

TAWREF 2018 ANNUAL REPORT

This report covers the 2018 narration of Achievement. 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

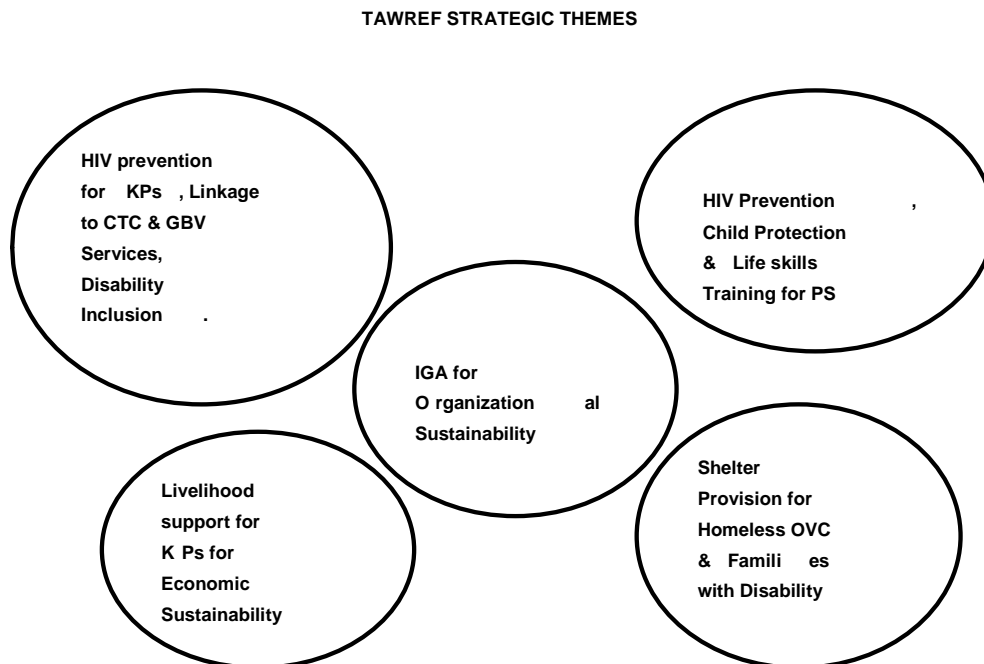
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
AJISO	Action for Justice in Society
BCC	Behaviour Change Communication
CBSPs	Community Based Health Service Providers
CSO	Civil Society Organization
CTC	Care and Treatment Clinic
DHS	Demographic Health Survey
DIAC	Dodoma Inter African Committee
DFID	Department for International Development
ELCT	Evangelical Lutheran Church of Tanzania
FBOs	Faith Based organizations
FP	Family Planning
FSW	Female Sex Workers
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IGA	Income Generation Activities
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KAP	Knowledge, Attitudes and Practices
KCMC	Kilimanjaro Christian Medical College
KCRI	Kilimanjaro Clinical Research Institute
KP	Key Populations
KVP	Key and Vulnerable Populations
LGA	Local Government Authority
MDC	Moshi District Council
MEAL	Monitoring Evaluation Accountability And Learning
MEL	Monitoring Evaluation and Learning
MER	Monitoring Evaluation & Research

MMC	Moshi Municipal Council
MOU	Memorandum of Understanding
MSC	Most Significant Change
MSTCDC	Training Centre for Development Cooperation
NACP	National AIDS Control Project
NGOs	Non-Governmental Organizations
NPA-VAWC	National Plan of Action to end Violence Against Women and Children
OD	Organizational Development
OHSP	Other Hot Spot Populations
OVC	Orphans and Vulnerable Children
PED	Pediatrics
PEPFAR	President’s Emergency Plan for AIDS Relief
PFSW	Partners of Female Sex Workers
PLD	People Living with Disability
PLHIV	People Living with HIV
POLARG	Presidents’ Office Regional Administration and Local Government
SBCC	Social Behavior Change Communication
SDGs	Sustainable Development Goals
SIAC	Singida Inter African Committee
SIMS	Site Improvement through Monitoring Systems
SRHR	Sexual and Reproductive Health Rights
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TAWREF	Tanzania Women Research Foundation
TCRF	Tanzania Child Rights Forum
ToC	Theory of Change
TOMSHA	Tanzania Output Monitoring System for HIV and AIDS
TUSOGE CDO	Tusonge Community Development Organization.
USAID	United States Agency for International Development
VICOBA	Village Community Banking

WHO World Health Organization
Figure 1a. TAWREF's areas of intervention



Figure 1b. TAWREF's Strategic Themes



1.0 EXECUTIVE SUMMARY

Tanzania Women Research Foundation (TAWREF) was registered in December 2010 with Registration Number OONGO /00004319. This is the 8th Annual report which highlights achievements, best practices and challenges but also the Way Forward for 2019. The year 2018 was yet another opportunity for TAWREF to further extend her service to the poor, the children, the homeless, and people living with disability, Key Populations for HIV and AIDS and other vulnerable groups. This is in the spirit of contributing to the National and Global Goals and

Priorities. At the heart of the Global Goals is a commitment to ensure that ‘no one is left behind’. Too often, it is women and girls who are left furthest behind, with fewer opportunities to escape poverty, violence diseases and restrictive cultural practices. Conversely, without empowering women and girls, the Global Goals cannot be achieved.

TAWREF went on with her 2 unique interventions that target children by providing shelter to the orphans and children living with disability but also with the Primary School HIV prevention project. There were other ongoing interventions of HIV Prevention and Sexual and Reproductive Health Rights and services among Key Populations. This is in line with TAWREF’s Theory of change targeting, “Reduced stress, despair and disparities in accessing the right to education, proper shelter among families caring for orphans and children with disability” but also “Reduced new HIV transmission by increasing access to health rights and protection among primary school children and Key Populations.”

TAWREF’s experience in HIV related research has generated adequate evidence to continue supporting the orphaned children also to contribute to the prevention of new HIV infections.

Main Achievements for 2018:

- (i) 100th home built: TAWREF in collaboration with the Vine Trust of Scotland, built and handed over the 100th orphans’ house in June 6 ahead of the targeted time of December 2018. In total 19 new homes were offered to a total of 35 orphans leading to the rand total of 116 houses from 2012 in collaboration with the “Vine Trust” of Scotland. This is in line with SDG # 11.10

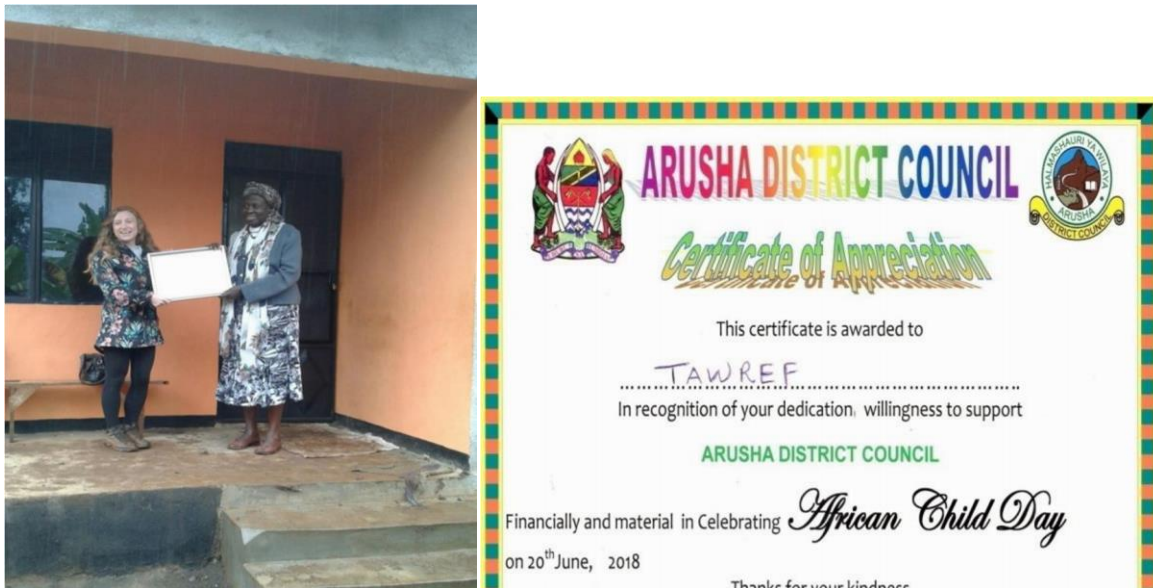


Figure 2. Left: The Vine Trust Representative, Louse Campbell handing over an Award to the TAWREF ED, Dafrosa Itemba for building the 100th house. Right: An Award given to TAWREF by the Arusha District Council for effectively participating on the 2018 “Day of the African Child

Facilitating Access to HIV testing, Treatment and Care: TAWREF contributed to the UN SDG # 3.3 and the UNAIDS and partners’ midterm 2020 goals of 90 - 90 - 90 Global Goals before the 2030 targets of 2030. This means that by 2020, to have diagnosed 90% of all HIV infected persons; to have provided ARV to 90% of those diagnosed and achieves viral suppression for 90% of those treated. The first 90 estimated at 1.4 million people living with HIV is at 52% who know their sero status, so all of us are aiming at increasing this to 90%. The second 90 is at 90.9% while the 3rd is at 87.7% as per National Reports. To increase access for HIV Prevention, Care and Treatment, as well as facilitation of Sexual and Reproductive Health Rights and linkage to Gender based Violence Services for Key Populations, TAWREF collaborated with JHPIEGO to reach 2 districts in Kilimanjaro and 3 in Arusha region under the “Sauti” project. The “African

Initiatives” also funded Year 2 of the School HIV Prevention Project of which HTC of its kind was offered to 459 pupils and 311 parents in the 12 project schools.

The good news was that Kilimanjaro HIV prevalence decreased from 7.3% in 2013/14 to 2.4% in 2016/17 as announced by the Kilimanjaro Regional Commissioner at the launch of the National testing Campaign. “Furaha yangu” on 10/09/2018.

(ii) New partner: TAWREF’s ongoing learning and experience from the previous work was an opportunity for winning a new grant by DFID- UK AID Direct funded through the African Initiatives. TAWREF was blessed with this new development partner to reach out to 7 villages of Hai District under the “Shirikisha Wote” project. This project aims to reach out more Key Populations but also putting on board Women Living with HIV and Women Living with Disability and eventually link some of them with economic empowerment and other Community based support systems in or outside Hai District.

(iii) Awards: TAWREF was blessed with 2 awards. One was from the Director of the Arusha District Council for effectively participating in celebrating the Day of the African Child. Another award was by The Chief Executive of our Home building project partners, the Vine Trust of Scotland for reaching a target of the 100th house by end of 2018.

(iv) Working with Partnerships: TAWREF went on collaborating with the Local Government Authorities and other Key Players to contribute towards synergy building, shared learning and joint celebration of the impact. Regional, National and International events were organized jointly between CSOs and LGAs. Moreover, TAWREF was selected secretary to the Moshi Municipal NGOs Forum.

(v) External Evaluation: TAWREF’s high level performance was evidenced by external Evaluations such as the PEPFAR’s Site Improvement through Monitoring Systems (SIMS) results which were 90% for the Moshi based office and 86% for the Arusha based office for the Sauti /JHPIEGO project. Another Evaluation was based on Organizational Capacity Assessment Tool used by AI/DFID and TAWREF scored 80% in the areas of Governance; Planning, Financial Management; Human Resource and Monitoring, Evaluation and Learning.

- (vi) TAWREF used part of the profit from the Charity Shop to reimburse the volunteer office cleaner and to sponsor 6 primary school children for their non tuition education needs.
- (vii) Midterm review of the TAWREF 2016 -2020 Strategic Plan was also accomplished.
- (viii) TAWREF offered project mentorship to other organizations such as DIAC based in Dodoma, SIAC based in Singida, Kivulini Women's Rights in Mwanza and Women's Promotion Centre based in Kigoma. 10% of the consultancy fee was pumped back into the organization.
- (ix) In 2018, TAWREF was privileged to receive distinguished guests from the African Initiatives, DFID UK, JHPIEGO, USAID, Vine Trust of Scotland and from other parts of the world. See Figure 3 portraying the DFID visit.

DFID



The TAWREF ED
(middle) welcomes
guests: Judy Amoke (right) based in
Nairobi and Anne Liedloff (left) of London

2.0

OBJECTIVES, PLANNED OUTPUTS AND RESULTS

STRATEGIC OBJECTIVE 1: Produce research reports and disseminate findings and best practices to various stakeholders periodically. Planned outputs:

Output 1.1 Research Reports compiled and disseminated. Results:

- Baseline study conducted on the situation of 126 Key Population members in 3 wards of Hai District before launch of the “Shirikisha Wote” project. Results presented at the Stakeholders’ Forum and Annual General Meeting. Generally there was low access to Sexual and

TAWREF STRATEGIC

Reproductive Health Services, Low HTC and STI uptake, lack of training of Health workers on how to work with Key populations, low income among potential beneficiaries due to constraints of getting credit, 40% feared high interest rates, 34% lacked collateral and 26% didn't know where to get credit. Also 65 % of the respondents had experienced GBV of one form or another.

- End line KAP Study on the Primary School HIV Prevention Project Results disseminated at the Stakeholders' and Annual General Meeting. TAWREF conducted a study in 2016 and again in 2018 to assess the Knowledge, Attitudes and Practices (KAP) around HIV/AIDS. There were 442 pupils from the 12 project schools. In 2016 12% (55) children reported to have become sexually active before the age of 15 years, in 2016 this figure dropped to just 2.2% (10) children reporting to be sexually active while under 15 in 2018. This demonstrated that the intervention had a positive influence on the children's capacity to make decisions when it came to their own sexual behaviour. The End line study also concluded that children accepting gifts (37.8%), lifts (13.5%) and food (32.7%) from members in the wider community in exchange for sexual favours remained the highest risk activity exposure to HIV infection, early pregnancy, gender based violence and STI/STDs.

Other findings showed that discussing Sexual Reproductive Health (SRH) and HIV and AIDS remains a cultural taboo in many families with parents not disclosing their HIV status to their children in fear of being stigmatised. It was also likely that parents had little understanding of the risks their children are exposed to on the way to and from school. This shows a clear need to work more deeply with parents and the wider community to address attitudes towards children's protection and reduce their exposure to HIV infection.

Both studies concluded that although knowledge and access to HIV services have improved, behaviour change is at the core of addressing new HIV transmission among children in the region and a step towards reaching the Sustainable Development Goal 3.3 of an Aids Free Generation by 2030.

Output 1.2 Design Interventions that are informed by research findings:

Results: TAWREF used the Real-time data developed by the School HIV Prevention Project to design a more innovative project aimed at reinforcing the knowledge and skills acquired by the

primary school children to further promote children’s protection by working more closely with parents, teachers and the newly formed Government Child Protection Committees for the National Plan of Action to end Violence Against Women and Children by 50% (NPA-VAWC 2017/2018 – 2021/2022). The year 2019 is the Year 3 of the School HIV prevention project.

STRATEGIC OBJECTIVE 2: Facilitating Sustainable Access to Livelihood (Shelter & Microfinance), Social Services (Education & Health care).

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 Vine Trust. (SDG 11.10)

Results: 19/15 houses (127%) constructed for a total of 35 more children 17 males and 18 females living with 7 widows, 6 grandparents 2 with uncles/aunts 4 on their own. Shelter gap bridged within the villages.

See Table 1 below.

Table 1. Houses constructed from 2012 -2018.

District/ Year	2012	2013	2014	2015	2016	2017	2018	Total
MMC	02	03	03	-	03	4	-	15
MDC	02	08	16	09	10	13	12	70
Hai DC	01		02	10	07	3	06	29
Siha DC	-	01	-	-	-		01	02
Total	05	12	21	19	20	20	19	116

Grand Total		17	38	57	77	97	116	
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**100TH HOUSE FOR EVAMARIA IN URU KUSINI
KIMANGANUNI**



**Figure 4. Left: Old House of Eva Maria a primary school orphan living with grandmother (standing in blue uniform)
Right: New house of Eva Maria.**

DORCAS MCHAKI OF SANGO



Old and new House for Dorcas Mchaki

Figure 5. Old house (left) and New house (right) for Dorcas Mchaki of Sango



Figure 6. Local Government leader handing over keys to the new House of Johnson Kanza who was totally homeless

Output 2.2: Positive response from the community towards supporting shelter beneficiaries.

Results: 18 families got different material support (scholastic materials, capital, beds, beddings, chairs and clothing). 2 new toilets were constructed by the community.

Output 2.3: Increased future hope by topping up to the right to education to 25 Orphans and Vulnerable Children. *Supported by Susan Bhaumik, Malfrid Utne & Friends.*

Results: 17 children out of 25 = 68% were sponsored for education at various levels: 7 at Primary school 7 at Secondary school and 3 at College. (6 of them were sponsored by the profit out of the

TA

WREF Charity Shop).

STRATEGIC OBJECTIVE 3: HIV prevention, Demand Creation, Family Planning, Social Behavior Change Communication and Gender Based Violence services for Key Populations (KP) and Key and Vulnerable Populations ((KVP)

Area of intervention: This took place in 31 wards of Moshi District Council; 11 wards of Moshi Municipal Council; 8 wards of Rombo DC; 13 wards of Same DC; 7 wards of Mwangi DC and 12 wards of Hai DC also 16 wards of Arusha CC ; 13 wards of Arusha DC; and 9 wards of Meru DC. *(Funded by JHPIEGO/USAID (results from January 2018) and DFID/African Initiatives – results from June 2018)*

Output 3.1: Increased uptake of Biomed services including HTC

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

Output 3.3 Clients reached out with various Family Planning Services. (SDG 3.7)

Output 3.4 Increased accesses to Community-Based Behavior Change Communication activities to address the HIV and Family Planning vulnerabilities and address gender norms.

Output 3.5: Demand created to beneficiaries and actively referred to community-based mobile HIV testing and counseling services. (SDG 3.3)

Output 3.6: Owners and workers of bars, guest houses, night clubs and truck drivers sensitized on women's rights and safe sex.

Output 3.7 Community sensitized on women's rights and safe sex.

Output 3.8: Production of BCC materials produced and distributed for continued learning..

Results: summarized in the Table and Graph below.

Table 2. Results for reaching out Key Populations (KPs) and Key and vulnerable Populations (KVPs) in 2018

	Kilimanjaro (Sauti) USAID	Arusha (Sauti) USAID	Hai Shirikisha Wote)AI/DFID
Demand Creation target and Actual	FSW :8,665/10,759= 81% PFSW: 4,977/1,2828= 39% AGYW: 4,111/4,966= 83% OHSP: 3,402/12,415= 27% PED: 3,196/2,253 =142%	FSW: 628/107= 587% PFSW: 298/127= 235% AGYW: 146/49=298% OHSP: 14/123= 11% PED: 343/6,240= 5%	FSW: 396/1,454=27% AGYW: 247/844=29%
HIV Testing and Counseling targets reached	FSW:826/282=293% AGYW:826/679=122% PED:11/34*100=32% OHSP:9 PFSW: 85 Total =1,757	FSW: 344/769 =45% AGYW:443/3,318=13% PED:94/129 =72% PFSW:= 48 OHSP:=25 Total= 954	FSW: 488/1,454 = 34% AGYW:313/844=37% PFSW: 158 Total = 959
HIV +ve %	55/48=115%	34/162 =21%	17 /77 = 22%
HIV Prevalence rate	55/1,727 = 3.1%	34/944 = 3.6%	17/959 = 1.8%
Linkage to CTC	30/41= 73%	23/139=17%	17/17 = 100%
Family Planning types offered	783/1,363= 57%	635/4,089=16% Arusha 95 Pills;390 Injectable; 184 Implanon;1 IUD Kilimanjaro 423 Pills;282 Injectable; 78 Implanon	(89) 40 BCP; 32 Injectable;13Implanon; 4 Loop
SBCC for KVPs Classes	8,436/8,328 =101%	9,702/9,679 = 100.2%	354/383 = 92% 215 FSW and 139 AGYW

GBV survivors reached	138/76 = 182%	173/240 =72%	33/21 =157%
GBV cases supported	45/61= 74%	047/191 = 27%	28/33 = 85%
Piloting ‘Self Test’”	-	ACC: Test Kits distributed =111 (FSW 36;PFSW 55. Respond = 28. Results:23 HIV + ADC: Test Kits= 20FSW – Resp: 6 - 0%	-
Community ART for Expert Clients and decongesting Health Facilities	MDC 137/721= 19% MMC 0/155	Arusha CC 104/713 =15% Arusha DC 44/211=21%	-
Community Sensitization	-	-	(317) 429 males 371 females 212 guest and Bar workers; 97 Motor bike drivers; 97 Truck drivers

<p>Production of SBCC Materials</p>			<p>4 Signposts at 4 dispensaries.</p> <p>20 posters each at 4 dispensaries.</p> <p>15 posters at the DMOs office and Flower Plantation</p> <p>Brochures were distributed to motorbike and heavy trucks drivers, bar and guest houses and cattle auction place.</p>
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TAWREF's 2018 RESULTS HTC Coverage



Figure 7. KVP- HIV Testing progress towards Annual Target

STRATEGIC OBJECTIVE 4: Conducting a School HIV & AIDS Prevention Project.

(“NguvuyaUshiriki”) or the Power of Participation.*(funded by African Initiatives of the UK)* This is a unique project in Tanzania

Output 4.1 A 2 day refresher training for 36 teachers on school HIV and AIDS intervention organized.

Results: 36 teachers reached =100%. Focal teacher influenced other teachers to be very supportive to pupils who in turn multiplied knowledge to many more. Schools registered improved academic performance, children’s discipline and truancy went down as well.

Output 4. 2: Four 2 day refresher training carried out by TAWREF staff and experienced volunteers to 720 pupils at 60 per school. *Results:* 679 = 94.3% reached. Tools used: the Safety Boats for children, “My Body belongs to me”, Straight Talks on HIV risk factors, Brochures and testimonies showing Most Significant Change Stories. They also learnt and practiced how to conduct Straight Talks on policy issues.

Output 4.3 ‘School AIDS Free Generation Clubs’ supported by sports gear followed up to ensure they continue to meet their objectives. *Results:* Clubs were not formed as such. Instead, pupils Peer Educators decided to use other forums to sensitize their peers such as morning parades, free classes, break times and before sports the peer educators would present some messages. Sports equipment also helped children to have quality time together instead of loitering.

Output 4.4: Six more School Information Centres established, equipped with BCC materials on HIV and AIDS. *Results:* 100% all school were fitted with Information Centres and equipped with posters, leaflets, HIV and AIDS playing cards, Tools for the Children’s safety boats, project updates and musical instruments. Trained Peer Educators took turns to share Life Skills using the visual AIDS.

Output 4.5: A health facility supported by parents and teachers for Voluntary Counseling and Testing of 15% (240) of pupils after obtaining the consent of parents. *Results:* Tremendous demand for HTC among children and parents. 1,053 in total = 439%; 447 girls and 233 boys, 266 female parents and 107 male parents underwent HTC in all 12 project schools. The result indicated 6 HIV + cases all female 5 adults and 1 girl of 11 years = 1.9% .At least there is a window of hope for an AIDS Free Generation.

Output 4.6: Referrals conducted for care and treatment for HIV + cases. **Results:** 6 referrals made to the Centre for Treatment and Care under the scheme of Test and Treat.

Output 4.7: Sustainability meetings held with local leaders, teachers and parents to establish a memorandum of understanding on how the project will be sustained after the project is over. **Results:** Teachers and Local government leaders promised to sustain the project activities through task sharing. Each school's focal teacher promised to keep their responsibility of supporting the pupils. Leaders and school committees demanded accountability of the parents regarding school lunch and child abuse in the community.

Output 4.8: Awareness raised in 2 districts to 700 adult community members on children rights to enable the project to reach out to a bigger picture in the wider communities. **Results:** 306 adults = 44% reached plus 998 pupils. It is not enough to reach out to children and teachers about children's rights and protection but also to the community at large so that they take responsibility of protecting the children.

Output 4.9 BCC Materials produced which will remain in the schools and community to keep HIV prevention, Life skills and messages active in the period beyond the project. **Results:** 12 Bill boards with HIV awareness messages distributed to all schools, 250 copies of 5 types of AIDS

Awareness posters distributed to all schools' Information Centres for sustained access to BCC materials.

Output 4.10: Conduct 24 parents HIV and AIDS sensitization and consultation meetings during their normal school meetings. **Results:** 9 parents' meetings sensitized and commitments made of increased protection of children.

Output 4.11 End line Study Feedback Stakeholders' meeting for 70 and ways of improvement shared. Plans for a second phase of the project worked out. **Results:** 72 = 103% stakeholders met. Testimonies on success stories were presented by teachers and parents.

Output 4.12: Exchange visits among school children for quality time conducted. **Results:** 100% = All 12 schools participated in exchange visits. Increased confidence and knowledge sharing.

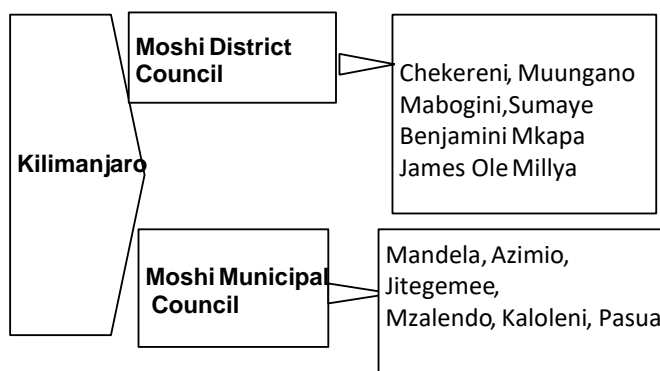
Output 4.13: A project End line study organized to determine the impact of the 2 year intervention. **Results:** Done. Some results presented in table below.

Table 3. Some End line study Findings

Indicators of Change	Baseline Results	End line Results
	2016	2018
Factors that promote HIV infection	Gifts =38%; Lifts 14% Lack of money for food 33%	Gifts = 39%; Lifts = 36% Lack of money for food 20%
Sources of HIV and AIDs Information	School= 43% ; Home 20.5%; Church/Mosque= 2.4% The media=13.4	School = 55%; Home 24%; Church/Mosque= 1.5%; The media=12
No. of children who started sex under 15 No. of children who started sex under 15	55(12%)	10(2.2%) significant difference

The risk factor of food went down because the children made advocacy activities with parents to pay for school lunch but also the parents’ sensitization sessions impacted them. Also the home as a source of information went up due the children demanding participation and the parents’ awareness after getting baseline study results showing that the parents were not having time to listen to children. The sexual debut under 15 years scored significant results mainly because of the peer pressure imposed by the trained peer educators and also there was increased commitment towards children’s protection by teachers and parents and communities.

Figure 8. Schools participating in the School HIV Prevention Project



STRATEGIC OBJECTIVE 5: Maintaining Strategic Partnerships for Increased Coverage and Impact.

Output 5.1: TAWREF has joined hands in strategic partnerships with likeminded organizations.

(i) Contributing to National/International Vision and Strategies:

Results: In 2018 TAWREF went on contributing to the following Regional, National and Global Visions and Strategies: The Tanzania Development Vision 2025; The 4th National Multisectoral

Strategic Framework for HIV and AIDS (2017/8 to 2022/23), The Sustainable Development Goals (SDGs3.3,3.7, 11.10); Health Sector HIV and AIDS Strategic Plan (2017 – 2022).

(ii) Collaborating with Local Government Authorities:

- TAWREF participated in the drafting of the Kilimanjaro Region Strategic Plan for HIV and AIDS (2019- 2023) also in sharing TAWREF’s budget contribution to the MDC and MMC Health Budgets.
- Contributed to the HTC uptake in Moshi Municipal Council (MMC), Hai District Council (HDC) and Moshi District Council. Also participated at the launch of the National Testing Campaign “Furaha Yangu” in Hai District Council and Moshi Municipal Council and also conducted HIV Testing in Hai District during the “Uhuru Torch” rally and the World AIDS Day. The LGA were also supportive in identifying hot spots location.
- Received study permits, Testing Kits, HTC service providers, FP facilities and consultation on modality for pupils’ testing from the government.
- TAWREF signed an MOU of working together with the Government at ward, and village levels.
- TAWREF also joined hands with the LGA and other CSOs at the International Women’s Day, “Day of the African Child”, the launch of “16 Days of GBV” and the World AIDS Day.
- Received Certificates of Appreciation from the Arusha District Council for effective participation in the Day of the African Child. (See Figure 2. above).
- Received certificate of membership from the Workers’ Compensation Fund.
- Office of the Moshi District Commissioner: TAWREF was delighted to have the Moshi District Commissioner Hon Kippi Warioba working on the site of the construction of the 100thhouse in

Uru South Ward supported by the Vine Trust of Scotland.

- The Police Gender Desk received 120 referral cases. Working with the police increased public awareness and service on gender based violence: Statistics presented at the launch of 16 days of Gender based violence indicate that 40% of women aged between 15 and 49 had experienced GBV in their lives.



Figure 9. In April 2018, the Moshi District Commissioner Hon. Kippi Warioba (in white shirt) participated in the gravel mixing and laying the first brick on the 100th House supported by the Vine Trust of Scotland

- (i) TACAIDS: Invited TAWREF to various meetings.
 - Sharing HIV and AIDS Indicators for 2016-2017 also Hypertetis B.
 - TAWREF appointed Focal persons to fill in TOMSHA monitoring tool in 3 districts in Kilimanjaro and 2 districts in Arusha region.
 - TAWREF participated in the drafting of the new TOMSHA Forms.
- (ii) Working with other Key Players

See table 4 below

Table 4. TAWREF’s Strategic Local Partners

Strategic Partners	Strategic collaboration
(i) Moshi Municipal NGO Forum	Sharing information and joint efforts. TAWREF was elected secretary to the Forum and participated in the Executive Committee Meetings.

(ii) Women Research and Documentation Centre	TAWREF entered formal partnership with this Research organization based in Arusha.
(iii) Amani Centre, Arusha Branch	Joining hands with our Arusha Office in supporting the abandoned AGYW.
(iv)TCRF	TAWREF participated in the TCRF AGM and other capacity building sessions on child protection through NPA, simplified reporting mechanisms and got a Membership certificate.
(v) Restless Development	TAWREF learnt how data is used in decision making.
(vi)ELCT “ Kizazi Kipya” project	Visiting our Arusha beneficiaries to assess their socioeconomic situation and supporting them with economic group formation.
(vii) KCMC and KCRI	TAWREF attended KCMC and KCRI’s presentations on research findings.
AJISO	TAWREF had joint media discussions on GBV situation and listened to the community’s concerns regarding the way GBV cases are handled.
SIAC and DIAC	TAWREF provided consultancy and capacity building support to FOKUS partner organizations namely, SIAC, DIAC, Kivulini and WPC.
MSTCDC	TAWREF shared experiences in Fund raising for the MSTCDS students.
Moshi Cooperative University, Tusonge	TAWREF received Consultancy/capacity building services from these organizations and enhanced her organizational capacity
CDO & Elimu Mwangaza	
Faith Based Organizations	Identified and made contributions to needy families.
Other collaborators	Simba Footprints, Hand in Hand, Child Reach
Kivulini Women’s Rights, Mwanza and Women’s Promotion Centre , Kigoma	Research Colaboration for ‘SASA’ End line Study
Dodoma Inter African Committee and Singida Inter African Committee	Research Collaboration for the FGM ‘End line” Study

STRATEGIC OBJECTIVE6: Sustaining Organizational resources.

Output 6.1 New Sources of funding identified per year. Results: Several sources were identified but only two were successful.

Total income raised from ongoing and new partners in 2018 was 1, 11,439,483/= . This was 120.1% increase over the amount raised in 2017 which was 696,805,978/=.

Output 6.2: Fundraising for Organizational Sustainability. Results:

- (i) The TAWREF Charity shop income was 10,346,000/= registering a decrease of 17.3% due to closure of sales of staff airtime. Some proceedings from the shop supported 6 primary School OVC education sponsor ship for uniforms, and scholastic materials.
- (ii) Consultancies and Capacity building of other organizations conducted earned 1, 280,000/= (10%) of the total raised. This was pumped back into the organization.

Developing an approximately 3 acre farm for training OVC in Modern farming and organizational IGA. This farm located in Kituri village, Mwangi district was cleared ready for cultivation in 2019. Thanks to Malfrid Utne and Norwegian friends for enabling TAWREF to such an enterprise the profit of which will benefit the vulnerable children.

Output 6.3: Human Resource Issues: Recruitment, Induction, Staff meetings. Results: 6 new staff members were recruited to catch up with the scale up of activities. Induction Training was offered.

Staff meetings were conducted biannually and Performance Assessment conducted.

Output 6.4 TAWREF Website, Face book and Twitter updated. *Results:* The TAWREF Social media were kept updated. Many people liked TAWREF's face book page.

Output 6.5: Office equipment and Furniture purchased and regularly maintained. *Results:* 4 laptops, 1 colored printer, one multipurpose copier-printer and scanner, 1 tent for outreach, 6 chairs and 2 tables were purchased.

Output 6.6: Staff capacity building done as per OD plan to enhance professionalism and performance. **Results:** Staff capacity building was done through in-house training for the head office staff only. The topic was “Financial Management for Non Financial Managers”. Other training sessions were on “Safeguarding procedures and policy for staff, children and stakeholders. A few Sauti project staff got training in Strengthening Data Use in SAUTI’s Programs and proper filling in of TOMSHA forms “orientation of Community ART”; Refresher Training in DHS Tool system; “Screening GBV Cases”; FY19 Scope Orientation etc.

6.6.1 Training of new CBHSPs 9FSW; AGYW.PWD and PLHIV. Results: 27CBHSP were trained in Arusha for “Sauti” and 22 in Kilimanjaro for “Shirikisha Wote”.

Output 6.7: Governance and Oversight: Board Quarterly Meetings. **Results:** The TAWREF Board met Quarterly to approve reports and plans, oversee organizational governance, resources and managerial issues including additional Strategic Policies. Two new policies approved by the board, “Staff Retention Plan” and “Safeguarding Policy”.

STRATEGIC OBJECTIVE 7: Enhancing Efficiency & Effectiveness of the organization

Output 7.1: The 5 Year TAWREF Strategic Plan review. **Results:** Strategic Plan Review by staff, Board, and other stakeholders recommended a minor review of TAWREF’s Vision and Mission to reflect her current interventions (after closing research projects with Duke University). The review was approved by the Board in December 2018.

Output 7.2.1: Monitoring Evaluation Accountability and Learning (MEAL)

Results

Weekly, Monthly, Quarterly, Biannual and Annual sessions were organized for timely adjustments, documentation and reporting. Sessions were organized, as per MEL Framework.

- Quantitative data feedback was collected by the MER Team for “Sauti” and “Shirikisha Wote” projects who entered and verified the Community Based Health Service Providers’ (popularly known as Peer Educators) Registers, Pre and Post Tests, AGYW and Demand Creation Tools. For the “Sauti” project the “Comcare” Software was used and for the “Shirikisha Wote” project, the KoBo Software was used.
- Qualitative data was gathered by the project staff through Quarterly Stakeholders’ meetings

(Local leaders and Peer Educators) in the “Shirikisha Wote” project for beneficiary feedback and timely adjustments. Stakeholders were involved in the launch workshops and quarterly review meetings which took place to discuss project progress, successes and challenges and agreed on way forward.

- Quality Assurance sessions were organized monthly to measure successes and failures by tracking the standard gaps, progress to target indicators for timely problem solving.
- External Evaluation of the “Sauti” project by USAID: PEPFAR Site Improvement through Monitoring Systems (SIMS) Kilimanjaro scored 90% and our Arusha office scored 86%.
- External Evaluation of “Shirikisha Wote” project of which TAWREF scored 80%.
- Staff Annual Personal Development Objectives, Performance Appraisal and Retreat took place as scheduled.
- An Annual General meeting with Stakeholders was conducted in December and officiated by the Kilimanjaro Regional Commissioner. Members and participants discussed TAWREF’s achievements and challenges for the 2018 Implementation year.

Output 7.2.2 “Annual Learning Paper” on the School HIV Prevention project produced.

Results: Key Learning Points:

- The pupils were able to make a peer education training plan which they implemented at their respective schools. They demonstrated internalization of knowledge relating to HIV and AIDS and Life skills which they shared with their peers. They used evidence based examples to illustrate their learning. Pupils articulated the risk factors that surround them, they trained their peers to use Life Skills in form of visuals like the 4 Boats of A- for Abstinence - be self-aware so you can fight bodily temptations. B - for Behaviour Change: Think before you make decisions. Plan your life goals; C- Choose life. Choose good relationships and D- Do all you can to prevent HIV. This was reinforced by the Pictures of a girl saying “My body belongs to me” in order to protect themselves from the non protecting environment.

- HTC Results with only one positive case out of 680 pupils is a big window of hope.
- In many schools, pupils were able to stand up and explain several issues around HIV prevention with their peers. They got opportunities for pupils' voices to be heard.
- Learning activities designed and delivered by trained peers to their fellow children based on their own learning experiences proved the realization of:
 - Multiple levels of peer learning and teaching both positive and negative experiences were reported at stakeholders' meetings.
 - Value of peer learning is that it leads to community learning and builds a foundation of skills and techniques for the other pupils to deploy during their life at school.
 - Other pupils benefitted by gaining insight into what the peer led school HIV and AIDS project is about.
 - Pupil- staff partnership has been formed and teaching and learning approaches that can effectively incorporate the pupils' voices like during public events like "The Day of the African Child". The World AIDS Day; Morning assemblies' etc.
 - The use of sports, school band and exchange visits to prevent HIV were also influential in internalizing the values of healthy living and use of quality time.
 - The use of Visuals at the Information Centre for sustaining learning, like the 4 Boats explained above. "My Body belongs to me", for participative pupil engagement to avoid risky behaviour.
- There were a few areas for improvement like little involvement of community child protection structures. The way forward was to internalize and capitalize on the gains and work more with community structures for increased sustainability.

Output 7.2.3 Success stories were collected from children and caregivers. **Results:** Some Stories were collected from beneficiaries. See Annex1.

Output 7.2.4: Baseline and End line data/mapping for effective measurement of results and impact of the "Shirikisha Wote" project. Some results are presented below.

- Use of condom by vulnerable women and girls during sex; 48.4% said they never use condom; 25% rarely and 4% always used condoms. N= 126

- Challenges for using contraceptives in family planning: 18% due to non availability and 15% either access or ethical issues.
- Source of condoms: shop = 71% and health facility =25% n= 40
- Gender Based Violence leading challenge was shame and stigma = 35.5% n= 40

Output 7.3: Preparing a Project Documentary which clearly relates to the project and shows project positive highlights. **Results:** Documentary prepared and was presented to management, staff and donors. It shares voices of children, parents, teachers and the TAWREF management regarding the intermediate outcomes of the School HIV prevention project.

3.0 CHALLENGES EXPERIENCED IN 2018:

- (i) Community still portrays slow response towards supporting the home building project with materials and time.
- (ii) Some men refusing to be linked with CTC services.
- (iii) In 2018 it was difficult to get the NACP Trainers for Health Workers who work with Key Populations.
- (iv) MEAL processes not well implemented as some community members are not familiar with providing input or feedback in community interventions.
- (v) MOU with Local Government was achieved at village and ward levels but pending from district to regional level.
- (vi) Lack of transportation for the Arusha Office.

4.0 PLANS FOR 2019

1. Work on ongoing projects.
2. Organise advocacy sessions to make communities contribute for shelter beneficiaries.
3. Ask support from TACAIDS regarding training of health workers.
4. Embark on Year 3 of the School HIVprevention. Train boys and girls separately on strategic life skills such as Relationships, Time Management, Communication especially Timely Disclosure of abuse, and Use and Abuse of social media.
5. Construct 20 more homes for homeless OVC and organize shelter impact tracking.

6. Fill in TOMSHA forms quarterly for all districts where TAWREF operates.
7. Continue using profit from the shop to sponsor OVC education.
8. Observe Compliance issues with TAMISEMI, NBS and the relevant Ministries
9. Start working with the NPA Committees to be able to increase children and women's protection and prevent HIV Transmission among them.
10. Embark on Modern farming as an Income Generation Activity but also as training ground for OVC and AGYW.
11. Outsource new Auditors.
12. Work more strategically with the newly renamed desk "Police Gender Children and people with Disabilities.
13. Get consultants in the fields of Fund raising and MEAL.

ANNEXES

Annex 1: Success stories

Early Pregnancy/ Early Marriage and Gender Based violence. (narrated by a counsellor)

A 19 year old young lady came to the mobile VCT with a 2 year old baby. This means she got the baby at the age of 17 and also got married while under 18. The Law of marriage Act 1971 allows for girls to marry at 14 years with consent of the court and at 15 years with consent of the parents. The UN definition of a child goes up to 18 years which in fact is the legal marriage age for boys in Tanzania. While this was a violation of the UN regulation, it is accepted as per Tanzania Marriage Law which is under opposition by activists as it is an abuse of women's rights.

She also had another problem that the husband was mistreating her. She says *"My husband is beating me till I faint and forget my child, I feel confused"*. This is typical of early marriages because the wives are treated like children and have no say. The plan was to escort her to the police gender desk for legal support but she managed to run away from the cruel husband and dumped the innocent baby at her grandmother's place. Unfortunately it has not been easy to trace her whereabouts. At least she is free from her husband's torture.

Hazards of Motorcycle lifts on teenagers (as narrated by a pupil peer educator)

Angel (not real name) is a 14 year old who used to live with her mother and father. She used to return home late at night. One day her parents discovered this tendency, but when questioned she lied. Although her mother was strict, this behaviour continued. It was noted that, a motorcycle rider was the one who was giving her a ride. Her parents became furious and the daughter disappeared for a week. She came back when the parents had cooled down. After two months, she was nervous as she realized that she was pregnant. She started to attend a Maternal Clinic where she tested HIV positive and was put on ARV medication. She delivered safely and was allowed to breast feed her baby for only six months because of the medication she was receiving. Eventually, the father of her baby came forward. It was the motorcycle rider her parents suspected to be the father. They decided to live together with their new born. They had little money and life became so difficult that she couldn't even buy food for herself. When she tried to breastfeed her baby she would almost faint, and after a period of poor health she eventually died of AIDS related conditions.

As a peer educator I have started to raise awareness to other peers on how HIV spreads, its consequences and what measures to take to address this fatal virus. I do this at school and in my neighborhood."

