Human Development Trust [HDT]

2008 Business Plan

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II: List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIHA	American International Health Alliance
AMREF	African Medical and Research Foundation
CHBC	Community Home Based Care
CSO	Civil Society Organization
CTC	Care and Treatment Centers
DSW	District Social Welfare
FCS	Foundation for Civil Society
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HBC	Home Based Care
HDT	Human Development Trust
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGA	Income Generating Activities
IT	Information Technology
INGO	International Non-Governmental Organisation
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
MVC	Most Vulnerable Children
NACP	National AIDS Control Program
NGO	Non-Governmental Organisation
NMSF	National Multisectoral Strategic Framework
NPF	NGO Policy Forum
PLHIV	People Living with HIV
R2L	Right to Life
RH	Reproductive Health
SWO	Social Welfare Officer
TACAIDS	Tanzania Commission for AIDS
TAF	Tanzania AIDS Forum
TNCM	Tanzania National Coordination Mechanism
VCT	Voluntary Counseling and Testing
VSO	Voluntary Service Overseas

1. Summary of HDT business plan for 2008

In 2007, HDT has started implementing the strategic plan 2007-2009. Last year was the first year to start implementing activities from this strategic plan. In 2008, HDT will continue with many of the activities that are started in the previous year. The strategic plan is under pined by three pillars namely Capacity Building, Community Development and Policy Advocacy.

In the area of Capacity Building, HDT will continue with the capacity building project of PLHIV organisations and expand this project to a fourth region (Mtwara). This project started in April 2007 with the aim to strengthen the capacity of PLHIV organisations to better manage organizations and projects. In 2008, HDT extends its service of capacity building across the boarder into Botswana, in a partnership with Marang Childcare Network under the support from Twinning Center of AIHA. HDT also plans to support 6 new organisations or institutions to implement a HIV & AIDS workplace policy in 2008.

On Policy Advocacy, HDT will build further on the Youth Policy project in Mbeya and Kagera to educate youth on youth policy and good governance. This includes supporting the established youth groups with onsite support and mentoring in undertaking policy advocacy in their locality. Furthermore, HDT will work to strengthen networks between youth groups and CBO's in 4 districts of Mbeya and Kagera and facilitate monthly youth meetings to discuss governance, policy and life skills. We will continue taking lead and working with others on HIV expenditure tracking as well as ensuring NGO representation in the Tanzania National Coordinating Mechanism.

Since HDT has dedicated staff to support the secretariat function to Tanzania AIDS Forum (TAF), there will be considerable improvements in NGO coordination and networking to better engage with the Government. TAF aims among others to facilitate learning and sharing among members. Through the above, HDT will continue to undertake high level of engagement in policy and legal processes in HIV and Health.

Within Community Development, HDT will further expand the current Most Vulnerable Children project by identifying new foster families in Kinondoni and Ngara districts. In Mbeya region, the project will also start, but with a slightly different approach. The focus in this region will be on the formation of MVC Committees, who will attend to the needs of MVC. The Global Fund project will continue in this region as well, whereby the formed PLHIV group will continue to be supported with nutrition and 4 more Community Theater performances will be done. Additions to the project in 2008 are that PLHIV will also receive training and loans for IGA and that there is a budget for IEC materials. HDT's school HIV and RH project is being handover to the District Council for expansion and sustainability.

Beside project implementation, the focus of HDT will also be on developing a strong system for monitoring and evaluation and improving the communication of the work to stakeholders. In the year 2008, the consolidated budget is Tsh. 660 million, direct program cost occupying 56% of the budget and support cost occupying 46%. The main cost under support cost goes to capital investment to better support programs.

2. Introduction

2.1. General introduction and welcome

Welcome to the 2008 Business plan for HDT. HDT started its operations in September 2003 focusing on Most Vulnerable groups. In order to be more strategic and effective, HDT has developed the three year strategy that runs from 2007 to 2009, out of this strategy, the 2008 business plan has been developed.

The 2007-2009 strategy evolves from a quick scan, review and reflection by HDT family on the trend and current focus of HIV/AIDS intervention and poverty reduction. The strategy prioritizes work both at national and local level, and this is because we believe that they all feed into each other.

HDT has grown rapidly in the last 3 years and now has 15 enthusiastic staff working in our 3 regions. We are managed by a committed board of Trustees all of which serve to better exemplify the organization's capacity and credibility. On occasion, HDT also draws on a pool of expert consultants to avail expertise and assist in the strengthening of organizational structures, design and processes.

HDT is an organization that is continually learning, driving to succeed and in doing so, helping to better serve its target beneficiaries – people living with HIV/AIDS and the community.

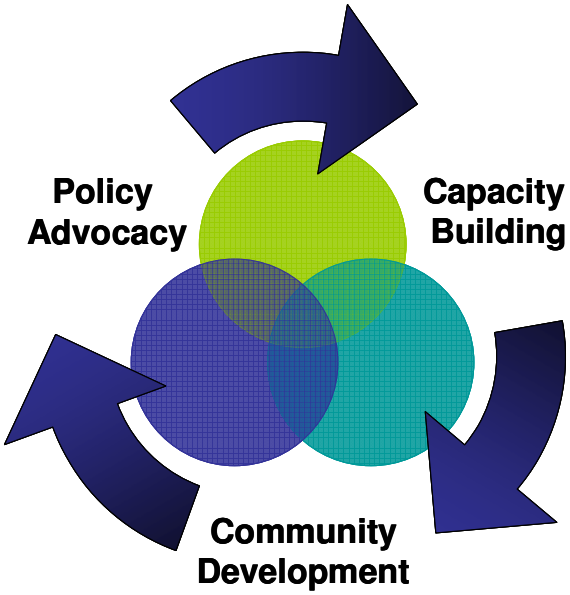
In 2008, HDT extends its service of capacity building to across the boarder into Botswana. A partnership with Marang Child Care Network Trust (www.marang.co.bw) is being developed under the support from Twinning Center of AIHA. This is the first international experience for HDT and it puts the organisation at the edge of learning on one hand and providing support to a dynamic growing network in Botswana. We are proud of this partnership, and hope for a dual learning experience.

We would like to thank our partners for their financial support and their help to reach our achievements and to develop this business plan. To mention a few: VSO, AMREF/Global Fund, AIHA Twinning Center, Foundation for Civil Society, Abbott Fund, CEGAA and Egmont Trust. We are proud that we are growing in both human and financial resources. In 2008, HDT's budget is projected to be Tsh. 660 million with a deficit of Tsh. 133 million.

In order to implement the strategy effectively, financial resources are continuously needed in order to support HDT's efforts in responding to HIV and AIDS and poverty reduction. We would like to take this opportunity to welcome other development partners to support these programmatic responses. In particular, the response and scale of interventions in Kagera needs further support.

2.2. HDT Strategic and Operational Framework

HDT strategic and operational framework encompasses Policy Advocacy, Capacity Building and Community Development. These pillars are interlinked and they form a means through which the vision of HDT is to be achieved.

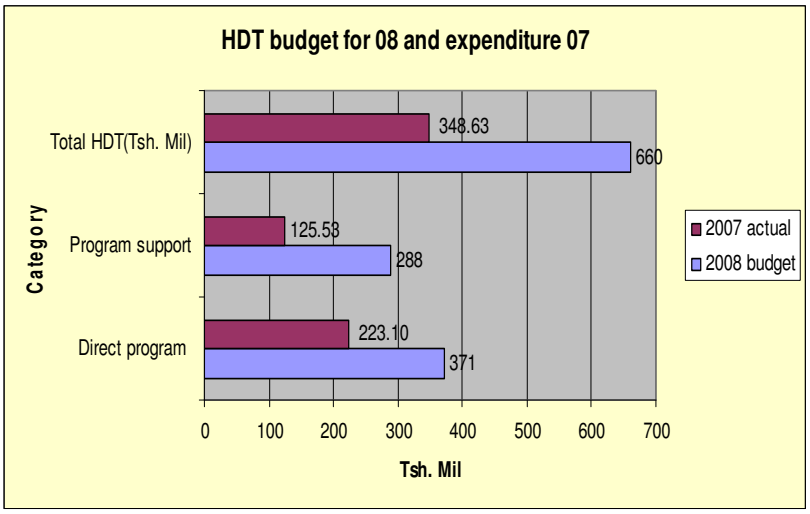


Policy Advocacy	Engage with policy makers, with and on behalf of civil of society organizations to influence policy and practice.
Community Development	Working in partnership with stakeholders to provide support services to the community.
Capacity Building	Working with civil society organizations to help them to deliver high quality services.

2.3. HDT Resources and funding

Programs, staff and funding have all increased from 2007 to 2009. For Human resource, HDT grew from 13 to 15 and one more staff member is expected to join HDT, making the number to 16. The increase in funding is shown in Figure 1 below. The increase in funding is projected to

be 89%. Despite this projected increase, funding confirmed as of January 2008 presents a deficit of 136 million which is about 21%. We call for partners to join us in this innovative work and help us filling the gaps.



To run programs efficiently, HDT is investing in capital items including photocopy machine, field vehicle, motorcycle, laptops and printers. Unfortunately most of these are not covered by donors; hence there is a need for HDT to generate its own funds to cover the main part of these costs. Because of capital investment and the recent increase in consumer index, expenditure under support cost is projected to increase by 130%.

Programmatically, almost all projects will be scaling up, with exception of the Youth Policy Project. This project has been among the most difficult projects to implement due to the fact that funds never came on time. Overall, direct project investment is expected to increase by 66% from the expenditure in 2007.

For the projects to be implemented as planned, it is assumed that there will be smooth flow of funds from donors. In particular this is important for big projects like GFATM, which has also presented difficulties on timely disbursement last year.

3. Projects in 2008

The business plan for 2008 is structured around the strategic objectives that are introduced in the strategic plan 2007 – 2009. The main areas remain those mentioned above under 2.2. This strategic plan is being implemented since January 2007 and can be accessed through http://www.hdt.or.tz/documents/HDT_Strategic_plan.pdf. The format of this business plan is adopted to ensure consistency and comparison of performance in subsequent years.

3.1. Projects on strategic issue 1: to promote and implement strategic HIV & AIDS interventions

3.1.1. Global Fund (GFATM) project

A. General project description
Project: supporting nutritional needs to PLHIV, Income Generating Activities to those infected, community mobilization on education, VCT, stigma reduction. It also promotes a referral system and Community Home Based Care
Funded by: GFATM (round 4) through AMREF as a lead recipient
Geographical coverage: Mbeya region (Rungwe district)

B. Goals and objectives
The main goal of the project is to ensure that that the community is educated on HIV prevention and stigma through Theatre for Development and quality of life of PLHIV is improved.

To achieve the goal above, the following objectives have been set:
1. To support nutritional needs for 150 needy PLHIV (preferably on ARV's) for 4 times until September 2008
2. To provide loans for IGA to 150 PLHIV by September 2008
3. To support monthly meetings of 10 PLHIV support groups during the course of the project
4. To conduct quarterly stakeholders meetings during the course of the project
5. To mobilize communities for VCT and stigma reduction by conducting 4 Community Theater performances to reach a minimum of 1,200 people in 4 wards by September 2008
6. To produce and distribute IEC materials (1000 posters, 3000 leaflets, 500 t-shirts and caps) by September 2008
7. To distribute 30 CHBC kits by April 2008
8. To train 10 Community Home Based Care providers by April 2008

C. Problem Statement
The Government in many districts including Rungwe has scaled up VCT, HBC and Care and Treatment services. The main challenges have remained to be:

- Nutritional support to needy PLHIV;
- Promotion and support to PLHIV groups to ensure healthy psychological support;
- Mobilizing the community to increase VCT uptake;
- Creating mechanism through which there is a linkage between VCT, CTC and community hence effective cross referrals;
- Scarce availability of IEC materials and CHBC kits;
- Lack of trained Community Home Based Care providers.

D. Activities and methodology

Provision of nutrition

Through the support groups of PLHIV, funds will be set aside to provide nutrition to those in need so that their health can improve and resume their normal function. Linkages will also be made with CTC for spotting those in need of food so that the support can be availed. Once the health has been restored, they will be supported with loans and training on IGA, so they can set up their own business. This way, the support will be more sustainable.

Community Theatre performances

HDT will continue to work with the theatre groups that were trained in 2007. The theatre groups will be supported by honorarium to undertake community mobilization raising risk behavior, practices and allowing community discussion. Refresher training to theatre groups, emphasizing on improving their knowledge on HIV, will be provided. Links is also being created with Capacity Building Program so that they groups can be supported to better manage their group more professionally.

Support the functions of support groups

In 2007, HDT has identified and supported 8 support groups for PLHIV. These groups will continue to receive support from our staff. Funds will be made available to support monthly meetings for these support groups and the groups will also be supported to identify among them members who may be ill health and yell for support. The Community Home Based Care to be trained will be instrumental to providing technical knowledge to these groups. There will be formal linkage with CTC, VCT and health centers so that we can cross refer patients depending on their problem.

Distribution of IEC materials and CHBC kits

The CHBC kits will be provided to each CHBC provider after they have been trained. Each provider gets 3 kits for 1 ward, which can be used in their work. Linkage will me made with facility based Home Based Care for skills transfer and support. Since there is no budget for refilling, so we will seek support from the district for refills. The IEC materials will be developed using both Kiswahili and Kinyakyusa language as an attempt to implement NMSF priorities of localizing interventions. Distribution will be done during implementation of the project. Posters will be displayed in areas where many people are coming together in each wards. Other IEC materials can be provided e.g. during the theater performances.

Training of CHBC providers

Because training of CHBC providers is expensive and HDT can only support training for 10 providers, this will be done together with another partner. In the district there are several partners who do similar trainings under Global Fund, so we can link and do one training together. After the training, the 10 CHBC providers will each support in 1 ward.

E. Monitoring and evaluation

This project will be managed by the Project Manager Community Development who is line managing the Mbeya region and it will be implemented by the Program Officer and Program Assistant who are permanently based in Tukuyu (Mbeya). Planning will be done in collaboration with local government, hence monitoring is done in partnership as well. There will be one day quarterly stakeholders meeting where implementation progress will be presented and comments given in terms of efficiency, divergence, effectiveness and or relevance and approaches used. Quarterly implementation reports will be shared with the district, HDT management, AMREF and any interested parties.

The indicators that this project will be measured by are the following:

- The number of PLHIV supported with nutrition
- The % increase in CD4 count of PLHIV that are supported with nutrition
- The number of loans for IGA given
- The number of times nutrition was given
- The improvement in quality of life (functionality) of those receiving nutrition
- The number of PLHIV groups supported
- The number of Community Theater performances
- The number of people reached
- The number of posters distributed
- The number of leaflets distributed
- The number of t-shirts and caps distributed
- The number of CHBC kits distributed
- The number of Home Based Care providers trained

During the project, the staff of HDT will also collect beneficiary information, such as age, sex and information on family situation of project beneficiaries.

F. Implementation period

This is a two years project in phase two which roles from first phase under round four. It officially started in October 2007, with annual budgeting, but release of funds hasn't been done as of January 2008. This delay, if continued will cause inefficiency and is likely to affect the outcome of the project.

3.1.2. Most Vulnerable Children (MVC) project

A. General project description

Project: supporting Most Vulnerable Children (MVC) through foster families and MVC Committees
Funded by: HDT and Abbott Foundation through Africa Bridge
Geographical coverage: Dar es Salaam (Kinondoni district), Kagera (Ngara district) and Mbeya (Rungwe district)

B. Goals and objectives

The main goals of the project is that foster families are strengthened, most vulnerable children are provided with basic needs and that districts, wards, village leaders and communities take ownership in caring for MVC.

To achieve the goal above, the following objectives have been set:

1. To support the 46 existing foster families caring for orphans and vulnerable children during the course of the project
2. To identify 45 new foster families caring for 135 orphans and vulnerable children in Dar es Salaam and Kagera by March 2008
3. To build the capacity of 45 foster families to keep records of small business by April 2008
4. To provide grants to 45 identified families for setting up small business by April 2008
5. To provide tailor-made support to 3,285 MVC through their foster families in Mbeya (Rungwe district) by December 2009
6. To form and build the capacity of 16 MVC Committees in Mbeya (Rungwe district) by December 2009
7. To document learned lessons in community support to MVC and share these with other organisations during the course of the project

C. Problem Statement

Tanzania is estimated to have about 2 million orphans and this number is still increasing. Several programs are in progress with little community involvement. Centers that are caring for orphans have not been identified as the best means of taking care of orphans and as the number is increasing, it is not possible to have sufficient centers to carter for all orphans. Therefore, many orphans live with foster families. Evidence shows that when orphans are supported directly, the guardians often feel worthless, as they have nothing to offer to their children. And when only orphans are receiving support, other children of these families, who are made vulnerable by the presence of those orphans, remain miserable. In some cases this even resulted in children praying that their parents would die, so they could also receive support as orphans. In addition to orphans there are other children who are unfortunate and can not access basic needs. These and orphans needs to be supported as future nation.

D. Activities and methodology

Identification and assessment of MVC
In Dar es Salaam and Kagera the project works with local leaders to identify MVC, foster families and needs. In Mbeya the identification of MVC will be done by the MVC Committees that will be formed. The villages in the wards are identified according to the number of MVC in that village. Most vulnerable children that are supported are in the age of 6 to 18.

Provision of support to foster families
After the identification of the families, they are brought together and asked to state how their livelihood can be supported for scaling up. Once it is clear how they think they could be best supported, they learn the general principles of entrepreneurship and managing a business. They are thought how to keep records of income, expenditure and how to support children on immediate and long term needs. The families are then given grants in form of cash or physical materials depending on what they chose to scale up.

Provision of support to MVC
MVC will be supported both directly and indirectly by HDT. The direct benefits to vulnerable children will depend upon the urgent needs of particular children, but at a minimum every child will be ensured food, clothing, shelter and the means to access education and basic health care. These needs will be met through finding local resources or allocating committee funds.

Formation of MVC Committees
Rungwe District, HDT and Africa Bridge will facilitate the set-up of MVC Committees in 2 wards of Rungwe (Mbeya). These committees will be composed of members of village leaders, foster families, elders, orphaned children and representatives of income generating co-ops. The committees will be trained to build their capacity, in collaboration with the Rungwe District SWO. The training will focus on identifying children in difficult circumstances, recognizing and prioritizing their needs and decision making to call upon appropriate resources for assistance. Committee members will be educated on what resources are available at various levels and they will also receive training on record keeping and transparency. HDT and AB will provide support and mentoring to the committees in addition to the financial support.

E. Monitoring and evaluation

This project will be managed by the project manager Community Development and program officers who are based in the regions. Monitoring will be done by the project teams in the different regions by weekly monitoring visits to the caregivers. These visits are mainly to check the progress in the business, the recording in the book and the spending of profit in regards to the needs of the MVC. Evaluation will be done with all the foster families and also through meetings with the children and physical verification visits.

The indicators that this project will be measured by are the following:
- The number of families supported with training on IGA and grants/resources
- The number of MVC received educational support
- The number of MVC accessing health services through the scheme

- The number of MVC supported on shelter
- The number of MVC supported with food
- The number of providers/foster families trained in psychosocial support
- The number of Orphans and Vulnerable Children receiving psychosocial support
- The number of families supported
- The number of mentoring visits done

During the project, the staff of HDT will also collect beneficiary information, such as age and sex of foster parents and MVC and information on family situation of all project beneficiaries.

F. Implementation period
This project started in 2007 and the activities in 2008 are following up on the activities done in this previous year. The project is expending in 2008 and will continue until December 2009.

3.2. Projects on strategic issue 2: to engage and undertake strategic advocacy work

3.2.1. Youth policy project

A. General project description
Project: supporting and strengthening youth groups and networks to participate in policy process. This project is in its last period of implementation thus it should be ending at the end of March 2008.
Funded by: Foundation for Civil Society (FCS)
Geographical coverage: Mbeya region (Rungwe & Kyela) and Kagera (Ngara & Biharamulo)

B. Goals and objectives
The main goal of the project is favorable youth policies through participation of youth in policy making and empowerment of youth groups.

To achieve the goal above, the following objectives have been set:
1. To strengthen networks between youth groups and CBO's in 4 districts of Mbeya and Kagera by March 2008
2. To provide onsite support and mentoring to CBO's and 10 youth groups undertaking policy advocacy in their locality, reaching a total of 2,000 youth by March 2008
3. To facilitate monthly youth meetings to discuss governance, policy and life skills in 4 districts by March 2008
4. To sensitize a total of 20,000 youth to get the knowledge on youth policies by March 2008

C. Problem Statement

According to the 2005 review, it was discovered that most of the youth have neither the idea of what is contained in the national youth policy, nor having a copy of it. The review further showed that existing groups in communities of Mbeya and Kagera do not undertake policy advocacy in their locality. Where youth groups existed, they have no networks and not organized, which makes it difficult to engage at district level.

D. Activities and methodology

Provision of onsite support to youth groups and CBO's

HDT has trained 100 youth in the age between 18-25 from Mbeya and Kagera on group dynamics, youth policy, partnership, good governance, life skills and networking in 2007. These trained youth are expected to reach 20,000 youth in the four districts. In order for them to get this done, they will be further supported with on site support from HDT staff.

Facilitation of monthly meetings of youth groups

This will entail meetings at their wards to discuss with their peers on youth policy, group dynamics, partnership, life skills and networking. The same trained youth will meet quarterly to discuss governance, policy and life skills. Problems encounter by youth will be sorted out during the onsite support visits.

E. Monitoring and evaluation

This project will be managed by the Project Manager who will be centered in Dar es Salaam and supported by the regional Program Officers from Mbeya and Kagera. Monitoring will be done by attendance reports from the monthly meetings and verifications from the office staff during on site support. As the planning will be done in collaboration with the community, there will be a quarterly meeting with these partners to evaluate the trend of implementation off the project.

The indicators that this project will be measured by are the following:

- The number of youth supported with on site support on youth policies and networking
- The number of youth sensitized to get the knowledge on youth policies
- The knowledge improvement of youth on youth policies
- The number of youth attending monthly meetings

During the project, the staff of HDT will also collect beneficiary information, such as age, sex, school attendance and information on family situation of project beneficiaries.

F. Implementation period

This project started in 2007 and the activities in 2008 are following up on the activities done in this previous year. The activities in this project are planning until March 2008.

3.2.2. Secretariat of Tanzania AIDS Forum

A. General project description
HDT is the secretariat of the Tanzania AIDS Forum (TAF), which aims to engage with policy makers, with and on behalf of civil of society organizations to influence policy and practice.

B. Goals and objectives
The goal of TAF is to have a strong voice of non state actors, engagement with policy makers to influence policy and practice and improved programming on HIV & AIDS to fit the needs of the communities.

The objectives for TAF are the following:
1. To facilitate learning and sharing knowledge, lessons and experiences among members at community, national and international level through formation of a national directory for HIV and AIDS CSO's
2. To obtain a high level engagement in policy and legal processes related to social cultural and economical issues
3. To establish comprehensive mechanisms for capacity building among members
4. To strengthen strategic engagement on HIV/AIDS work of CSO's with national and community based priorities
5. To provide conducive atmosphere that will facilitate appropriate coordination and linkage among CSO's

C. Activities and methodology
Activities and details of this are found under the TAF plan. HDT will continue to provide support to ensure that CSO's are well networked and coordinated. As such HDT will allocate some donation fund to TAF for that purpose. TAF will continue to work with other partners in HIV expenditure tracking and representation in TNCM.

3.3. Projects on strategic issue 3: to strengthen the capacity of partners and allies in HIV & AIDS

3.2.1. Workplace Program on HIV and AIDS

A. General project description
Project: assisting organisations to mainstream HIV and AIDS in their workplace
Funded by: organisations themselves
Geographical coverage: No specific area

B. Goals and objectives

The main goal of the project is that organisations have HIV and AIDS mainstreamed in their workplace and have implemented a constructive workplace policy on HIV and AIDS.

To achieve the goal above, the following objectives have been set:

1. To develop a communication and advertisement plan to promote HIV and AIDS workplace policies and establish rapport with institutional leadership for support in HIV and AIDS mainstreaming by June 2008
2. To provide technical support, expert advice and mentoring on the implementation of an HIV and AIDS workplace program to partner organisations during the course of the project
3. To mobilize 6 new partners in work place program by December 2008

C. Problem Statement

Developing a specific response at the work place remains crucial as workers spent most of their time at the place of work. HDT continues to assist organisations to mainstream HIV and AIDS and make employers aware of their responsibilities and opportunity to respond to the HIV and AIDS pandemic at their workplace.

D. Activities and methodology

Promotion of workplace policies

Promotion will start by developing a thorough communication and advertisement plan, which includes the preparation of IEC materials such as newsletters and brochures and uploading information and articles about WPP in the HDT website. Furthermore, HDT will look into the possibility of organizing a workshop on HIV and AIDS workplace policies, whereby we will invite companies, institutions and potential stakeholders. Networking meetings with stakeholders who are providing the same service is also included.

Implementation of an HIV and AIDS workplace program

The organisations are assisted through the development of customized workplace program and by providing technical support to build in house capacity to implement the programs. HDT does the following:

- Management training on roles and their responsibilities
- Situation and response analysis
- Development of workplace policy or guidelines
- Development of tailor-made HIV handbooks for workers
- Facilitation of the formation of an HIV committee and train them on roles and management
- Training of peer educators
- Development of a monitoring and evaluation framework and tailor made support

E. Monitoring and evaluation

Monitoring and evaluation in this project will vary and depend on the nature of the assignment. Since the assignments have not been obtained, it is not easy to state how they will be monitored. What is presented here is the general framework. For trainings, tailored pre training, post training evaluation will be done. Follow up will be done to see the out come of the training. Visit and support to partners will be done to each partner at minimum of quarterly basis.

The indicators that this project will be measured by are the following:
- The number of organisations or institutions supported in implementing HIV and AIDS work place programs
- The number of stakeholders attending HDT workshops on HIV and AIDS work place programs
- The number of news articles, advertisements, brochures and other IEC materials prepared and displayed
- The number of assignments completed on time

F. Implementation period
HDT has started with implementations of work place programs in 2007 and will continue to do this as long as there are organisations and institutions interested in this activity and HDT as implementation partner. This means that activities in this project are planning until December 2008 at least.

3.2.2. Organizational Development for CBO's

A. General project description
Project: Capacity Building for PLHIV partner organizations and organizations working in the field of HIV and AIDS
Funded by: VSO and Egmont Trust
Geographical coverage: Dar es Salaam, Kagera, Mbeya and Mtwara[1]

B. Goals and objectives
The main goal of the project is to build the capacity of CBO's to effectively manage their organizations and deliver quality interventions.

To achieve the goal above, the following objectives have been set:
1. To identify 24 PLHIV partner organizations and organizations working in the field of HIV and AIDS that qualify for this project by September 2008
2. To train 24 PLHIV partner organizations and organizations working in the field of HIV and AIDS in Organizational Development, Strategic Planning and Policy Advocacy by December 2008

[1] Mtwara is not the focus region for HDT, but because this project is done in partnership with VSO and Mtwara is one of VSO's target regions, this region is also included.

3. To disburse grants to 24 qualified partner organizations by December 2008
4. To mentor and coach the partner organisations and conduct regional linking meetings during the course of the project

C. Problem Statement

People living with HIV and AIDS are increasingly forming support organizations to meet their social, political and economic needs and to ensure their opportunities for improved health and well-being are maximized. The majority of these organizations are in their infancy and extremely weak. However, if supported to develop their capacity, such organizations could play a vital role in tackling the HIV epidemic, eroding the stigma surrounding the disease in Tanzania and reaffirming the rights of positive people to life.

D. Activities and methodology

Identification of organisations

The objective of identification is to get credible organizations to participate in the training on Organizational Development. Identification is done using the Organizational Capacity Assessment (OCA) tool. This assessment includes questions on the organization registration status, working experience, capacity in terms of management, human resources, financial resources and administration and relationship with partners and other stakeholders. Selecting organization is done based on the score on the Organization Assessment tool, as well as observations made by the assessors and discussions with organization members. Organisations that have a mediocre score on the assessment will most likely be chosen, because organisations with a high score are not our target beneficiaries.

Training workshops

To build the capacity of these organisations, a series of workshops are conducted with selected NGO's or CBO's. Two or three of the representatives of these organisations receive two Organizational Development trainings. These trainings have been developed after a needs assessment of positive people's organizations, which was done in 2007. The first workshop deals with how to run a healthy and transparent organisation, how to check if the constitution is reflecting your organization, how to write a vision and mission, what organisation principles and values are important and how to identify strategic issues. The second workshop is to understand and implement project cycle management, financial management and how to write a comprehensive report. After each training, the participants take with them some assignments that they have to work on before the next training of mentoring visit. The 2 Organizational Development trainings will be followed by a training on Strategic Planning and Advocacy.

Provision of small grants

After the 2 Organizational Development trainings the participants have to show that they can utilize what they have learned through writing a proposal. When they qualify, they receive small grants of about Tsh. 1,500,000 or 700,000 to use for activities, but it may depend on the size of the organization.

E. Monitoring and evaluation
All the participating NGO's are coached and mentored by a team from HDT to ensure that sustainable growth is registered. In the regions where HDT staff can only be available for certain times, coaches are trained to give additional support. HDT will monitor closely how many organisations are supported in the project and how many workshops and grants are given. To determine whether the organisations have become more capable, the Organizational Capacity Assessment (OCA) tool will be used to access the capacity of organisations at the end of the project again.

The indicators that this project will be measured by are the following:
- The number of workshops done
- The number of CSO's participated in the training
- The number of people trained
- The number of CSO's whose performance has significantly improved
- The number of mentoring visits done
- The number of CSO's who submitted proposals and accessed funding from HDT
- The number of CSO's whose proposals succeeded and are funded by other donors

During the project, the staff of HDT will also collect beneficiary information during the workshops, such as age and of project beneficiaries. Case studies and success stories will also be collected.

F. Implementation period
This project started in 2007 and the activities in 2008 are following up on the activities done in this previous year. The activities in this project are planning until December 2008.

3.2.3. Capacity Building for cross border partners

A. General project description
Project: Capacity Building to Marang Child Care Network Trust and its members in Botswana
Funded by: Twinning Center of American International Health Alliance (AIHA)
Geographical coverage: Botswana

B. Goals and objectives
The main goal of the project is to build the capacity of Marang Child Care Network and its members in areas of organizational development and programming.

To achieve the goal above, the following objectives have been set:
1. To improve organisation performance of Marang in management and programming by December 2009

2. To enable Marang to effectively lead the network and build the capacity of members by December 2009
3. To improve Marang's communication, monitoring and evaluation methods by December 2009

C. Problem Statement

Botswana has one of the world highest HIV prevalence (37%) but also one of the most progressive and comprehensive programs dealing with orphans and vulnerable children. Although the Government provides direct materials to orphans and vulnerable children, some areas remain unattended. These areas include life skills, psychosocial support and ensuring favorable policies to mention a few. There are many CSO's formed to cover the gaps mentioned above. Marang formed of these organizations working for orphans and vulnerable children to ensure coordination and networking and to become the conduit of voices of these actors in the country.

D. Activities and methodology

Identification of organisations and capacity building areas

The AIHA Twinning Center under target solicitation identified HDT (basing in its hands on experience in capacity building) to support Marang and its members. A rapid assessment of Marang was done by an HDT team in three days.

Improve organisation performance

To build the capacity of Marang, a work plan will be developed together with Marang. This will include twinning the staff of HDT and Marang, so that there can be exchange of skills, experiences and good practices. Where this is needed, specific staff development programs will be implemented. Twinning of staff will be done on quarterly basis, to be able to provide hands on support to Marang staff at their own work environment. Exchange visits to Dar es Salaam will occur once at the start of the project and when this is necessary afterwards. During the first exchange in Dar es Salaam, HDT will be able to demonstrate their skills and experience and Marang can see from theory to practice. During this visit we will also finish the development of the annual work plan. Furthermore, HDT will work with Marang on specific topics, such as widening the funding base for Marang.

Network support

For enable Marang to effectively lead the network and build the capacity of members, we need to undertake a capacity assessment of the members of Marang. For the first year, we intent to assess the capacity of 30 members, after which we can assign mentor roles and develop a tailored training curriculum. Scaling up will be done during the second year. For the training, we will co facilitate all the first training and give more time for them to facilitate in subsequent training. To enable Marang to practice member support, they will give small grants at the end of third quarter and support members during implementation during the forth quarter. For finance, there will be a quarterly visit to ensure capacity and compliance.

Improvement of monitoring, evaluation and communication methods

We will work together to strengthen the monitoring and evaluation system at Marang. This starts with identifying the current gaps, after which we will propose useful M&E tools, reporting formats and guidelines and present reports in innovative ways. To be able to brand the website and make sure that members feature in the website, the HDT IT Officer will work with Marang staff on the first hand to learn about the used technology and host issues. He will then support new design and upload information in collaboration with Marang IT person (if available). To make members feel belonging, it will be necessary restart the news letter where the work of members is featured.

E. Monitoring and evaluation

To determine whether HDT has been successful in building the capacity of Marang, the Organizational Capacity Assessment (OCA) tool will be used to access the capacity of the organisation at the end of the project again.

The indicators that this project will be measured by are the following:

- Number of exchange visits conducted to HDT and MCCNT
- Number of persons supported by the partnership that attended exchange visits
- Number of member organizations trained
- Number of people trained from member organizations
- Number of organizations whose capacity has been assessed
- Number of organizations given grants
- Number of Marang staff members trained
- Number of proposals co-written
- Number of proposals that were successful
- Number of M&E tools developed and successfully implemented
- Number of newsletters developed and sent out to stakeholder
- Number of stakeholder reached by the newsletter
- Number of training manuals developed
- Number of member organizations mentored and coached
- Number of participants who attended the Annual General Assembly
- Number of Marang articles published/aired in electronic and print media
- The growth in the Capacity Assessment Score for Marang

Data collection for indicator reporting will be done at different levels, on one hand by HDT and Marang staff while in the field, and Marang members as they participate in the program on the other hand. Reporting to AIHA will be done quarterly.

F. Implementation period

This project is intended to operate for two years, with annual plan and budget each year. For 2008, it stats in January and ends in December 2008.

4. Budget for 2008

Below is a brief summary of the budget for our programs in 2008:

Strategic objective	Project activity	Source	Budget
Strategic issue 1: to promote and implement strategic HIV & AIDS interventions			
To strengthen approaches to HIV and STI prevention work that effectively addresses gender and sexuality issues, with a particular focus on men are strengthened in regions where HDT works	Phasing out of Rungwe HIV & RH in school program	RDC-EDU	-
To undertake innovative HIV and AIDS care and support with emphasis on cross referral system	Conduct Community theater performances for stigma reduction in Mbeya	GFATM	10,800,000
	Produce and distribute IEC materials and CHBC kits in Mbeya	GFATM	10,500,000
	Train Community Home Based Care providers in Mbeya	GFATM	4,525,000
	Support monthly meetings of support groups and conduct stakeholders meeting in Mbeya	GFATM	3,282,000
	Support PLHIV on ARV with nutrition and loans for IGA in their PLHIV groups in Mbeya	GFATM	18,000,000
To undertake community based and sustainable support to orphans and vulnerable children	Support MVC through training and provision of funds to foster families in Dar es Salaam and Kagera	HDT	17,634,000
	Support MVC through MVC Committees in Mbeya	Abbott Foundation through Africa Bridge	68,200,000
Total budget on strategic issue 1			***132,941,000***
Strategic issue 2: to engage and undertake strategic advocacy work			
To advocate for favorable policies in HIV, health and poverty reduction as a strategy to ensure health in the community	Support and strengthen youth groups and networks to participate in policy process in Kagera and Mbeya	FCS	4,100,000

	Organise stakeholder meetings for expenditure tracking	CEGAA	3,200,000
To foster coordination of CSO's in Tanzania working in HIV, health, gender and poverty reduction through TAF	Activities and details to be under TAF. HDT provides 2.2 million for coordination.	HDT	2,200,000
Total budget on strategic issue 2			***9,500,000***
Strategic issue 3: to strengthen the capacity of partners and allies in HIV & AIDS			
To support partners to mainstream HIV and AIDS individually and collectively at work place and in core business	Develop effective communication and advertising plan and through this mobilize new partners in work place program	HDT	9,500,000
To assist and support organisations of PLHIV	Train PLHIV organisations from Dar es Salaam, Kagera, Mbeya and Mtwara on Organizational Development, Strategic Planning and Policy Advocacy	VSO and Egmont Trust	40,368,000
	Disburse grants to qualified NGO's from Kagera, Mbeya and Mtwara	VSO and Egmont Trust	24,000,000
	Mentor and coach the participating organisations, evaluate the project and conduct regional linking meeting	VSO and Egmont Trust	28,550,000
To build the capacity of Marang Childcare Network and its members in areas of organizational development and programming	Support Marang and its members in organizational Development and Programming including transfers to Marang and staff twining	AIHA Twinning Center	126,500,000
Total budget on strategic issue 3			***228,918,000***
Strategic issue 4: Strengthen institutional quality control in Governance and Management			
Salaries for staff and volunteers			109,463,160
Support and operational cost			73,200,000
Staff training and dira meetings			8,000,000
Capital investment for HDT offices			97,670,000
Total budget on strategic issue 4			***288,333,160***
Total direct program costs			**371,359,000**
Program support costs			**288,333,160**
Annual organizational costs for 2008			**659,692,160**
Total funds confirmed			**523,863,740**
Annual budget deficit			**(135,828,420)**