grants fairly well. From discussions with members, it was reported that they have not had any defaulters. However not all business sites have been visited by the committees for monitoring and supportive supervision purposes.

##### *4.5.2 What is the reach and effectiveness of mentoring by Cama district committees and Cama Business Trainers to other Cama members on business?*

Cama members who were interviewed indicated that mentoring among the Cama members by the Cama district committees has been limited. One of the reasons cited was lack of bus fare to visit the members' business sites - budget provisions are limited. Another reason advanced is that the committee members are busy running their own businesses. None of the Cama members interviewed had been mentored on HIV by the Cama peer educators or on business

management by the Cama business trainers. However Cama district leaders who visited other countries on exchange visits gained from practical experiential mentorship on management of Cama activities through shared learning with their counterparts.

#### *4.5.3 What other kind of life skills did Cama members gain over the course of implementation of the project?*

Cama members interviewed indicated that they gained negotiation and communication skills. They apply these skills in both their business as well as their day-to-day lives. The other life skill they gained was setting personal goals and planning. These skills have helped them to improve not only their businesses but also their family welfare at home.

#### *4.5.4 What kind of skills did Cama members gain over the course of implementation of the project?*

Most Cama members indicated that they had gained a lot of skills over the course of the implementation of the project. They had learnt how to bake bread and buns, sewing and selling clothes. Others learnt how to run a restaurant.

### **4.6 What could have been done differently**

*4.6.1 Reinforce sustainability of Cama:* Although the project did not require Cama to engage in savings and credit, its members grew to invest their personal resources and establish a more sustainable savings and credit scheme. However, it was found that some Cama members have in the past borrowed as large amounts of money from the private savings scheme run with members' resources, not out of the Camfed project. The risk of a borrower defaulting is high if the system is not regulated. Defaults affect future borrowing and also de-motivate members thereby affecting the group negatively. There is a need to protect Cama against the large risky loans.

### **4.7 Recommendations**

*4.7.1 Reinforce Cama as a SACCOS so that it can secure and provide larger loans to members in a well regulated manner:* As the Cama's pool fund grows, there is need to re-invent Cama as a SACCOS. This introduces security on the loans and better regulation. It also calls for

compliance with the financial regulations of the country. As a SACCOS, Cama will also link to commercial banks for loans. This could also motivate Cama members to explore markets outside the district. There is need to retain focus on OVC as priority targets while minimizing risk of non-repayment of loans. Cama should not register as a full SACCOS but rather include pre-conditions and register as a pre-SACCOS. The Cama SACCOS would therefore (a) be managed by trained Cama members but not independent employees as in the case of other SACCOS (b) restrict its membership to Cama alumni only, unlike other SACCOS which are open to anyone, and (c) uphold values of protection and support for OVC girls who are Cama members, unlike other SACCOS which are established with one single motive of income generation.

## SECTION 4: OTHER FINDINGS RELATED TO THE PROJECT

### 4.1 Findings related to sustainability

The evaluation team assessed sustainability of the processes and structures under the project objectives. While this project was of 3 years duration, Camfed makes a long term commitment to the communities and schools with which it partners, and sustainability is measured in terms of a growing capacity to manage the program and mentor other schools and communities to pick it up. Through the project, technical sustainability was attained in building knowledge and practical skills of support structures in planning, governance and financial management of project activities and resources.

The most sustainable structure is the SBC, which is established and supported by the government. The CDC is established by Camfed but made up of government officials. These government officials are not paid a salary for their roles in the CDC. CDC members interviewed indicated their commitment to making CDC a government-established organ over the years.

Camfed is also committed to a long-term relationship with CDC even after the end of the USAID project. However, financing for the support structures is less sustainable since currently their only source of funding is Camfed. Currently the work plans and budgets of the support structures are not reflected or included in the CCHPs. Some CDC members indicated that they will advocate for inclusion of support structures budgets in CCHPs; this would make government finance, supervise and/or monitor their activities on a routine and formal basis.

Work undertaken by the TMs has limited sustainability because additional role for TMs to mentor students is not included or aligned and integrated into their job description and the school curriculum. The TMs are employed by Government, but they undertake the mentorship work as part of the Camfed program and mostly after school hours. The TMs role as mentors is not addressed in routine government supervision, job descriptions and remuneration packages.

There are no structures or mechanisms for financial sustainability concerning provision of educational support which meets the needs of all OVC in the districts. However if community structures, students, Cama, schools, parents and others are supported with IGA and given targets of children to sponsor, sustainability may be possible over time. However, IGA activities undertaken by Cama members are sustainable with their savings and credit scheme. However, it is acknowledged that Camfed is however committed to provide bursary support irrespective of the project level resources, once it has committed itself to support a particular OVC.

#### 4.2 Findings related to partnership

Functional partnerships exist among the project stakeholders and structures at various levels of providing support to the OVC. The partnerships among stakeholders who are involved directly in the Camfed-supported activities are very strong with clear roles, responsibilities and communication channels. The support structures encountered during the evaluation do not have a formal and structured links and working agreement with relevant government structures at the council, ward and village levels. Furthermore, they are not involved in monitoring and advocacy networks with other like-minded agencies which support OVC at their respective council, ward and village levels.

Schools have developed a working relationship with village government structures to which they report CAN cases. However, the schools do not have a formalized partnership with other organizations or structures to monitor, advocate, counsel or care for CAN victims. There are no structured partnerships at council, ward and village levels beyond the project with Wama, Songas, Tahea, Council NGOs and other structures which also provide educational support to OVC. Similarly, under support to Cama there are no established networks or partnerships with government, banks of Micro Financing Institutions (MFIs).

#### 4.3 Findings related to voluntarism

The Camfed program is grounded on the spirit of people volunteering to provide services and support for OVC within communities. Some members of SBC and PSG indicated a need to be provided with material or monetary motivation to enhance commitment and the spirit of voluntarism among them.

It has also been challenging for Cama members to volunteer, mentor and educate OVC in schools as HIV peer educators or to mentor other members running businesses. Cama members interviewed during the evaluation indicated that they are occupied with their IGAs; therefore they do not find adequate time to volunteer as business trainers, HIV peer educators and mentors or role models of school children.

TMs are ready to volunteer if time-off is allowed within working hours. They feel overworked as they teach approximately 30 lessons per week and are expected to undertake TM work after school hours.

However, voluntarism seems to work best among CDC and those engaged in educational support. CDC members said they are already paid by the government - their employer. Within educational support activities, the volunteers are okay because it consumes little time and energy to distribute educational supplies, also it is a pleasant process.

#### 4.4 Findings related to gender issues

The main challenges that affect development cooperation projects in Africa include the low participation of men. PSGs met have fewer men compared to women. This could be partly due to the reluctance of men to participate but also the fact that some PSG are still called mother support group therefore have not been re-oriented to accommodate men.

The minimal participation of men in the PSG or even as TMs means the needs of the boy child could have been largely under-addressed since the boy child does not have a forum to discuss

their needs and vulnerability. Some boys supported under the SNF and pass standard seven exams but do not make it to secondary because of lack of scholarship. This gap should be covered by a matching partner organization who addresses needs of boys.

Likewise it was noted that although the girls needs have been prioritized but in some cases they still do not access sanitary pads. This sometimes makes them go to shop owners to ask for the pads. Some errant shop owners end up using that chance to discuss sex and make sexual advances at them.

## SECTION 5: MAIN LESSONS LEARNT AND VIABLE STRATEGIES TO REPLICATE

The evaluation team found a couple of valuable lessons that can be learnt from the Camfed project. These lessons are based on effective strategies and approaches which were applied in order to achieve the level of results reported. The main lessons learnt based on viable strategies to replicate concerns HIV vulnerability, economic support as well as voluntarism and are as follows:

*5.1 Strengthening education for OVC is an effective way to reduce their vulnerability and risk to HIV:* The Camfed project provided educational support through bursaries and supply of basic educational materials to OVC. This support enabled OVC to be maintained in school and not to drop out, remain idle at home and be exposed to temptations and lures which could expose them to HIV and unwanted pregnancies. Students supported noted that they felt loved and protected. These feelings of self esteem made the students have higher career aspirations and goals, thereby they were able to say no to lures, protect themselves from HIV infection as well as unwanted pregnancies.

*5.2 Provision of food to students contributes substantially to retaining them in school and reducing their vulnerability and risk to HIV:* Feeling challenged and motivated by Camfed support to the OVC, some PSGs decided to in turn provide porridge for students in school. Initially this was meant to keep the students from being hungry so that they concentrate in studies. However over time it was found that the children being fed in school kept them away from loitering in shopping centres to beg for food whereby they would be lured and asked for sex in return by some errant traders. Having food definitely kept students safe from luring to HIV as well as unwanted pregnancies.

*5.3 Boarding school for secondary students not only contributes to reducing their vulnerability to HIV but also increasing their exam success rates:* Camfed educational support to students catalyzed some ward level secondary school administration who felt motivated and challenged therefore allocated boarding rooms for OVC bursary recipients in their school compounds. It was noted that some who stay in public rental houses are lured to engage in transactional sex so as to secure accommodation, food and other gifts. However, those boarding in school are protected from the lures of older and wealthier villagers, also look out for each other to prevent HIV and they have adequate time, space and peace with no interruption so that they can study well. The boarding school girls registered better exam performance rates.

*5.4 Enhancing economic capacity of OVC contributes towards economy and welfare of an entire community:* Camfed provided business grants to Cama members. This intervention was further reinforced by converting the grants scheme into a savings and credit scheme. As a result, the Cama members have engaged in profitable business. They have, in-turn, supported their families and contributed to economy of their communities by employing other people in their businesses and buying and selling local products. Cama members are now educating their children and siblings who in future will build the local economy of their communities.

*5.5 CDC members who are government staff are well placed to support the project through their routine roles and functions:* CDC members are composed of government and non-governmental staff members. It was found that in some cases the non-governmental staff required allowances so as to volunteer and undertake CDC work. However the government staff did not require allowances because they are salaried by the state and therefore can afford to volunteer their time to the project. Additionally the government staff also exploited their routine travels and official meetings with communities to promote the work of the project including rights of the child to education and protection.

## SECTION 6: PRIORITY ACTIONS, CONCLUSIONS AND WAY FORWARD

It is very clear that the ‘Tackling girls’ and young women’s vulnerability to HIV&AIDS in Tanzania” is a relevant and useful project in Tanzania. In addition to reinforcing education for OVC, the project has made significant contributions towards reducing risk and vulnerability of OVC to HIV&AIDS in Tanzania. Not only does it provide for a smooth transition for girls from primary to secondary school by providing them with bursary, it gives them the impetus to have aspirations and seek dignified livelihoods.

Although the PEPFAR-funded initial 3 years of the project has come to an end, Camfed has expressed commitment to continue supporting the OVC-targeted interventions which have been started within the schools and communities in the 3 target districts. In order to strengthen quality of services delivered to OVC, the project plans and processes, the evaluation team suggests the following priority actions to be implemented by Camfed in the near future:

- g) Redefine roles and responsibilities of all stakeholders at community levels. This should engender an expanded, aligned and linked program from schools up to community and household levels.
- h) Establish a simple but vibrant strategic information system which justifies the linkage between education and reduction of HIV risk and vulnerability among OVC.
- i) Implement a culturally sensitive and appropriate mechanism to identify and report and punish all cases of CAN that occur within the communities and schools.
- j) Strategically engage community support structures, school authorities and OVC in policy monitoring and advocacy networks which address pertinent child rights and protection issues with decision makers within the communities.
- k) Enable support structures, schools, students and Cama members to engage in economic initiatives so that they contribute more to local philanthropy by supporting bursaries and educational needs of OVC.
- l) Re-orient Cama as a SACCO so that it can provide larger but more secure loans to members in a well regulated manner.

By implementing these actions, Camfed will facilitate the realization of its mission which is ‘To fight *poverty and HIV&AIDS in Africa by educating girls and empowering women to become leaders of change*’ as well as continue to provide the much needed support to education as well as reduction of HIV risk and vulnerability among OVC in Tanzania.

## Annex A: List of references

The evaluation team reviewed various reports and documents in order to come up with some findings in this report. The main reports which were reviewed are as follows:

- Camfed Tanzania Strategic Plan 2009-2013
- Camfed, Camfed Governance, Accounting to the Girl Child, 2010
- Camfed, Impact report, 2010
- Camfed, child protection policy and code of practice, 2008
- Camfed Tanzania baseline survey, 2008
- Camfed, year 2 annual report, October 2008 - September 2009
- Camfed, year 3 annual report, October 2009 - September 2010
- Camfed, external evaluation TOR, 2010
- District profiles, 2010
- JSI, OCA report for NPI round 2 partner Camfed 2008
- JSI, TOCA report for NPI round 2 partner Camfed 2009
- Measure Evaluation, Data quality assessment M&E debrief, 2010
- MOHSW, National OVC policy
- PEPFAR, next generation indicators guide 2009
- PEPFAR monitoring data collected against indicators as per Camfed database, 2010
- TACAIDS, Tanzania National Multisectoral Strategic Framework (NMSF) 2008-2012
- TACAIDS, National Response Report, 2010
- TACAIDS, HIV Prevention Strategy and Gender Operational Plan, 2010
- TACAIDS website, 2011
- USAID briefing packet reference guide
- USAID approved project proposal

## Annex B: List of contributing organizations

Findings contained in this report were mainly sourced from the following list of organizations:

- Camfed International and Camfed Tanzania
- New Partners Initiative Technical Assistance Project (NUPITA)
- Pact International
- USAID Washington staff and former staff
- Members of CDC in Iringa and Rufiji Districts (including leaders composed of DEOs, VEOs and WEOs and other district leaders)
- Members of SBCs in Iringa and Rufiji Districts
- CAMA members in Iringa and Rufiji Districts
- Primary students, teacher mentors, school heads, SBCs and PSGs in Iringa and Rufiji districts
- Secondary students, teacher mentors, school heads in Iringa and Rufiji districts
- TENMET Tanzania
- IML consultants Tanzania

## Annex C: Summary of findings in schools compared to baseline survey data

### Students Perceptions on Child Rights and Protection

No.	Questionnaire Questions	Baseline	Endline	
			No.	%
1	Do you know of a place where you can get an HIV test?	N/A	75	93.8
2	Do you think a person can get HIV the first time they have sex?	N/A	59	73.8
3	Do you think there is a cure for AIDS?	N/A	7	8.8
4	Is there a drug that can prevent transmission of the HIV virus from an infected mother to her unborn child?	N/A	68	85.0
5	Do you think that most people are infected with HIV out of their own carelessness?	N/A	15	18.8
6	Is it against the law for a teacher to have sexual relations with a student?	95	60	75.0

7	Do you think corporal punishment is legal for girl students who misbehave?	90	27	33.8
8	Do you think corporal punishment is legal for boy students who misbehave?	90	41	51.3
9	Do you think a teacher who proposes love to a student should be dismissed?	90	76	95.0
10	Do you think it is okay for a teacher to impregnate a girl?	43	10	12.5
11	What about if he impregnates her and marries her, is that acceptable to you?	N/A	2	2.5
12	Do you think that bullying hurts students?	67	45	56.3
13	Do you think that students are at times abused by teachers in school?	N/A	27	33.8
14	Do you feel that corporal punishment in school is acceptable?	90	15	18.8
15	Do you believe that it is legal for a teacher to beat a female student if she misbehaves in class?	68	55	68.8
16	Do you feel that teachers normally embarrass students when they answer questions incorrectly?	44	24	30.0
17	If a girl refuses a love proposal from a teacher will she be punished?	60	1	1.3
18	Would you refuse if approached sexually by a teacher?	61	52	65.0
19	Would you report the teacher to the schools administration?	75	66	82.5
20	Do you think that few or no incidents of abuse of students get reported?	88	21	26.3
21	Did you report the cases to relevant authority	N/A	9	11.3

#### Annex D: Significant stakeholders' quotations from the evaluation

- a. "I am an orphan and there are times when I want to talk to someone about personal things, I go to the female teacher mentor, and talking to her uplifts me." Student Beneficiary
- b. "I use this knowledge on other orphans so that they can feel good and normal." Student Beneficiary
- c. "If a student does not have uniform they can go and have sex with the man so that he can buy them uniform." Student Beneficiary
- d. "Most of the girls that completed standard 7 were married off because their parents or caregivers could not afford to take their children to secondary schools. But now due to the bursary scheme they can attend school." Head Teacher
- e. "I have learnt to say no to sex in exchange for uniforms because I get uniforms and books from Camfed." Student Beneficiary
- f. "The Teacher Mentor teaches us that since am still a child, I am not supposed to engage in sexual activities. I am free to talk to her if I have any problems and if I need school requirements." Student Beneficiary
- g. "I noticed that one of my pupils had not been feeling well for a while. She looked a lot lonely and usually avoided the company of her friends. I decided to find out more about her and I discovered that the little girl was an orphan whose parents and sibling died of HIV. She is now staying with her grandmother." Teacher Mentor
- h. "I took her for check up and testing. She was found HIV positive. I have since been offering counseling care and support. She is slowly beginning to open up and can mingle freely with her friends." Teacher Mentor
- i. "I can value and respect myself. I can stand before my friends and explain to other students about things that affect them." Student Beneficiary
- j. "I now work harder so that when I become a doctor, I will come back to help other girls who are in need." Student Beneficiary
- k. "I used to borrow a lot of money from men and because of lack of business skills, I ended up misusing it. I ended up sleeping with debtors as way of paying back. I now have business skills, and I don't have to borrow anymore because debt makes you vulnerable." Cama Member
- l. "Once my business has fully picked up, my children and I intend to go back to school." Cama Member
- m. "Camfed should organize a workshop involving the school administrators, SBC, CDC so that they all understand their roles." Head Teacher

## Annex E: Membership and mandates of community support structures

Below are the community support structures whom Camfed partners with in implementing the projects:

- a) **Community Development Committee - Camfed District Committee - (CDC):** Comprising Government Authorities including education, social welfare & health, Police & Judiciary, traditional leaders, & NGOs, CDC oversee and coordinate all programme activities at district level.
- b) **CAMA** - This is the Camfed Association of rural graduates that have completed Secondary School with Camfed support through SNF and bursary. It is a network of young women activists are the trained by Camfed in Sexual and Reproductive Health as well as business skills, facilitation skills and management. Unlike in other countries, the first members of Cama in Tanzania were supported through a government bursary program.
- c) **School Based Committee - (SBC):** local committees that build on parent teacher associations and oversee and administer support to vulnerable children. SBC is a government mandated structure that is established and supported by Government.
- d) **Mothers' Support Groups - (MSGs):** groups of mothers formed at local schools that together raise support for vulnerable children. They provide food/porridge to the OVC, and in some cases offer psychosocial help to the children.
- e) **Parent Support Group - (PSG):** This is an extension of the MSGs. Added to the composition of the MSGs are the fathers. Their mandate is pretty much the same as for the MSG.