

F I N A L

EVALUATION REPORT

URBAN CHILDREN AT RISK
PROJECT
Arusha, Tanzania

(Funded by PMU Interlife)

Submitted by: Catherine Collingwood
Social Development Consultant
28 Hansen Road
Muizenberg, 7945
Cape Town

Email: cathcollingwood@gmail.com
Tel: 0027-21- 837870307

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EXECUTIVE SUMMARY
OF THE DRAFT EVALUATION REPORT: URBAN CHILDREN AT RISK
PROJECT

1. Introduction

The Urban Children at Risk Project in Arusha, Tanzania, began in 2005 with funding from PMU Interlife (PMU). The project aimed to stem the tide of vulnerable and orphaned children arriving to live in dangerous and exploitative conditions on the streets of Arusha as a result of HIV and AIDS. The project's intervention was to strengthen the originating communities and to provide alternative family-based support structures for those children who had no alternative care.

Having implemented a considerable range and depth of activities in respect of the above objectives over the allotted three year period, the project has now come to an end of its three year funding cycle and it is an opportune moment reflect on what has been achieved as a result of all these activities.

To this end an external evaluation was agreed to by the project team and in consultation with the project team, PMU commissioned Social Development Consultant Catherine Collingwood to undertake the external evaluation of the project.

The purpose of the evaluation was fourfold: to describe the results of the project; to clarify the institutional arrangements of the project as they affect capacity and sustainability into the future; to identify the model emerging through the project and the extent to which it may contribute to Early Childhood Development and psycho-social intervention knowledge and practice; to make recommendations

2. Approach and Frameworks Employed in the Evaluation

The evaluation employed an appreciative approach based on the notion that something increases in value when appreciated and sought to identify the developmental possibilities within the project¹

The achievements of the project were assessed in terms of the performance of the project team and the effectiveness of their outputs. These relate to the Logical framework levels of 'output' and 'immediate objective'

The desk review and preparatory communication with the evaluation team revealed that the project intervention is both complicated and complex and this categorization was borne in mind as the evaluation commenced.²

¹ These features of Appreciative Inquiry are taken from the SIDA paper on 'Logical Framework Approach – with an appreciative approach' (2006)

² The distinction of interventions as either simple, complicated or complex comes from Programme Theory which defines a complicated intervention as one which has a number of different strands to co-ordinate, but many of them are predictable and the results can be pre-determined. Whereas a complex intervention has a high degree of

When reviewing the results of the project, an holistic interpretation of Early Childhood Development (ECD) and children in the context of HIV/AIDS was drawn on. Namely that ECD is about strengthening families and households to reduce the vulnerability of children.³

(See Appendix Two for a full list of references)

3. Methodology

The evaluation strove to hear from as many voices as possible and included: an individual interview with the Project Co-ordinator of the FPCT based in Dar es Salaam; individual interviews with management committee members and project staff; a one day reflection workshop with same; an individual interview with the head of the PMU Africa Desk; a one day field trip to the villages of Nadasoit and Kiserian where focus groups were held with the various sub committees of the project as well as the appointed and the elected village leadership; visits to the Centre; a visit to the demonstration site of the Livelihoods Teacher; travelling conversations with the Skara Pastor; a half day presentation of initial findings to the Management Committee and Staff.

4. Objectives of the project

The Objectives of the project are two fold: to assist in strengthening the livelihoods of poor families in order to minimize the risk that their children turn up in the streets of Arusha and to develop family - based support structures in order to ensure the re-integration into society of children who have been orphaned or neglected. The project also aimed to make a contribution to the establishment of positive attitudes towards foster parenting and to a greater confidence within the communities for dealing with these issues.

4. Key Results achieved through the activities of the project

4.1 The project has strengthened the livelihoods of poor families in particular widows. Milk from the goats provided has been drunk by the widows and children as well as sold for income.

4.2 The asset base of women in the village has therefore increased, which usually means that the status of women duly rises and their vulnerability decreases.

4.3 From the first two tanks built as demonstration models by the project Livelihoods Teacher, a further eight have been built by the men and women participants in the tank building training programme (aka the environment group). This first group has stayed together beyond the training programme. The successful implementation of the 'passing on' methodology is evidence that conditions for greater co-operation have been established between people in the village. So too is the

unknowability, where the reality of the situation only becomes known as the intervention unfolds.(Rogers, 2008)

³ Here, the PMU Interlife guidelines on working with vulnerable children were referred to

fact that the first wave of men and women trained to build water tanks, filters and pit latrines have organized themselves and earned an income through building the same for other villagers. Not only has the income level of the village increased, it has been generated in the villages themselves, thus strengthening the very local economy.

4.4 From this we may deduce that voluntary associational life – the foundation of civil society - has deepened through the co-operative efforts of the villagers made possible through the input of the project. The increase in associational activities suggests that there has been a strengthening of civil society in the villages.

A particular quality of this new increased strength is that the self esteem of the widows and their productive abilities has improved due to the supportive and practical help activated by the project team. It is clear that the widows have improved their living conditions. This was evident in the number of widows in the goat project improving the quality of their homesteads. It also seems that not only are the raised living conditions improving the quality of care of their own children but the evaluation heard a number of stories from widows now being able to look after other children in need. Two of the widows in the two different villages had managed to raise donations from other village members to enable two orphans to complete their school year.

Another development result worthy of special note is that the women involved in the project at Kiserian have organized themselves into a support group. It could be said that they have taken the inputs from the project (ie, the goats, the circulation of the goats, the training in water tank building, small scale food production and HIV/AIDS) and transformed these into co-operative relationships that can generate support internally for their own continued development as well as new ideas for how the orphans and vulnerable children known to them could be further supported within the community as opposed to being removed.

4.5 The food and water security in the two villages has improved. A number of people in the environment project told of how they have produced more vegetables for their families since learning about ‘mattress gardening’.

Health in the villages has improved. The evaluation heard a number of villagers tell of how they don’t get as sick as they used to. This could be due to the presence of nutritious goats milk as well as the cleaner water provided by the water tanks and filters and the increased hygiene brought by the latrine slabs.

4.6 The ‘passing on’ of the building and using of water tanks, filters and latrine slabs is happening. The building of filters and tanks involves women and men, not only men. As does the building of latrine slabs. The ‘passing on’ of resources (eg. the goats) does not rely on intervention from the project team. It is self facilitated through the elected village sub committee. The fact that five rounds of passing on of goats has occurred at the initiative of the community suggests that this practice of resource circulation has been adopted by the community and within a few more rounds can be said to have been ‘mainstreamed’.

4.7 A further result of the project that is both preventive and ameliorative lies in the fact that 600 school children have been helped with school uniforms, thereby

boosting their confidence to attend school. This is not just a relief effort. In families affected by HIV/AIDS the children who may already be stigmatized by this fact, are often further stigmatized because they cannot afford to buy or maintain their school uniforms and this causes them further demoralization and marginalization and raises the likelihood of school drop out, which in turn pushes them one step closer to leaving the village for the street. The provision of school uniforms in this way has more than likely reduced the number of children who may see the streets of Arusha as a welcome anonymity. By providing school uniforms for all the children (since the level of poverty in these villages is very high) and not signaling out orphans and especially vulnerable children, the project has avoided the further stigmatization of children affected by HIV/AIDS.

4.8 Through the provision of two sewing machines in Nadosoit, some school uniforms have been locally sewn for much cheaper. Apart from reducing dependency on the project to regularly 'give' new school uniforms to needy children, this has strengthened the local economy as well as making it a little easier for widows and other care-givers already under great economic strain to provide what the children in their care need to attend school. The provision of the sewing machines was done with a developmental orientation to bolster independence and with a focus on how this would benefit vulnerable children.

4.9 With regards to the prevention of an increase in HIV and AIDS, which is a key objective of the project, it is too soon to tell the results of the HIV/AIDS training aspect of the intervention. However, the participants in the training programme were able to share a lot of information about what they had learned as well as where next they plan to share it.

4.10 The project has demonstrated foster care as one alternative family based support structure for vulnerable children. It has facilitated the placement of four children who have been either orphaned or neglected, into un-related foster families and eight children with extended family members thereby ensuring the re-integration of these twelve children into society.

4.11 The project has begun to contribute to the establishment of positive attitudes towards foster parenting. It has clearly built the confidence of pastors in foster care as a viable practice to adopt in their own families and it has stimulated interest in other community members.

However, the project team has not made the level of progress towards this objective as it had hoped.

The process of building awareness and support for foster care in communities and then identifying actual foster carers is more complex than complicated. The 'pathway' to achieving this acceptance is not clear from the outset. It rather emerges through trial and error and is concerned mainly with preparing the context – ie. building the environment for receptivity to the new idea of foster caring for a child not related to you.

The government has strict criteria about the standards of a formal foster-home, which most of the village homesteads do not meet, which means that foster placements must be sought elsewhere.

The project team has not yet consolidated an explicit approach to foster care recruitment nor to alternative family support structures. However, the features of their approach so far include: recruiting amongst the Baraa church community (akin to looking for Good Samaritans), from amongst people they already know and trust; looking for a 'fit' between the child and the prospective carer; and placing children with extended family members where formalisation with authorities is not necessary

4.12 The institutional care model in operation at the Centre is that of 'group home'. A resident matron and two housemothers care for the maximum of twelve children who can be accommodated there. This high ratio of caregivers to children in the Centre is positive as is the fact that all the management committee are well acquainted with the specific circumstances of each child.

The Centre is small and modest and does not have a TV. Through the simple yet comfortable furnishings and the absence of a television set, the message is clear that this is not meant to be a place of enticement of children away from their families. However, it does have a homely atmosphere and there are play things and stimulating materials easily accessible to the children. It is where the conventional notion of ECD finds expression in the small nursery school run from the training cum meeting room for the nursery age children.

The older children attend school and church nearby and the church runs a weekly play activity at the centre. In this way there is a measure of local community integration for the children.

4.13 Attempts to facilitate maintenance of contact between family and child towards re-integrating have largely been negative experiences for those children.

4.14 Overall, twelve vulnerable children at great risk of further abuse and/or abandonment have been removed from these situations with the remaining nine children having been placed in the Centre for between one and three years. Potential, viable foster carers have been identified for four of these children and another child will move back home after the wedding of his father.

4.15 The Centre's most significant role lies more in its potential as a therapeutic transitional safe place for children than its current role which runs the risk of becoming a permanent orphanage for the children. The project team is clear that this is not its intention – it refuses to refer to the centre as 'an orphanage'.

But the gap between intention and reality can insidiously close unless closer attention is paid to equipping the Centre as a 'transitional' space for children and its activities become actively about preparing the children and foster carers for placement and/or a place to build the ECD capacity of the Womens Support Groups in the villages. The original intention of the project was always to employ the Centre as a demonstration and learning site but this has yet to be realized in any significant way.

Some of the children already in the safety of the centre require *extra-special* care and attention. Not *ordinary* care and attention. They must already be receiving this to some extent since on my visits most of the children seemed bright, alert and genuinely playful. However, once a group becomes involved in making a decision about removing a child from its familiar context, there is a responsibility not only to meet basic shelter needs but to facilitate directed therapeutic care for the child since the trauma of removal requires focused support. Similarly, when placing a child who has already experienced the disruption of their attachments, is placed into a new relationship of attachment in foster care, both parties require therapeutic support in building the new family situation that is being formed.

5. Key findings

5.1 *Building community resilience is a valid intervention to shape the impact curve of HIV/AIDS more positively for vulnerable children*

The increase in productive livelihoods, the strengthened co-operative abilities, the improvement of food security and health, the extended support to children outside the immediate family structure, the self-organisation of women and the increase in their asset base and status all combine as evidence to strongly suggest that the *community safety net* for children in the villages of Nadasoit and Kiserian has significantly improved and that this has diminished the prospect of many more children being forced to leave for the streets of Arusha.

5.2 *The project demonstrates an holistic approach to Early Childhood Development*

On its own the notion of strengthening community resilience fits well enough within an holistic interpretation of ECD. Infused as it is with an orientation to meeting the psycho-social needs of orphans and vulnerable children within their families and communities, the child focused model of community resilience demonstrated by this project has much to teach others in the field of Early Childhood Development. By choosing wherever possible to focus on strengthening the livelihoods of (predominantly) women caring for orphaned and neglected children, the project has tried not to stray too far from the 'everyday systems of care' that are familiar to the children. This is a key ECD principle being observed.

5.3 *Preparing the ground for alternatives to take root – and demonstrating that they work, are pre-requisites for the take up of any new practice*

This project has been about preparing the ground by establishing the conditions for change to take root. Demonstration and role modeling have been the core practices of the project team, not only preaching and telling. This approach runs across all the activities and relationships between the project team and the participants.

5.4 *Local church congregational leadership can be a powerful animating development presence in communities*

The strong and active leadership presence of the local pastors in the project suggests that the Pentecostal church network is a powerful facilitator and container for

development in Arusha. The initial animation of the community has been achieved through working through the congregations. The church has provided an existing level of organisation and relationships to hold the different inputs and activities through which remaining community members can be reached. Whole scale replication of this model of community resilience may not be possible where there is no congregation, although some of the technologies could probably be replicated with motivated individuals. But the depth of preventive impact which this project has achieved in a relatively short space of time would very probably not be possible to the same extent in the absence of local community faith based congregations connected to one another through active pastors. In Arusha, there is already an FPCT network of relationships which provides fertile soil for change initiatives.

5.5 Replication of models is contextually bound

There is clearly a strong shared intention across the project team that the protection of vulnerable children is at the heart of their initiative. Their activities are not employed only to improve living conditions in the villages. This is the means to the end, which is support for orphans and vulnerable children. It is not the achievement of community resilience for its own sake, but rather a monitoring of the condition of children through building this resilience. Those who wish to replicate the model need to internalize this direction for its impact to be most keenly felt.

Apart from all the people involved having the shared child focused interest, the fact that Tanzanian society is structured into localized community based representational (if not executive) governance, means that there is already a strong culture of localized community consultation. This distinctive contextual feature may not be found as strongly elsewhere. The project team feels that this structure of community decision making is one reason that has facilitated the quality of community participation in the activities of the project. The Tanzanian model of ten people forming a cell and fifty cells electing one leader meant that communication and involvement could happen more speedily than if the project team had had to begin by organizing the community.

Attempts to replicate the project elsewhere would need to include a thorough contextual assessment of predisposing conditions.

5.6 There is a balance to be held between being child focused and child directed

The project is deeply and demonstrably child focused. The project helps children and when it cannot improve the quality of their care within their families, it provides the necessary refuge for the children.

However, the only level of community not organized by the project are the children. As yet, no forum has emerged through which the children can directly talk with each other about their situation or voice their needs and ideas. In that sense, the project is not child directed. Perhaps this is because up to now the project has been dealing with an 'emergency' situation that has required those with authority to make decisions that ensure immediate safety for the vulnerable children. In this phase of the project it is understandable that the children have not been organized into a representative forum. That is not to say that the children have not been consulted about their movement out of their vulnerable situations.

5.7 Meeting cutting edge research based guidelines for interventions aimed at vulnerable children, is possible

The results of the project and the evaluation of their impact reveals that the project has shared to a great extent the same guiding principles contained in PMU policy regarding interventions aimed at vulnerable children.

5.8 A lack of clarity around institutional arrangements can limit the impact of otherwise successful initiatives

The boundaries of the institutional arrangements giving rise to this project are somewhat unclear. This does not seem to impede the efficiency of the project but it could negatively affect the relationship between the project and the FPCT headquarters, leading to a diminishing of the potential impact of the project.

Underlying the slightly blurred boundaries is the creative dilemma of whether projects are the way to build organisation or whether organizations are the best formation from which to deliver projects.

At the moment, Hope for Children organisation seems to be the shorthand term for the more cumbersome 'Urban Children at Risk Project'. The Hope for Children NGO did not initiate the Project as an independent institutional entity. The people involved in setting up HFC initiated the project under the auspices of their membership to the body of the FPCT. However, as is the picture with most human endeavours, the picture is slightly messy in that the vision of HFC is exactly the same as the goal of the Project and all governance members of HFC are also governance members of the Project. But HFC does not belong to the FPCT and technically initiatives in Tanzania only qualify for funding if they are run under the auspices of the FPCT. However, it is the Urban Children at Risk Project that is applying for funding, not HFC.

Ownership is a disputed issue in this situation. It was not easy to gain clarity on the exact issues under dispute but it is clear that there is a difference of opinion between the Project Co-ordinator at FPCT Head Quarters and the Project Management Committee leading to the developing sense of mistrust between the two parties that neither feels comfortable with. However, it is not clear what the ownership concern is around this issue. Is it the endorsement of the initiative referred to as the 'Urban Children at Risk' Project or the ownership of the assets which the project activities have generated? Specifically, ownership of the physical Centre, which is called 'Hope for Children' seems to be the subject of the dispute. The FPCT seems to endorse the project but to be concerned that when the project comes to an end (by this its understood that that means when funding ceases), that the physical assets will not be locally owned thus limiting the chances of future sustainability of activities associated with the funding period or limiting the resource base that the FPCT may wish to draw on for its future initiatives. The management committee's concern regarding 'ownership' appears to be around the safeguarding of their autonomy to decide on the use of the Centre established through their initiative so that they have a resource for sustainability of current and potential project activities.

The concerns of all parties dovetail around sustainability. This is a common concern on which to build resolution but at the moment the different perspectives on what constitutes sustainability are not understood. The FPCT Headquarters appear to be experiencing capacity constraints that are limiting the amount of contact needed between the HQ and the project.

It is clear that the local level of the FPCT (ie. the FPCT pastors who are part of the Project Management Committee) feels a strong ownership of both the success of the project as well as the physical asset that is the HFC Centre. The lack of clarity of role and ownership appears to sit at the centralized leadership of the FPCT – at its headquarters. The evaluation seminar in Sweden generated a further question: who owns the knowledge, or the model that has been built? This question points to the need for a deeper dialogue on what each party means by ‘ownership’.

The role of the Swedish Church (Skara Pentecostal Church) with regard to relationship building with FPCT is not clear. Skara seems to relate to FPCT through the Swedish Missionaries and to have been exposed to the FPCT through visits by the local FPCT pastors involved in the project. Currently Skara Church is asking itself how its support can be directed towards the sustainability of the projects it raises funds for that can outlast the presence of its missionaries and not necessarily be solely determined by where its missionaries choose to locate themselves. At the evaluation seminar in Sweden it was clear that Skara would like to find a way to relate to the work more deeply alongside its relationship with its missionaries. Unfortunately the evaluation did not include the quality of this relationship sufficiently and this has been acknowledged by all involved as a missed opportunity for learning.

5.9 A system wide shift requires more engagement from the project with the authorities, through its already well developed network

The results of the project are localized within quite a contained area.

To date, due to the focus of the project so far being to uplift the immediate circumstances of those who are vulnerable and at risk, the livelihoods aspect of the project has not ‘needed’ anybody other than the project teacher, demonstration site and goats since it has been focusing on teaching an alternative practice directly to community members. It has not been focusing on changing the agricultural policies or ECD policies of national government.

Where the project has purposefully engaged with higher levels of decision making in the system this is characterized by an invitation to learn about the successes of the project, participate in its activities and in the case of finding foster placements, the social welfare department is engaged to seek and finalise placements. This has set a firm foundation for the credibility of its approach in the eyes of those with power to effect change at policy-making level, but it has not yet begun to purposefully engage those officials, nor its collegial organisations on challenging the current policy and practice of local or government at other levels.

It has been a localized intervention aiming to initially make an immediate and visible difference to basic needs of vulnerable and marginalized individuals and groups at community level.

This does not automatically make it isolated. On the contrary, the project is well connected and does network with others.

It must be remembered that this initiative did not begin with a blueprint to be implemented. It could be said that the project team have been experimentally developing a prototype that they can amend and adapt according to the context and what they have learned through their own reflections and this evaluation.

It seems that the project's approach to advocacy has been to begin by attracting the interest of vulnerable and powerful members of local Tanzanian civil society and government to the alternative practices that the project is able to demonstrate. It has not yet demanded the adoption of certain policies and practices by government. As a first step the project's approach falls within what is known in advocacy and lobbying circles as 'evidence based' policy challenge. In other words, a next step in making the practices of government more responsive to the needs of orphans and vulnerable children would be to make submissions for policy change based on what the project has already demonstrated to be possible.

In the absence of an explicit invocation of universal declarations of children's rights or a calling of attention to the governments success or failure in this regard, the project cannot be said to use 'rights based' policy level proposals and strategies to effect more systemic and therefore ultimately more enduring positive change for children. Nevertheless, a 'rights based' rationale is clearly evident in its intentions and activities which are all about securing the rights to care within a family for the vulnerable children it encounters.

However, this phase of the project has not yet tackled a more system wide change to sustain the benefits it has achieved for the communities and children it has reached and beyond.

5.10 Indicators of capacity and sustainability require precise formulation and must relate to the appropriate level of project intervention

For the livelihoods aspect of this project, the capacity and likelihood of sustainability in the areas already reached is strong with or without further external support. For example, the circulation of third generation goats for the benefit of a further number of widows does not require external support and the sewing of school uniforms does not require external support and the building of more water tanks in the two current villages does not require further external support.

However, the implementation of new activities aimed at further ECD innovation such as perhaps working with the womens support group that has formed in Kiserian, on specifically ECD support (for example, on becoming 'safe houses' for vulnerable children to access temporary respite), would initially require external support.

For the more therapeutic and ECD aspect of the project, external support and capacity building is still required to search for alternative family support structures currently being tried (ie. the present foster care placements) and to consolidate and further mainstream both the awareness model that has been tested so far and the notion of the

Centre as temporary, transitional therapeutic shelter for vulnerable and orphaned children. These are not new activities but refinement of the current, and this cannot viably occur if reliant only on local person power and financial resources.

For expansion of all activities into the three villages planned, were the project to rely on the resources it has at its disposal at present, some of the activities could be fully implemented without further external support and some could be somewhat implemented.

But the critical reach and depth required for a visible impact over different geographic areas in order for the model to be acknowledged by the required range of stakeholders across the system as replicable, feasible and worthy to be supported as a viable local initiative to mainstream further, is not possible without a further period of the financial and personnel support currently made possible by donor funding.

Were the project to receive this type of development investment, given that it already has a proven commitment to local leadership and capacity building it is most likely that there would be a strong and shared intention at management committee and project staff level to use a next phase not only to repeat the activities of the first phase but to consciously build in a more purposeful networking component as well as local leadership and management development component capable of facilitating its own development interventions in collaborative and not dependent partnerships.

6. Recommendations

6.1 Carefully consider the reach, depth and methodology of the next phase

The team should carefully consider whether they will use the exact same methods and approach or how they can facilitate those already targeted and helped in Phase One, with passing on the ideas and skills to others in the intended Phase Two. This could be conceptualized as a stronger 'exchange and networking between villages' component.

The team should combine a mixture of what has been tried and tested as well as the introduction of new ideas based on what has been learned in phase one.

6.2 Build on the Existing Approach to Community Resilience by strengthening the ECD approach and deepening the approach to HIV/AIDS Prevention.

In the next phase of working in the existing and the three new villages, the project team should make every effort to minimize the number of children in the Centre and instead should concentrate its energies on strengthening the safety net in the villages.

For example, this could include more of a focus in the next phase on building the ECD capacity of crèches and nursery schools as well as widows already caring for their own children and others. The project team should also explore age appropriate ways to involve the vulnerable children in the villages and the Centre in the decisionmaking that is affecting their lives. Now that the emergency situation of the children in the two villages has 'stabilised' through the impact of the project team's efforts in Phase One, the project team should look at building the ability of the children to speak about their situation and ideas for the future for themselves. Such efforts would fall within a more the more holistic ECD approach being suggested above.

The project model could benefit from engaging with other demonstrated approaches such as another model in Tanzania called Humuliza which organizes children mostly from child headed households into decision making committees which it then supports. Humiliza has termed their approach or model of intervention as being 'child directed' (which is slightly different to being 'child focussed') with the aim of facilitating as much autonomy and agency on the part of the child in planning for its future, as well as enabling the development of positive peer support in the absence of parents. By mentioning the 'child directed' approach the evaluation does not wish to tamper with the integrity of the Urban Children at Risk Project since it has been very thoughtfully conceptualized, but merely to point the project to other ideas which it might be find useful and would obviously adapt to its own environment.

The team's idea to extend and deepen its HIV/AIDS training in the next phase fits within the prevention and resilience field and should be pursued.

The idea of an 'emergency' shelter inside the village should be re-visited by the management committee perhaps not as a new physical structure but as part of examining which 'everyday systems of care' could be strengthened.

The role of the current creche's and nursery schools in the congregations viz a viz child protection should be examined. The possibility of teachers there being a viable extra target group for a more explicit ECD approach and a conscious haven for the children during the day, should be explored.

The project should actively work with the emerging womens support group in Nadosoit and existing womens support group in Kiserian as the 'good in community' to connect children with.

The quality of the present and potential ECD approach of the project should be strengthened by capacity building of management committee, project staff, teachers and if possible centre staff on how to make the children more actively part of the solutions being sought for their care.

The project team should carefully strategise with the collegial NGO undertaking the HIV/AIDS training as to whether this could possibly be introduced earlier and how those participants trained in Phase One can be involved. The project team should also consider more consciously linking with those volunteers in the community who may be part of home based care groups.

6.3 Strengthen Networking and Advocacy

In the next phase the project team should carefully think about how it could network more extensively within its most immediate sphere of influence – the body of which it is a member, the FPCT, beyond the local pastors involved.

Successful take up of the principles of the project in each FPCT congregation alone, would build a critical mass through which a higher level of the system – government and policy makers – could be engaged around service provision.

The project should make contact with other initiatives addressing the effects of HIV/AIDS within the fold of the FPCT in order to exchange ideas and lessons and to explore ways of establishing stronger linkages for potential collective awareness raising action to promote foster care across the FPCT.

The project could consider holding ‘open days’ for other CBO’s, NGO’s and government agriculture and social welfare offices to observe activities at the Demonstration site and where village subcommittee members could share information about what they are learning through the project

The project team should think about small steps it could take to engage government representatives on the policies and practices that are affecting vulnerable children. Of course, it would be useful for the project team and others involved with supporting the project to think about what kind of advocacy is being looked for? Is it the advocacy of the project team, or the advocacy by the villagers involved in the project?

6.4 Clarify Institutional Arrangements

The Management Committee should think about having extra people on the Project Management Committee from the new villages, to expand local ownership of the project.

Thought should be given to more clearly distinguishing the scope of the entity that is the project from the entity that is the NGO. For example, in the potential appointment of new Management Committee members from the new villages to the Project, these members would not automatically become Board Members of Hope For Children NGO.

The project should find some way to improve communication between itself and FPCT HQ. A first step could be a conversation between the Project Leader Mr Elisamia Nnko, Mr Jason Vogt from PMU and Mr Jackson Muna, PC at FPCT HQ, on the subject of sustainability.

FPCT HQ should find some way to increase its contact with the project and acquaint itself more fully with its innovative achievements.

Skara Church Mission liason should continue to actively explore how it could shift its emphasis to supporting the work of the project in the context of its relationship with its missionaries. PMU Interlife could participate in exploring this issue since it emerged in the Evaluation Seminar that this is currently a common question across congregations involved in missionary work.

6.5 Explore more approaches to family based support as well as alternatives to family based support for vulnerable children

The project team should make every effort not to increase the numbers of children in the centre. As the team intervenes into more villages there may be pressure to do so.

The project team should expand its repertoire of child care responses to consider alternative support other than only formal foster care, such as respite care within the community as well as providing support to child headed households.

6.6 Reflect on and clarify the Purpose of the Hope for Children Centre

The Management Committee and Project Staff should regularly reflect on the relationship between the initiative started by the Project and the aims of the Centre, to monitor how closely the preventative and the curative aspects of the project are being linked.

6.7 Adopt a more consciously therapeutic approach to the processes involved in the care of the children living away from their families and community

In the next phase, the management committee should make explicit the criteria for removing children from their families.

If the Centre considers deepening its therapeutic potential, then the matron and the housemothers should receive capacity building in therapeutic child care.

The children at the Centre should have regular access to a trained counselor/social worker/psychologist.

To meet some of the need for the children to have contact with their roots and identity (unless these roots are too dysfunctional), thought should be given to how the children can maintain more contact with their villages. For example, could they attend church on Sunday in the village...or perhaps a family member could be given a travel allowance to visit once a week or a fortnight...or contact could be facilitated with a friend the child may have left behind in the village?).

Within the next three months the project team should have a written placement plan with timeframes for each child at the Centre. Some progress on this should be possible as the project has now been fortunate to recently secure the services of another social worker with experience in this field.

6.8 Document the community resilience model of the Urban Children at Risk Project

The project team members should write about this very innovative project which has much to share with others. As Richter et al point out, "Evidence, from applied and basic research as well as programme evaluation, is crucial to guide and sustain appropriate and effective action in caring for children"(2006, p51).

7. CONCLUSION

The Urban Children at Risk Project has developed a compassionate, innovative, child focused, holistic response to the psycho-social needs of vulnerable children. It has achieved significant results within a relatively short time-frame and has an emerging model to show for it, that can be referred to as an illustration of good practice.

According to the International HIV/AIDS Alliance ‘The large number of people already living with HIV and the potential time-lag of around 10 years between infection with HIV and death due to AIDS means that illness and death will continue for many more years. The number of orphans and vulnerable children is likely therefore to remain high for some time’ (2003, p4).

To meet this challenge the project will be required to deepen its current model and innovate further, particularly with regards to exploring alternative family and community based support beyond foster care as well as more purposeful networking with authorities, so as to more fully and more systemically positively shape the impact curve of HIV and AIDS ravaging the villages of Arusha.

(End of Executive Summary)

B. Main Report

Section 1. Introduction to the project and background to the evaluation

The Urban Children at Risk Project in Arusha, Tanzania, began in 2005 with funding from PMU Interlife (PMU). The project aimed to stem the tide of vulnerable and orphaned children arriving to live in dangerous and exploitative conditions on the streets of Arusha as a result of HIV and AIDS. The project’s intervention was to strengthen the originating communities and to provide alternative family-based support structures for those children who had no alternative care.

The project has two main objectives:

The project will assist in strengthening the livelihoods of poor families in order to minimize the risk that their children turn up in the streets of Arusha.

And

The project will develop family - based support structures in order to ensure the re-integration into society of children who have been orphaned or neglected. The project will also contribute to the establishment of positive attitudes towards foster parenting and to a greater confidence within the communities for dealing with these issues.

This report documents the outcome of an external evaluation of the Urban Children at Risk Project commissioned by PMU Interlife and undertaken by Social Development Consultant Catherine Collingwood between April and August 2008.

The purpose of the evaluation was fourfold:

- To describe the results of the project
- To clarify the institutional arrangements of the project as they affect capacity and sustainability into the future
- To identify the model emerging through the project and the extent to which it may contribute to Early Childhood Development and psycho-social intervention knowledge and practice
- To make recommendations

(A detailed Terms of Reference is attached as Appendix One).

1.1 Approach, Methodology and Frameworks employed in the Evaluation

The following section outlines the approach, methodology and frameworks that guided the undertaking of the evaluation.

The evaluation team was comprised of Catherine Collingwood, Jason Vogt (PMU Interlife), Pastor Ewa Gustafsson (Skara Church), the project Management Committee and Staff of the Urban Children at Risk Project.

An Appreciative Approach

An appreciative approach does not mean just looking for the positives, but trying to observe fully all the phenomena present in a situation, positive and negative, in order to discover the learning in both. In other words, to try to observe as much as possible before judging and then to try to develop an holistic picture of the situation. This means attempting to enable as many voices to share their experiences and perspectives as possible.

The SIDA guide to an appreciative application of LFA qualifies this as one which focuses on individual, group, organizational and societal capabilities and resources; motivations and driving forces; developmental possibilities and action alternatives for the future (2006, p21). Amongst other things this approach tries to identify 'life-giving forces' and to contribute to freeing up and further developing existing capabilities (rather than replacing them). It studies concrete experiences conveyed in

narrative form and proceeds based on the notion that something increases in value when it is ‘appreciated’ (Hjelm, 2005) quoted in the SIDA guide (2006, p21).

The information gathering, analysis and report writing of this evaluation has attempted to work within this approach.

Sensing the field

The consultant interviewed a variety of child rights and ECD specialists and researchers. Although they were all South African, they had all worked in other countries in Africa and were familiar with different contexts on the continent

Desk review

Various project documents and PMU policy papers were read.

A review of literature on the psycho – social effects of HIV and AIDS on children, the field of foster care, Early Childhood Development and approaches to evaluation was conducted.

Pre-evaluation guided reflection for the evaluation team

Prior to the Field Trip, the evaluation team (the Project Management Committee and staff, the pastor from Skara Church, the FPCT representative and the PMU representative) was given opportunity for a written reflection on what lies at the heart of the project as well as to provide a response to the questions contained in the TOR. This was aimed at engaging the team members as co-creators of the evaluation process, so as to build in a participatory element from the start.

The Logical Framework Approach

Within the Logical Framework Approach distinction is made between four levels of achievement of a project

Impact (Development Objective/Goal)	The benefits over time to the ultimate beneficiaries, or to society in general. This usually takes a number of years to discern and of course whether the problem was particularly difficult to address. Eg. Most children in Tanzania will be cared for in a loving family environment
Effectiveness (Immediate Objectives/Purpose)	The extent to which the target group is implementing the new skills/attitudes/knowledge facilitated by the project. This can usually be seen within a relatively short space of time and of course is influenced by the nature of the target group and the obstacles they face. The target group has to take its own steps with the support it has received. The project team cannot guarantee the actions of the target

	<p>group nor force it to make the changes it needs to. Eg. The widows who receive goats will improve the care of the children they are parenting Eg. The men who have received training in how to build water tanks and filters will teach others how to do so</p>
<p><i>Above this line</i> ---THE---LINE</p> <p><i>Everything</i></p>	<p><i>the project team cannot guarantee the outcomes of its efforts</i> ----- OF----- PROJECT -----REPONSIBILITY---</p> <p><i>below this line is largely controlled by the project team (ie. The Project Management Committee and Staff)</i></p>
<p>Performance (Outputs)</p>	<p>The extent to which the project team delivered all its planned outputs and to what quality. The project team has a high degree of control over this level of achievement. This is easy to monitor and can be seen immediately – it is about the project team taking responsibility for its own productivity, learning and development.</p> <p>Eg. The project team accompanies its training in animal husbandry with affirmation for the efforts of the women, together with training in knowledge about their right to refuse exploitation, along with linking the women up with each other for support. By conceptualizing a holistic rather than unidimensional intervention, the project team is providing not only quantity but quality</p>
<p>Efficiency (Activities and Inputs)</p>	<p>The cost-effectiveness of the inputs of the project. This refers to the ratio between the personnel and the quantity and quality of outputs and results</p> <p>Eg. With only one Livelihoods teacher eighty villagers have directly been trained and supported in sustainable livelihoods and water management, across two villages, in two and half years</p>

Figure 1. Monitoring Levels of the Logical Framework

A very strict definition of the actual project would be nothing more than the set of activities brought by the project team. For example, once the women who have been provided with sewing machines start selling school uniforms to the schools, this is no longer the project, but the income generating activities of the women. Similarly, once the group of men and women have learned how to build a water tank and lay a latrine slab move into the next village without assistance from the project, their activities are no longer part of the project, but their own income generating activities.

Furthermore, the project is not only a project for as long as it is funded by a donor. Fundamentally a project is an initiative of a group of concerned and creative people. Just because a donor may not continue funding that particular initiative after a certain period it does not mean that the initiative is over or that it is no longer a project of that particular group.

In project bound development interventions, it is quite important for these boundaries to be observed.

This evaluation focused on the results of the project as they could be seen at the levels of effectiveness and performance. In other words the evaluation sought to answer questions such as: are the target group able to do anything by themselves with the inputs received from the project and what result is this having, and what approach and quality is discernible in the performance of the project team?

At the level of *effectiveness* the evaluation was looking for what has changed in the lives of the women, children and men who have been directly supported with training, material provision and accompaniment as well as any other changes that could be linked to the efforts of the project.

At the level of *performance* the evaluation was particularly interested in two things: the emerging model being developed through the project's methodologies and approach and the sustainability of the effectiveness of the project. In other words, the extent to which it was possible to say that the changes happening did not depend on unending input of the project team in order to continue.

Due to the relatively short intervention period of the project the evaluation did not attempt to assess the impact of the project. Assessing impact usually belongs to the realm of research where access to base line data and quantitative tools for longitudinal analysis are available.

In terms of the cost effectiveness of the project, no attempt was made to analyse income and expenditure, but observations were made around the ratio of personnel and other inputs to the results of the project.

Programme Theory: UCAR as a complicated and complex intervention

The evaluation was informed by the insights offered by Programme Theory which holds that the complexity of an intervention will have a direct bearing on how the intervention is evaluated. An exponent of this theory developed by Glouberman and Zimmerman, Patricia Rogers (2008) has drawn on their distinction of interventions as belonging to three types: simple, complicated and complex.

A *simple* intervention is one where the intervenor has a high degree of control over all variables. For example, when following a recipe. A recipe clearly sets out all ingredients, quantities and qualities needed to achieve the desired result, which is highly predictable. There are not many variables present and they are all known. All that is required is the following of the recipe. All is within the control of the cook.

A *complicated* intervention is one where there are many different strands to co-ordinate but where much of the variables have a high predictive quality. For example, sending a rocket to the moon involves a large variety of procedures and the co-ordination of many different activities amongst the people responsible, but all the procedures are known, there is a huge amount of prior training and there are many procedures in place, known by all involved, for responding when things do not go

according to plan. In short, despite the high level of complicated co-ordination required, there is much that is predictable and known.

A *complex* intervention is one where there is a strong presence of a high degree of unpredictability and no procedures to guide the intervention. This means that the results of your intervention can only be observed as they emerge, they cannot be foretold or predicted. For example, raising a child. You may have raised the first one successfully but that is no guarantee the second time around will be a success because what you did with the first may be totally inappropriate with the second. In other words, in an intervention where many of the variables are unknown and unpredictable and where there are no tried and tested procedures yet exist, just good quality ideas to try to make a positive difference that will involve the co-operation and trust of fellow human beings already experiencing difficulties, the anticipated and unanticipated effects will only become apparent as they emerge. Where complexity is high, one only finds out about the reality of what one is working with, as one works.

The Urban Children at Risk project is an intervention both *complicated* and *complex*.

Early Childhood Development and the psycho-social well being of orphans and vulnerable children

This evaluation has drawn on the claims made in two comprehensive reference documents on the above issue: “Building Blocks: Africa-wide briefing notes from the International HIV/AIDS Alliance supporting community action on AIDS in developing countries (2003)” and “Where the heart is: meeting the psycho-social needs of young children in the context of HIV/AIDS written by Linda Richter et al and based on the ‘Call to Action’ Conference in Toronto (2006). Other reference documents have also been drawn on.

Early Childhood is defined as occurring between 0 and 8 years and early adolescence between 12 and 16.

“Early Childhood Care for Development (ECCD) is all that the name implies and more: it comprises all the essential supports a young child needs to survive and thrive in life, as well as the supports a family and community need to promote children’s healthy development. This includes integrating health, nutrition, and intellectual stimulation, providing the opportunities for exploration and active learning, as well as providing the social and emotional care and nurturing a child needs in order to realize her/his human potential and play an active role in their families and later in their communities.

This holistic view of children’s well-being, while by no means new, has been validated and encouraged by the Convention on the Rights of the Child. It is only recently been understood that the basic need for food, healthcare and protection are not just needs but rights (implying duties and obligations) and that in addition, the rights to affection, interaction, security, stimulation and opportunities for learning have been accepted as being just as fundamental.”

(From ‘Early Childhood Counts: Rights From the Start by The Consultative Group on Early Childhood Care and Development’, South Africa).

Essentially, holistic interpretations of ECD are about attempting to strengthen the family. The Early Learning Resource Unit (ELRU) in Cape Town, South Africa works with primary caregivers – many of whom are grandmothers - to build their capacity and to link them to support services. Their approach to ECD is to strengthen families and households.

The evaluation chose to work from the holistic definitions of Early Childhood Development (ECD), and not only to focus on the quality of educational development being received by the children affected by the project. The ECD perspective that those involved in the care, development and education of children should be supported in their responsibilities is a lens through which this project has been looked at.

The evaluation uses the UNAIDS/UNICEF/USAID definition of an ‘orphan’ to be any child who has lost either one or both parents. This was reinforced during the field trip where it was confirmed that in Masai families, a child is considered an orphan when one parent dies.

The evaluation is informed by the notion of vulnerable children as those who are ‘separated from caregivers, are malnourished, abused, neglected, out of school, disabled, ill, required to do excessive work, or lack access to services’. (Richter, L et al 2006).

This evaluation is informed by the following PMU guidelines for psycho - social support to vulnerable children as well as those contained in the Call to Action which states that ‘everyday systems of care – families, schools and communities should be prioritized. Interventions for young children should support affectionate family caregiving, and continuity and stability, through access to essential services and association with social groups in the community including faith groups, child care associations and the like’

Finally, the term ‘psycho-social’ peppers all literature on vulnerable children. Psycho-social wellbeing is the positive age and stage appropriate outcome of children’s physical and psychological development. It is determined by a combination of children’s capacities and their social and material environment.

In this evaluation the term ‘psycho-social support’ recognizes care-giving and family care as the most fundamental form of psycho-social care and support for young children. Psycho-social interventions is the term used in this evaluation for the intervention of the project into supporting psycho-social wellbeing of children.

(See Appendix Two for list of references)

Methodology

The methodology used included: individual interviews were conducted with the FPCT Project Co-ordinator, Management Committee members including staff, village leaders, subcommittee members, widows and children;a one day seminar was conducted with the Project Management Committee, Staff and the Skara Pastor; a field trip was conducted to Nadasoit, Kiserian together with Jason Vogt. Small group reflection and information gathering workshops were conducted at each venue

A visit was conducted to the alternative technologies demonstration venue.

A two day multi - stakeholder structured dialogue seminar was conducted with representatives of all project stakeholders (except the children).

1.2 Background to the project

In 2005 the Urban Children at Risk project began. The initial impulse for this intervention came from a group of pastors from within the Free Pentecostal Church of Tanzania (FPCT) and two Swedish Pentecostal missionaries from Skara Church in Sweden who had been living in Tanzania for twenty years. This group had long established relationships of fellowship as well as some experience together of providing help to children in poverty stricken communities around Arusha. Over the years this group had become increasingly concerned about the rise in numbers of streetchildren in Arusha as the effects of the high rate of HIV and AIDS began to take its toll and increasing numbers of children were left vulnerable and in many cases, orphaned.

Initially the group thought about how they could take children off the streets of Arusha through establishing a haven for street children. Through the Skara Church, PMU was approached to consider providing funding support to this intervention.

As part of their decision making process PMU commissioned Kristina Flodman to undertake a pre-study to test the feasibility of the potential intervention. The pre-study found that such a project would, like most other interventions in this area of concern, merely deal with the symptoms of the problem which were already overwhelming. Instead, the pre-study suggested that the group consider conceptualizing an intervention that would focus on preventing children from leaving their villages in the first place.

The group agreed with this thinking and so, with the help of Kristina Flodman they went back to the drawing board and thought afresh from the perspective of what they could do to keep children in their families and villages despite the effects of HIV and AIDS, as well as what alternative to the street they might be able to develop in the event of family care not being available for children.

The final project formulation was implemented with an emphasis on prevention. The project's implementation is described in the following section.

Section 2. A description of the context, focus and facilitation of the project

The project has been implemented in two peri-urban Masai villages of Kiserian and Nadasoit, both within 20 kilometres of Arusha town centre. The FPCT churches of Kiserian and Nadasoit form part of Nadasoit parish.

The project is child focused. It has focused on caring for children made vulnerable or orphaned, specifically by HIV/AIDS. 'Traditionally in Africa, orphans have always been absorbed into the extended family structure. But now extended families are struggling to cope. This is because of the overwhelming number of deaths due to HIV/AIDS, economic changes which have led active young people to leave, and the

fact that many middle-aged people have died, leaving the old and the young to care for children' (International HIV/AIDS Alliance, 2001)

The project intentionally targets more women than men and more girls than boys. Most of the women directly targeted are widows and therefore the most vulnerable in the village society where polygamy is practised. This is because once a husband dies a number of wives are left with a number of children to care for as well as maintaining a position in a now re-configured family situation where old scores from aggrieved relatives may suddenly be revived in the absence of the protective authority of a husband.

Due to the high prevalence of death due to HIV/AIDS many women are themselves too living with the disease as well as coping with the demands of child care. Women are the primary target group of this project. As well as targeting adult women care givers the project targets girl children because they are more vulnerable to sexual exploitation both inside families and if they should arrive on the streets.

Most of the adults have been targeted with activities to build their self esteem and capacity to sustain a productive livelihood with a view to strengthening the community safety net for children. The children directly targetted have primarily been primary school going children as well as some young adolescents. Most of the children targeted are of ECD age.

The facilitation of the project occurs through a management committee and project staff. The management committee consists of volunteers: four pastors of the FPCT Baraa congregations, two Swedish Pentecostal missionaries and a member of the Arusha Rotary Club who is Swedish and has lived in Arusha for the past twelve years. The project staff comprises a part-time Project Leader who is an active businessperson in Arusha, a full time experienced Livelihoods teacher, a matron who fulfills the role of unofficial community social worker, a part-time nursery teacher, house mothers and maintenance members.

The pastors of three Pentecostal congregations which form part of the twenty strong FPCT churches of Baraa district, mobilize the village leadership both elected and appointed and through this leadership, the community is organized into different sub committees that participate in the different livelihood project activities. Through the village leadership and the pastors, the most vulnerable widows and children are identified for targeted assistance from the project co-ordinator and matron. Foster care is promoted through the pastors, project leader and project co-ordinator.

The Project Leader provides strategic direction to the project, facilitating linkages between the project activities and other development players as well as mobilizing local resources.

The Project Co-ordinator ensures the operational implementation of all project activities, providing mentoring throughout. The project co-ordinator also plays the role of bridge with those wishing to support the project with their time or finances and actively raises mobilizes resources from Sweden.

The Rotary Club member performs the role of treasurer.

The Matron also performs administrative duties for the project including bookkeeping and other record keeping.

The Project Leader, Co-ordinator, Matron and Livelihoods Teacher attend Management Committee Meetings.

The committee members in the leadership of this project have known each other for a long time and therefore strong relationships based on shared values were present already. Some of the management committee members had had experience together before of successfully initiating a project that resulted in a nursery school for children. So a critical mass of the management has been able to draw on this prior experience of working together and trying to accomplish something for children.

Through the efforts of the Project Team (Management Committee and staff) the following major project activities have been implemented.

Section 3. The activities implemented by the project team

The formation of six village subcommittees made up of a majority of women to participate in the environmental, livelihoods and health interventions of the project

Ten milking goats bought which have now bred forty five more

The provision of one goat each to five widows in each village in the first round, which has now escalated to thirty widows

The provision of two male goats to two widows in each village in the first round which subsequently sired the many goats mentioned above! There are now 40 milking goats and 160 sheep in each village.

Accompaniment of thirty widows through supportive conversations during home visits

The provision of two sewing machines to two women in Nadosoit

The provision of training in animal husbandry, the building of water tanks, water filters and latrine slabs and small scale food production to 40 men and 60 women

The provision of follow-up problem solving support to livelihoods and environmental participants in the project

The provision of food parcels and seeds to starving families in Nadosoit and Kiserian during the drought

The provision of school uniforms for 600 children in the villages of Nadosoit and Kiserian

The provision of capacity building in HIV and AIDS prevention and care to 20 adults

The provision of small scale material relief in the form of beds and blankets to 5 widows caring for orphaned children

The fixing of two shelters for two widows caring for children

The identification of 80 of the most vulnerable children in Nadasoit and Kiserian

Liason with government departments involved in animal husbandry and the environment.

All of the above activities could be referred to as the *preventive* core of the project and through an analysis of the numbers reached in the time allotted, it can be seen that the preventive aspect: has reached a relatively large number of vulnerable adults and children; is already showing a relatively high degree of results, relatively quickly and is complicated in terms of Rogers' framework. Although there are a variety of different strands of this aspect to be co-ordinated, there is quite a lot about this preventive aspect that is predictable and consistent. For example, the goats provided to the initial five women in the village will produce drinking milk. Furthermore, this preventative aspect works most intensively with adults who have already managed to survive thus far in their communities and who therefore have a level of autonomy and freedom to decide on how to take up the opportunities offered by the project.

The characteristics of the preventive aspect of the project contrast quite strongly with the more '*curative*' aspect of the project ie. those activities implemented to achieve alternative family based care and community re-integration for orphans and vulnerable children where it is not possible to prevent their removal from their homes.

These '*curative*' activities are listed below:

In the case of removal of the child from the family or homestead, extensive consultation has been undertaken to identify all possible alternatives is held between the village leadership, the pastors, the extended family and the project staff and then with the social worker on the management committee before such a momentous decision is taken. This is very delicate work.

The raising of community awareness of foster care as an alternative family support structure with parents in the villages of Kiserian and Nadasoit and in other villages where the FPCT has an assembly. This has happened through sharing stories of successful foster care by the pastors and livelihoods teacher on the management committee.

The role-modelling of foster care by the pastors and the teacher on the management sub committee.

The undertaking of extensive liason with bureaucracies required to fulfill the necessary regulations for the foster placement of children.

The renovation of a house as a small centre in the middle of Arusha where children whom as yet have not been placed in foster families are cared for and where the

alternative water management and small scale agriculture model can also be demonstrated. The Centre is called “Hope for Children”.

Overall, the provision of temporary care for twelve children at the Centre who are either orphaned or at risk of extreme deprivation or abuse should they remain at home. The matron has also facilitated home-stay periods of the children back in their families of origin. Eight children remain in the Centre.

The informal and formal seeking of potential foster placements for the children already in temporary care at the Centre.

The successful placement of four children into unrelated foster families and a further eight into extended families. In total, the facilitation of re-integration for twelve children.

The provision of nursery school education for the five nursery age children being temporarily cared for

The exchange of information with NGO’s and the Social Welfare Government Department involved in foster care or caring for orphaned and vulnerable children

Analysis of the curative aspects of the project reveals the following characteristics:

The ‘re-integration’ objective of the project is still preventative in the sense that children who are being temporarily cared for at the Centre have been prevented from being on the streets of Arusha. But this is also a curative remedy because once the child has reached the stage of either having no familial care-givers or has in fact been rescued from the street, a therapeutic or healing aspect is potentially present since this should be a strong dimension of anything curative.

This curative or therapeutic aspect has reached a relatively small number of adults and children and is showing a relatively ‘medium’ result (ie. there has only been the re-integration of four children from the centre into community life ie. the family support structure of official foster care, and eight into extended family care)

But this number is still significant, for three reasons: the official foster families are Tanzanian and they are highly visible and respected in their communities which means that the chances of others being interested in this option are higher than when they have not seen un-related foster care in action; the legally completed placement of four children within a three year placement by a small, local management committee with no experience of foster care recruitment, with access to one social worker in the whole of Arusha is actually quite a high success rate; an intensive level of brokering and mediation is required to place eight children with extended families which suggests that the project team has sufficient capacity to deepen its work in this area, and that it obviously enjoys a high level of credibility to have successfully brokered these arrangements.

(Furthermore, tragically, the social worker who had facilitated the four official placements and who was a committed member of the management committee died

very suddenly and unexpectedly which has slowed down the process of official foster care and recruitment).

The curative/healing objective of the project is complex. That is, in this aspect of the project there is quite a bit that is uncertain, unpredictable and involving many unknowns as well as a high amount of different strands to knit together. For example, to place a child legally in a foster family requires the unpredictable complex process of finding a suitable family as well as engaging with different levels of complicated predictive regulatory officialdom.

Unlike the preventive aspect which targets adults, the curative aspect of the project works most intensively with children, particularly those children who have already faced multiple deprivation (death of a parent, abuse, neglect, starvation...) and have barely survived. The sensibility required for working positively with children in this situation is different to that required for working with more robust adults.

The evaluation observed that the removal of children from their families or from the street into the centre has slowed down since the initiative began. From removing nine children in the first two years of the project (2005 – 2006), to removing only one child in 2007 and placing him in the centre. It is not clear whether the steep curve of removal in the early days was because the project team were more sensitized to the plight of the children or because in the early days of a project it is inevitably a case of disaster management because the worst effects of the problem are only beginning to be addressed thereby requiring maximum initial intervention. Or could it be that the results of the preventive intervention really began to be felt in year three? There were other contextual variables present in the first two years that may also have contributed to the steep removal curve: the closure of the orphanage of CCF which necessitated placement of one of their little girls who had been rescued from the street and the drought which dramatically weakened the coping capacity of the two villages during the second year of the project.

In any case, the number of children removed from the two villages has sharply reduced in the last year of this phase.

It is clear that the project team has been simultaneously implementing complicated and complex activities towards objectives that were bound to show different results within the one time frame.

Section 4. The results achieved through the activities of the project

This section summarizes the main results against the two key objectives of the project and identifies some characteristics of the approach that has emerged through these results. It deals with each objective in turn.

4.1 Objective: The strengthening of household livelihoods

‘The project will assist in strengthening the livelihoods of poor families in order to minimize the risk that their children turn up in the streets of Arusha’

4.1.1 The project has strengthened the livelihoods of poor families particularly through the ‘passing on of assets and skills’ methodology. ‘Passing On’ is a systematic circulation of resources allowing the many to benefit a little rather than a few to benefit a lot. The circulation of assets within organized community structures with a predominance of women has ensured that the benefits of the improved livelihoods of individual families have strengthened the resilience of the community safety net. This can now cope better with increasing numbers of vulnerable children. This has diminished the prospect of many more children being forced to leave for the streets of Arusha.

The fact that five rounds of passing on of goats has occurred at the initiative of the community and that water tank building has occurred beyond the training stage suggests that this practice of resource and skills circulation has been adopted by the community and within a few more rounds can be said to have been ‘mainstreamed’.

4.1.2 The building of community resilience has been characterized by a conscious practice of limiting stigma – all school children received uniforms.

4.1.3 The project activities have implemented the principle of stimulating the local economy when building resilience – the sewing machines generate local income.

4.1.4 The training in HIV/AIDS prevention is characterized by time and ‘iteration’. In terms of this current cycle, it is the most recently implemented activity since the project team wished to establish a credible relationship before this work began. Because the information is reinforced during the project team’s contact with the participants across the range of project activities, this demonstrates an ‘iterative’ adult learning approach.

4.2 Objective: The development of family-based support structures for orphans and vulnerable children

The project will develop family - based support structures in order to ensure the re-integration into society of children who have been orphaned or neglected. The project will also contribute to the establishment of positive attitudes towards foster parenting and to a greater confidence within the communities for dealing with these issues.

4.2.1 The project has demonstrated foster care as one alternative family based support structure for vulnerable children. However, the project team has not made the level of progress towards this objective as it had hoped as the process of building awareness and support for foster care in communities and then identifying actual foster carers is more complex than complicated.

4.2.3 The institutional care model in operation at the Centre is that of ‘group home’. All of the management committee are well acquainted with the specific circumstances of each child. Visits to the Centre, in the company of the Management Committee showed a warm and personal engagement of Committee members with the children. Interestingly, three of the Management Committee members are fostering children from the two villages.

4.2.4 Attempts to facilitate maintenance of contact between family and child towards re-integrating have largely been negative experiences for those children. They have been used as servants and neglected once again. This is not surprising, since children who arrive in alternative family care are most often from situations of multiple deprivation and a degree of therapeutic intervention is needed to shift the difficulties in their families of origin.

4.2.6 The preventative aspects of the project results are not dependant on the Centre. However, it has also provided certain sanctuary for children in need and it has provided a temporary place of care for children in between removal from harsh conditions and the finding of a more permanent family placement in line with the second objective of the project. It is clear that the building of community resilience (the prime thrust of this project) does not rely on the presence of the Centre but it does seem that the so far temporary institutional base provided by the Centre has facilitated the efficient delivery of project activities. The curative aspect of the project has definitely benefited from the presence of the Centre.

However, the Centre's most significant role lies more in its potential than its current role which runs the risk of becoming a permanent orphanage for the children. By intention, the project echoes what Richter et al warn about, "Although institutional care is often justified as a temporary respite for the care of abandoned children until suitable family placements are found, more effort needs to go into setting up emergency and family respite care' (2006, p27).

4.2.8 The Centre has the potential to become a therapeutic place of healing for the children in its care.

Section 5. Discussion

This section of the report now attempts to draw out the significant learnings made possible by the Urban Children at Risk Project as well as attempts to answer specific questions that were raised as part of the Terms of Reference.

5.1 The importance of pre-study conceptualization

The quality of the pre-study had a direct and positive bearing on the conceptualization of the project which of course has been helpful in providing clear direction for the project as well as the space to experiment and therefore innovate.

5.2 Building community resilience is a valid intervention to shape the impact curve of HIV/AIDS more positively for vulnerable children

When adding up all the activities and results of this project a model emerges of building 'community resilience' to shape the impact of HIV and AIDS. The features of this model unearthed by the evaluation lead one to conclude that this project is largely about improving the conditions of the familiar context of orphans and other vulnerable children in the community so as to raise the chances that they can be maintained in that context. The fundamental belief fuelling this project appears to be

that community = immunity! This thread can be particularly consistently seen through the overtly preventive livelihoods strengthening aspect. The results are strong enough to suggest that building community resilience is viable, possible and has a directly positive impact on vulnerable children.

5.3 The project demonstrates an holistic approach to Early Childhood Development

This project demonstrates the benefits of working with leadership and care givers to support vulnerable children as well as how livelihoods interventions can have impact far beyond meeting the basic needs of individual households – these three inputs combine to make visible the relationship between ECD and community safety nets.

5.4 Preparing the ground for alternatives to take root – and demonstrating that they work, are pre-requisites for the take up of any new practice

This project has been about preparing the ground by establishing the conditions for change to take root through demonstration and role modeling. In other words, much of the first phase could be characterized as ‘creating a field of awareness’ For example: the pastors and the livelihoods teacher role model foster care as a viable alternative family support model; the livelihoods teacher demonstrates alternative water management and food security technologies and coaches participants as they try the technologies themselves. Furthermore the project team role models taking responsibility for their sexual health and that of their partners, through sharing their own stories of going for voluntary counseling, and showing the results to participants. This is not confined to the training in HIV/AIDS awareness, but is integrated into the other activities of the project and shared along the way.

Role Modelling is acknowledged as one of the most powerful influences and motivators for taking up a new behaviour, particularly by those who have credibility, respect and standing in the community. This is the assumption underlying the foster care aspect of the project.

5.5 Local church congregational leadership can be a powerful animating presence in communities

Congregational based community resilience to the effects of HIV/AIDS is possible.

5.6 Replicability is contextually bound

The issue of replicability begs the question: to replicate what? It may be possible to replicate all activities but not necessarily the quality of intention that makes them engaging and therefore more likely to be successful for the participants.

As has been noted by Martin Banzhaf, Youth Kids International Co-ordinator, ‘Community based child focused initiative is mostly looked upon as unrealistic. Although it is acknowledged that it is a way forward when combined with strategic partnerships in creation with something local with a continually training focus’. This view is based on the conclusions of Andre Tomkins which were referred to in the paper ‘Practices for Learning: Why the Youth Kids Network?’.

The extra quality of child focus is present in the management committee and staff of this project. The fact that the pastors on the management committee live in the villages means that the initiative can to a large extent claim to be community based. The presence of these factors point to this project being considered as a model of a 'community based child focused initiative'.

5.7 There is a balance to be held between being child focused and child directed

As has been mentioned elsewhere in this report, the only level of community not organized by the project are the children. This differs from another model in Tanzania called Humuliza which organizes children mostly from child headed households into decision making committees which it then supports. Humiliza has termed their approach or model of intervention as being 'child directed' (which is slightly different to being 'child focussed') with the aim of facilitating as much autonomy and agency on the part of the child in planning for its future, as well as enabling the development of positive peer support in the absence of parents. By mentioning the 'child directed' approach the evaluation does not wish to tamper with the integrity of the Urban Children at Risk Project since it has been very thoughtfully conceptualized.

Nevertheless, having now successfully demonstrated improved community resilience the project could benefit in its next phase from considering other ways to more effectively achieve its second key objective of providing alternative family support structures, beyond only building receptivity for foster care.

The project has confirmed foster care mainstreaming to be a complex, longer term process which requires much more concentrated attention, time and network building than three years to achieve.

5.8 Meeting cutting edge research based guidelines for interventions aimed at vulnerable children, is possible

The preventive focus of the project has significantly addressed the causes of child vulnerability rather than the symptoms.

The project has provided assistance that not only has relieved symptoms but has lead to sustainable change and development particularly for the women involved in the project activities.

The project has tried to change attitudes towards alternative family support for children and to create greater awareness concerning vulnerable children. Its specific activities of role modeling and foster care awareness are evidence of this attempt and as the report has shown, this aspect has been the hardest to achieve.

The project has expended lots of effort in encouraging parents, congregations and adults to take responsibility in supporting vulnerable children. Its engagement with authorities has not been quite so focused in this regard.

The results of the project and the evaluation of their impact reveals that the project has shared to a great extent the same guiding principles contained in PMU policy regarding interventions aimed at vulnerable children, all four of which are expressed above.

Of the principles for working with vulnerable children advocated by the International HIV/AIDS Alliance, the project has most closely demonstrated the following: the stimulation and strengthening of a community based response and working with communities to identify vulnerable children and households. The principle least demonstrated by the project is: ensure that governments protect the most vulnerable children and provide essential services

Of the eight strategies advocated by the International HIV/AIDS Alliance the project's strategies are most congruent with four, viz: creating a supportive environment for children and families; paying particular attention to women and girls; monitoring the impact of HIV/AIDS on children and families; reduce vulnerability to HIV infection. A fifth strategy is that of developing multi-sectoral partnerships and there are traces of this in the project viz a viz working with the social welfare worker and liaising with officials from local government. Partnership building has been most evident at the local village level between pastors, community members, elected and appointed village leaders.

The project as yet has not explored a systematic way to build the capacity of children to support themselves, which is a potential strategy outlined by the Alliance. Suggestions in this regard by the Alliance include involving children in community committees, home-care training and as educators or providers of peer support for younger children.

The Toronto Call to Action made various recommendations, of which the project demonstrates the following: it has focused on vulnerable children, not only orphans which means that an implicit 'comprehensive rights based approach' has guided its intervention; it has focused on children affected not just living with HIV/AIDS, thereby making the most of the opportunity to strengthen systems to support all vulnerable children; it recognizes that family care is better than institutional care and so has provided assistance to caregivers and families to counter poverty, demoralization and exclusion, all of which have affected the villagers capacity to care for their young children.

The remainder of the Toronto recommendations deal with engaging governments for better service provision and improved formal safety nets, which as yet the project has not systematically addressed.

Assessment of the project against the combined criteria of PMU Interlife, the HIV/AIDS Alliance and the Toronto Call to Action, therefore reveals its main focus and demonstrated ability to achieve community resilience to be in line with contemporary research into effective interventions with vulnerable children. This is a great achievement for a project team that does not comprise academic researchers!

Whilst the strongly cautionary tone regarding institutional care that runs across all the criteria should not go unheeded by the project team, nor the challenge to engage

policy makers through small beginning steps be avoided, the development of this innovative model of congregation-based community resilience to the impact of HIV/AIDS deserves celebration!

5.9 A lack of clarity around institutional arrangements can limit the impact of otherwise successful initiatives

The boundaries of the institutional arrangements giving rise to this project are somewhat unclear. This does not seem to impede the efficiency of the project but it could negatively affect the relationship between the project and the FPCT headquarters, leading to a diminishing of the potential impact of the project.

Underlying the slightly blurred boundaries is the creative dilemma of whether projects are the way to build organisation or whether organizations are the best formation from which to deliver projects.

With a project you can achieve specific things within a set time period. They do have goals and purposes but not visions over time. They are functional. They're about getting the job done. For donors they may be ways of managing the accountabilities required for demonstrating the worth of their investment.

Organisations re-invent themselves. They are life cyclical and they hold meaning and learning over time. Unless the building of relationships is the actual purpose of the project, this aspect is often overlooked in the race to implement activities on time. Organisations, on the other hand do not have a predetermined life span and they are able to transform the learnings from the projects they implement as a basis for deepening their impact in their next intervention. Their relationship building is about engaging others in support of a longer term vision. The establishment of organizations by those who initially start them implies a level of longer term commitment to one another and to a common vision. This is a powerful basis through which to bring specific development interventions, some of which may be in the form of time-bound projects

Prior to the formal start of the Urban Children at Risk Project the concerned group had formed an NGO registered in Sweden in order to be able to legally and accountably raise money from Skara church, its individual members as well as other interested people. They called the NGO "Hope for Children".

The Management Committee of the Urban Children at Risk Project is also the Board of the Hope for Children NGO. This arrangement has evolved organically. The relationships in this group have been in place for some time.

Contact with the FPCT headquarters is maintained through the head pastor of the congregations in Baraa and the two senior pastors all of whom are active members of the management committee and who serve on FPCT structures with the FPCT leadership based at the head quarters.

One wonders whether the various perspectives on how to ensure sustainability, and the organic evolution of an organisation are not getting mixed up with FPCT policy on local ownership and PMU Interlife's framework agreement with FPCT as well as

its own policy on supporting the sustainability of organizations versus funding project activities. All parties may be losing sight of the messy life forming impulse of organizations in the anxiety/desire to each protect their own interests and follow policy accountably.

Fortunately, there is sufficient shared commitment to the common goal of sustainability that will provide a common interest for all parties to cohere around to resolve this difference of opinion.

This aspect of the project received attention from Jason Vogt during the evaluation.

The FPCT project co-ordinator has visited the project once in the past three years. There have been several other requests for more contact from the project to FPCT. It is difficult to discern the reasons for the minimal level of contact, leading to minimal communication. In this context differences of opinion have arisen concerning 'local ownership' both of the project and the Centre.

5.10 A system wide shift requires more engagement from the project with authorities, through its already well developed network

The project has been a localized intervention aiming to initially make an immediate and visible difference to basic needs of vulnerable and marginalized individuals and groups at local community level.

Along the vertical axis of power the project has mobilized both the village leadership as well as ordinary citizens in the village. Along the horizontal axis the project management committee and staff are the major facilitators brokering the resources and bringing ideas to change the negative situation in the villages. Amongst this group there is only one formal link with local government and this is through the social worker. The other strong link lies with national government in the environmental ministry, at the level of the Minister for the Environment who has formally acknowledged the livelihoods activities of the project. At local government level extension officers from the Department of Agriculture have shown interest in the animal husbandry activities of the project.

It is clear that the project management committee has an extensive network of contacts born from many years of living and working in and around Arusha. However, there has been no need to instrumentally enlist support from other civil society organizations nor government officials as such for the successful implementation of its activities. The sufficient credibility the project team enjoys through already established relationships with village leaders, church going community members and school principles as well as the relatively small amount of external resources required to make impact has combined to produce a high level of participation of target groups in the project.

The HIV/AIDS training in the project is undertaken by a collegial NGO in Arusha. Consequently, the project participants have access to support and ideas beyond the project and the NGO has access to the model being demonstrated in the project. By working collaboratively the project has potentially added another pathway for impact and take-up of its model.

Until it folded two years ago, the project related to FOCNA which was a network of child care organizations. The project had a strong relationship with a member NGO called Children for Children's Future (CCF) which has now closed.

The Matron and the Swedish volunteer co-ordinator relate to Mbokozi which is an organisation also working in the arena of foster care and which is interested in the model being developed by the Project. Mbokozi has requested a presentation about the project.

5.11 Indicators of capacity and sustainability require precise formulation and must relate to the appropriate level of project intervention

There are different aspects to the relationship between capacity and sustainability. The question of whether a project team has sufficient local capacity to continue with its activities and whether the target group has the capacity to maintain and improve on the results they have achieved by themselves are both questions of capacity but at different levels of the intervention.

As is normal in new initiatives, particularly ones characterized by innovation, the focus in the first phase is on implementing the activities and supporting the target group to be able to successfully use what the project has provided. The focus is not generally on how to sustain the innovative intervention into the future. The time for this focus usually arrives once the team has a sense that its results are being recognized or as the funding cycle nears completion!

The following facts amongst others, suggest a high probability of the sustainability of results, particularly at the preventative level:

The fact that the planned activities of the project have been implemented despite relatively long periods of absence from the project co-ordinator; that each management team member is able to clearly articulate the successes, learnings and future plans for the project; resource mobilization is not reliant on the Project Co-ordinator but has been demonstrated by the Project Leader as well as the Treasurer; 'passing on' of resources amongst new beneficiaries has happened through village leadership processes not project team co-ordination; four children have been placed in official foster care and others can see the success of this option; the Livelihoods Teacher has his own extensive and self sustaining demonstration site independent from the project; the adults trained in water tank and latrine slab building have built a number of such on their own for others without the assistance of the Livelihoods Teacher and have earned income; the success of the project has been highly dependent on the facilitation of the pastors, all of whom live in the local communities and will not be moving on any time soon.

All the above features point to a high degree of ownership of the project results by the community as well as the local project team members which is a strong indicator of future sustainability of the activities already implemented.

The curative aspects of the project – ie. alternative family care are not yet sustainable without external input.

A specific concern has been expressed about the extent to which the project team is dependent for its success on the Swedish missionary (Marie-Louise) whose role is project co-ordination. For the next six months Marie Louise will be away from Tanzania.

If the next six months is about implementing what is known and planned, the projects activities will definitely be sustained. There is a high enough degree of local cohesion and ownership of the project and what it has already achieved, for high quality implementation to continue by the project staff in the forthcoming six month absence of Marie Louise.

If initiative is needed, or an unexpected situation arises that needs a new answer, then more will be required from the Board members in Tanzania, who are experienced, committed and resourceful. This is an exciting period for experiencing leadership in the project as a whole and getting to know gaps that may emerge in the absence of Marie-Louise who has played a key role of bridge builder to financial and human resources both inside and outside of Tanzania as well as making connections between different aspects of the project.

Whilst it is true that the project team without Marie Louise could not immediately make the resource linkages needed to fund all the activities proposed in the next phase of the project, there are sufficient relationships between the other members of the management team committee and external resources that could yield some finance for the project activities.

Much of the capacity building of project team members has taken the form of mentoring and on-the job accompaniment with some formal training included. Mentoring and on-the-job accompaniment is the type of learning most suited to adults. It is sometimes referred to as the tacit 'situational learning' that happens outside of formalised training for more technical skills. The management committee and project staff have all been involved in solving the dilemmas that have arisen along the way.

Formal training has consisted of the Project Leader attending a project management training course run by the FPCT head quarters and the matron attending bookkeeping and English language courses.

The matron was being closely mentored by the Social Worker with a view to taking on more of the family assessment work. Consideration is being given to the matron taking up a more formal child care qualification

Section 6. Recommendations

The project team intends continuing with its initiative into the future. The following recommendations are therefore made on this basis.

6.1 Carefully consider the reach, depth and methodology of the next phase

In its next phase the management committee intends to extend the activities of the project into three more villages within the Nadosoit parish.

The team should consider combining a mixture of what has been tried and tested as well as the introduction of new ideas based on what has been learned in phase one.

The project team should begin to address itself to the indicators it will look for that will tell when the results of phase two are being implemented at a large enough scale to constitute mainstreaming, and therefore sustainability. For example, the project team should define for itself how many rounds of goat breeding and water tank building it considers sufficient for mainstreamed sustainability?

6.2 Build on the Existing Approach to Community Resilience

In the next phase of working in the existing and the three new villages, the project team should make every effort to minimize the number of children in the Centre and instead should concentrate its energies on strengthening the safety net in the villages by means of more ECD capacity building and linking with home based care groups.

6.3 Strengthen Networking and Advocacy

In the next phase the project team should carefully think about how it can network and advocate for congregation based community resilience within its immediate sphere of influence – the body of which it is a member, the FPCT.

The project team should think about small steps it could take to engage district government representatives.

6.4 Clarify Institutional Arrangements

The Management Committee, in particular the Project Chair and Leader should be able to clearly explain the distinction between HFC and Urban Children at Risk, specifically where the funding for the two diverge and converge as well as how the efforts of each complement the other.

The Management Committee should think about having extra people on the Project Management Committee from the new villages, to expand local ownership of the project.

The project should find some way to improve communication between itself and FPCT HQ.

FPCT HQ should find some way to increase its contact with the project.

Skara Church should pursue its exploration of how it can support missionary work in the Baraa sister congregations in the villages beyond the transitory presence of missionaries in those congregations.

6.5 Explore more approaches and alternatives to family based support

The project team should expand its repertoire of child care responses to consider ways other than only formal and informal foster care, such as respite care, providing support to child headed households and strengthening the ECD capacity of the community.

6.6 Reflect on and clarify the Purpose of the Hope for Children Centre

The organic development of the Centre alongside the project has enabled the curative aspect of the project to be taken further. However, the project activities have not been directed towards maintaining the Centre.

The Management Committee and Project Staff should regularly reflect on the relationship between these initiatives to become clearer on how the preventative and the curative aspects of the project are separate and yet linked.

6.7 Adopt a more consciously therapeutic approach to the processes involved in the care of the children living away from their families and community

Within the next three months the project team should have a written placement plan with timeframes for each child at the Centre.

6.8 Document the model

The project team members should write about this very innovative project which has much to share with others. As Richter et al point out, "Evidence, from applied and basic research as well as programme evaluation, is crucial to guide and sustain appropriate and effective action in caring for children"(2006, p51).

7. CONCLUSION

It is hoped that this evaluation report has done justice to the complexity of the project intervention and has adequately managed to accurately portray the range of what it has achieved and what challenges lie ahead.

The Urban Children at Risk Project has developed a compassionate, innovative, child focused holistic response to the psycho-social needs of vulnerable children in the context of HIV/AIDS. It has achieved significant results within a relatively short time-frame and has an emerging model to show for it, that can be referred to as an illustration of good practice. Its challenge lies in now adapting its current model and innovating further so as to more fully and systemically shift the impact curve of HIV and AIDS ravaging the villages of Arusha.

The Management Committee and the Skara Church are strongly and faithfully united in this endeavour and it has been a pleasure to work with all representatives on this evaluation.

Catherine Collingwood
16 September 2008

APPENDIX ONE

Draft Terms of Reference no 1 (2008-02-14) regarding a study/evaluation of

Urban Children at risk - Arusha Tanzania

1. BACKGROUND

The project dealing with urban children at risk in Arusha Municipality, Tanzania, was designed to address the need of the unattended children in the streets of Arusha City from a preventive perspective. This preventive perspective was based on a prestudy carried out by Kristina Flodman in.....(year). The Baraa Church has taken the initiative to work with this issue and in cooperation with Skara Pingst it started a development project in 2005 with support from PMU/Sida/Skara .

(Fyll I från ansökan: p3)

Some of the causes of the problem is to be found at HIV/aids pandemic and other diseases or at the fact that children's families out of economic or emotional strains cannot care for the children. According to project proposal the causes of the problem can also be found at poor moral education and cultural erosion.

PMU took the initiative to this evaluation in order to evaluate the project before going on to a potential phase two.

PMU also wants to update its policy document on Early Childhood Development and will use the findings and recommendations for this purpose.

2. PURPOSE

The evaluation is carried out in order to get a deeper understanding of the content and the way in which the project has been carried out since its implementation.

The evaluation should seek to find out :

1. to which extent the stated project goals (see developmental goals/objectives on page 6-7 in the application document) have been reached regarding sustainable results.

2. The capacity and the interaction of the actors involved at the different levels of the project. More specifically, what has been the division of roles and responsibilities, between the Center and it's staff, the local church/FPCT, FOCNA and other NGO's, and local and national government agencies.
3. To which extent has local ownership been secured in a sustainable manner.

3. QUESTIONS/ISSUES

Questions regarding Project Goals

- In what way has the project changed the flow of unattended children from the villages to the city? Has the local villages changed their approach to these children?
- How can a centralized Child Care Center contribute to awareness raising in the surrounding target villages.
- In what ways have poor families' circumstances been improved, with the help of Income Generated Activities and other means?
- In what way has the project addressed the issues of "poor moral education" and "culture erosion"?
- How does the result show the balance between a preventive or a curative approach.

Questions regarding Local Capacity/Resources

- In what ways have the project been actively working towards securing local ownership and connecting the project into the diverse network targeting children and families at risk in the greater Arusha area.
- How does the staff requirement/capacity correspond to the need of the children/their families and the goal of the project.
- What is the added value of having a foreign volunteer joining the project.

Questions regarding Sustainability

- In what ways have the different stakeholders, actors and target groups been inspired to a deeper level of local ownership, responsibility and interaction.
- Are there possible risks of contra productive/undermining activities in the project design and implementation.

4. METHODOLOGY

The evaluation will be carried out in a participatory manner. The method is a qualitative one with a systemic approach. However, important quantitative facts should be included such as numbers of children/families reached, drop out rates, numbers and types of representation in community committees.

Focus group interviews as well as individual interviews and informal talks will be carried out by the consultant in cooperation with the evaluation team.

Persons to be interviewed ought to come from the following groups: the children (boys and girls), village representatives, church members, government officials, staff at the center, church leaders, staff of FOCNA and other NGOs, and foster parents.

The expected outcome of the evaluation is to measure the real impact in terms of change of flow of children from the villages to the city, the change of attitudes and responsibility of local villages and communities care for children and families at risk, improvement of vulnerable families economic status.

The evaluation ought to present recommendations of how a systemic approach should be designed, in order to fully address the need of attitude change among the village communities, including the issue of cultural diversity. It should describe what kind of local village structure would promote improved care for children and families at risk.

The team should inquire during the field visit about the possibility for local staff to participate in a web based report seminar.

5. STUDY TEAM

The study team should have competence in systemic analysis, structures for social care of families and children, understanding of circumstances and culture of Free Pentecostal Church in Tanzania (FPCT).

The team should not exceed 6 members. The team should consist of

- One external team leader who is responsible for leading the research. This consultant will be appointed by PMU.
- One board member from FPCT's Headquarters in Dar and one representative from the Baraa Church appointed by the local partner church.
- One representative from PMU appointed by PMU.
- One representative from FOCNA ,
- Pastor Ewa Gustafsson from Skara Pentecostal church

The local team should prepare a logistic plan that includes

Names and functions of informants (from the target groups, community representatives, local government agents, NGO representatives, church members and staff, volunteer.

A plan for a two days seminar and the above list of participants.

Accommodation and travel plan for the team during the week

Arrangement and booking of time and place for individual interviews with key persons.

6. TIME PLAN

Field visit	April 2008, Five consultant days .
Draft report	Beginning of May
Report seminar	End of May
Final report	10 of June

7. REPORTING

There should be an oral reporting of preliminary findings and draft recommendations to the national partner in connection to the field trip

The external consultant will write the report in English.

The reports should not exceed 25 pages included an executive summary and recommendations.

The report is written for PMU, Skara Pentecostal Church and Baraa Pentecostal Church and FPCT . These stakeholders will receive the report

There will be a report seminar for sharing and discussing the findings in the draft report at the PMU headquarters in Stockholm

An attempt will be made to create a web based report seminar for local staff in Arusha/ FPCT and anybody interested in the subject. The PMU staff responsible for

evaluations, nina.martinsson@pmu.se and sven-olof.moller@pmu.se will be in charge of the report seminar

The recommendations and conclusions will be monitored by PMU and its partners jointly.

8. BUDGET & ADMINISTRATION

The budget will be presented separately

Draft ToR (1) 2008-02-14 by Sven Olof Möller, Jason Vogt, Nina Martinsson

APPENDIX 2

References

Banzhaf, M. (undated) *Practices for Learning: Why YouthKids network?*

Humuliza Orphan Project was initiated and implemented in 1997 in Nshamba in the Kagera region of Tanzania by terres des hommes schweiz and funded by the Novartis Foundation and Swiss Agency for Development and Cooperation (SDC). The HUMULIZA Project is a key operator of REPSSI (Regional Psychosocial Support Initiative)

International HIV/AIDS Alliance Supporting Community Action on AIDS in Developing Countries (2003) *Building Blocks: Africa – wide briefing notes, resources for communities working with orphans and vulnerable children*. USAID/SIDA

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Richter, L., Foster, G., and Sherr, L. (2006) *Where the Heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*. The Hague, The Netherlands: Bernard van Leer Foundation

Rogers, P. J. (2008) *Using Programme Theory to Evaluate Complicated and Complex Aspects of Interventions*. Evaluation Vol 14 (1): 29-48. SAGE Publications

SIDA Civil Society Center (2006) *Logical Framework Approach – with an appreciative approach*

The Consultative Group on Early Childhood Care and Development, South Africa (undated) *Early Childhood Counts: Rights From the Start*

www.ecdlc.org.za (The ECD Learning Network, in South Africa)

A further resource which may be of assistance: The Banyon Tree (Pre-school Association in Tanzania)

PMU Documents consulted

Pre –study for The Urban Children at Risk
The Project Application
Project Proposal for Phase Two
Project Quarterly Reports

Sensing the field through structured conversations with the following fellow development practitioners

Saranel Benjamin of Advocacy, Research and Training, who has done extensive research on child scavengers in South Africa

Linda Biersteke who is the ELRU Senior Researcher and consultant researcher to Human Science Research Council on Child Development and Child Rights in the context of HIV/AIDS

Doug Reeler from the Community Development Resource Association in Cape Town and who is the Facilitator of the ECD Learning Circle

Carol Ann Foulis who is a Development Evaluator based in Cape Town