



INTEGRATED VILLAGE DEVELOPMENT
2010 PROGRAM REPORT



Improving the Lives of Children and Families
In Rural Southwestern Tanzania, Africa

AFRICA BRIDGE'S SUCCESS WITH INTEGRATED VILLAGE DEVELOPMENT

Program Report | November 2010

WHO WE ARE

The mission of Africa Bridge is to listen to Tanzanian children and empower their communities to protect, support and care for orphaned and vulnerable children through integrated sustainable development.

We use an integrated approach that works through local families and communities. Communities agree to identify and care for children who have been orphaned and made vulnerable by HIV/AIDS and other diseases. We bring resources, technology and training to create sustainable incomes for the caregivers.

The children receive clothing and food, social and legal support, and at least a primary school education. Families caring for them are eligible to join cooperatives that grow maize or potatoes, or raise livestock such as pigs or cows. We make each project sustainable to create permanent change.

Africa Bridge is a nonprofit organization headquartered near Portland, Oregon, with a field office in Tukuyu, Rungwe District, Tanzania. Since its work began in 2003, Africa Bridge has helped over 3,500 children in Tanzania, along with their parents or guardians and the villages in which they live.

WHY WE ARE NEEDED

Africa Bridge works in remote impoverished villages in the southwestern highlands of Tanzania. We focus our resources in this stable democratic country that functions with few ethnic or tribal tensions, yet is one of the poorest countries in the world and one of the hardest hit by the global AIDS epidemic.

What makes children vulnerable? The government of Tanzania defines "most vulnerable children" as those who are living in child-headed households, are living in elderly-headed households, have lost one or both parents, have disabilities or live with a chronically ill guardian, or are living with one parent in poor housing conditions. It is estimated that nearly one million Tanzanian children meet the criteria for "most vulnerable."



Africa Bridge chooses to work where child vulnerability and impoverishment are the greatest. The number of orphans and the incidence of HIV-AIDS in the southwestern region are among the highest in Tanzania. As compared with the country's 6.2 % rate of HIV infection in the adult population, the infection rate in Rungwe District is 12.5%. In the villages where Africa Bridge works, 32% of children are identified as *most vulnerable*.

Consider these characteristics of the local population:

- Average life expectancy in Tanzania is less than 50 years.
- In one group of villages where Africa Bridge works (Masoko Ward), over 40% of guardians are older than 60.
- In Masoko Ward, where the population was surveyed in 2008 and 2009, the proportion of vulnerable children grew from 32% to 40% in one year.
- Rungwe District officials have estimated that the average income of households caring for orphans in these wards is 70 cents per day. These are among the poorest of the poor.
- A large proportion of village adults are illiterate.

Africa Bridge works in villages ranging in size from 450 to 5,000, with the typical village population about 1,200. The economy is primarily subsistence agriculture, with no industry to speak of. With a few exceptions, villages cannot be reached by paved roads, there is little electrification, and in many of the villages water must be fetched on foot from streams in steep ravines several kilometers from the village. For most, there is no transportation except walking.

OUR APPROACH

The Principles on Which Our Work is Founded

We listen, gathering extensive feedback and input from children and local leaders. Our projects are designed by Africans for Africans. The solutions are African, for African problems.

We encourage men, women and children to come together as equals, discover their common ground, and plan for their future.

We combine Africa's deep values of community and relationship with Western resources and technologies. We facilitate solutions rooted in the local context and foster independence.

We strengthen families and their communities so that they can become empowered and economically secure, and can develop the capacity to protect and nurture their children.

OVERVIEW: OUR 5-YEAR PROCESS

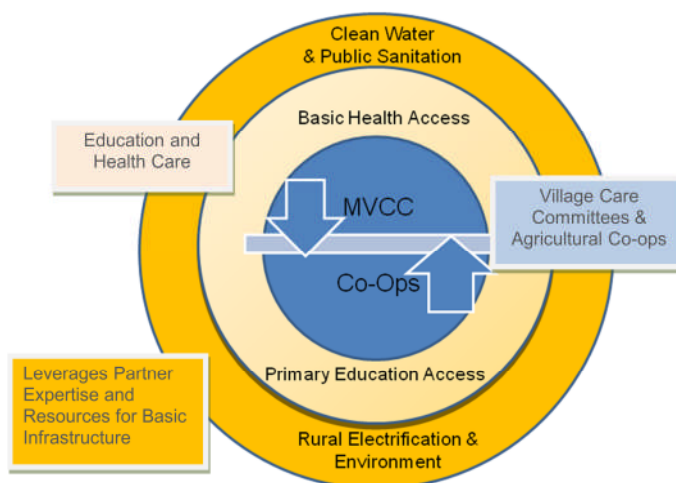
Africa Bridge commits to five-year partnerships with local communities. The process begins with **community engagement**, during which village leaders and influential local government officials pledge to work in partnership with Africa Bridge. Engagement continues with in-depth meetings with villagers. First Africa Bridge meets with the *children only*, during which they share their experiences, hopes and dreams. This is accomplished during a three-day, in depth guided session led by Africa Bridge. Only then are adult stakeholders brought together in a further three-day meeting to make village development plans, driven by the children's ideas and agendas. Next is an intensive two- to three-year period of **assisting villages** in caring for children, **investing** seed-capital for agricultural enterprise, and providing intensive **training** in a range of capacity-building skills. In the last stage, lasting about two years, Africa Bridge **supports and reinforces** the villages in their growing strength and independence. After five years, Africa Bridge **exits** in order to bring its resources to other needy communities nearby. At that point, the institutions created and programs implemented are strong enough to be sustainable.

Crucial Elements of Africa Bridge's Approach

- Establishing and supporting **voluntary village committees** that take on responsibility for identifying and aiding vulnerable children and their families. For example, these committees help address children's barriers to school attendance, offer assistance in getting birth certificates and other legal protection provide short-term food and shelter aid, offer care-giving and life-skills training provide recreational and social support to vulnerable children through Kids' Clubs, and other similar activities. They also educate all villagers on topics such as health and nutrition, AIDS prevention, and legal protections. A final important role of village committees is to nominate guardians to become members of new village agricultural cooperatives. The commitment and energies of devoted volunteers operate these committees independently and permanently, after start-up assistance from Africa Bridge.
- Providing a **pathway to economic independence** for caretakers of vulnerable children. This is done by establishing *crop and livestock co-ops*, providing *start-up loans* to co-op members, and offering *intensive training*. Repayments of co-op loans from villagers go back into the co-ops, so they can expand their memberships to other impoverished families caring for vulnerable children. In addition to becoming the key to economic security for families, these co-ops are expected to divert some of their profits to provide a long-term source of support for the village care committees. In these ways, the care committees and co-ops are interdependent and reinforcing.
- Establishing standards for **equal membership of women** on committees and in co-ops, and giving a voice to children in these village functions. Through participation in these institutions, many women have gone from no voice in village affairs to becoming leaders in their community.

- Facilitating the creation of **small village micro-lending groups**. These associations provide a needed source for short-term credit in villages that have no banks, with terms set by the association. Villagers use these new opportunities to borrow for emergencies, to help pay for children's schooling, and to start new small businesses. These borrowing opportunities also help build banking and business know-how.
- Helping to finance **construction of critical health and education infrastructure**, tailored to needs of particular villages and wards. For example, in strategic partnerships with other nonprofits and local stakeholders, Africa Bridge has helped build a health clinic to serve eight isolated villages. Africa Bridge has also constructed new classrooms and built desks where school enrollment has spiked because of its work to ensure all village children attend primary school.

Africa Bridge's Integrated Village Development Approach



What is Unique about Africa Bridge's Approach?

- ✓ We listen to children. Children speak from the heart, and have intuitive understanding of their own and their families' needs and aspirations. It's through children that Africa Bridge is able to glean authentic needs.
- ✓ We engage with the community early, to ensure that *community* needs drive action and to ensure community ownership of and participation in the project. This grounds solutions in the context of the community.
- ✓ We concentrate on villages. Our method takes coordinated, integrated action throughout a village during an intensive project period. Learning happens quickly and synergy is harnessed, so that the sum of the total is greater than the parts.
- ✓ Typically, women have little or no input into village decision-making. We create conditions for women to take leadership roles. Twice the human talent and energy is now put to work for village development.

- ✓ We make heavy investments in critical knowledge – we teach planning and problem-solving skills, business and banking skills, agricultural know-how, and health and nutrition knowledge. Most importantly, getting all children to attend primary school is a long-term investment in the knowledge needed for critical economic growth.
- ✓ Our close, productive partnerships with local governments leverage invaluable expertise and understanding of local conditions. This sets the stage for permanent *local management* of new civic institutions and activities.
- ✓ Our limited timeframe ensures that Africa Bridge acts as catalyst for change, not a permanent conduit for money. Our focus is sustainable development, not aid that breeds dependency.
- ✓ We seek to make families self-sufficient. They want a hand up, not a hand-out. Self-sufficient families become the foundation for healthy, self-sufficient local economies.

AFRICA BRIDGE'S RESULTS

With our first five-year partnership coming to a close, we sent a team of Oregon graduate students to Idweli Village, in the Isongole Ward of the Rungwe District, in spring 2010. Their charge was to document the impact of Africa Bridge's village work on real African families. Our study team visited 22 families at their homes and farms, learning directly from them about their lives, observing and measuring dimensions of well-being, and photographing guardians and children, along with their homes, crops and livestock.

To isolate the effect of co-op membership, researchers interviewed families who have been in co-ops for five years, those who have been members for two years, and those waiting to join a co-op. The differences in family well-being and economic security are dramatic. Among the more significant results:

- Nutrition: Co-op members eat far better than those not in a co-op. For example, surveyed families in a co-op eat meat more than ten times per month compared to less than once a month for non-members.
- Bedding: Co-op members routinely sleep on mattresses; most non-members have floor mats.
- Clothing: 100% of co-op member families have shoes compared to only 40% of families who are not yet members.
- Assets: In the survey, 70% of co-op members own a radio, while no radios are owned by non-co-op families. 30% of co-op members own cows (not related to membership in cow co-ops); none of the surveyed families not yet in co-ops own any cows.
- Shelter: All co-op members roof their homes with metal (crucial for rain protection), while only 40% of non-co-op members were able to improve their homes in this way.

Similar results were discovered across all dimensions of the survey. Refer to the Table on the next page for a complete picture of the significant well-being improvements experienced within only five years by those participating in Africa Bridge co-ops. *

Well-Being Measures for Co-Op and Non-Co-Op Households From Interviews of 22 Households, Idweli Village (April 2010) [All Household are Caring for Most Vulnerable Children. Note Small Sample Sizes]					
DIMENSION of WELL-BEING	INDICATORS		In Co-op For 5 Years (10 Households)	In Co-Op for 2 Years (7 Households)	Not Yet Co-Op Members (5 Households)
School Status	Primary-School-Age Children Are in School		100%	100%	100%
	Secondary-School-Age Children Are in School		100%	65%	67%
Shelter Construction	Floor Construction	Cement	90%	100%	20%
		Mud	10%	0	60%
		Cement & Mud	0%	0	20%
	Wall Construction	Cement	70%	43%	0
		Brick	10%	14%	40%
		Mud	0	14%	40%
		Brick & Cement	20%	29%	0
		Brick & Mud	0	0	20%
	Roof Construction	Metal	100%	100%	40%
		Thatch	0	0	40%
Metal & Thatch		0	0	20%	
Food & Nutrition	Avg Number Meals Per Day		3.1	3	1.8
	Report "Have Enough to Eat"		100%	100%	20%
	Avg Number MEAT Meals Per Month		10.4	6.9	0.4
Household Assets Owned	Luxury Items	Radio	70%	43%	0
		Telephone	50%	0	0
		TV or Satellite Dish	10%	0	0
		Bicycle	10%	0	0
		Sewing Machine	10%	0	0
		None	20%	57%	100%
	Clothing	Family Has Shoes	100%	100%	40%
		Family Has Warm Clothes	100%	100%	60%
	Water Access	Shared Water Source	80%	100%	100%
		Private Water Tap	20%	0	0
	Livestock	Cows	30%	0	0
		Chickens	80%	71%	60%
		Pigs	80%	86%	40%
		Other	40%	29%	0
		None	0	0	40%
	Health & Health Access	Owns Health Insurance		70%	43%
Type of Bedding		Floor Mat	0	30%	100%
		Floor or Bed Mattress	100%	40%	40%
		Bed	60%	43%	0
		Blanket	100%	100%	60%
Owns Mosquito Netting		40%	14%	0	
Legal Protection	Have Birth Certificates		80%	57%	20%

WHAT THE VILLAGERS SAY

In their self-expressed stories many co-op members caring for most vulnerable children describe their lives prior to joining the co-op as being "not good" and several expressed that they were "unable to do anything." One grandmother said, "My life was so bad I thought I was going to die." Parents and guardians stated that they had many problems and several said they were not able to send their children to school. One boy shared that when he attempted to attend school, he was sent away by the teachers because he did not have adequate school supplies.



The following stories are shared to demonstrate how "African Solutions to African Problems" occur in the daily lives of families involved in Africa Bridge programs. Stories from co-op members in Idweli Village illustrate the changes that can emerge after five years of building a farm enterprise with help from a co-op. Stories from villagers in the early years of co-op participation or waiting to join a co-op shed light the hard lives of subsistence farmers before they reap the full benefits of co-op membership.

Suzanna's Story: 5-Year Co-op Member

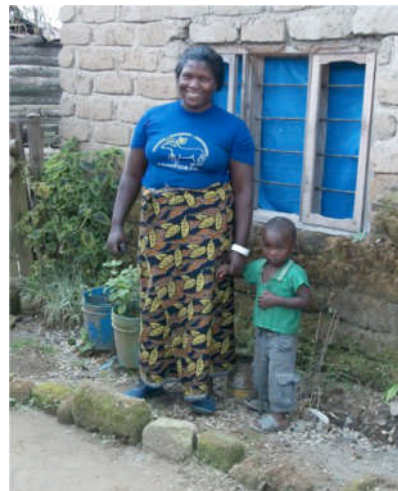
Suzanna is a single mother of sons Jimmy (age 17) and Six (age 12). She has been a potato co-op member in Idweli for five years. By her second year she was able to pay back half of her loan and start to build a new house, which she has been building *kidogo kidogo*, little by little. Until it is finished, Suzanna and Six are living in her mother's house, which Suzanna was able to improve by installing a water tap right outside. Suzanna is proud of her garden, where she grows pumpkin leaves and Chinese cabbage in addition to her potatoes. Suzanna says there is no problem with food now: "*Safi kabisa!*" (Absolutely great!) They eat three to four meals per day and have a variety of foods, including meat three times per week. She says that is why she is so strong.



Suzanna reflects that before her co-op membership, her family used to sleep on the ground. Now they have beds, mattresses and blankets. "Africa Bridge changed my system of life. Before, I was not able to pay for school fees, housing, or for medical treatment." Now, she says, she is able to cover medical costs when family members are ill. Her next plan is to purchase a bicycle for Six to ride to another village where he will attend secondary school. She hopes that both of her boys will go far. Jimmy wants to be an accountant and Six says he wants to be a teacher.

Aluna's Story: 5-Year Co-op Member

Aluna is a single mother caring for four children and one grandchild, who range in age from 5 to 17. Joining the Idweli potato co-op in 2005 has brought many improvements to her life. She has been able to build a new house, her children are all in school, and she is able to pay for their school fees, exercise books, and shoes. She now harvests maize in addition to potatoes, and has purchased a pig. An energetic woman, she also has been able to start a business selling tea and bread by the road to people passing in *dala dalas* (public transport). Aluna's family eats many types of food, including meat seven times per week. She says that all the activities in her life right now have happened because of the loan she received to begin her first potato crop.



Sembwana's Story: 2-Year Co-op Member

Sembwana, 58, lives in Masoko Ward and takes care of his 6 children, none of whom are orphans but are deemed most vulnerable. He does this alone, as his wife recently passed away. The children are 20, 18, 15, 5, 1, and 8 months old. All the children have either finished or are in primary school, with the exception of the two youngest. None of the older children attended secondary school.



Sembwana is a member of the cow co-op. His cow is named Bridgie and she had a female calf two months ago. He will keep the calf for another two months and then give it to new co-op member to pay off his start-up loan. Bridgie produces 7 liters of milk, two times per day. Some of this they consume and some they sell to neighbors, and use the income to buy cow inputs including maize grain, vitamins and minerals.

There is not always enough for this large family to eat. They eat very little meat and make yogurt from some of the milk. He also has two chickens. The family sleeps on mats with bedcovers but no blankets, and cook in the same room where they sleep. Water is fetched from a spring 2-1/2 kilometers away. When he has money, he uses that to buy kerosene, salt, oil, tomatoes, fish and soap from the small kiosk shop nearby. Sembwana's roof leaks in places when the rains are strong during the rainy season. Sembwana has health issues -- a bad bronchial cough and significant, but closed, sores on his arms. Looking to the future, Sembwana expects his cow to provide milk and manure fertilizer, as it is the best way to help him and his family.

Anypilie's Story: Not Yet a Co-op Member

Anypilie cares for three grandchildren, ranging in age from 12 to 17. This family is not yet a member of a co-op, although they are waiting to join a pig co-op. The challenges for this family are great. They live together in the small one-room home shown here. They sleep on mats on the dirt floor. The children are often without the necessary supplies for school, including uniforms, exercise books and exam fees. Food is a very big problem. The family eats one meal a day, and sometimes they go to bed without eating anything that day. Meals typically consist only of *ugali* (a corn flour staple). Because Anypilie is very old, the children do a lot of the household chores, including cooking, washing clothes, fetching firewood and harvesting maize. Sikuzani is 17. Her favorite subjects in school were geography and math. She hopes to be a police officer. Peter (14) wants to become a lawyer.



HOW YOU CAN HELP



Africa Bridge is a catalyst for development, boosting some of Tanzania's poorest villages out of extreme poverty.

You can help support Africa Bridge work. Visit www.africabridge.org to discover how you can make an impact, contributing to African solutions to African problems.

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Africa Bridge wishes to acknowledge and thank the many people whose work and cooperation contributed to the production of this report. Florentine Christian, MA, and Katrina Hansen, MPH, conducted field work in Isongole and Masoko Wards of Tanzania, during the spring of 2010, including the family interviews and profiles. They developed the well-being analysis which appears in the Table in this report. Medard Mwebesa, Noel Mshu, and Erik Hansen provided research support in Tanzania. Anne Dosskey and Monica Valencia provided research support in the US. Ellen Worcester provided project management. Ted Volchok and Ivo Mussa conducted follow-up field work in Masoko Ward in July 2010 and contributed many family profiles and photographs. The talented Africa Bridge staff in Tukuyu and many dedicated residents of Isongole and Masoko Wards provided invaluable assistance in the research effort, particularly members of the co-ops and Most Vulnerable Children Committees in many of the villages served by Africa Bridge. The Abbott Fund provided support for this research.

For further information about this research, readers are referred to the report AFRICA BRIDGE'S MODEL OF INTEGRATED VILLAGE DEVELOPMENT, Rungwe District, Tanzania, Improving the Lives of Children & Families: A Case Study, August 2010, available at www.africabridge.org.

* Some limitations in this research methodology arise from the absence of baseline data on any participating families, the small numbers of children and families interviewed along with the absence of sampling protocols, the subjective nature of some of the questions, and the potential for recall bias, along with the researchers' inability to confirm some of respondents' reports.

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