

TAWREF



Annual Report 2017



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Vision

A community where people are addressing the impact of social, cultural, economical and health challenges and benefitting from the interventions leading to transformed lives

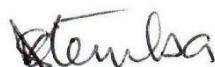
Mission

To implement evidence-based, innovative projects and to promote better livelihood according to perceived needs and priorities informed by research.

Message from the Director

This report covers the **2017** narration of Achievements, Results as per planned outputs, Challenges, Monitoring Evaluation and Learning findings as well as Way Forward for 2018.

Some leading achievements include the growing knowledge on HIV, AIDS and Sexual and Reproductive Health among Key Populations and school children, increased access to AIDS Care and Treatment services and the scale up of the TAWREF activities into Arusha region. Moreover, 20 more houses were constructed for the homeless children. Once more the TAWREF Board and Management thank the development partners, friends and stakeholders who accompanied us in the process of moving the mountain, one stone at a time.



Dafrosa K Itemba

Executive Director

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LIST OF ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
AJISO	Action for Justice in Society
ARV	Anti-Retroviral Therapy
CBSPs	Community Based Service Providers
CED	Community Economic Development
CHAC	Council HIV & AIDS Coordinator
CHAT	Coping with Health Tanzania
CSO	Civil Society Organization
CTC	Centre for Treatment and Care
DIAC	Dodoma Inter African Committee
DIC	Drop in Centre
DFID	Department for International Development
ELCT	Evangelical Lutheran Church of Tanzania
FBOs	Faith Based organizations
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FP	Family Planning
FSW	Female Sex Workers
GBV	Gender Based Violence
GoT	Government of Tanzania
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KAP	Knowledge, Attitudes and Practices

KCMC	Kilimanjaro Christian Medical College
KIVINET	Kilimanjaro VICOBA Network
KP	Key Populations
KVP	Key and Vulnerable Populations
LGA	Local Government Authority
MDC	Moshi District Council
MEL	Monitoring Evaluation and Learning
MER	Monitoring Evaluation & Research
MMC	Moshi Municipal Council
MOU	Memorandum of Understanding
MSC	Most Significant Change
NGOs	Non-Governmental Organizations
OD	Organizational Development
OHSP	Occupational Health and Safety Programme
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PFSW	Partners of Female Sex Workers
PLD	People Living with Disability
PLHIV	People Living with HIV
POFO	Positive Outcomes for Orphans
SBCC	Social Behavior Change Communication
SDGs	Sustainable Development Goals
SIAC	Singida Inter African Committee
SRHR	Sexual and Reproductive Health Rights
TASAF	Tanzania Social Action Fund
TATEDO	Tanzania Traditional Energy Development Organization
TAWREF	Tanzania Women Research Foundation
TCRF	Tanzania Child Rights Forum
TF CBT	Trauma Focused Cognitive Behavioral Therapy
TOC	Theory of Change
TOMSHA	Tanzania Output Monitoring System for HIV and AIDS
UNICEF	The United Nations Children's Emergency Fund
USAID	United States Agency for International Development
VICOBA	Village Community Bank
WFN	Women's Front of Norway
WHO	World Health Organization

1.0 EXECUTIVE SUMMARY

In the year 2017 TAWREF went on with fulfilling her stewardship and accountability to the target people and community as well as to our development partners, local and national government.

Our target Group comprised of Primary and Secondary School Children, Teachers, Parents, Adolescent Girls and Young Women, Female Sex Workers, People with Disabilities, People Living with HIV, Community Leaders, Local Government leaders and the Media.

In our studies with children (POFO & TFCBT) we came across school children who were HIV positive and this informed our “Primary School HIV Prevention Project”, known as “Nguvu ya Ushiriki or “ *The power of participation*” . The project exploits the synergy of teachers, children, local leaders and parents’ to prevent children from further harm caused by HIV transmission and Gender Based Violence. Children have a right to live healthy lives free from violence, actualise their future dreams and be responsible citizens.

TAWREF’s Strategic Vision for primary school children is to have a child protection environment which will make them unlock their potential, to stand up and have a Voice through their Participation, Leadership, Collective Action and Choice to be able to make healthy choices and Safe Boats to have Control over their own health including safety from violence. This is realised through the Life Skills Training and Knowledge on their Legal rights particularly freedom from abuse of all forms, discrimination and other harmful social norms. Many thanks to the African Initiatives for enabling us to rescue these young people from HIV transmission.

TAWREF’s other study called (CHAT) revealed that some of the study subjects who were HIV positive, were having multiple partners. This evidence supported our HIV Prevention project for Key Populations known as “Sauti” in which we engage with young girls who are sexually active and women who are sex workers. We train them to understand their SRHR and access Gender based Violence education so that they change from sexual risky behaviours or careless life styles to taking responsibility for healthy life styles and reporting abuses and harassment they face. According to PEPFAR, Girls and Young Women account for 74% of new HIV infections among adolescents in Sub Saharan Africa.

For this HIV prevention among Adolescent Girls, Young Women and Female Sex Workers, our Strategic Vision is that knowledge on HIV prevention, social and behavior change communication will enable these Key populations to be skilled and healthy, with greater choices, power and control over their own decisions. There will be reduced numbers of unintended pregnancies, AIDS related and maternal deaths also reduced violence among women. Consequently, the duty bearers will be influenced to review policies to address the barriers that retard marginalised women’s wellbeing. Thanks to JHPIEGO for this project support.

TAWREF was informed by her research findings that orphans get better outcomes in communities rather than in institutions (POFO study) but the housing conditions where orphans lived were questionable. We embarked on the home building project for the OVC together with the Vine Trust of Scotland since 2012 to provide their basic right to proper shelter but also to restore their hope and self-esteem. 20 houses were built last year to make a grand total of 97 houses. This has been a life changing intervention which leaves beneficiaries dumbfound. Special thanks to all groups, work parties, students and companies who raised fund and came to physically work on the houses in 2017.

TAWREF believes in collaboration and partnerships with our development partners, other organizations and institutions to be able to achieve the impact, quality, realize the value for money as we make differences in the neediest communities. We cherish the strengths and capitalize on the learning from our collaborators to improve our interventions, despite our differences and diversity. Finally, we shall all celebrate an AIDS Free Generation come 2030.

1.1TAWREF’s Theory of Change:

TAWREF’s Development Impact: Improved heath and socio economic status of women, children and other marginalised populations.

TAWREF’s Outcomes:

- (i) Using research findings to inform new interventions and influence policies and practice.
- (ii) Reducing stress, despair and disparities in accessing the right to education, proper shelter among families

- caring for orphans and children with disability.
- (iii) Reducing new HIV transmission by increasing access to health rights and protection among primary school children and Key Populations.

1.2 Main Achievements for 2017:

- Increased understanding among school children and teachers on causes, and prevention of HIV and AIDS, also Life Skills.
- Improved quality of teaching HIV and AIDS in the project schools due to the renewed confidence and commitment of teachers and the creativity of pupil peer educators. One head teacher remarked, “My school performance has gone up from 85% to 100%, another one “I can now teach about HIV more openly”.
- Increased utilization of Life Skills to prevent children from HIV transmission, gaining self-confidence to conduct public speaking on HIV and AIDS and related issues at the morning assemblies, and in public events as seen in the cover picture.
- Parents responded well to the school HIV prevention project. Some of those who were not paying for school lunch decided to reduce risks for their children and many said they were ready to be tested for HIV together with their children.
- Increased access to HTC, FP and SBCC awareness for Key Populations and Key and Vulnerable Populations.
- Increased clients who have been referred and linked with ART and GBV services.
- Restored consolation, hope and self-esteem for the new shelter beneficiaries. (See Table 1 below).
- Meeting compliance issues with the GoT and Networking with like-minded organizations locally and nationally to increase synergy and impact.
- Increased TAWREF staff capacity building in “Monitoring Evaluation and Learning” as well as “Theory of Change”.
- Increased hope for the future through education support.
- TAWREF’s exemplary performance and good relations with our partners, JHPIEGO and African Initiatives opened doors to scale up the Sauti project into Arusha region and opening a TAWREF office in Arusha City Council in October 2017 and prospects of a new project in April 2018 to be funded by DFID through African Initiatives .
- TAWREF scored. $3.7/4.5 = 82\%$ of the CSO Engagement Performance Assessment in July by JHPIEGO of which capacity building gaps were identified.

Table 1: Vine Trust Shelter Project: 97 Houses, Completed 2012-2017

District/Year	2012	2013	2014	2015	2016	2017	Total
Moshi MC	02	03	03	-	04	04	16
Moshi DC	02	08	16	09	08	13	56
Hai DC	01	-	02	10	08	03	24
Siha DC	-	01	-	-	-	-	01
Total	05	12	21	19	20	20	97
Grand Total		16	37	56	77		

Figure 1



Figure 1 above shows the Kilimanjaro Regional Commissioner Hon. Anna Mghwira (in white scarf) after handing over one of the houses to 2 orphans (standing in front of her)



Figure 2: One of the orphans living with disability being supported by a Municipal Community Development Officer (left) and his mother to take a picture outside his new home on the left.



Figure 3: Stakeholders 'Annual Meeting



Figure 4:Pupils receiving Sports Equipment and drums to use for HIV and AIDs Education



Figure 5: Pupils using drums to educate others on HIV and AIDS



Figure 6: Parents getting Baseline finding on their children’s Knowledge Attitudes and Practices on HIV and AIDS

2.0 RESULTS MATRIX FOR 2017

STRATEGIC OBJECTIVES 1:	PLANNED OUTPUTS	RESULTS
Produce research reports and disseminate findings and best practices to various stakeholders periodically.	Output 1.1 Research Reports compiled and disseminated.	Baseline KAP Study Results disseminated at the Stakeholders’ and parents’ meetings.
	Output 1.2 Design Interventions that are informed by research findings.	TAWREF used the Real-time data developed by the Sauti Project to design a more innovative new project for HIV prevention among key populations submitted to DFID’s UK AID Direct through the African Initiatives.

STRATEGIC OBJECTIVES 2: Facilitating sustainable access to Livelihood (shelter & Microfinance), Social Services (Education & Health care). <i>(funded by Vine Trust of Scotland)</i>	Output 2.1: Increased Access to decent homes and decreased shelter imbalances in the community by constructing 15 houses for homeless orphans and vulnerable children, PLHIV and PLD supported by <i>Vine Trust</i> .	20 houses constructed 133% constructed for a total of 68 more children 36 males and 32 females. Little or no difference between these houses with the neighbours'
	Output 2.2: Positive response from the community towards supporting shelter beneficiaries	20 Families got a donation of solar lamps from the <i>Moshi Rotary Club</i> . 4 families got different material support (scholastic materials, capital, beds, beddings, chairs and clothing) 3 new toilets were constructed by the community in Chekereni, Uru Kusini and Mwika Kusini.
	Output 2.3: Increased economic capacities of shelter beneficiaries through supervision of Village Community Banking groups with the support from <i>the Episcopal Church of North Carolina</i> .	1 more group was added at Fuka. 4 (66%) out of 6 existing VICOBA groups each with one shelter beneficiary were monitored and are doing well 66% .
	Output 2.4: Increased hope for a future by topping up to the right to education to 25 Orphans and Vulnerable Children. <i>Supported by Susan Bhaumik, Malfrid & Friends</i> .	14 children out of 25 = 56% were sponsored for education at various levels.
STRATEGIC OBJECTIVE 3: HIV prevention and Family Planning services for Key Populations (KP) and Vulnerable Populations ((KVP) in 7 wards of Moshi District Council <i>(funded by JHPIEGO/USAID)</i>	Output 3.1: Increased uptake of Biomed services to 4,834 clients reached through outreach in Moshi District Council.	4,048 clients, 84% reached with biomedical services for HTC (2,202 FSW, 1,146 PFSW; 629 AGYW and 71 OHSP). 223 were new HIV cases. 17 were AGYW, 153 FSW, pediatrics 3, OHSP 8 and 42 PFSW hence reached 65.9 % (223/338) of the planned annual targets
	Output 3.2: Escorted Referrals to individuals who are HIV+ and/or GBV survivors, made to the Centre for Treatment and Care also to the Police Gender Desks, 244 and 242 respectively.	Escorted Referrals to CTC were 167/ 244 = 68% Referrals for GBV survivors were 219 = 90%.
	Output 3.3 Reach out 1,378 clients with various Family Planning Services.	589 clients, 29% reached with Family Planning Services. 218 clients were given Injectable, 234 given pills, 84 Implanon, 43 Jadelle and 10 clients were referred to permanent methods.
	Output 3.4 Increased access to Community-based behavior change communication activities to address the HIV and Family Planning vulnerabilities and address gender norms to 1,370 Female Sex Workers (FSW) and 620 Adolescent Girls and Women (AGYW) in the program communities.	SBCC activities to address the HIV and Family Planning vulnerabilities and address gender norms reached 1,370 = 100% (FSW) and 620 = 100% (AGYW) in the program communities. CBHSPs training and work experience made them acquire more confidence and some got jobs in the private sector and the TAWREF anti stigma policy helped to get success stories among the Key Population beneficiaries.
	Output 3.5: Demand created to 23,189 AGYW and 11,592 FSW and actively referred to community-based HIV testing and counseling services.	Demand created for 12,054 at 6,240 FSW; 3,325 AGYW; and 2,493 PFSW = 51.9%
	Output 3.6 Output 3.5 MER routine implemented to assist with research activities as required.	The MER team entered and verified the PE registers, pre and post-tests AGYW index and demand creation tools submitted by PEs and

		<p>provided technical support where needed. The team entered and verified the PE registers, pre and post-tests and provided technical support where needed.</p> <p>Quality Assurance sessions were organized monthly to measure success and failures by tracking the standard gaps, progress to target indicators for timely problem solving.</p>
<p>STRATEGIC OBJECTIVE 4: Conducting a School HIV & AIDS Prevention Project. (“Nguvu ya Ushirikiki”) or the Power of Participation(<i>funded by African Initiatives of the UK</i>)</p>	<p>4.1: Reduced HIV infection risk by training 720 primary school pupils’ and increased response towards HIV Testing in 12 schools of Moshi Municipal Council and Moshi District Council.</p>	<p>720 primary school pupils 100% from 12 schools trained as HIV and AIDS also Life Skills peer educators of behavior change at the end of 2017. They used school open spaces for straight talk and raised their voices to influence their peers to say no to risk behaviors. Trained pupils in the 12 schools improved their confidence and spoke out for their rights to not be exposed to sexual harassment and violence. HIV education was mainstreamed in sports and recreation activities as the project offered balls and school band facilities.</p>
	<p>Output 4.2: Number of pupils who have become Role models after training as peer educators in their schools.</p>	<p>At midterm review <500 pupils have become role models as change agents. Total peers reached were 11,000 in all schools. The majority were able to reach 1 to 20 pupils after the training ended. There was a tremendous increase in the number of children who have improved their knowledge on HIV transmission and prevention compared with baseline. 73.3 % of pupil respondents said there has been a decrease in risky behavior. Children were comfortable to talk about HIV testing. When asked if they have ever tested for HIV; 84 pupils (24%) said ‘Yes’ while 266 pupils (76%) said ‘No’. Many teachers reported improved attendance and performance in their school.</p>
	<p>Output 4.3: Increased knowledge and responsibility taking in counseling and supporting school children in HIV Prevention, Care and Treatment among 36 teachers in the 12 project schools.</p>	<p>36 teachers 100% from 12 schools trained for 5 days in HIV and AIDS education and committed themselves to support the project at school level. They appreciated support in the quality of teaching regarding HIV and AIDS and the way the children were empowered to make healthy choices.</p>
	<p>Output 4.4: A sustainability strategy is developed by the schools and Local Government authority to ensure continuation of the project and 36 local leaders in the project communities.</p>	<p>Teachers and Local government leaders promised to sustain the project activities through task sharing. Each school appointed a focal teacher responsible for supporting the pupils and compiling progress reports every month. Children were given permission to use the morning assembly to talk straight on HIV and AIDs to reach more peers and to demand accountability of the leaders and parents regarding school lunch and child abuse in the community.</p>
	<p>Output 4.5: Increased knowledge and attitudes of parents on prevention and care of HIV and AIDS with 30% actively supporting the project.</p>	<p>15 parents meetings 62.5% in June and December received baseline results on the KAP study done with the children. They got shocked and also learnt a lot about the children and that some were already sexually active at a very young age and they all gave consent for themselves and their children’s testing.</p>

	Output 4.6: Increased HTC uptake by 240 pupils with parents and teachers' support.	There was no HTC uptake for 15% (108) of the trained children till year 2 of the project because it required parents' consent, parents' knowledge and attitudes change towards testing.
	Output 4.7: Increased dissemination and multiplication of HIV and AIDS Education by establishing 2 Information Centers at one per district.	2 Information centers were established at 2 schools of Mabogini and Muungano both in Moshi District Council. Pictures of "My Body belongs to Me" and 4 Safety boats were placed at the centre to keep reminding children of the importance of avoiding risky behavior and keeping safe from HIV (See the boats in Annex 2)
	Output 4.8: Increased activation of children's voices, multiplication of messages to 80% of their peers and demanding for their health rights from the duty bearers through 24 AIDS Free Generation Clubs.	The 24 AIDS Free Generation Clubs were not formed. There was an alternative to this which enabled reaching more children by using morning assemblies, free periods, lunchtime and during sports. One school made a Straight Talk at the commemoration of the "Day of the African Child" as can be seen in the cover picture and at the December Stakeholders 'meeting. Another school celebrated the "The Day of the Kaloleni Child" and used it for advocacy activities against Child sexual abuse.
	Output 4.9: Quarterly Monitoring, Evaluation and Learning Sessions conducted	See MEL Report below
STRATEGIC OBJECTIVE5: Maintaining strategic partnerships for increased coverage and impact.	Output 5.1: Improved performance capacity of 2 Women's Front Partners in their interventions on preventing FGM.	Women Front partners, SIAC and DIAC followed up implementation of an OD intervention done in 2016 and managed to draft the first Strategic Plan (2018-2020) and were trained in Grants Application processes.
	Output 5.2: TAWREF has joined hands in strategic partnerships with likeminded organizations.	TAWREF maintained 2 network partnerships with TCRF and MDC Children Organisations. Other collaborators were, the MMC, KIVINET, TATEDO, KCMC, Tusonge CED, Rotary Club, Gabriella Rehabilitation, 2 Ugandan Trade Schools, and Centre. TAWREF also joined hands with others at the "Day of the African Child" and the launch of "16 Days of GBV"
	Output 5.3: MOU obtained with the Local Government and Faith Based Organizations for cost sharing in the home building project.	MOU was not obtained and was re-planned for 2018
	Output 5.4: Compliance with government requirement of filling in TOMSHA Forms Quarterly achieved.	TOMSHA Forms were filled in quarterly and submitted to the MDC/ CHAC
	Output 5.5: Research findings and project Results shared in relevant meetings to inform policy and resources allocation	Research and project results findings were presented at the "Stakeholders" meeting in December.
STRATEGIC OBJECTIVE 6: Sustaining organizational resources	Output 6.1 New Sources of funding identified and contacted.	Several sources were identified but only one was successful. Total income raised in 2017 was 679,245,734/576. This was 7% increase over the amount raised in 2016. The Audited Report is pending.
	Output 6.2 : Hiring a Fund raising and Communications Officer	One Fundraising and Communications Officer was hired on part time basis and his work is

		satisfactory. TAWREF through the Fundraising team purchased a 3 acre farm in Mwanga district to use it for agribusiness to train and promote livelihood for our beneficiaries.
	Output 6.3: Expanding the shop and raising money through consultancy	The TAWREF Charity shop purchased a financial mobile money transaction Machine from January. At the end of the year the profit for the shop 4,111,343.42. Consultancy with Women's front partners continued and generated fund as well.
	Output 6.4 TAWREF website, Face book and Twitter kept updated.	The TAWREF Social media were kept updated.
	Output 6.5: Office equipment purchased and regularly maintained.	1 laptop for the head office and office chairs for the Arusha office were bought.
	Output 6.6: Staff capacity building done as per OD plan to enhance professionalism and performance.	Staff capacity building was done through in-house training on: The Theory of Change, Monitoring Evaluation and Learning. A few Sauti project staff got training in Strengthening Data Use in SAUTI's Programs and proper filling in of TOMSHA forms.
	Output 6.7: Board met regularly and a Board Development plan developed including additional Strategic Policies.	Board meetings took place quarterly. Board capacity building not done.
STRATEGIC OBJECTIVE 7: Enhancing Efficiency & Effectiveness of the organization	Output 7.1: The 5 year TAWREF Strategic Plan review done with stakeholders' inclusion.	The Strategic Plan was not reviewed due to delayed planning. To be reviewed in 2018.
	Output 7.2: Regular Participatory Monitoring, Evaluation, Learning and Impact reporting sessions are organized for timely adjustments, documentation and reporting (Weekly, Monthly, Quarterly, Biannually, Annually)	The TAWREF staff organized, regular session per MEL Framework. Stakeholders were involved in the launch workshops and review meetings which took place to discuss successes and challenges and agree on a way forward. Voices of the children, teachers and parents were made significant at the Annual Stakeholders' meeting in December. (see Figure 3 above)
	Output 7.3 Most Significant Change stories are collected from children and caregivers	Some MSC Stories were collected from children and 2 are annexed below.
	Output 7.4: Baseline data/mapping done for effective measurement of results and impact.	Baseline data on Primary School Study conducted in 2016 was shared to various stakeholders. TAWREF's project design is usually informed by evidence such as research results or baseline and end-line KAP survey so we can measure quantitative and qualitative changes in spread of knowledge, attitude to school children who are living with HIV and change of community perceptions on children's protection. Also in 2017, TAWREF designed an organizational level and project level Theory of Change and an organizational MEL framework, which will allow us to further improve our impact and ability to collect evidence and learning from our work.

3.0 MONITORING EVALUATION AND LEARNING (MEL)

- (i) Beneficiary Feedback from Teachers: Impact on teaching: Teachers reported to have benefited from the pupils who applied the same knowledge in other subjects such as Science since the HIV&AIDS topic and life skills studies are also found in the curriculum. One observed, “My work has been simplified as pupils now understand easily these topics”. Previously, there was silence between children and teachers, children and parents regarding the risks associated with HIV and AIDS. The project brought a Paradigm shift from children learning from teachers, parents, and communities to learning coming from children! Shifting from the stigma of talking about sex with children to cutting chains of such taboos. Moreover, the project has improved the quality of education in the project schools such as exam pass rates results of which will be confirmed in 2018. Basically, the project has improved the teaching of HIV and AIDS in schools.
- (ii) Beneficiary feedback from Parents: It was learnt that parents respond positively if well sensitized and are ready to break the silence with their children. At the parents meetings most of them raised their hands to show that they wanted to be tested together with their children something they never planned before. Those who had not paid for food allowances for their children have started to pay. Also the parents are not conversant with legal procedures to follow upon children’s experiences of such incidences.
- (iii) Training as a motivation to be change agents: Training of pupils was seen as a motivation that builds capacity, breaks silence and inspires participation whenever opportunity arises. It was obvious that there is lot to learn from children if we give them a listening space and the multiplier effect is working. The project has also helped the children to learn how to make healthy choices in their lives and as change agents to influence their peers to do so. All peer educators were challenged to be innovative through dialogues on controversial issues such as parents paying for school lunch versus the policy of free education. One example can be seen on the cover page. The skills they are internalising will support them throughout their lives after school and eventually lead to an AIDS Free Generation.
- (iv) Rights based: The HIV prevention project among primary school children aimed at increasing the capacity of duty bearers that is those who have the obligations under the Convention of the Rights of Children for respecting, protecting and fulfilling the child rights (including the government officials and teachers). Parents, community members and others who care for children are secondary duty bearers with specific legal responsibilities for upholding the rights of children under their care and the rights holders who have the responsibility of claiming their rights by asking what they should do to help promote and defend their right to protection.

The children were helped to find their voice so they can demand accountability of others. Dialogues demanding accountability by parents and government have been inspiring. It seemed that parents, teachers and communities tended to be on leave when it comes to child protection issues. The Rights based approach and Life skills enabled children to get education on how their rights are being violated and they multiplied it to their peers through innovation among children forming own structure for education using the morning assemblies, the free periods, lunchtime and during sports. Basically, the involvement of teachers, parents, Local Government leaders and the community at large is building synergy and proving that Civil Society, School Children, teachers and communities are changing the world of children.

- (v) The learning from the Shelter project is that there is suppression of stress and stimulation of psychosocial wellbeing. One beneficiary remarked” If this house really belongs to us, then poverty is gone”. Children who were once split are being brought together and school performance is improving. Shelter disparities in the community are being minimized.

- (vi) The 2 years of the Sauti project has also generated some lessons: The data generated is a proof that there is a big demand for reaching Key Populations in the community with SBCC education, HTC and there were several cases of GBV which are left unattended. Moreover, the FSW and AGYW are proving to be good change agents and stigma levels are going down as evidenced by regular testimonies. The fact that these beneficiaries are currently not linked with livelihood it was learnt that there was a missing linkage which could be addressed through building partnerships with other providers.
- (vii) Value for Money: In 2017, TAWREF chose the approach that makes the best use of resources and aim at greater benefits. By using free training spaces of school classrooms to train Teachers and Pupil Peer Educators and Community based Service Providers who in turn became role models of behavior change. Primary school peer educators reported to have used innovation to reach out to thousands of children and hundreds of parents with HIV prevention messages resulting in positive outcomes at individual, school and community levels. These outcomes were reported at the Annual Stakeholders' meeting. This focus on results shows how the intervention transformed costs (resources inputs) into benefits (results) leading to multiplier effect and working towards structural and systemic changes that will continue beyond the project.

The CBHPs used free training grounds to train beneficiaries in their villages to minimize transport costs and managed to reach hard to reach population groups such as Female Sex Workers and Adolescent Girls and Young Women on Social behavior Change to help them make healthy decisions. 90% of those reached with education accessed HIV Testing and Counselling. Those who tested positive were immediately linked with Care and Treatment Centers and those who had experienced GBV were linked with the Police Gender Desks.

In the shelter project the value for money was realized by the free service donated by the Vine Trust volunteers who spent 2 weeks on the site and (sometimes free labour by the neighbors). The tremendous results are that the beneficiaries are helped to overcome shelter poverty and have their dignity increased and the project is delivering the most value to the poor and marginalized.

4.0 CHALLENGES EXPERIENCED IN 2017:

- (i) Community still portrays slow response towards supporting the home building project with materials and time.
- (ii) HIV and AIDS School clubs not established. Children came up with their own innovation of using school assemblies and other spaces to reach out to more peers.
- (iii) Participation in mid-year parents 'meetings was not very successful compared to end of year meetings because only 5 out of 12 schools sent us notification for such meetings.
- (iv) Increased demand for the SBCC services by the general population while our focus in the "Sauti" project is on the vulnerable and hard to reach populations.
- (v) The home building project is limited to nearby areas while demand for distant areas is growing.

5.0 WAY FORWARD

1. Embark on a new HIV and GBV Prevention that also links beneficiaries with Livelihood support project for AGYW, FSW, PWD and PLHIV ("Shirikisha Wote" in 2 wards of Hai District if proposal is successful. This project will add more value for money in the new project which will train health workers at service delivery sites through a Memorandum of Understanding for project sustainability and delivering the most value to the poor and marginalized.
2. Work on a new fundraising strategy of growing maize, beans, horticulture, beekeeping, fish farming, poultry and training our beneficiaries especially OVC and AGYW to learn the skills associated with modern agriculture.

- 3. Mid-term Review of the TAWREF Strategic Plan to involve beneficiaries and other stakeholders.
- 4. Offer Consultancy to DIAC, SIAC, Kivulini Women’s Rights, Women’s Promotion Centre and The Foundation for Tomorrow.
- 5. Fill in TOMSHA forms for all districts where TAWREF operates.
- 6. Construct 20 more homes and organize shelter impact tracking to find out what impact the project is making.
- 7. New Strategy Formulation: Plan Staff Retention Strategy.
- 8. Continue sponsoring school children for education and add 6 more children using the shop profit.
- 9. Conduct an End line Evaluation of the School HIV Prevention project.
- 10. Observe Compliance issues.

ANNEXES

ANNEX 1

CASE STUDIES OF SCHOOL CHILDREN FSW AND AGYW BENEFICIARIES

Musa Salim (not real name)

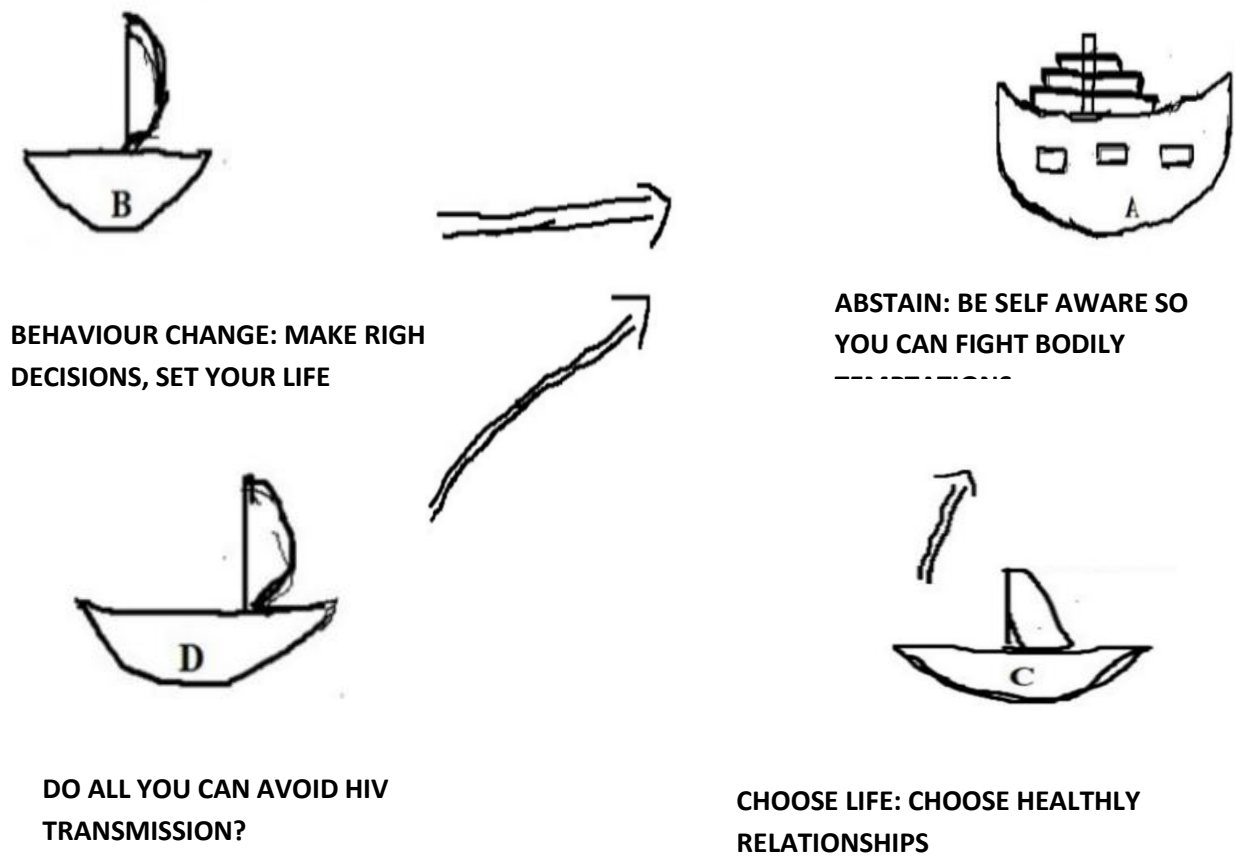
"My friend used to skip classes and go to swim in a nearby river called Njoro Chemchem. One day he told his parents that he was going to school, but he didn't. He went to Njoro instead. His mother caught him at Njoro, and brought him back to school. He defended himself by claiming that his father sent him to buy oil. After questioning him more, he pleaded guilty of truancy and messing around with older women. He was punished by the school's head teacher and he promised not to do it again. As a peer educator, I looked at this problem and said to myself this problem is not small. I gathered him together with other pupils to educate them on causes of HIV/AIDS, risky behaviours and why they should not skip school.

The impact of stigma.

A consented 16 year VAGYW was tested in 2016 with both HIV 1/2 Bioline and HIV 1/2 Unigold tests reactive. Her mother did not agree with her daughters HIV positive results. When she was told to send her daughter to CTC for enrolment and start ARV treatment, she persistently refused. This mother is married to a current husband as a second wife after she separated from her 1st husband who is said to die with signs & symptoms of AIDS. This mother refused to be tested for HIV because she might be diagnosed to be HIV positive which will bring problems with her 2nd husband. She persistently refused her daughters to be HIV positive because it will confirm that the daughter acquire HIV from her. In April 2017 we managed to enroll this young girl at Himo OPD CTC and she has started ART under the supervision of one of her neighbor who agrees to assist her during her treatment. This girl was diagnosed in 2016 but could not be enrolled for treatment due to Stigma in her family.

THE 4 SAFETY BOATS FOR BUILDING LIFE SKILLS AMONG CHILDREN

SAFE BOATS FOR CHILDREN



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