

2013

TANZANIA
WOMEN
RESEARCH
FOUNDATION

DAFROSA
K.ITEMBA

[2013 ANNUAL NARRATIVE REPORT]

This 3rd Annual Report of TAWREF presents the state of achievement of the results planned for the year 2013. It closely reports against the strategic areas of the Strategic plan which entered its second year of implementation. Besides achievements, there are some areas that did not go well and will need to be worked upon in the coming year. Our theme for last year continued, “Together we can move the mountain, one stone at a time”.

List of Abbreviations

ACE	Action for Community and Environment
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Therapy
CCON	Child Care Organizations Network
CEO	Chief Executive Officer
CHAT	Coping and Health in Tanzania
COSTECH	Tanzania Commission for Science and Technology
CSWD	Chole Society for Women and Development
DIAC	Dodoma Inter African Committee
ECD	Early Childhood Development
FGM	Female Genital Mutilation
FOKUS	Forum for Women and Development
FTP	Fokus Tanzania Programme
HIV	Human Immunodeficiency Virus
KCMC	Kilimanjaro Christian Medical College
KE	Kenya
KWIECO	Kilimanjaro Women Information Exchange and Consultancy
MSC	Most Significant Change Stories
NIMR	National Institute of Medical Research
OAC	Orphans and Abandoned Children
OVC	Orphans and Vulnerable Children
POFO	Positive Outcomes For Orphans
SIAC	Singida Inter African Committee
SNA	Social Network Activities
SRHR	Sexual and Reproductive Health Rights
TAWREF	Tanzania Women Research Foundation
TECDEN	Tanzania Early Childhood Development Network
TF CBT	Trauma Focused Cognitive Behavioural Therapy
TGNP	Tanzania Gender Networking Programme

TtYB	Talk to your Baby
US	United States
WLHIV	Women Living with HIV.
WPC	Women's Promotion Centre
ZUMM	Zungumza na Mtoto mchanga

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Executive Summary

The Tanzania Women Research Foundation (TAWREF) had been in existence for 3 years at the end of 2013. Being guided by the 2012 -2014 Strategic Plan, results were developed at different strategic operational areas of the organization. The realization of the results was made possible by the support of TAWREF's development partners including the Centre for Health Policy and Inequalities Research, Duke Global Health Institute (US), The University of Washington (US), Forum for Women and Development (FOKUS) based in Norway, Women's Front of Norway, Children in Crossfire (Ireland), Vine Trust (Scotland), Susan Bhaumik (Scotland), Malfrid Utne (Norway) and The Foundation for Tomorrow (US). New partners included the Norwegian Farmers and Small holders Union and Nebraska's Christ the Servant Church.

Some of the highlights that were accomplished in 2013 include the scaling up of the Duke funded Trauma Focused Cognitive behavioural Therapy (TF CBT) from 64 to 320 children. Documentation has been made of success stories among a few children who participated in the pilot study whose lives have been transformed and they have overcome trauma. One such story is presented under 1.4.2 below. The Positive Outcomes for Orphans (POFO) research also funded by Duke, added supplementary questions about Social Network Activities (SNA) covering the 480 research subjects. Some research participants showed very good response and one said, "although we are not paid, we know one day we shall benefit...". A few other examples of inspiring respondents are in 1.4.1. The Talk to Your Baby (TtYB) popularly known by its Kiswahili acronym Zungumza na Mtoto Mchanga (ZUMM), main study funded by Children in Crossfire was launched in which 198 babies were recruited ready for continuation in 2014. One man remarked, "How can babies hear when they are still in the womb?" Moreover, with funding from Vine Trust 11 more houses were constructed for Orphans and Vulnerable Children (3) in Moshi Municipal, (1) in Siha and (7) in Moshi District Council, making a total of 15 houses since 2012. This opened a window for positive living and revival of self dignity for the children and caregivers.

70 orphans were sponsored for their education from primary to secondary and or vocational training levels by Susan Bhaumik and Christ the Servant church. This added to increased hope and sustainability for the future. TAWREF as a FOKUS Tanzania Programme Coordinator

managed in collaboration with her partners to produce 2 pamphlets one of which introduces the programme and has a collection of cases of abuse of Sexual and Reproductive Health Rights to be disseminated to a larger audience and the second one is the Country Strategy for the Joint Programme management.

Moreover, there was increased awareness of the importance of research in the community as TAWREF researchers made clarifications in community sensitization sessions. Also TAWREF invited 2 experienced Organizational Development volunteers from the US, Tom and Mary Zulaf, who stayed for a couple of months and helped to enhance organizational performance. Another performance building aspect was a staff capacity building on Effective Management conducted by Dr. Benjamin Reese Vice President of the Office of Institutional Equity, Duke University. His input started a sustainable staff assessment in the areas of work related behavior, time management, employee satisfaction, staff performance and others. In order to sustain the good work started and with the support of Malfrid Utne, an OVC Charity Shop was opened, the first of its kind in Moshi to take advantage of the growing Tourist industry. Two grassroots women groups of Mowo and Same were also supported to expand their group businesses to be able to provide sustainable support to their needy communities. Four groups in Hai and Siha went on with their revolving projects among women living with HIV.

However, TAWREF experienced a few challenges such as the closure of the 5 year CHAT research project which affected the financial position of the organization. Also for various reasons, a few research subjects missed their rounds and reduced the retention percentage. Longitudinal studies are not well appreciated by the community we work with. Therefore a few cases do express some fatigue. All in all the TAWREF board acknowledges the commitments for our development partners and volunteers.

This report shares highlights of the progress towards the realization of the Strategic Objectives and Strategic actions that were covered in 2013 as per planned Strategic Plan Results. Individual project Reports were sent to partners as per separate agreements.

1.0 Strategic Objective 1: Strengthen organizational capacity in conducting research and services in the community.

1.1 Strategic Action 1: Raise Fund for Office Building.

Planned Result:

- 1. A conducive office space is made available in the proposed TAWREF's Centre.**

Progress: In this second year of Strategic Planning, the Board initiated the process for official documentation for the Office plot in Majengo ward, Moshi Municipality. 5 rooms in the old building were rented out to establish initial funding for the construction earmarked for the year 2015 if all goes well. Also more furniture items were purchased. Funding from renting totaled 2,041,000/= . Other attempts to seek funding for construction were not successful.

1.2 Strategic Action 2: Conduct ongoing research to address psychosocial problems of women, men and children in 5 regions of Tanzania.

Planned Results:

2. **Characteristics of 250 OACs living in institutions and 250 living in community systematically collected, recorded, analysed and documented to inform public policy and practice.**
3. **Trauma experiences of 128 OVCs recorded and addressed through 12 meeting sessions for OVCs and their caregivers, individual visits and follow up sessions. (TF -CBT).**
4. **The amount of language exposed to babies has been determined in 300 households and 150 of the families have undergone intervention to improve their babies' exposure to early language stimulation.**

In 2013, work went on with 3 research projects which form the core business of TAWREF, covering Kilimanjaro, Arusha, Tanga, Dar es Salaam and a few other regions and they progressed well.

- 1.2.1 The initial research, Positive outcomes for Orphans is a long-term study which started in 2004 and is being undertaken in 5 African and Asian countries whose objective is to identify characteristics in care settings where orphans live that bring about positive outcomes in their development. About 500 OAC are enrolled at each site. Baseline primary study findings are already published in newspapers, magazines and journals and presented at various scientific conferences to be able to inform investors and policy. In October 2013, TAWREF completed Round 9 interviews after reaching 421 participants out of the original 500 children, which is equivalent to a follow-up rate of 84.2 % whereby 296 were from the community and 125 from the Institutions. Another addition was the start of Social Network Activities (SNA) to capture children's social engagements as they grow up. A total of 97 (27 community and 70 from institutions). However, it was difficult to get 12 children at one site in Dar es Salaam. 2 interviewers attended training in Istanbul in how to conduct this additional component.

Some study respondents proved to be supportive as indicated below:

In Mkomongo village Kibosho, one 80 year old caregiver whose granddaughter is in research, always welcomes the researchers very happily "and gives instructions on how to reach other houses". One man in Msonu, Uru has developed interest in the project and is always willing to share information about the whereabouts of the other houses. Two families in Kahe usually welcome us with happiness and they say, "I know I am not paid but one day I shall get some support". There is a family living in Njoro in Moshi Urban who always look forward to our visit different from typical urban residents. There are some institutions which deserve credit for welcoming the researchers very friendly. These include; Tuleane, Suen and Hope Foundation.

- 1.2.2 The second research project conducted in 2013 was Coping and Health in Tanzania in which we worked on Rounds 7 and 8 and reached 622 females and 331 males compared with 754 females and 434 males at Round 1 (baseline) in 2008. The major goal was to assess how psychosocial factors and mental health impact engagement in, retention in, and success of HIV care in an adult Tanzanian cohort of about 1,200 participants.

The first aim of the study was to examine medication adherence and utilization of health services by examining the role that psychosocial adaptation, past and recent life

experiences, demographic and economic characteristics, social support, medical regimen, health care characteristics, cost of care, and HIV related beliefs play in: a) adherence to HIV related medications; and b) utilization of other health services.

The second aim was to examine health status and quality of life including the role that stress, psychosocial adaptation, life experiences, demographic characteristics, social support, cost of care, substance use, medical regimen and HIV related beliefs play in determining a) health status (e.g., viral load, HIV related symptoms); b) medication resistant HIV; c) quality of life (health related functioning); and d) health and risk behaviors. Leading outcomes included self-reported adherence to HIV medications (antiretroviral therapy, ART), adherence to medical visits, and HIV viral load. Some preliminary results have been published regarding prevalence of violence experienced among research subjects that live with intimate partners, also that men who are HIV positive and people who have experienced childhood trauma are less likely to adhere to AIDS medication. Also 85% of participants taking ART had suppressed viral load at baseline.

The project activities (administration of surveys and collection of diaries) came to an end on 31st May 2013. Application for CHAT 2 has been submitted for consideration. Data analysis and manuscript writing have continued after that time on an ongoing basis. To date, the CHAT study has resulted in seven publications/accepted manuscripts and future publications are anticipated. See Appendix 1.

- 1.2.3 The primary goal of the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is to study the effectiveness of TF-CBT in treating traumatic grief and traumatic stress for orphaned children and young adolescents in two East African sites with high prevalence HIV, Moshi, Tanzania (TZ) and Bungoma, Kenya (KE), through a randomized controlled trial (RCT). It is an evidence-based intervention for childhood trauma and traumatic grief with nine randomized trials supporting its efficaciousness. It involves 12 child and guardian groups, run concurrently, and three individual visits with each child and guardian, mid-group. The pilot TF-CBT project results led to the approval of a 5 year project which will cover. After getting good results of TF CBT Pilot Study, the main study of TF CBT is to recruit a total of 320 more children and more areas including 320 children who will be recruited in Bungoma, Kenya. In 2013 a total of 120 children of ages 7 to 13 were screened for TF CBT out of which 96 were recruited; 48 for treatment 48 and as control. There were 32 younger girls, 32 older girls and 32 older boys. A 3 month assessment was done for the 96 children. 6 out of 8 planned treatment groups were done in Tanzania (75%). Individual visits were also made for participants of each group. Find one Most Significant Change a Story (MSC) below.

Fadhili was just four years old when he lost his father. In his early years, he used to live with both parents, but his parents constantly fought and this resulted in their inevitable divorce. After the divorce, Fadhili was

put under his grandmother's care as his mother had run away from home and his father was unable to care for him. Since his grandmother was too old to care for him, Fadhili was transferred to his aunt's care.

Amidst the chaos, Fadhili started blaming himself for his misfortune. He thought he was the source of his parents' separation and he channeled this realization into aggression, which often compelled him to escape from school. We identified him as a candidate for CBT Phase I because he was struggling to do well in school and this was a direct result of the trauma caused by his past experiences.

At 16, Fadhili started attending Trauma Focused Cognitive Behavioral Therapy (TF-CBT) sessions. During the 12 group sessions, in which participants and their caregivers share their experiences, Fadhili learned to normalize and validate his experiences. He recognized that he wasn't the only one to experience such challenges and that the way he feels for his loss is perfectly valid.

Over the course of three private TF-CBT sessions, Fadhili was helped to compose an oral narrative about the loss of his father. His trauma narrative, a key component of TF-CBT, helped him share his grief since he was holding on to some very difficult memories, ones which he had never shared with anyone before. Ultimately, he felt relieved for being able to share his story and he learned different approaches to be used to deal with difficult times in the future.

Even his aunt was shocked to know that he knew so much about his father and his parent's divorce. She was taught how to change Fadhili's way of thinking, feeling and behaving by praising him, thanking him and spending 10-20 minutes/day with him.

During follow up, we observed that he was significantly less distressed about his circumstances. Though we were concerned about his performance in school, we found that he passed his Primary 7 exams and was eager to attend secondary school, if his guardians' financial status would allow. Fadhili has also grown to appreciate his aunt and grandmother for helping him throughout his life. We are excited about his progress and glad to know that TF-CBT helped him change his way of thinking, feeling and behaving.

- 1.2.4 Next was the ZUMM Study on "The Impact of Capacity Building to parents/Caregivers on Language Acquisition to Infants in Tanzania. The objectives were, "To ascertain how much spoken language infants hear in the home environment; "To discover what, if any, are the barriers to talking to infants" and "To ascertain how these barriers may be overcome." There, were some activities in the "Talk to your Baby (TtYB or "ZUMM") Pilot project which started in 2012 which were completed in the first half of 2013. These included; a second word count and a baby vocabulary test. At the second word count an average of 626 words were spoken to babies per hour in the intervention community compared to an average of 157 at baseline; 398.7% increase compared with 460 words in Control community (293%). The Language test results for the IG were 40.5 while for the Control community were 40.1 out of 80. The results indicated retention of 71.5% at second language count and 73.6% did the baby vocabulary test in both the control and intervention communities to determine the contribution of intervention.

The total number of babies at end of pilot project was 206 out of 288 or 71.5% registered and out of 300 planned. The pilot project came to an end in May 2013.

The main study started in October and went on up to Phase 1 meaning identification of children and initial word count in intervention and control communities. By mid December 2013, 103 babies were documented from the intervention community and 95 from the control community. There were challenges of getting babies from the slopes of the mountain compared to the lowlands where the pilot study was done. Also there was a variation in the way of identifying and recruiting babies whereas in the pilot study only local leaders were used but in the main study we used dispensaries, health centres and hospital records of babies born on the targeted dates. It was interesting to see parents talking to babies as they walked out of the training site. The rest of the phases were to be continued in 2014. These were intervention sessions for the intervention community, second word count, babies' language comprehension, intervention for the control community and community feedback sessions ending with report writing.

- 1.2.5 Climate Change Study: With the support of FOKUS and Norwegian Farmers and Small Farmer Holders Union TAWREF conducted a baseline Study on "Women's Participation and Climate Change Adaptation in Kilimanjaro region Tanzania the results of which were presented at various forums such as the World Food Day in Oslo, Norway in October 2013 and at the Commission for the Status of Women in New York in March 2014. In general women's inclusion in agricultural decision making was found inadequate despite that they are responsible for feeding their families under any circumstances.

Research was made possible after getting all ethical procedures in place in collaboration with the Institutional Review Boards at Duke, Kilimanjaro Christian Medical College (KCMC), the National Institute of Medical Research (NIMR) and the Tanzania Commission for Science and Technology (COSTECH) who offered clearance to conduct research.

1.3 Strategic Action 3: Produce, Publish and disseminate research reports, outreach and Promotional materials and best practices to various stakeholders periodically.

One production was a "Report on Women's participation and Climate Change Adaptation in Kilimanjaro Region Tanzania". 2 pamphlets were produced in the course of implementing the FOKUS Tanzania Programme. These were "A Country Strategy" and "Health Policy Analysis and the Implementation of the Sexual and Reproductive Health Rights" A Handbook on Corruption", was translated into Kiswahili and distributed to FTP partners. The 2012 Annual Report was posted on the TAWREF website. Some of the Research Publications are listed in Appendix 1.

2.0 Strategic Objective 2: Launch at least 2 projects to address psychosocial, cultural, economic, environmental and health challenges to marginalized women, men and young children.

Planned Result:

- 5. 450 children & families have improved their wellbeing by addressing some of their strategic needs; social, physical & psychosocial, 40 OVC for shelter support and 70 OVC for school sponsorship.**

One of the operational outcomes of research is to support the marginalized communities by meeting a few strategic needs such as education sponsorship, shelter support, psychosocial support and baby language stimulation and development. A total of 3 community managed projects were launched in 6 districts of Kilimanjaro since 2012 and were continued with different development partners.

2.1 Strategic Action 1: Integrated Early Childhood:

Under the Integrated ECD project was the “ZUMM” Intervention conducted after the baseline research on the number of words spoken to babies. In 2013 there was an intervention for 95 households in the control community ending with feedback meetings to both communities on the value of research and the research findings.

2.2 Strategic Action 2: Meeting Strategic needs of Women Living with Health Challenges

Another community managed project included a follow up of the support to WLHIV which was established since 2011. The success of this project is due to the good follow up skills of 4 grassroots groups in Hai and Siha districts which consult local extension officers in their areas for and bring reports to us. This is a self sustainable project originally funded by “Cives Mundi” of Spain. Also one of the friends of TAWREF, Malfrid Utne supported 2 grassroots partners of Mowo and Same women grassroots groups to run small projects and go on supporting orphans and general women’s livelihood in their areas. The grassroots women will always be appreciated as the backbone of community services offered by TAWREF.

2.3 Strategic Action 3: Meeting Strategic Needs of Orphans and Vulnerable Children (OVC)

70 orphaned children were strategically supported for their education so as to enjoy their right to education 19 at primary, 38 at secondary levels and 5 for vocational skills. The support of 62 children was by the generosity of Susan Bhaumik of Scotland who is donating her pension to make these children live positively. They wrote personal stories of their future plans. Additionally, The Christ the Servant church of Nebraska (US) also supported 8 children, 2 in primary school, 4 in secondary school and 2 in vocational training. The supported children are from Moshi Rural, Hai, Siha, Same and Rombo districts of Kilimanjaro.

Moreover, with the support of Vine Trust of Scotland, TAWREF also got the opportunity to support 11 households which had dilapidated shelter in the districts of Siha, Moshi District council and Moshi Municipal. The approach used to identify potential beneficiaries was to get references from grassroots women, local government leaders and faith based leaders. These are put on data base and the Management team prioritises them according to vulnerability. After a local builder is contracted, work is done in collaboration with Scottish volunteers who spend at

least 2 weeks per house. The shelter support has transformed the lives of the homeless orphans and vulnerable children. Some of the children are either disabled or are born of parents who have different forms of disability.



The representative of the Moshi municipal Executive Director Mrs Ngiloriti (1st left) officiating the handing over of the Msaranga Orphans' house to Silayo family in May 2013.



The representative of the Moshi District Council Executive Director, Mr Furaha (with a pair of scissors) handing over a house in Mabungo for Shabani son of a single mother living with physical disability (in pink headscarf), in August 2013.

3.0 Strategic objective 3: Implement a staff development plan in research, stress management and project management.

Planned Result:

6. **Enhanced efficiency and effectiveness of the organization through a sound financial management system and staff and board capacity building.**
7. **Benchmarking and Performance Monitoring done weekly, monthly, quarterly, bi annually and annually to inform management on progress of planned results and decision making.**

3.1: Strategic Action1: Staff Development Plan

In the year 2013, the Staff Development Plan was more spontaneous than structured. 10 TF – CBT researchers underwent an in house training on research. 2 staff members working on the POFO study went on learning visits to Istanbul, Turkey. 8 went on training and supervision visits to Bungoma – Kenya one went to Zambia and one to Norway. “Effective Management”, training was offered to all staff members by a Management Consultant from Duke University of which 23 staff members attended. Also 10 staff members attended a mainstreaming of Disability Training sponsored by FOKUS. To address stress and burnout among the staff, a picnic was organized for all staff members at the end of year retreat took place at Lake Challa Mountain Lake which was quite refreshing after a whole year’s hard work. A Staff Performance Appraisal was conducted at the end of the year in which each staff member discussed the achievements and challenges also way forward regarding their performance.

3.2 Strategic Action 2: Learning Based Monitoring and Evaluation.

One of TAWREF’s Management Strengths is to keep track on progress of results and projects and deduce learning. Monitoring and Evaluation of shared learning sessions were shared fortnightly, monthly, quarterly and annually in which all staff members participated and supported one another. These were used as opportunities for learning and making timely adjustments. Financial and Narrative Reports were produced and shared at each session. These also included accountability reporting, follow up of outstanding settlements and reaching of evidence based decisions. Staff members were encouraged to support one another and to give constructive criticisms and promote and document learning gained.

4.0 Strategic Objective 4: Design a sound fundraising strategy.

Planned Result:

8. **“TAWREF’s Resource base expanded by 10% annually towards increased sustainability”.**
9. **Alliances and Partnerships developed with 2 or more like-minded agencies in and outside the country per year.**

4.1 Strategic Action1: Fund raising Plan

TAWREF’s strategic aim here is to expand her resource base towards increased sustainability. The total income for 2013 was 704,223,560.72 compared to 610,092,283.54 in 2012, an increase of 15% against the planned 10%. TAWREF also managed to open a Charity shop in September. By the end of the year the capital had grown to 2,990,880 from 1,500,000/=. The shop was established to utilize the opportunity of the growing tourist business in Moshi town to able to

inspire them to buy souvenirs for themselves and as gifts. A few glossaries are also available. Malfrid Utne and her friends were very instrumental in supporting the shop renovation work.

4.2 Strategic Action 2: Build Alliances/Networks and Partnerships with other like-minded agencies in and outside the country

New partnerships identified by TAWREF in 2013 included the Norwegian Farmers and Smallholders Union (research on Climate change and women's participation). Moreover, TAWREF managed to secure funding for 2013 to build capacity of 2 organizations which are in partnership with Women's front of Norway namely, Singida Inter Africa Committee (SIAC) and Dodoma Inter Africa Committee (DIAC). The main topics covered were methodology for conducting baseline studies on FGM, the problem tree analysis that led to a review of the vision and mission of the 2 organizations, participatory strategies for community ownership of the FGM interventions and the committee and staff capacity building through restructuring and office management.

Under networks, TAWREF participated in the Quarterly Regional Health Stakeholders' meetings conducted in 2013. Also under strategic networking 4 students were received 1 from college and 3 from Tanzanian universities. Another one was to join the 'Children Care Organization Network (CCON) based in Arusha and Tanzania Early Childhood Development Network (TECDEN) based in Dar es Salaam. Others were the Tanzania Child Rights Forum also based in Dar es Salaam.

Furthermore, TAWREF received several office visitors in 2013. Some of these came from the US including, Mrs Mary Klotman the chair of Internal Medicine at Duke and her husband Mr Paul Klotman who is the chair at Baylor, a university with a lot of global health connections. Dr. Benjamin D. Reese, Jr. Vice President, Office for Institutional Equity, Duke University, VineTust house construction Teams including the CEO Rev Willie McPherson, the Children in Crossfire CEO Mr Richard Moore and several others from Ireland, The FOKUS Programme Advisor, Mr Anton Popic, The Moshi Municipal AIDS Committee, a guest from Tanzania Commission for AIDS TACAIDS) and Tanzania ECD Network.

4.3 Strategic Action 3: Coordinating a Partnership Programme

In the year 2013 TAWREF was once more entrusted with the responsibility of coordinating a Joint Partnership Programme known as FOKUS Tanzania Programme constituting women and gender empowerment activities in 5 districts of Tanzania namely Singida Inter Africa Committee (SIAC), Dodoma Inter Africa Committee (DIAC), Kilimanjaro Women Information Exchange and Consultancy (KWIECO), Chole Society for Women and Development (CSWD), Tanzania Gender Networking Programme (TGNP) and Women's Promotion Centre (WPC). In the 3 meetings organized and coordinated by TAWREF, partners got time to discuss ways of increasing grassroots women's participation in constitutional formulation and advocacy for Sexual and Reproductive Health Rights (SRHR). More advocacy for SRHR was conducted at

the Gender Festival organized by TGNP. In one of the meetings the Tanzania and Norwegian partners convened in Kigoma whereby partners from Norway also participated and joint issues were discussed including more input on SRHR and a way forward for the Programme.

Moreover TAWREF went on with a supervisory role of providing supervision to the Action in the Community Environment (ACE Africa) organization in Kenya in the research project of TF CBT.

Strategic Objective 5.0: Build capacity of the Board of Directors

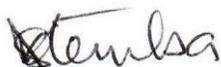
This was not done due to fund limitation. A Board Development Plan will be worked out in 2014.

6.0 Challenges

TAWREF still faced challenges in the areas of fundraising to be able to meet administration expenses and other strategic areas as well as community awareness raising on research and its benefits to enhance the research subjects retention. Another challenge was on retention of research subjects especially for POFO which was in the 6th year of its longitudinal study.

5.0 Way Forward

TAWREF will continue with existing projects but also work on new grants that were initiated at the end of 2013 including conducting a Baseline study for the FOKUS-SASA project which will address Intimate Partners Violence in Mwanza and Kigoma regions. Another one will be the economic capacity building to add value and holistic care to families which got shelter support by the Episcopal Church of North Carolina (US) for. Other strategic actions will be working on a Board and Staff Development Plan to enhance governance individual and organizational performance indicators. The International Child Development Programme for empowering OVC caregivers will be re established. An organizational Assessment will be made of the progress of the Strategic Plan, and the Impact of the Community Economic projects in Hai and Siha districts and nutrition projects in 2 villages of Kirua Vunjo ward. Women's involvement in climate change adaptation and mitigation will also be one of the strategic objectives for TAWREF. New ways will have to be designed to track the lost to find POFO children in order to maintain the retention rate of 70%. All efforts will be made to secure a loan for construction of the office building in Majengo ward. A new Strategic Direction will also be charted out as the current TAWREF Strategic Plan comes to an end in 2014. The TAWREF Board thanks all development partners, friends and individuals who supported us in the year 2013.



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Appendix 1: Publications

The following papers have resulted from the CHAT and POFO data:

1. Thielman NM, Ostermann J, Whetten K, Whetten R, Itemba D, Maro V, Pence B, Reddy E, and the CHAT Research Team. Reduced adherence to antiretroviral therapy among HIV-infected Tanzanians seeking cure from the Loliondo healer. *In press, Journal of Acquired Immune Deficiency Syndromes*. doi: 10.1097/01.qai.0000437619.23031.83
2. Pence BW, Whetten K, Shirey KG, Yao J, Thielman NM, Whetten R, Itemba D, Maro V. (2013). Factors associated with change in sexual transmission risk behavior over 3 years among HIV-infected patients in Tanzania. *PLoS One*, 8(12): e82974. doi: 10.1371/journal.pone.0082974
3. O'Donnell K, Yao J, Ostermann J, Thielman N, Reddy E, Whetten R, Maro V, Itemba D, Pence P, Dow D & Whetten K. (2013). Low rates of child testing for HIV persist in a high-risk area of East Africa. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*. doi: 10.1080/09540121.2013.819405
4. Whetten K, Shirey K, Pence BW, Yao J, Thielman N, Whetten R, Adams J, Agala B, Ostermann J, O'Donnell K, Hobbie A, Maro V, Itemba D, Reddy E, for the CHAT Research Team. (2013). Trauma history and depression predict incomplete adherence to antiretroviral therapies in a low income country. *PLoS One*, 8(10): e74771. doi: 10.1371/journal.pone.0074771
5. Pence BW, Shirey K, Whetten K, Agala B, Itemba D, Adams J, Whetten R, Yao J, & Shao J. (2012). Prevalence of psychological trauma and association with current health and functioning in a sample of HIV-infected and HIV-uninfected Tanzanian adults. *PLoS One*, 7(5): e36304. doi: 10.1371/journal.pone.0036304
6. Child and Caregiver concordance of potentially traumatic events experienced by orphaned and abandoned children. [Ttp://dx.doi.org/10.1080/17450128.2013.855346](http://dx.doi.org/10.1080/17450128.2013.855346)