A Case Study

SAWAKA *Jali Watoto* Program Supporting Most-Vulnerable Children, Tanzania

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Acknowledgements

Acronyms

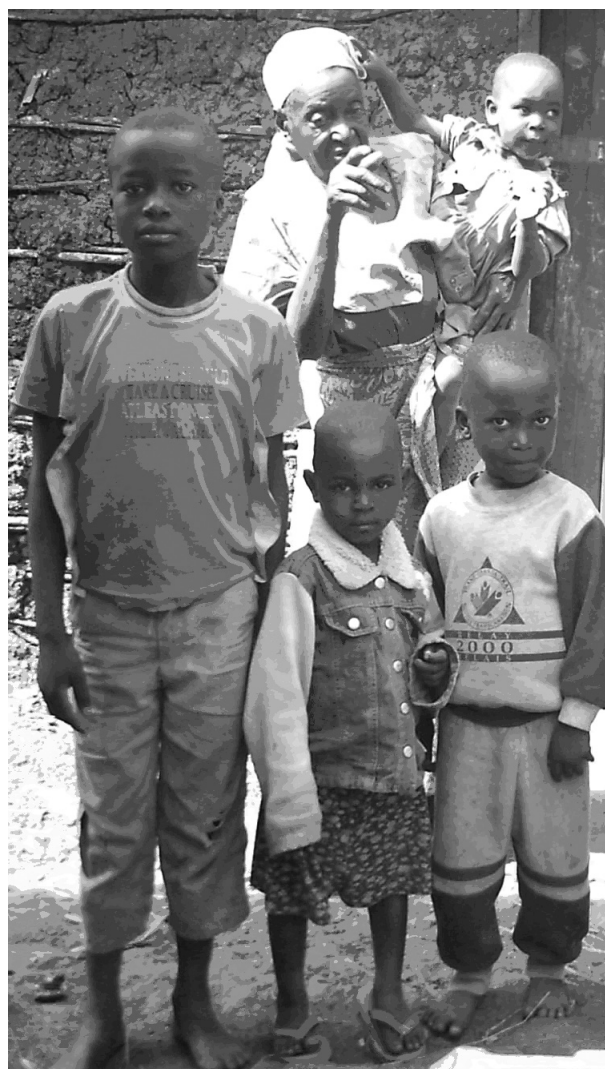|	
AIDS	acquired immune deficiency syndrome
DSW	Tanzania Department of Social Welfare
HIV	human immunodeficiency virus
MVC	most-vulnerable children
MVCC	most-vulnerable children committee
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SAWAKA	Saidia Wazee Karagwe
SAWATA	Saidia Wazee Tanzania
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development

Introduction

Worldwide, the number of children under age 18 who have lost one or both parents to AIDS stands at more than 14.3 million.[1] Many more children live with one or more chronically-ill parent. The vast majority of these children live in sub-Saharan Africa. Despite the recognition of the magnitude and negative consequences of this problem, there is little evidence on "what works" to improve the well-being of children affected by HIV and AIDS. Given the lack of information on the impact of care and support strategies for orphans and vulnerable children (OVC), there is an urgent need to learn more about how to improve the effectiveness, quality, and reach of these efforts.

In an attempt to fill these knowledge gaps, MEASURE Evaluation is conducting targeted evaluations of five OVC programs in five unique settings, two in Kenya and three in Tanzania. The *Jali Watoto* program by Pact through SAWATA (Saidia Wazee Tanzania) Karagwe was selected as one of the five programs for the evaluation. The SAWAKA *Jali Watoto* OVC program is supported by Pact/Tanzania with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) provided through the U.S. Agency for International Development (USAID). The program addresses the needs of most vulnerable children by targeting, mobilizing and sensitizing communities to support most-vulnerable children (MVC) and their families. The program's implementation strategies are in alignment with key PEPFAR strategies, including those that ensure OVC access to essential services, strengthen the capacity of families to care for OVC, and mobilize and support community-based responses.

This case study was conducted to provide a detailed account of the operations of the Pact/*Jali Watoto* project in supporting OVC in Karagwe district, which will guide the development of questionnaires and other pre-data collection preparations that are needed for evaluating the program based on their objectives. The primary audience for this study includes OVC program implementers in Tanzania and others in sub-Saharan Africa, researchers and evaluators, as well as policy-makers and funding agencies addressing OVC needs. The case study is based upon program document review; program site visits, including discussions with local and national Pact staff, volunteers, beneficiaries, and community members; and observations of program activities.

A grandmother in Karagwe district cares for MVC.

Photo courtesy of SAWAKA

The program model is described in-depth, including a description of key program activities, methods of beneficiary selection, services delivered, unmet needs, and approaches to working with the community. Program innovations and challenges are also detailed. It is our hope that this document may stimulate improved approaches in the effort to support OVC in resource constrained environments.

In general, case studies were the first activity of MEASURE Evaluation's targeted evaluations, although for this program it was a brief study due to time and other constraints. As a result, expenditures and other program costs were not collected, as was the case for the other four earlier studies. This document also seeks to support the process of information sharing on lessons learned in OVC programming.

Situation of Orphans and Vulnerable Children in Tanzania

The HIV/AIDS epidemic has been declared a national disaster in Tanzania and is a top priority government development issue. Attributable in part to the epidemic are reduced life expectancy, lower gross domestic product and productivity, as well as increased infant and child mortality, poverty, household dependency ratio, and number of orphans.[2] The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates 6.5% adult HIV prevalence.[3] According to the Tanzania HIV/AIDS indicator survey for 2003-04, orphan prevalence (children under 18 who have lost one or both parents) is 11%.[2] UNAIDS estimates a total of 1,100,000 children orphaned by AIDS living in Tanzania.[3]

Children affected by HIV/AIDS often live in households undergoing dramatic changes including intensified poverty; increased responsibilities placed on young members of the family; poor parental health that may increase emotional or physical neglect; stigma and discrimination from friends, community members, or extended family; and parental death. These changes often result in reduced household capacity to meet children's basic needs. Orphaned children may undergo a transition to a new household or, in relatively few cases, be forced to head their own households. Orphans are more likely to live in households with higher dependency ratios, may experience property dispossession, often miss out on opportunities for education, may live in households experiencing food insecurity, and often experience decreased emotional and psychological well-being due to such dramatic life changes, challenges, and losses.[4]

The epidemic and emerging information on its impact on children has increased attention focused on orphans and other children affected by HIV/AIDS. The Tanzanian Department of Social Welfare (DSW) recognizes how HIV/AIDS may result in children affected by chronic poverty, disability, and other social problems. In response, DSW with support from the United Nations Children's Fund (UNICEF) developed guidelines for support to most-vulnerable children (MVC). MVC are defined based on criteria agreed upon by community members. Based on initial identification of MVC in 19 districts, an estimated 5.3% of all Tanzanian children are MVC.[5] *The Costed MVC Action Plan 2006-2010*, published in 2006, outlines guidelines for MVC identification and service provision.[5] Key components of the plan include mobilization of community MVC committees (MVCCs) responsible for identification and support to MVC in collaboration with local government and with support from community members. National civil society organizations and international nongovernmental organizations (NGOs) are expected to work in collaboration with MVCCs to provide a package of services outlined in the plan. The plan was officially launched in 2008 by the First Ladies of Tanzania and USA. Specific definitions of service package components were disseminated.

At the local level, many communities in Tanzania have not been sufficiently mobilized to address the needs of most-vulnerable children and their families. Response to the needs of MVC will require greater emphasis on strengthening community-based action mobilized through community dialogue.[5] In response, Pact/Tanzania is providing support to several local organizations, including part of the national SAWATA organization working in Karagwe district known as SAWAKA (Saidia Wazee Karagwe). SAWAKA focuses on community support, sensitization and

mobilization, aimed at strengthening community capacity and response to the needs of MVC and their families. In addition, SAWAKA, in collaboration with community leaders, MVCC members, and MVC, identify and nominate community volunteers who are trained to work in support of MVCCs to serve MVC identified through the MVC identification process recommended by the DSW.

Therefore, *Jali Watoto* program strategies focus on mobilizing and supporting community-based responses; and utilizing advocacy and social mobilization to create supportive environments and reduce stigma and discrimination.

The program addresses the needs of most vulnerable children by targeting, mobilizing, and monitoring communities to support MVC and their families. Resulting activities implemented by community MVCC members contribute to more supportive environments for MVC and their families. For individual children, a more supportive, proactive, and responsive community providing assistance, counseling, and recreational activities is intended to improve mental and social health; increase access to education and improve individual attendance; and reduce isolation, stigma, and discrimination at community and household levels.

Methodology

Information gathering

Information used in this case study was obtained from the Pact/Tanzania national office staff in Dar es Salaam and other local OVC stakeholders. The research staff conducted a 10-day site visit to Kagera region to collect the information about the SAWAKA program, which had been implementing the *Jali Watoto* program in 14 wards of Karagwe district for nearly two years. During this visit another NGO (TAPSE) in Bukoba rural district (neighboring district), which had recently completed the MVC identification process and was about to start providing support to MVC in seven wards, was also visited for possible selection as the comparison site in this study. The research team conducted interviews and discussions with SAWAKA staff, TAPSE staff, MVCC members, and community volunteers; reviewed program documents, including annual reports; and observed how communities benefit from the program. The team had a checklist of questions to guide the interviews and discussions. This case study was completed in April 2008.

Focal site

The focal site for this case study and impact assessment activities, Kagera region, is one of the regions hardest hit by the AIDS epidemic in Tanzania. Kagera is also one of the regions with the highest orphan prevalence in the country.[2] Kagera region is located in northwestern Tanzania and borders Uganda, Rwanda, and Burundi. Rural residents of this region are primarily subsistence farmers.

SAWAKA initiated the *Jali Watoto* program in Karagwe in August 2006. In the original agreement, the program was expected to conclude in September 2008. However, The SAWAKA project sought additional funding for one more year (i.e., to conclude in September 2009). Through 2007, SAWAKA had served 3,225 MVC with different services. The target was to reach 2,750 OVC with at least two services each.

Project Overview

The idea of SAWATA engaging with OVC support came as a result of a baseline survey that was conducted by the organization in 2004; and was supported by statistics from the district council, which revealed that the number of OVC in the district had increased due to HIV/AIDS. The negative impact of HIV/AIDS had caused an increase in the proportion of orphans from 0.5% in the 1988 census to 1.35% in the 2002 census. Karagwe district is reported to be home for more than 41,000 orphans and 13,765 MVC. The life expectancy had decreased and the dependency ratio had increased too, leading to a large number of persons depending on the work of one adult (at a ratio of 1:3). According to the National Bureau of Statistics 2002 report, it was projected that Karagwe district has 25,326 older people (65 years of age or older). Among these, 4697 older people are caring for 11434 orphaned grandchildren who are living in misery with inadequate care, support and protection. Thus, SAWAKA staff felt a great need to intervene and support OVC and their caretakers.

SAWAKA was formed in 1995 as a branch of the national SAWATA, whose main objective is to provide support and care to vulnerable senior citizens and other vulnerable groups. That is why SAWAKA has a program that deals with support and care for MVC, providing them different kinds of support and care.

In response to the needs of vulnerable children, SAWAKA's focus and resources are directed at the community level to support and care for the MVC within the community, as well as to sensitize and mobilize communities and build their capacity to meet the needs of their MVC. The *Jali Watoto* program in Kagera region is operational in Karagwe district and is about to start in Bukoba rural district.

Project Aim and Objectives

SAWAKA aims at providing protection, care, and sustainable support to meet psychosocial, emotional, and material needs of MVC and their caretakers. It aims to empower caretakers' households to initiate sustainable economic activities so that they become self-reliant and are able to support themselves and their MVC.

The project objectives include:

- provision of basic necessities and school material support to school-going MVC;

- mobilizing and training older caretakers and adult OVC on entrepreneurship skills to be able to initiate small scale income generating projects such as chicken and goat rearing, horticulture gardening, tree nursery establishment, and handcrafts making;

- improving nutrition and economic well-being of OVC and their caretakers;

- enhancing psychosocial support to MVC to reduce stigma through anti-stigma campaign training and activities;

- strengthening the community and local government structures, encouraging them to integrated MVC and older caretakers of OVC into their planning;

- improving housing conditions for households inhabited by MVC and their caretakers;

- facilitating linkages of communities to other support institutions in the field of economic activities; and

- facilitating and strengthening district NGO coordination so as to ensure proper and maximum utilization of resources.

To accomplish program objectives, SAWAKA supports identified MVC with school fees and school materials, and empowers communities to establish and manage kids' clubs for easy access to psychosocial support at the community level.

SAWAKA support and care reaches MVC through sub-grantees; village volunteers; and MVCC members, who work in close collaboration with village leaders. SAWAKA works closely with the MVCCs in identification of OVC and their needs and in the distribution of materials and supplies.

Volunteers are nominated from the community where the MVC live. It was reported by several volunteers that they only received letters informing them of the nomination, but they did not know how they were nominated. A field supervisor said it is the children who were asked to nominate persons with whom they would be comfortable. After nomination, all volunteers undergo training on counseling, care-taking skills, human rights, psychosocial support, and anti-stigma campaign.

SAWAKA has 32 village-based volunteers in seven of 28 wards in the district. These volunteers are responsible with monitoring and supporting MVC in such areas as counseling and guidance, and linking MVC with resource systems (referrals to other service providers). Volunteers receive training in various areas, such as psychosocial support, caretaking skills, children's rights, anti-stigma reduction campaign, and data gathering techniques.

MVC Identification Process

Program implementation begins with MVC identification. DSW provides a national facilitator to facilitate the process, which starts with advocacy and community sensitization and mobilization meeting at the district, ward, and community levels.

In Karagwe district, identification of MVC was conducted by the community through planned village meetings with SAWAKA staff, under the guidance of national facilitators. In principle, the process is the same as the one advocated for by DSW. Criteria of vulnerability are set by the community and can include orphans, disabled children, abused or neglected children, adolescent mothers, street children, children not attending school, and children with ill parents.

To be included on the MVC list, a child must face a minimum number of the following vulnerability criteria:

food insecurity in the household

- poor family income
- extremely poor housing
- is taken care of by poor elders or older orphans
- is taken care of by sick caretakers (disabled, chronically illm etc.)
- is abandoned, is abused by family members, etc.

The MVC identification process starts at the sub village/hamlet level and is then confirmed by the village general meeting.

Following this process, many OVC were identified in 2005-2006 but not all were included in the *Jali Watoto* program. One official at the district council said these children were left unattended. "So many children were identified but only a few received support," reported this official. Therefore, so many children were reportedly not covered by the *Jali Watoto* program

Key Program Activities

SAWAKA activities under the *Jali Watoto* program include the following (Table 1):

- support for education (school uniforms and materials to primary school MVC, fees for vocational training, and wheel chairs for children

with disabilities);

- health services (provision of insecticide treated mosquito nets and payment for heath insurance in the community health fund);

- shelter and care (provisions of blankets, bed sheets, and house construction for most needy MVC households);

- psychosocial support to MVC and their families;

- strengthening economic capacity of MVC (establishing and supporting small scale income generation activities especially with youth clubs); and

- protection (training volunteers on legal rights and support as well as referring MVC in need of legal support).

Activities instrumental to accomplishing project objectives are described below. Key activities are planned and implemented by community members with support from SAWAKA field staff. There was an unanimous voice from community volunteers and members of MVCC in many villages that SAWAKA is an exemplary NGO that takes the support to the intended beneficiaries.

One MVCC member said that there were families that had expected to be support through their children, but were disappointed to find that the support was directly delivered to the identified MVC. If a child was not present during service delivery, his uniforms, blanket and bed sheets were not given to "would-be guardians/caretakers," in order to avoid giving the support to unintended beneficiaries.

Support for education — Identified MVC under the SAWAKA *Jali Watoto* project each receive a pair of school uniforms and a warm cloth. This support is offered once a year. In addition, these children are provided with school materials, such as exercise books, pencils, pens, and school bags. The MVC are not given shoes, although it is obvious that most do not have shoes (they typically walk barefoot to school). The project team believes giving shoes to MVC would bring about differences between them and other children, the majority of whom also typically go barefoot.

SAWAKA pays school fees for the MVC, but only covers primary school fees. SAWAKA does not have resources to provide ongoing support at the secondary school stage. Instead, SAWAKA hopes that the council and another local NGO,

Table 1.   Summary of SWAKA Activities

Education*	• Providing school uniforms (skirt or shorts, shirt and warm-cloth), school materials which include pencils, notebooks and school bag; 838 out of 1,200 targeted MVC had received this support by September 2007. • Paying school fees for children seeking vocational training; by September 2007, 11 out of 30 targeted children had received this support. • Providing wheelchairs to MVC with disabilities.; with five of 20 targeted children receiving this support as of 2008. • Providing sewing machines for vocational trainees; with one of 15 targeted children receiving this support by September 2007.
Health services	Providing insecticide treated beds nets; with 1,512 MVC receiving nets by September 2007.
Shelter	• Providing blankets and bed sheets; 1,538 MVC had received beddings by September 2007. • Supporting house construction/renovation by providing building materials and mobilizing community contribution; 120 houses constructed and 60 houses repaired as of September 2007.
Psychosocial support	• By Sept 2007, 84 out of 100 targeted for training had been trained. • Establish and support kids clubs.
Care-taking skills	
Protection	
Anti stigma training	

* Each MVC receives this support once a year, delivered by SAWAKA through MVC care givers, and witnessed by village leaders and MVCC members.

KDEF, will support these children with secondary school fees and other critical needs. A faith-based organization, ELCT, provides school-fees support to post-primary school MVC. Also, some post-primary school children who go for vocational training are given fees support by SAWAKA.

Finally, SAWAKA provides wheelchairs to disabled MVC. By 2008, five children had received wheelchairs since the projected had started.

Psychosocial support — Psychosocial services include counseling and peer support provided during kids' clubs. Small group discussions may be utilized during kids' clubs to foster peer support and problem solving.

Kids' clubs, refereed to as *kikundi cha upendo* (i.e., a group for loving and caring each other) are open to all children and youth in the community. On average, kids' clubs are held twice a month. In 2008, there were seven kids' clubs in seven villages

A wheelchair recipient in Karagwe district.

Photo courtesy of SAWAKA

(in seven wards), and there were plans to establish kids' clubs in other villages. In the SAWAKA model, kids' clubs are categorized by age: those aged between 5 and 12 form the *rafiki mdogo* (i.e., little friend) groups, and older MVC form a second type. The older MVC are often encouraged to start income-generating activities, such as vegetable gardening and farming. Participants are generally children from the respective communities where clubs are held, and clubs may have post-primary school attendees.

Each club may have an average of 20 children, and therefore villages may have more than one club. Kids' clubs activities vary widely between communities as volunteers are encouraged to form their own agendas and are given little guidance or training. For many communities, kids' clubs may simply entail organized recreational activities. Others are utilizing kids' clubs to teach children life skills, traditional games, songs, dances, handicrafts, and local trades. Some volunteers divide children into small groups and facilitate discussion and collaborative problem solving. SAWAKA hired a psychosocial facilitator from the nearby district to support kids' clubs with psychosocial training and counseling.

Two volunteers, each in different villages, reported that orphans who are not classified as MVC in the kids' clubs feel that it would be fair for them to receive support, especially for education. SAWAKA also provides some MVC with sewing machines as a means to generate income through tailoring.

Health services — The project distributes insecticide-treated mosquito nets to all identified MVC. It also plans to pay health insurance premium for MVC into community health funds. SAWAKA collaborates with the Primary Healthcare Project, which started this support by first identifying poor families in the community. These families receive insurance to cover care at health facilities within the community.

HIV/AIDS prevention education is provided to MVCC members and community volunteers to

Rafiki Mdogo Club members in Katanda village of Karagwe district sing traditional songs as an activity.

the extent that they have prevention knowledge and are comfortable talking about HIV/AIDS within the community. Prevention education is provided during community meetings, home visits, and kids' clubs.

Shelter — SAWAKA provides blankets and bed sheets to MVC in dire need of these items. They also support house construction and renovation by providing building materials (corrugated roofing sheets, windows, doors, and nails) and by mobilizing community contributions of labor, land, and building materials. It was reported by one volunteer that a house was constructed for MVC, however the house did not have a latrine.

Protection — Village volunteers and some members of MVCC are trained on legal support in the community, and offer legal aid to MVC and widows in collaboration with another local NGO, known as WOMEDA. MVC who need services at a higher level, e.g. the ward level, are given referrals.

Anti-stigma campaign — SAWAKA used a Pact/Tanzania tool kit to train village volunteers, guardians, and parents on how to counter stigma within their communities.

Community support — Community support is provided through community sensitization and mobilization around OVC needs. Ongoing sensitization and mobilization is the backbone of the program, as service provision and activities for children and families occur at a level commiserate with community commitment and support. As a result, OVC benefit from in-kind contributions, reduced stigma and discrimination, and increased support networks.

Household support — Household support includes counseling parents and guardians during home visits. Volunteers may offer advice, OVC care and support strategies and information, and encouragement.

Referral protocol — The project referrals MVC to services that may not be available where the children live. A volunteer or member of MVCC visiting an MVC may encounter a problem that volunteer can not resolve. They are provided with a referral form in which they will provide relevant information, to enable the referral to be more effective. Medical cases are referred to the nearest health facility capable of managing the MVC's specific problem. Very often, transport to a health facility is difficult.

A completed referral form will have the following information:

- child identification
- child's needs/reason for referral
- where is the child referred to
- information on the referring volunteer
- information on the kind of services and support are already provided to the child

- other relevant information
- feedback

The feedback section is completed by the person who attended to the referred child, indicating the kinds of services and support rendered. This section is returned by the child, or his or her caregiver, to the referring volunteer.

Psychosocial, legal, and human rights problems needing referral are often managed by volunteers trained in psychosocial support and those trained in paralegal assistance. Legal issues that can not be resolved are referred to the ward reconciliation council.

Languages — Almost all villagers are able to speak Kiswahili, and MVC attending primary school are also able to speak Kiswahili. There area a few exceptions with very old caretakers, who may only be able to express themselves in their local vernaculars, Kinyambo and Kihaya. SAWAKA staff estimate that less that 2% of caretakers and MVC are unable to respond to the interview in Kiswahili. We talked to children and adults we met randomly in the villages we were visiting and found that they were able to express themselves in Kiswahili.

Monitoring, reporting, and supervision — The project activities are regularly monitored by SAWAKA staff and volunteers under the supervision of the programs coordinator; field visit reports are prepared and discussed with the management for further follow-up and decision-making. Monthly and quarterly narrative reports are compiled by the coordinator while financial reports are prepared by a finance manager and are shared with the management before being submitted to the donor.

Management and administration — The program's coordinator is the head of management and has overall responsiblity to the board of directors. He is also the overall accounting officer for the organization. The finance manager and project officers are directly responsible to the

project's coordinator. Other employees are an accounts assistant, cashier, office administrator, office attendant, security guards, and a driver who are all accountable to the finance manager. There 10 employed staff in total (three women and seven men), and about 20 volunteers based in the villages.

Unmet Needs

SAWAKA does not have resources to meet all needs that MVC have. Some of these unmet needs include the following:

More OVC than the project can support — SAWAKA wishes to provide MVC with all the basic services itemized in the national plan of action for MVC. However, what is provided may not be adequate due to the large number of MVC with diverse needs. The largest unmet need is the fact that SAWAKA only supports a fraction of MVC identified in the villages. Typically, there are OVC living in the neighborhood of a few households with MVC who receive support from the program. A volunteer added during one of the meetings we had that "even the support the MVC receive does not meet all their critical needs."

Volunteers suggest that there is a need for NGOs providing service to MVC to say explicitly what they can offer, and to train volunteers on how to manage MVC and other OVC's expectations.

Food and nutrition — The program does not provide food to the MVC. However, almost all MVCC members and community volunteers cited lack of food as the most challenging MVC need they encounter on a daily basis. A few volunteers said they have had to share their little food with the MVC who are found with nothing to eat, particularly in households of very poor families.

In some villages, we met volunteers who said they were offering foods to the MVC during home visits. "How would I dare to leave a hungry child behind me, while he knows I am the one who cares for him. So if I have some banana or any other food, I give it to them," said a volunteer who is also a member of a MVCC.

Transport for medical reasons — MVCC members and volunteers visiting MVC face the challenge of transporting a sick child to health centers. Health center are often far away and the program does not provide transportation for MVC referrals.

Illness and malnutrition — Volunteer training does not address health or nutrition education. Furthermore, when a sick or malnourished child is identified, volunteers are often unable to mobilize resources to provide nutritional support, medicine, or transportation to a medical facility.

Post-primary schooling — A majority of MVC who go into secondary education have needs for school fees, school materials, and other educational needs. A local NGO, KDEF, receives funding from the *Jali Watoto* program to support a few MVC joining secondary education. In one village, only four out of 20 were going to receive school fees from KDEF. The remaining students were frustrated, and the ward councilor wondered what he was going to do with the challenge.

Income-generating activities — Volunteers and MVCC members from most villages told the team that single mothers and grandmothers caring for MVC are particularly in need of income-generating activities in order to support their families.

Community Ownership

The MVC identification process is designed to foster community ownership. SAWAKA follows a process that ensures community participation in the identification of the MVC and their active involvement in service delivery.

Community sensitization and resource mobilization take place during community meetings in the villages. Members of the community realize that the problem of MVC is theirs. The MVC live within the community. Community contributions are aimed at providing the community to support the MVC in such areas as food, income-generating activities, and shelter.

Community leaders leading program activities — All essential activities that relate to MVC are spearheaded by community leaders through their MVCC and community volunteers.

Direct material support and service provision by the community — As mentioned elsewhere in this report, members of the community and MVCCs, as well as volunteers, provide in-kind and material contribution to support MVC in their villages.

Resources

SAWAKA draws upon resources and contributions of donors, staff, MVCC members, community volunteers, and community members to address the needs of MVC and their families.

Donors

SAWAKA is funded by USAID/PEPFAR through Pact/Tanzania. Donor funds are intended to reach MVC with at least two services for each child. SAWAKA was first awarded USAID/PEPFAR funds in August 2006.

Program Staff

SAWAKA employs local staff in the positions of program coordinator, finance manager, accountant, psychosocial support facilitator, driver, and other administrative support staff. They are jointly responsible for ensuring that the support through the program reaches the intended beneficiaries, and that communities are mobilized to contribute to program sustainability

Community Volunteers

Community volunteers are not provided with any type of compensation or incentive from SAWAKA for their MVC work. Volunteers are believed to be trusted members of the community possessing education and good communication skills. They are generally required to be literate (important for reporting); and successful volunteers will be able to allot time for volunteering in addition to time needed for their home duties and income generating activities. Volunteers report that they must be patient, flexible, able to cope in many different situations, compassionate, able to keep confidentiality, committed, and dedicated to volunteerism. Volunteers implementing kids' clubs should enjoy playing with children and possess knowledge of games, as well as counseling skills.

Community In-Kind Contributions

Communities are urged to contribute resources for the care and support of MVC in their villages.

In most cases, community contributions are not well documented, but community leaders say they have provided some contributions in food, support for medical care, uniforms, soap, and labor, plus local house construction materials.

In Omulusimbi village in Karagwe, the village MVCC was able to pay secondary school fees and bought notebooks and pens for a child designated as a MVC.

Lessons Learned

Experience has afforded many lessons learned regarding implementation. Community volunteers and SAWAKA staff identify lessons learned through innovations, successes, and challenges encountered over time.

Several trainings on MVC, as well as the MVC identification process, help to awaken a community to appreciate that the MVC problem within their community, and to recognize that the community is able to provide support to MVC.

Volunteers are an immense resource that can be optimally utilized if volunteers are well trained and motivated.

Program Challenges

Volunteer and local leader requests for compensation — SAWAKA work is challenging for field staff due to expectations from volunteers desiring compensation for their time and transportation allowances or bicycles. Expectations for compensation can be found among local leaders as well as potential community volunteers. High expectations are found in both urban and rural communities, however field staff note that mobilization is particularly challenging in urban areas as urban leaders are more likely to request payment for their time and cooperation, and a sense of being part of a community is not as strong among urban residents when compared with residents in more rural settings.

In one of the discussions with volunteers at Katanda village in Karagwe, a volunteer said, "Our needs are ignored by the program. They want us to become most-vulnerable adults. So we cope by allocating fewer days to program activities, for example a day or two per month."

Volunteers also need items like T-shirts, or any sort of uniform which would help to add to their recognition in the community.

Volunteers having to reach MVC in geographically dispersed households — Volunteers request bicycles, which would enable them to visit children who are far from the volunteers' homes. They also need stationery for record keeping, as well as brochures and other information and education leaflets to give to MVC and their families.

Insufficient volunteers and kids' club training, guidance, and equipment — Volunteer trainings address several topics, including care-taking skills, anti-stigma campaigns, HIV/AIDS, counseling, and aspects involving kids' clubs. However, most MVCC members are not be selected to attend training, and trainings can occur several months after committee formation, leaving volunteers to implement their efforts without guidance or training.

Outstanding volunteer needs for economic strengthening — Volunteers note that income generating activities for volunteers is an important missing program component. While volunteers desire to contribute to their community through their work, they highlight the need for some type of incentive, such as income-generating activies, to sustain their efforts.

Low level of social, medical, and transport services in rural areas — Volunteers in rural areas face challenges assisting MVC and their families arising from a low level of social, medical, and transport services. Lack of transportation impacts volunteer capacity to conduct regular home visits, due to long distances to be covered on foot. In addition, medical or other services are often not available and referral is very challenging due to transportation barriers. Paucity of social and medical services in rural areas means volunteers are limited in the services they can provide.

Addressing the many needs of OVC households — In their individual family assessments and

ongoing work with families, volunteers reportedly often uncover great needs for material support (e.g., food, shelter, bedding, and school materials and uniforms); however, they are largely unable to meet these needs due to limited resource mobilization potential in poor communities. They note that families in need often have high expectations for assistance that volunteers are typically unable to provide.

Ensuring educational support to post-primary students — Most MVC qualifying to join secondary school become frustrated by their lack of school fees, school materials, and ability to meet other school requirements. KDEF, the NGO that supports secondary school MVC, is able to support only a few of the many who need support.

One MVCC member at Kayanga village in Karagwe lamented that "one kid had school uniform, all other key school materials, and a school bag given to him by the program, but was not able to start schooling because he could not afford to pay other obligatory contributions for items such as a desk, school renovation, medical, and cautionary money."

Program Innovations and Successes

Much of SAWAKA's success and innovation lies in its community engagement processes, contributing to community ownership. These innovations and successes are discussed below.

Empowering local leaders: Community leaders such as village and sub-village chairpersons are empowered to oversee and monitor MVCC and community volunteers activities in their communities. As a result of their central involvement in the program, community leaders reportedly feel pride in their community's response to the needs of MVC and their families and play an important role in sustaining program activities.

At the ward level, we had three meetings attended by ward councilors, not to mention ward executive officers, village executive officers, and village chairpersons, who provided substance support in updating MVC information. Some of them know the MVC by name and where they live in the villages

Beneficiary selection by the community based on local definitions of vulnerability: SAWAKA (as well as TAPSE in Bukoba rural) and local leaders facilitate community identification of vulnerability; and based on these definitions, community members identify specific MVC to receive program services. Community selection of beneficiaries capitalizes on local knowledge of vulnerability and promotes community ownership.

Direct material support and service provision by the community: Community responsibility to meet material and service needs of MVC and families is encouraged and strengthened. With very minimal material inputs and support, MVCCs undertake community sensitization, kids' clubs organization, and home visiting with a sense of commitment. While there are limits on the extent to which poor communities can provide goods and services to those in need, the model demonstrates the power and commitment of communities to take action on behalf of their most vulnerable children.

Youth involvement in kids clubs: The inclusion of non-MVC youth in kids' clubs facilitates youth participation and strengthens relevance and targeting of efforts. Including youth in these clubs demonstrates a commitment to incorporating the ideas and experiences of youth in program implementation and fosters youth leadership skills. The senior MVCs kids' clubs, known as *kikundi cha upendo*, have created a way for kids to engage in income generating activities.

Recommendations

Strict adherence to the MVC identification process recommended by the DSW is critical. All identified MVC should be targeted for services as soon as the identification process is completed.

Volunteers are an immense resource that can be optimally utilized if they are well trained and motivated.

There is need to design and put into action some sort of exit strategies for older MVC who will soon become 18 years old. The program needs to come up with plans for how such MVC will be supported and empowered to stand on their feet as they become adults.

It was recommended by members of MVCCs in several villages that evaluation be done regularly, in order to improve project effectiveness.

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