Sida Evaluation 03/06

Village Based Support for HIV/AIDS Orphaned Children in Zimbabwe through Rural Unity for Development Organisation (RUDO)

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Department for Africa

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Executive Summary

This report presents the evaluation of RUDO's Village Based Support for HIV/AIDS Orphaned Children Project that has for the past, two and half years been receiving support from the Swedish International Development Agency (Sida). Faced with the increasing number of HIV/AIDS orphans and the challenges that come with orphanhood, the focus of RUDO's project is to provide both orphans and their guardians with social support and alternatives for income enhancement. The centre of RUDO's interventions is to mobilise social services, the national and local government structures to adjust their service delivery to meet the requirements of the increased number of orphans. To add value to its intervention, RUDO believes that while support can be provided by well-wishers in the short term, for the longer term, affected children and families should be helped to establish and sustain viable income raising activities that lead to self-sufficiency.

The evaluation was commissioned to review the progress made by RUDO and the target communities towards the achievement of stated objectives over the two-year project period. The evaluation was done through a participatory process that enabled the evaluators to observe ongoing activities and discuss milestones and gaps with the children and carers. Started late in 1999, the project received a grant to the tune of 4.2 million from the Sida Multi-Sectoral HIV/AIDS Strategic Planning Modality Fund. The project goal was found to be relevant to national and community health, child welfare and development priorities. The project is in line with Sida's strategic goals as outlined in its response statement to the impact of HIV/AIDS in Zimbabwe.

The main achievement of the RUDO-Sida partnership is that Masvingo rural district, though just in the two wards, now has initiated a process of systematically responding to some of the challenges brought about by the impact of the HIV/AIDS pandemic. Orphanhood and care is not a totally new phenomenon in the African family in Zimbabwe, but the growing numbers of orphans have become overwhelming. The cause and effect issues also demand a collective interrogation and response. The communities visited singled out HIV/AIDS and poverty as their main problems. Enhanced income raising opportunities and access to education for the young generation were suggested as the key strategies that could lead to poverty reduction and contain the spread of AIDS. Promiscuity by both men and women was blamed for the spread of HIV/AIDS while behaviour change was ranked as the most effective solution. In response, the RUDO project design places more emphasis on supporting orphans with school fees, providing psycho-social support and broadening family income bases through skills training and the establishment of small scale business ventures, micro financing and marketing support.

The project was found to have made major strides in facilitating the setting up of 56 Village Orphan Care Committees and 2 Ward Advocacy Committees in the target wards. Registration of orphaned children at village level, one of the main tasks assigned to Care Committees was well done. These records create a sound basis for targeting RUDO's interventions and measuring impact. RUDO reports show that the number of orphans benefiting from the project has increased from 800 to 1 758. The majority of the orphans are between the age range of 5–14 years.

Interaction with target communities during the evaluation, revealed that the majority of carers were grandmothers who are looking after their orphaned grandchildren. The widows, were the second largest group, while, the number of child-headed households was steadily increasing. A particular group of carers identified was that of widowed grandfathers who have orphans under their care. The group of aunts and uncles caring for orphaned nieces and nephews was visibly growing. Women and the youth were found to be playing the most active role in the programme with a strong support of the traditional community leadership (chiefs and headmen).

Through its skills training and enterprise development initiatives, RUDO has established 55 project groups. The majority of members had received training in the areas of sewing, tie and dye, candle, sandal and soap making, carpentry, business management. About five groups had received start up funds from the RUDO Revolving Loan Fund. It is difficult for the evaluation at this stage to conclude that the income raising initiatives would translate into sustainable income sources that will in future significantly reduce dependency on external financial and material support. There is need for RUDO to revisit the relevance and appropriateness strategies in the arena of IGPs, its micro-finance scheme given the circumstances of its groups, negative impact of the economic decline and high poverty levels.

RUDO as an organisation was found to be a sound base for the orphan care programme. With a strong community membership, RUDO is as a legitimate development partner that draws its mandate and leadership from the community. The organisation enjoys a steady funding relationship with about four partners including Sida. It was evident during the time of the evaluation that RUDO has committed time and mobilised resources to facilitate organisational strengthening, through the recruitment of highly qualified staff, appointment of board members with relevant skills and the capacity development programme supported by TRANSFORM. The management team has the requisite implementation skills and financial management and accounting has improved over the past year. Unfortunately the audit of the Sida fund was underway at the time of the evaluation. Areas that still require attention were found to be synergies across the various departments, team building, strategic and operational planning, information management and internal policy development.

1 Introduction

1.1 Description of the Organisation

The name RUDO is an acronym standing for Rural Unity for Development Organisation. In Shona the meaning of RUDO is "LOVE". The name therefore encourages the members to care and support each other as a community family.

Formerly registered in 1993, RUDO started its work in Masvingo Province way back in the 1980s. The organisation is fully fledged Private Voluntary Organisation. RUDO is a non-profit organisation and it operates under the oversight of a Board of Trustees elected and appointed by the membership.

RUDO is headquartered in Masvingo, its activities cover parts of Midlands and Manicaland. The organisation's work centres on providing vocational skills, support for micro enterprise development and enhancement of agri-food production activities for its members and target communities. In response to the growing number of orphans in its target communities, as a result of the HIV/AIDS pandemic, RUDO set out to introduce and implement an Orphan and Carers Support Project. Based on its experience in micro enterprise development and agri-food production, in its Orphan Support HIV/AIDS Project seeks to enhance the capacities of Carers to earn incomes that will enable them to provide for basic needs of the orphaned children.

1.2 Objectives of the Evaluation

Commissioned by the Swedish International Development Cooperation Agency (Sida), the evaluation marks the end of the funding agreement period between Sida and RUDO. The agreement was originally from August 1999 to 2001 but was extended to 2002.

The main purpose of this evaluation is to assess the organisation's capacity in general. Particular attention will be given to the extent to which the organisation's capacity is geared to implementation of the Village Based Support Project for HIV/AIDS Orphaned Children alongside its other programmes and also to assess how Sida funds have been used by the organization. The evaluation will review the progress the organisation has made towards the achievement of its stated objectives. The extent to which the organisation has been efficient in discharging its programmes will be reviewed. An examination of the relevance, impact, viability and sustainability of the orphan care programme will be done. The evaluation will reflect on how gender considerations have been main-streamed in the organisation and programmes framework and policies.

The weaknesses and strengths of the organisation will be highlighted with a view of informing future plans for the HIV/AIDS and orphan care programme. Recommendations for improvement will be made and suggestions for the way forward will be given.

1.3 Methodology and Sample

Both independent and participatory observations and review techniques were employed. The latter assigned to allow the organization to critically review itself and thus creating ownership and mutual benefit from the exercise.

Both primary and secondary sources of information were used.

Primary Sources of Information

- Interviews and focused group discussions were carried out with the following:

– RUDO administrative staff;

– Trustees, Direct and Programme Managers;

– Orphaned Children;

– Members, District, Ward & Village Committee members and Traditional Leaders; and

– Collaborators and Partners Organisation Representatives

The evaluation team observed various income-generating projects groups at work.

Secondary Sources

- Documents held by RUDO and Sida that included background information, proposals and plans, previous evaluations and annual reports, training reports and records, training resource materials, internal governance documents, financial and audit reports, administration files and other relevant documents were used as reference material.

1.4 Structure of Report

The report is structured as follows:

Chapter 1 – introduces the report and provides an overview of the organisation. The purpose of the evaluation and methodology are presented in this section.

Chapter 2 – outlines the contextual framework in which RUDO operates.

Chapter 3 – presents the findings of the evaluation.

Chapter 4 – provides conclusions of the evaluation.

2 Contextual Framework

This chapter presents a description and analysis of the environment in which RUDO operates and its implications on the success of its interventions.

2.1 External Environment

The ***political and policy environment*** – The country has been going through a turbulent period politically since the entrance of new players on the scene, on the occasion of parliamentary and presidential elections. Though crucial to the democracy building process in the country, these important events have taken a centre stage at the expense of deepening health and social problems such as the HIV/AIDS pandemic.

National policies for primary health care and service strengthening at district levels have been put in place but these have not been supported by necessary public budget allocations. This was even before the challenges of HIV/AIDS had begun to seriously manifest themselves and the situation has continued to decline.

On a positive note, the financial support being given to NGOs and district structures by the National AIDS Council Programme (NACP), though still dashed by implementation and capacity problems signifies some active government commitment to the fight against HIV/AIDS. It is too early to assess the reach and impact of the NACP support particularly its ability to interface with rural based initiatives. RUDO had made an application to the National AIDS Fund but had not received any support. At the heart of the development process in Zimbabwe is the question whether the current interventions and policies will be consolidated to the extent that eventually reduce the infection rate and provide viable system for managing care and support for the sick.

The policy environment does directly hinder any of RUDO's initiatives and interventions. However, the inadequacy of the public health infrastructure, personnel and essential drugs in responding to the challenges of HIV/AIDS limit the meaningfulness of any good policies. It also leaves the greater burden with RUDO and its target communities who are in this case mainly women and children.

The ***economic environment*** – Economic policy reforms in the 1990s, emphasised the liberalisation and the growth of the private sector, have made it difficult to address the shortcomings of the national heath strategies and weak service delivery. This particularly disadvantaged the health sector as it imports inputs and yet producing for a domestic market and receiving its income in local currency.

The reduced government expenditure in social sector has resulted in shifts in the access to quality of care, with rural populations being most affected. The progress being made in the areas of awareness raising, home based care, counselling and support have been sustained by NGO interventions than state sponsored programmes. RUDO's target group has very limited income sources and many of which are disappearing under the declining economic situation.

The worsening economic situation casts a shadow on the success and viability of the established RUDO income raising initiatives and revolving loan scheme.

The socio-cultural environment – Socio-cultural orientations in the two target wards were evidently influenced by Christian values emanating from the surrounding colleges, schools and clinics that are church based. Women remain the major care-givers for the sick, food producers and child developers. As such, women carry the burden of HIV/AIDS and orphan care.

HIV/AIDS is still highly stigmatised and this limits the potential of peer education and the development of support groups among the sick. Inheritance customs are still dominated by patriarchy, further worsening the position of orphans who stripped off the little, some parents are able to leave behind.

Traditionally, orphans are treated as undeserving as a result when shortages strike they are the first to lose privileges and are deprived of their basic rights as children. The RUDO Orphan Care project has positively steered the target communities out of this unjust practice mainly through recent psycho-social support training for children and sensitization of orphan carers. The orphan care committees have successfully become support groups and an effective peer review mechanism. For the orphans the training has awakened children to demanding their rights and a channel for recourse has been developed through the idea of community based child counsellors who also received training through the psycho-social training.

Home Based Care initiatives are still very new and a few volunteers have been trained. Distribution of supplementary food packs, clothing, blankets for the children and the sick is welcomed in the target communities. It could serve as an entry point for the formation of support groups.

The ***technological environment*** – Of interest was the development and use of appropriate technology for the production processes in the income generating projects. The project groups were using appropriate machinery though they still found materials and equipment very expensive and some instances scarce. RUDO still plays a critical role in the sourcing of essential inputs for the various business ventures being undertaken by the community groups.

The report also looked at availability of patient handling equipment and materials used for protection of care-givers from contagious infections and the ill from being re-infected by use of non-hygienic materials and utensils. Communities, mainly because of lack of financial resources have limited access to hygienic materials such as disinfectants, gloves, disposable sanitary towels and nappies.

Traditional beliefs are a barrier to the use of protective clothing by care-givers in home based care. Relatives and volunteer care-givers cannot readily use protective clothing especially in a case where a terminally ill person or their family members have not accepted the patient's HIV status.

Access to Voluntary Testing and Counselling Centres for rural communities is limiting the efforts currently being made to mitigate the impact of the pandemic.

3 Findings

3.1 Organisational Analysis

In this section of the report, the evaluation reviews the organisation's vision and mission statements. The focus here is to establish the extent to which the organisation has treated these motivational aspects and whether a sound basis has been created for the development of programmes, definition of intervention strategies and the design of the organisational structure.

Vision

An organisation's vision statement indicates its assessment and understanding of the external in which the organisation operates. It should shed light on the challenges presented by the external environment to the organisation, target communities, stakeholders and the nation at large. The vision statement should point out the perception, an organisation holds of a desirable future.

Vision Statement

"A healthy food secured, socially and economically empowered rural community"

Mission

A mission is a statement of intent. It should clearly outline what the organisation sets out to do or contribute towards the attainment of the ideal described in its vision.

Having a clear and agreed mission serves to clarify for the outside world what the organisation is about from the onset. Internally, it provides a sense of direction, the basis for objective setting and intervention strategy development.

Mission Statement

"RUDO is a private voluntary organisation committed to community based development with rural underprivileged affiliated groups to achieve suitable livelihood"

The vision and mission statements of RUDO reflect mainly the early focus of the organisation and does not make reference to the new concern on HIV/AIDS and orphan care. The vision and mission statements are critical motivators and should endeavour to encompass the organisation's major concerns. This should be done especially now that RUDO has completed the two orphan care projects that has served as a pilot and has motivated the organisation to initiate a similar intervention in Gutu with assistance of a new partner. This shows that the organisation has decided to make the area of HIV/AIDS and orphan care an important part of its work.

Objectives

The organisation's objectives should inform and guide the design of programmes, operational planning and the setting of indicators for success.

RUDO's objectives according to the Constitution are as follows:

1. To support and encourage people in the rural areas to participate in activities and programmes aimed at raising their standard of living.
2. To eradicate malnutrition through food security.
3. To educate the community on environmental conservation and protection through awareness campaigns and a forestation programme.

4. To educate the community on gender issues.
5. To conduct leadership training and other courses.
6. To foster co-operation between the organisation with other non-governmental organisations at national and international levels.
7. To do anything reasonably incidental to the attainment of each or all the above objectives.

RUDO's objectives though very generally stated and largely portray the concerns of the organisation. The objectives lay a foundation for programme development.

Of central importance to this evaluation are the specific objectives that inform the HIV/AIDS and Orphan Care Support Programme. A review of how the specific programme objectives are in pursuance of the main organisational objectives.

THE VILLAGE BASED SUPPORT FOR HIV/AIDS ORPHANED CHILDREN PROJECT

The Project Goal

To improve the socio-economic security of 800 HIV/AIDS orphaned children in the two wards of Masvingo District by the year 2000 by instituting sustainable linkages that integrate these children with support services and profitable entrepreneurial development activities.

The Specific Project Objectives

- To set up two advocacy committees made up of orphaned children within the project period
- To formulate an affirmative Action Strategy to be used to lobby government to make policies that enable AIDS orphaned children to get preferences in tertiary education, health, micro-finance schemes and resettlement schemes (promoting the ability of orphans to access public and public resources).
- To identify and set up 12 small enterprises that will augment the economic base of the orphans.
- To strengthen 12 village structures of traditional leadership that will assist in the identification of problems of orphans and make the necessary and appropriate referrals (supporting existing family and community based coping mechanisms).

Objectives of a public benefit and community development focused organisation in the case of RUDO should be 'smart'. This means that RUDO's objectives **s**hould be shared by all relevant stakeholders; **m**easurable (quality and quantity); **a**ttainable, **r**easonable (they should carry meaning) and they should be **t**ime-bound. The weakness is that the objectives do not entirely meet the smart criteria, particularly in that the objectives are not time-bound.

While one can assume that the specified objectives should be achieved during the agreed two-year time frame, a thorough process of bench marking outcomes and outputs is necessary.

3.2 Description and Design of Programmes

To achieve its objective RUDO is currently implementing the following programmes:

- ***Skills Training Programme:*** Provides communities with skills (eg. carpentry, knitting, dress making, black smithing, tie and dye, poultry, soap and sandal making etc.) in order to start small income generating projects.
- ***Food and Crop Production Programme:*** Improves the food security options of small holder farmers. The programme addresses areas like water harvesting, manure making, post harvest grain storage, horticulture production and production of small grains.

- ***Rural Agro Marketing Programme:*** Facilitates linkages between producers and buyers of agricultural outputs. The programme helps to identify the contract producers and link them with the buyers for purposes of identifying a ready market for the products. The programme also provides technical support in the form of training to enable the producers to meet the buyers' targets.
- ***Craft Enterprise Development Programme:*** Improves the income levels of the producers through training in product development, costing and pricing. The programme also assists in establishing local, regional and international market links for the producers.

  Prior to the Orphan Care Project, RUDO was always implementing the programmes briefly described above. The Orphan Care project has benefited immensely from the experience particularly of the Skills Training Programme, the host department for the Masvingo Orphan Care Project. The Orphan Care Project participants though not the direct target for other programmes can benefit from the expertise and advice from other departments.
- ***The Gutu Orphan Care Project:*** Based on the Masvingo experience a new HIV/AIDS Orphan Care Programme has been initiated. The programme is being implemented in the Gutu District.
- ***The Masvingo Orphan Care Project:*** with a geographical target of two wards in the Masvingo District. The project was designed with the following components:

– Identification and registration of orphans in the two target wards
– Community institutional development – formation and capacity building for orphan carers and advocacy committees
– Skills development and business management training – for the youth and orphan carers
– Support for the establishment of income generating groups by orphan carers

Supplementary Activities

By mid 2001 RUDO approached Sida for a supplementary budget to enable the organisation to implement activities that were not initially foreseen in the orginal project document but, were deemed crucial based on the situation on the ground

– School fees support – primary and secondary children
– Supplementary nutritional food packs – in critical situations (drought or other disasters) RUDO mobilised food supplies for distribution to the children and the sick.
– Psycho-social support – children's workshops on a range of subjects including forms of child abuse, HIV/AIDS, confidence building, bereavement, orphanhood and child rights and training of community based child counsellors and mentors.
– Access to the RUDO revolving loan – after a realisation that the income project groups were struggling to take off RUDO mobilised funds and offered start up capital.

Additional Activities

– Infrastructure Rehabilitation – in special cases RUDO rebuilt homes of child headed households after the havoc caused by Cyclone Elieen.

Application of Recommended Best Practices in HIV/AIDS Orphan Care

Besides, the main approach of encouraging target communities to care for orphans within their immediate and extended families and promote family economic enhancement, the RUDO project proposal does not deliberately refer and apply recommended best practices. The education grants for school fees and uniform assistance and psycho-social support for the children come as a after thought in the supplementary budget and activities.

Unfortunately, beyond the proposal submitted to Sida, RUDO did not invest in the development of a conceptual framework for its HIV/AIDS Orphan Care Support Project.

While the components presented in project proposal reflect the recommended combination of strategies, a further analysis of how the interventions would be fused during implementation to achieve the defined goals is not done. The absence of this crucial step in the foundation of the project weakens the design, blurs its focus and significantly reduces the potential effectiveness and impact.

The project however, takes commendable steps to establish community structures that register the orphans, record the children's case histories and confirm statistical information after the global district surveys.

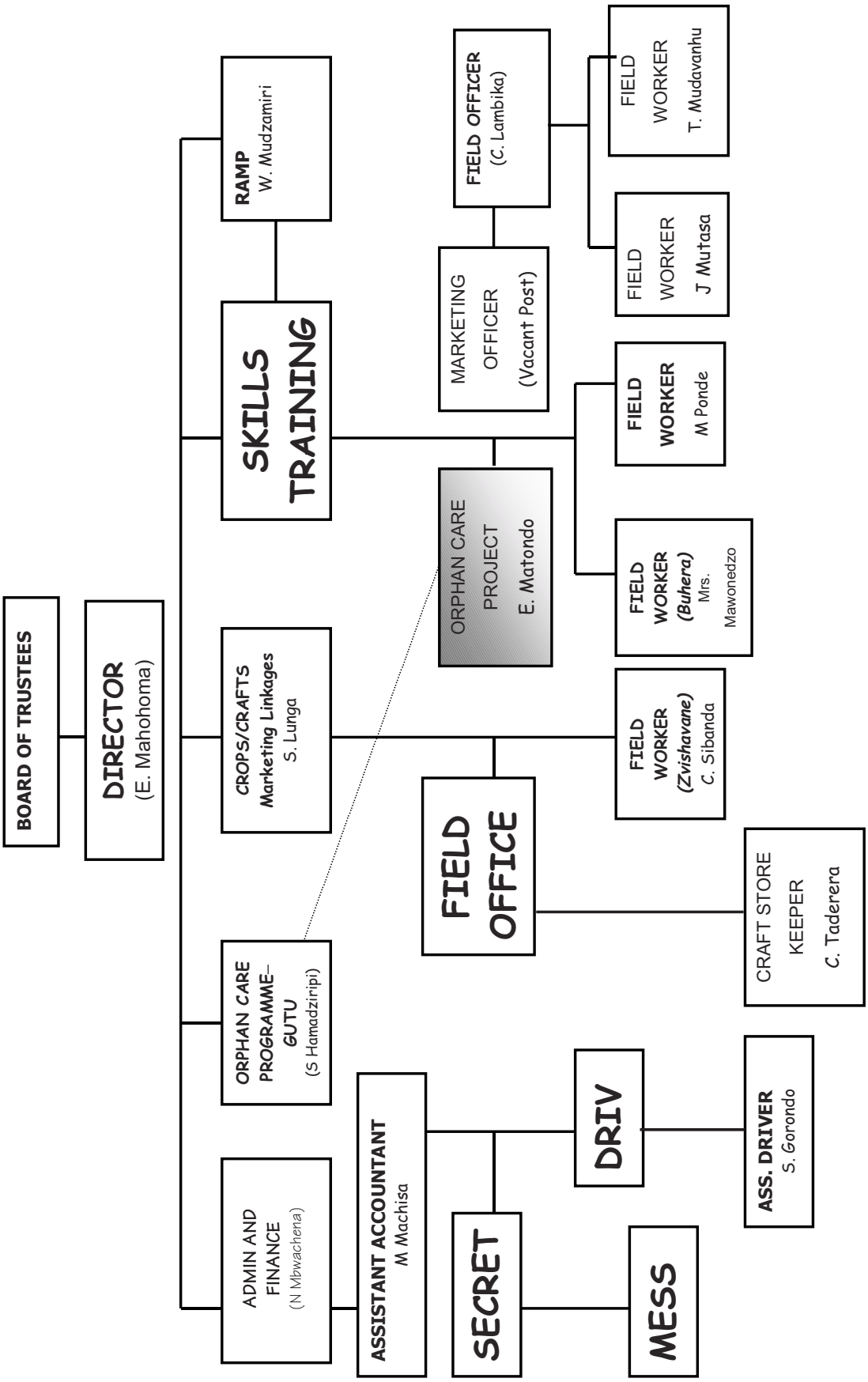
Promotion of Children's Rights

The children supported under the RUDO project access their rights in so far as their guardians and parents can provide for their basic needs (food, shelter, clothing & education), offer protection, participation, survival, development and non-discrimination within the confines of the cultural traditions and values. The discourse on Children's Rights is new and not yet a visible and direct part in the RUDO interventions. Of concern is that while the rural culture places value on children, their place in the family does not give them a meaningful voice in decision making and usually cuts them out of traditional inheritance matters.

The project design is completely silent about the approach assisting the HIV/AIDS infected people especially parents of little children to prolong their lives, prepare as far as possible for their departure and to die in dignity as a strategy of mitigating the negative impact on young children. As alluded to earlier in the report the RUDO project emphasises small enterprise development as the prime strategy for orphan carers to meet the challenges of the growing number of orphans which the community confesses are result HIV/AIDS.

The project design assumes that the aspect of HIV/AIDS and the plight of those who have succumbed to the disease, is well taken care of by other players. This might appear strategically sound from a resource point of view. The lack of an interface between RUDO's interventions and the parents the children that are on the brink of orphanhood certainly robs the process of an important linkage with the psycho-social development and inheritance for the surviving children. Over and above the identified weaknesses in the project design, the evaluators found that the Sida appraisal for funding was not as thorough. This allowed a weak project to sail through and an opportunity to strengthen/improve the approach and strategies for intervention *ex ante* was totally missed.

3.3 Organisational Structure/Organogram



3.4 Organisational Capacity

Organisational capacity can be viewed as the ability of the organisation to fulfil its mandate as enshrined in its **Vision, Mission** and **Values.** For an organisation to uphold its values, achieve its mission there should be a legitimate stakeholder representative governance and ownership structure. To implement its programmes, manage donor funds, the organisation has to employ a qualified and skilled management team.

The organisation should have put in place a sound administration, financial control mechanisms, clear procedures and timely planning processes and a credible framework of accountability.

The Board of Trustees

RUDO is a membership organisation governed by a Constitution. At the helm of RUDO is a Board of Trustees appointed by the Annual General Meeting. The Board is made up of six (6) members, three (3) of which are elected from the membership and three (3) are appointed by the elected members.

The Chairperson, the Treasurer and one of the committee members are elected by the membership. The other three members are identified by the elected members and recommended for appointment to membership AGM. This structure ensures that RUDO's Board have a meaningful stakeholder representation. At the same time the organisation has room to strengthen its policy making structure by identifying three other members who should bring in expertise and experience to augment the Board capacity.

The current appointed board members have varying professional experiences. The Secretary to the Board is a former matron (Masvingo General Hospital); is currently the President of Women in Business; is a renowed business woman and is the National Aids Council Board member responsible for advocacy. The other member is a Development Practitioner and a Director of Heifer Project International. The third member is a former Director of Coca Cola, (Masvingo Plant) and is currently a Human Resources Consultant. Noteworthy is the recognition by the Board the importance of having in its compliment a member who is knowledgeable about its interventions in HIV/AIDS and influential in national policy processes.

Discussion with two Board members, namely the Chairperson and the Secretary revealed that the Board is clear about its governance role and able to carry out its functions. For instance the Board appoints the Director and play an active role in the selection of senior staff. Commendable is the effort the Board has made in creating opportunities for its development through training confidence building workshops that looked at areas like role clarification and good governance practices.

However, the Board has no succession policy in place and the gains made by the current Board may be lost. The Board has two-year constitutional term and the current is serving a second term mandated by the last AGM.

Management Capacity

To implement its programmes RUDO currently has a staff compliment of 20 and one vacant post. The Director is responsible for the day-to-day operations of the organisation. The Director has a Sociologist and managerial experience from his previous engagements. He has a vast experience and significant trainer qualifications in Small Scale Enterprise Development and Business Management He also sits on several provincial and national NGO Boards.

There are four (4) managers, three (3) field officers, five (5) field workers and a craft store keeper operating in the four programmes namely, HIV/AIDS Orphan Care, Skills Training, RAMP, Crops and Crafts.

There is an Administration Department headed by the Administration and Finance Manager who is supported by an Accountant, a Secretary, two Drivers and a Messenger.

The staff members have the requisite qualifications and experience in the various programme areas. Staff are employed on annual contracts that are renewable based on performance appraisals.

The Evaluation found that the majority of the staff at Manager level were fairly new at RUDO (1–2 years) while most of the field workers and the Skills Development Manager have been with RUDO for over ten years or even longer. This team mix of old and new, affords RUDO the necessary balance in that the old know the target communities well while the new are bringing in the expertise and experience. RUDO has a fair remuneration and rewarding practice and sound personnel has sound policies. The organisation has sourced support from TRANSFOM for staff development and was deemed progressive.

The facility is well utilised as staff were found to be embarking advanced studies, what remains is to put in place a clear policy. There is however a lot of room for improvement as the organisation evolves particularly in the areas of staff performance appraisal and staff record keeping. Particular interest was taken to review the capacity that the organisation has specifically put in place to implement the HIV/AIDS Orphan Support Project.

An analysis of RUDO's organisational structure shows that this project falls under the Skills Training Department headed by a Manager, to whom the Orphan Care Project Officer reports. The Orphan Care Project Officer has experience in income generating projects from his job as a Projects Officer in the Ministry of Youth and Employment Creation. The Officer worked with AIDS Support Groups at Lubhancho House in Hwange District before he joined the programme

This offered him exposure in HIV/AIDS related issues and he has also attended in service training on HIV/AIDS Orphan Care as follows:

- District Planning/Operations for Aids policy (07/2001)
- Family Life Education (HIV/AIDS) course (06/2000)
- AIDS Education – A Christian Approach
- Improve Your Business – Practical Management For Small Businesses

In the field, the Orphan Care Officer is assisted by a field worker who has a strong focus on skills training but has a day to day contact with the communities where orphans and their carers live.

This gives her first hand information about the day to day problems being experienced by the orphans and their carers. She however has not received training in HIV/AIDS Orphan Care issues.

The second position for an Enterprise Development Officer that was foreseen in the project proposal was not recruited. Discussions with the Director revealed that the organisation felt the Projects Officer had adequate skills to handle all the aspects of the programme without an additional staff member.

The Evaluators' view is that considering the over subscribed enterprise development skills, RUDO should have endeavored to recruit an officer with in-depth HIV/AIDS and Orphan Care expertise and experiences for the second position.

Since the project started as a pilot, it was strategic to link with Skills Development Programme that was already working in the target communities. However, as the structure shows a new initiative in the area of HIV/AIDS Orphan Support has begun in Gutu and a Programme Manager has been recruited, would be more rational to combine the two initiatives. An effort should be made to ensure that the two

initiatives benefit each other from the human and financial resource point of view.

It is clear that the strengths of the RUDO staff mainly lie in the areas of skills training and small enterprise management rather the HIV/AIDS and Orphan Care. This is a weakness that compromises the quality of the interventions both at conceptual and delivery levels. This is a matter that should be addressed systematically and urgently through training of staff and use of external short and long term technical assistance.

Planning, Monitoring and Evaluation Capacity

The logframe planning approach is used by RUDO to develop implementation work plans, the same was applied for the HIV/AIDS Orphan Support Project. In addition, efforts have been made to produce half- yearly activity plans.

Monitoring of the programme is being done at different levels. The Director occasionally conducts monitoring visits to the two wards to assess progress. The Project Officer undertakes field visits to the project sites to meet with the orphan carers, guardians and children to discuss progress, constraints and suggestions for the way forward.

The monitoring is done according to a schedule and the product from the monitoring meetings are the Monthly Progress Reports, which are produced by the Project Officer and submitted to the department Manager. It is however, unclear how the monitoring reports are used as a tool for improving effectiveness and enhance the impact of interventions.

In January 2001, a mid-term evaluation of the project was undertaken. The objective of the exercise was to review the progress then, document successes, highlight challenges and make suggestions for the way forward. The review report was made available to this evaluation process as reference material. Based on the expenditure patterns by the time of the mid-term very little had taken place on ground.

Financial Control Systems

It is commendable that RUDO has developed a Financial Procedures Manual in 1997 and revised it in 2000. The manual spells out the financial and management accounting procedures necessary to control the financial affairs of RUDO. The manual states that it is the responsibility of the Director to ensure that proper accounting records are maintained and that information required by the Board of Trustees and Donors is compiled and submitted promptly.

The financial procedure manual is divided into eight (8) sections and thirty (30) sub-sections meant to provide guidance into how RUDO treats payments, what books of accounts should be kept and the general issues related to financial management.

Interviews held revealed that financial systems of the organisation are improving since the appointment of a highly qualified and experienced Administrative and Financial Manager at the beginning of the year.

Previously the financial systems were far from being adequate as revealed by minutes of the Board of 1 December 2001, which noted that one of RUDO's donors were highly unsatisfied with the level and quality of financial management.

A major weakness noted in the financial management area is that on approval of funding by Sida, RUDO did not draw up annual operational budgets. This creates difficulties in monitoring and tracking expenditure as reflected in the audit report.

4 Analysis of Findings

4.1 Efficiency (Doing Things Right)

An important part in ensuring efficiency is the formulation of sound internal policies, development of annual budgets and plans and adherence to procedures. It is the utilisation of financial, human and material resources at the right time and cost. Punctual production of reports and commitment to contractual obligations are a critical component of efficiency. Efficiency is the achievement of results against plans and budgets.

Management of Human and Material Resources

The effort made by RUDO in ensuring that staff members have contracts, job descriptions, the human resource manual, a performance appraisal system and access to staff development funds under TRANSFORM is commendable. The RUDO staff compliment has grown significantly over the last two years, which growth demands a clearly defined team building process and understanding of internal management systems to ensure efficiency and consistency. It is evident that RUDO is aware of this need as a workshop was held to develop a common approach to planning, budget presentation, reporting and record keeping.

Material resources appear to have mobilised particularly toward making the HIV/AIDS Orphan Support Project a reality. The Project Officer received transport, expert and moral support from the Director, Skills Training Department, Finance and Administration and other departments in implementing the project over the two years. This was confirmed by the overwhelming outcome particularly the number of orphan care committees and income generating groups which initially were targeted at 12 respectively but now stand at 56 and 55. Certainly, the question whether efficiency can be sustained in servicing the committees and groups has not been sufficiently examined.

Planning

Evidence shows that strategic planning was not being done, though monthly activity sheets were being produced. Short-term planning reduces the ability of the planners to ensure that the implementation process focuses on making long term impact on the broad organisational goals.

The activities become the centre and an end rather than a process of achieving set objectives. In a situation where long-term planning takes place activities are done in such a way that contributes to achieving broader goals.

RUDO's planning capacity is developing as the organisation is experiencing growth in its income. Annual and monthly planning processes have now been formalised. The logframe analysis approach is being applied. Respective staff members submit monthly activity plans and budgets that enable the Director to approve expenditure and the Finance Department to manage cash flows. This planning exercise provides the basis for the monthly reporting. Unfortunately, this positive step is taking place towards the end of the Sida funded pilot project.

Reporting

The quality of reporting is still mainly 'show and tell the method'. It has not yet invoked regular thorough reflection and review on progress. The current process of reporting does not include adaptive management and follow up. At same time the evaluation found that the Sida's monitoring and follow process to be weak. There is no evidence to show Sida's interventions from a monitoring point of view.

The field visits done, audits and narrative progress reports submitted to Sida were not adequately used to improve RUDO's work during the course of the two years.

Financial reporting and audits are not carried out on time. While there might be reasons offered for the delays, the negative impact is that the last two disbursements made by Sida were made in the dark. At the time of completing the evaluation, RUDO had just completed the audit for the period March–December 2001. The audit for surplus funds from year 2 and for funds disbursed under the supplementary budgets is outstanding.

Management of records is an area that RUDO has not sufficiently attended to and this compromises the organisation's level of efficiency.

Policy Formulation

The fact that RUDO has not developed an Orphan Care and HIV/AIDS Policy to guide its service delivery and implementation processes is extremely worrying. The absence of such important policies compromises the efficiency of the interventions in the above areas. It also deprives the organisation from interfacing with best practices, national and international policies already developed. In this case one's expectation is that Sida should have played an instrumental role by sharing existing policies and best practices with RUDO and encouraging application of the relevant aspects during the pilot project.

HIV/AIDS and community orphan care are new and complex to deal with, there is certainly a need for a comprehensive and consistent process of learning and interfacing with best practices and policies that are being developed by leading institutions such as Unicef and UNAIDS. Numerous lessons can also be gleaned from other local agencies that are carrying out similar programmes.

Operational Procedures

A regulatory framework in the areas of personnel and financial management has been established. It is commendable that RUDO has taken the initiative to document its financial management and personnel procedures. The use of procedure manuals is a sure way of ensuring consistence and attainment of desired standards. Worrying, is the fact that audits reports reflect that not all the procedures are being followed. The auditors have pointed out areas to be improved and RUDO has accepted recommendations that have been offered, what remains, is a thorough follow-up by the Board Treasurer and Sida.

Budgeting

According to the records and discussion with staff, no meaningful budgeting process has been instituted. Beyond the proposals submitted to funding partner no budgeting is done. Expenditure patterns merely follow costs.

The result of this is over expenditures and failure to absorb allocated funds within the agreed time lines. There is no evidence to show that RUDO is using the budget as a control tool to ensure efficiency. Plans, bi-annual and monthly reports are mainly used for cash flow forecasts, meeting donor reporting obligations and less as internal management and control tools. Here an opportunity to review the quality and efficiency of the organisation's approach and delivery is missed.

Allocation and Utilisation of Financial Resources

Based on the financial proposal approved by Sida, the evaluation reviewed the allocations in order to establish consistency with the set objectives. To do this, an analysis of where and how RUDO allocated funds was carried out.

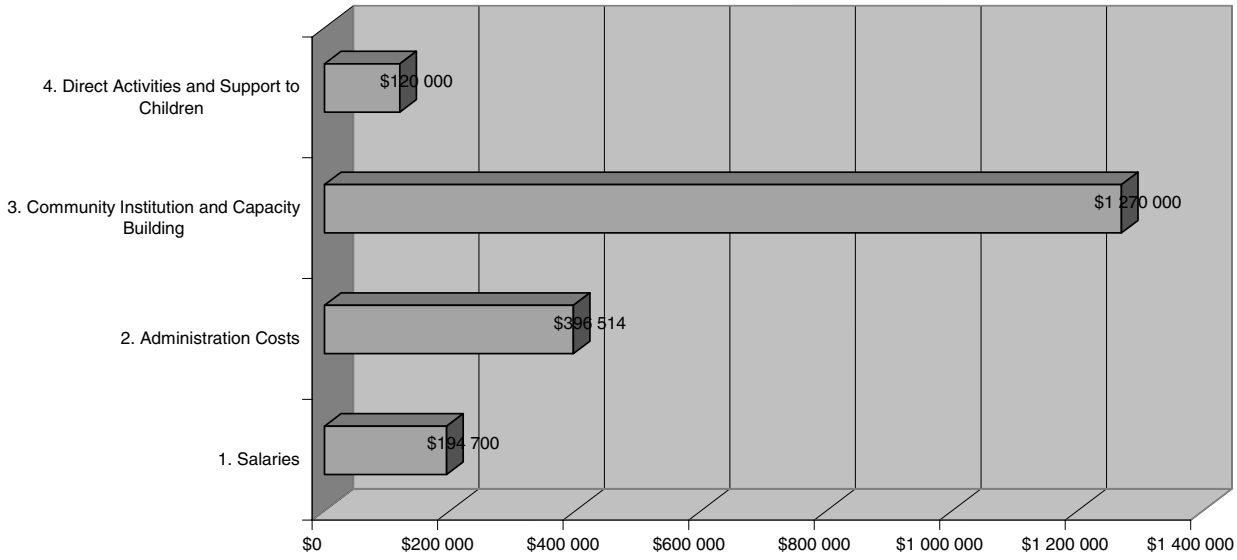
The major conclusion that can be drawn from the allocations made in year one and two is that the children are not the focus of the project. Certainly if one follows the line of thinking that RUDO's

ultimate goal is to strengthen the capacities of households caring for orphans to sustain themselves the allocations can be considered sound. However, the supplementary budget highlights the fact that the Project Design did not consider the present and devise both sound immediate and long-term strategies for tackling the challenges confronting the target communities. The lack of a thorough assessment of the specific problems significantly skews the focus of the project in the short-term and limits its possible impact for the long-term.

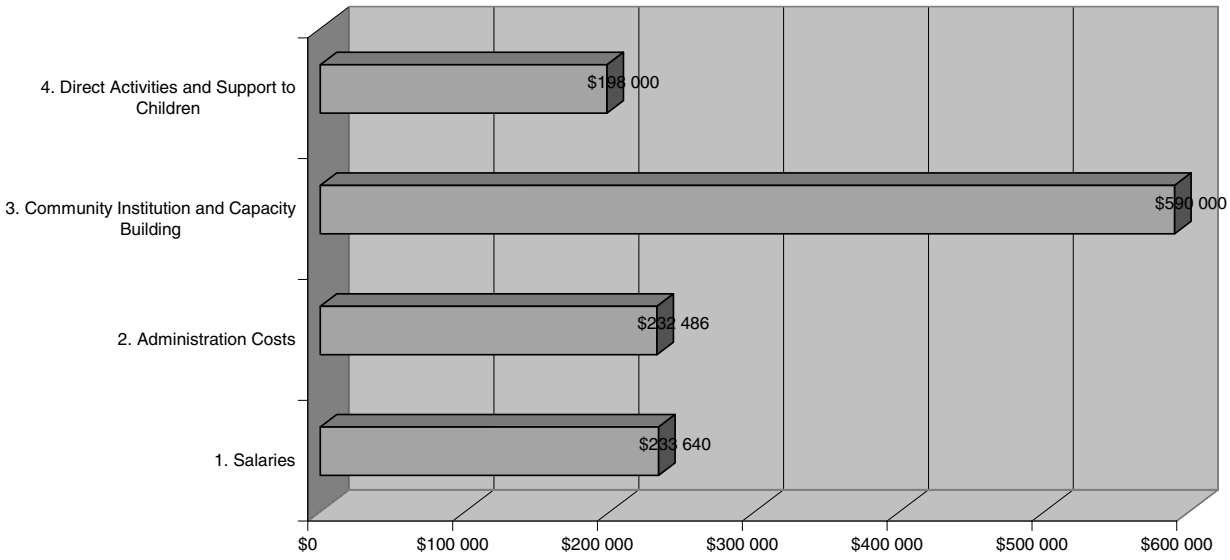
From the onset, the RUDO project design and budget allocations should reflect a clear and deep understanding of challenges and strategies that will result in scaling up the target communities capacities to face future and deal with the present.

Below are the charts that show the trends in the RUDO's budget allocation. The absence of complete audits inhibited the evaluation from drawing conclusions on how the actual expenditure on the ground takes shape.

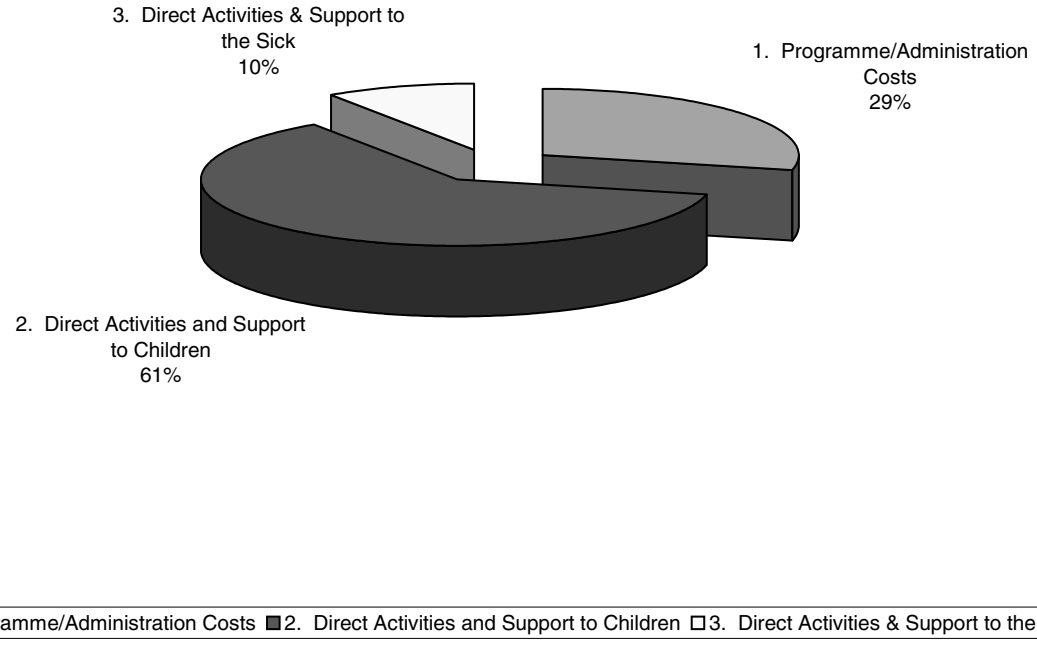
Bar Chart – Year 1



Bar Chart – Year 2



Pie Chart – Budget Allocations



4.2 Effectiveness (Doing the Right Things)

Effectiveness refers to the extent to which the stated objectives have been achieved. It is an interrogation of the qualitative factors in the manner in which the processes were approached and accomplished.

Stated Objectives	Achievements to date	Effectiveness in meeting the stated objectives
1. Establish Implementation Capacity	• Appointment of Project Officer • Purchase of motor-bike, computer and printer and provisions of general administration and implementation support, the second officer was not hired	• There were delays in setting the structure to oversee the Orphan Care Project. This gap has compromised the development of institutional memory and proper records of the early days the project remain an incomplete picture. Financial records are the most affected areas.
2. Facilitate community institutional strengthening and capacity building	• **Awareness meetings were held with committees during the first year of the implementation** • The programme identified key players as the following: Local traditional leaders-chiefs, Member of Parliament, Councillors, Kraal Heads, Ministry of Education, Ministry of National Affairs, Employment Creation and Co-operatives, Ministry of Health and Child Welfare, The Zimbabwe Republic Police Public Relations Department & CADEC • **A total of fifty-six (56) Village Orphan Care Committees and two Advocacy Committees were set up at village and ward levels respectively.** • Strengthen community based support services by building the capacity of chiefs to identify problems before they become too big ▪ A total of 60 small enterprises were established and set up and members have been trained in Business Management	• The activities in this section took up most of the project time and funds, with the highest budget allocation of 64% and 47% in the first and second year respectively. • Community structures are an integral part of a sound orphan care programme. These were well established and are functional. The weakness lies in that committees have not been fully empowered to be responsible for the entire orphan care support initiative. The communities are still too dependent on RUDO. The organisation has no visible community empowerment and exit strategy. The absence of such critical steps in the project design, heavily reduce the impact and sustainability of the investment already made. • The structures are in existence but far from becoming independent and self directing and innovative. • The activity of forming the structures appears to have been carried out satisfactorily. Of concern is the viability of the enterprises development, which was done too hurriedly and groups developed at a rate that can not be effectively sustained.
2. Provide direct and immediate support to children and development of advocacy structures	• **The advocacy committees were formed. The planned Affirmative Action Strategy was not developed** • **Children did not receive the lobbying and advocacy skills training** • **School fees and psycho-social support was provided to most needy** • **No assessment of impact of orphanage on boys and girls was done. As a result no long term strategies for intervention instituted as planned**	• The entire advocacy initiative is lost and no visible way forward is suggested. • Activity was not done • School fees were paid for a total of 241 orphans from nine (9) primary and fifteen (15) from secondary schools (134 boys and 107 girls. School fees were paid in full for the whole year. Psycho-social support workshop which benefited 63 children was held in October 2000. One would have expected more children to benefit from the process through the training of more children counselors at the target/village level. • The failure to undertake this crucial activity and making its results visible is a missed opportunity to keep the project abreast with children's needs, which are really the focus of the intervention.
3. Respond to challenges of the impact of HIV/AIDS	• **Provision of home-based care hygienic materials and supply of food packs to the sick was carried out.**	• This is an activity that was done as a once off rescue mission, sadly no initiative is taken to engage the community in exploring alternatives for a lasting solution for this problem.

Based on the findings presented in the above chart, the evaluation can not conclude that the project was entirely effective in achieving its stated objectives. Evidence shows that there was an over emphasis in the establishment of structures rather than developing their capacities. The fact that the structures exceeding the planned numbers brings to question, the issue of effectiveness. Certainly, RUDO was unable to adhere to its activity plans and budgets as evidenced by the recent audit. The audit reflects a very low absorption capacity on the part of RUDO. A low absorption of allocated funds indicates a slow implementation pace. While there could be sincere explanations for the some of the delays, worrying is the fact that very little is done to refocus plans and come up with measures to close the gaps that are created.

The gaps that were identified on the point of justifying the approval of the supplementary budget were not resolved by the short-term interventions carried out by RUDO. There is no visible link between what is done as mitigation and the articulated long-term strategy for income generation and self-sufficiency.

4.3 Relevance of the Project

The question of relevance of an organisation's interventions focuses on how it responds to the needs of the target group (children and carers) and meets the approval of major stakeholders (board members, policy makers – health and child welfare, relevant intergovernmental agencies and traditional leaders).

To regularly test the relevance of its interventions, an organisation has to invest in a consultative framework that allows meaningful dialogue with the target group and stakeholders. While in this case one can justify the relevance of the HIVI/AIDS Orphan Support Project, it is imperative that RUDO dialogues with a complete array of stakeholders in a consultative framework on the appropriateness of its strategies, interventions, methods, activities, outcomes and impact.

The time spent and the level of interaction on the project has allowed RUDO to bond with the communities enough for a more serious dialogue about relevance, impact and sustainability to be opened.

Currently RUDO is shouldering the major responsibility for filling the content and strategy design in the Orphan Support Project while communities remain consenting recipients. Inevitable as this may be at this stage, RUDO should have begun to consciously prepare itself and the communities to assume a more facilitative role rather than the current leadership posture. This would play an important role in motivating the communities to form and develop in time, a clear opinion about the relevance of interventions.

4.4 An Assessment of Impact

The measurement of impact includes ascertaining the positive and negative changes produced, direct or indirect, as a result of a project intervention.

At issue in this section of the report is to assess the extent to which the target communities, through the support under HIV/AIDS Orphan Support Project have enhanced their capacities to earn meaningful incomes and this has evidently improved the quality life of the orphaned children.

In order for impact to be assessed in a meaningful way there is need for well-researched and documented baseline information that represent the scenario before programme intervention.

In reviewing the impact of the HIV/AIDS Orphan Support Project, the evaluation looked at HIV/AIDS and Orphan Care separately. In a discussion with the community during the field reflection process, it became apparent that the HIV/AIDS is believed to be the major cause of the increase in the number of orphans. Evident is that RUDO's entry in Masvingo was guided by official baseline statistics. During the implementation process new information has emerged, for instance the number of orphans has continued to increase. RUDO's interventions are relevant but there is no evidence that they are strategically packaged to meet the specific needs.

A case in point is the important intervention attempting to improve access of orphaned children to social services. Here the total number of children is quoted generally and not broken down to specific areas of need either according to age, gender or even by number.

Therefore, in ascertaining impact it becomes difficult to conclude for instance that the social services initiative had an impact when one can not systematically measure in quantities, at least how many require this type of support and the number or percentage of those who benefited.

Certainly RUDO's interventions have had a remarkable impact judging from the interest and number of orphans and carers that RUDO has come into contact with over the project period. The awareness raising and formation of community structures has positively motivated the attention of the entire community to seeking lasting solutions to the problem. It has created space for children to access school fees, psycho-social support and other material assistance.

The project as currently designed does not significantly tackle the fight against the spread of HIV from a preventive angle. RUDO has taken this issue from the point that there are other actors that have claimed to be dealing with this area.

While this is theoretically sufficient considering the scarcity of resources, dealing with the challenges of raising orphans from a curative aspect can not be sustained. An active interest and significant effort has to be directed at reducing the rate at which the number of orphans is increasing.

The fact that the project did not engage into meaningfully advocacy work beyond setting the two committees reduced the level of impact the project could have had both internally in community and externally to policy makers.

The majority of the outcomes that can be counted as positive in the project tend to have a thinly spread impact as the numbers involved are overwhelming.

The area of income generation is still in its early days limiting the extent to which impact can be conclusively determined. However, having said that worrying is the fact that the evaluation recorded a heavy dependence of the project groups on RUDO to intervene always in the sourcing of critical inputs.

While many more IGPs were formed than the foreseen number in the proposal, RUDO does not offer any new strategy of ensuring the effectiveness of its support and training intervention without extending the available capacity and financial resources. This cast doubts on the effectiveness and quality of support given over the project period to this large number of groups. Inevitably this activity draws most of the time allocated in the project implementation period at the expense of other initiatives. The introduction of a micro-finance scheme is more of a rescue package than a carefully calculated and demand driven business support strategy. The impact of the micro-finance strategy is limited as it only covers five groups out of the fifty-six without discussing the fate of the other fifty-one projects. The approach is piecemeal.

The continued decline in the economy in general and limitations in what RUDO or the target can do to influence matters is of serious concern.

4.5 SWOT Analysis of the Income Generating Projects

STRENGTHS	WEAKNESSES
▪ Economic enhancement is an important step in the development of a sustainable orphan care project ▪ An overwhelming response from the target communities ▪ Capacity in the organisation to implement a community economic enhancement project ▪ Established operational groups ▪ An experience to learn from, after the end of the pilot phase ▪ A wide scope of base practices from the region as well as from local actors in the same field	▪ Absence of an articulated specific immediate and long term objectives ▪ A weak linkage with HIV/AIDS and orphan care in the project design ▪ Too many groups formed spreading too thinly RUDO's staff on the ground and thereby reducing the quality of support and training provided ▪ Groups formed too large and not brought together by matching priorities except the wider goal of income generation, making cohesion and motivation complex ▪ Micro-finance in catering for very few groups not sustainable ▪ Setting up of IGPs not driven and designed to respond to a thorough needs analysis ▪ Limited participation in IGAs by the major beneficiaries (the children) undermining continuity beyond the carers and potential for skills development at the children's level ▪ A high dependency on external financial and material resources ▪ Absence of clear strategies for tackling inequalities and gender mainstreaming issues ▪ Poor process monitoring, quality control, performance management of IGPs
OPPORTUNITIES	**THREATS**
▪ Recognition and support for the project by the local leadership and target group ▪ RUDO's focus on HIV/AIDS and orphan children is an area which is a top priority for many donors	▪ Limited attention paid to children's priorities and needs in project implementation and expenditure severely reduces impact of interventions ▪ Unpredictable national economy and/or persistent national economic decline ▪ Competing cultural, religious orientations likely to negatively influence inheritance matters

4.6 Sustainability and Viability

The HIV/AIDS Orphan Support Project for Masvingo District is wholly donor sponsored. The costs of implementing community development projects are escalating daily thus budget can only soar. A positive aspect is that more donors are now committing significant resources to the fight against HIV/AIDS.Currently, writing proposals to donor partners is RUDO's major income. Membership subscriptions, rentals for office space and truck hire, provide RUDO with a small income.

There is very little that RUDO can do in the present economic environment to reduce its costs. Effort has to be put in identifying other partners beyond Sida in order to raise the level of funding for HIV/AIDS Orphan Care Support Project.

The present project and design has a limited scope of community empowerment beyond the creation of structures and skills and business management training. The approach of HIV/AIDS Orphan Support project has concentrated on offering target communities options that are largely dependent on external assistance.

In the area of income generating projects, while a useful start has been made, the groups are too many to be serviced adequately. Important to note, however is that the income generating initiative should not only be viewed from its ability to raise sufficient income for affected families only. It is a move that has motivated the changed attitude towards the challenges of orphan care, for the communities it is no longer just despair but a realisation that there is hope to overcome. Also, this approach depending on RUDO's winning off strategies, communities can begin to take more responsibility and start to view RUDO more as a partner rather than the provider of the solutions and the one to always determine the direction to be taken.

4.7 Emerging Issues and Lessons to Learn

- Unintentional the project has taken a highly welfare focus, which inevitably promotes a dependency syndrome than a developmental and self-reliance outlook.
- Business management approaches and micro finance schemes that have been successful in other circumstances should be modified for effective application in context where the objective is to reduce the negative impact of HIV/AIDS and improve capacities for orphan care.
- External loans not a panacea for boosting IGPs, internal group lending has been found to be more effective and sustainable.
- Specific success indicators for IGPS that are linked to visible outcomes for children and their families should be developed as the goal for this effort can easily be missed in the winded process of project implementation. Indicators developed should be benchmarked for short-term and long-term purposes. These should be part of the project design from the onset but should be a result of consensus between the communities and the implementing partner.
- Specific skills for child development and care for children in especially difficult circumstances and in particular orphan care have to be an integral part of an organisation that is committed to work in this area. Knowledge by project staff about Children's Rights Convention, National Orphan Care Policy is a pre-requisite that should not be missed.
- Income enhancement for families caring for orphans is a recommended strategy, however all phases of the process should be structured with the main focus being to support the livelihoods of the orphaned children and prolong as far as possible the lives of their parents/carers.
- It is not wise to implement a project of this nature for the first time without insisting on a carefully designed process of capacity development within the organisation, a visible with interface best practices and close monitoring by all stakeholders including funding partners.
- A special effort has to be made and strategies developed to ensure gender equality is achieved. While the number of girls registered in the Orphan Care Programme is larger than that of boys, for instance boy children benefited more from the school fees support more than girls.

5 Recommendations & Way Forward

• The Contextual Framework

– While the current external environment is beyond the conventional policy advocacy, RUDO should seriously support the created advocacy community structures to act.

– Strategies that are focused on influencing local authorities, communities, other development actors in the province to engage in campaigns aimed at raising full awareness about HIV/AIDS and what it has done to the province of Masvingo, behaviour change and elimination of stigmatisation should be stepped up.

• Organisational Development

– HIV/AIDS and Orphan Care are fairly new areas for many including RUDO and the target communities. The two-year project has provided a wonderful opportunity to explore, understand the nature of the challenges involved and test a number of options regarded as solutions. It is opportune time to move on and consolidate insights and effective, strategies and approaches.

– RUDO should be applauded for taking the courage of implementing the project at a time when as an organisation, it was going through a most critical stage of growth and organisation building. The project is being successfully carried despite the numerous challenges of organisational adolescents.

– RUDO has to improve both its long range and strategic planning skills and approach in order to create a more solid basis for operational planning, monitoring and impact management.

– Clear HIV/AIDS and Orphan Care principles and policies should be developed and shared with communities.

– Information and records management has to be improved.

– Report writing should move away from the 'show and tell' mode to more in-depth analysis and drawing of lessons learnt and emerging issues.

– There is a serious need to improve the financial management function. Outstanding audits should be undertaken before any future funds are allocated.

– The Board and Sida should ensure that annual plans and budgets are prepared and approved by the Board before funds are spent. The two key stakeholders should step up monitoring efforts and follow up on implementation of recommendations emanating from audits and external evaluations.

• Project Design

– The HIV/AIDS Orphan Care Support Project design has to be taken back to the drawing board.

– The Orphan Care component needs to be redesigned to ensure that interventions focus directly on benefiting the children with clear considerations based on a specific analysis of pyscho-social, economic and health needs done according to the age and gender of the children.

– A strategy and clearly defined interventions for responding to the challenges and negative impact of HIV/AIDS on the target households and children should be developed.

– While its clear that the main goal of the project is to enhance the economic and social capacity of affected communities to effectively face the burdens brought about by HIV/AIDS and that the strategy is skills development, business management training and micro-financing. More realistic and specific sub-objectives for this intervention should be outlined with the children and their families.

– A new project/programme design should be informed and guided by best practices and sound policies.

– A next phase should see the graduation in RUDO's approach from a service delivery mode to a more participatory and rights based approach.

• Managing for Impact and Sustainability

– For the HIV/AIDS Orphan Support initiative, RUDO has to engage in a thorough reflection and review process which the evaluation report should be a sufficient launching pad. This should be done with a view to draw the lessons and design a clear model of implementation and formulate a path for building more mature relationships with communities where they carry the major responsibility.

– RUDO now has the necessary experience to package all interventions for the next level after successfully mobilising community interest and support for the idea of community self sufficiency.

– RUDO needs to look into new types of fundraising and sources of funds outside the conventional donor based support.

– Based on the number of children RUDO is dealing with and framework that has been created in terms of child case histories, the organisation should consider other areas of fundraising such as Child Sponsorship Programmes with partners such as Action Aid. Under CSPs, one is likely to get the community linked to a network of support for the communities for a long-term period (8–15 years).

– For the RUDO interventions to enhance positive impact, the design of programmes has to be modified to develop the community's capacity to engage in strategic discussions on the challenges they face. Currently, communities have developed the ability to define their problems and negotiate external assistance but very little introspection is being done about communities that can do on their own and how to sustain the impact of external assistance beyond donor supported initiatives.

– Under the RUDO project HIV/AIDS is currently unintentionally being treated as a secondary area to orphan care. The reality of this is that if nothing much is done to significantly drop the rate of HIV infections, the growing number of orphans can overwhelm efforts on the orphan care side.

– Monitoring should go beyond check list of activities implemented against plan but should interrogate the level of effectiveness and impact based on clear and agreed indicators and outputs.

– The current numbers of both orphan care committees and IGPs are large and have to be streamlined. Groups should be smaller at least not more than twenty especially if an internal lending scheme will be considered. The groups should be formed on the basis of households that more or less the same financial needs and objectives and these should remain child centred. Activities that need to be done independently and within a group structure have to be clearly separated.

• The Way Forward

RUDO

– The HIV/AIDS Orphan Support Project has to be reviewed and revised through a reflection and strategic planning process.

– RUDO should contemplate linking up and developing a mentor relationship with an experienced organisation implementing a similar project as a capacity enhancement strategy and benefit from a carefully structured peer exchange.

  A broader network of like-minded organisation should be developed from which RUDO can share form partnerships for advocacy and develop its resources.

– Instead of hiring new staff RUDO must explore the possibility of using long and short-term technical assistance.

– RUDO should strongly consider combining the Masvingo and Gutu initiatives to form a fully-fledged HIV/AIDS and Orphan Support Department and Programme in RUDO.

Sida

– The evaluation would like to strongly encourage Sida to consider further support to the RUDO HIV/AIDS and Orphan Support initiatives, however negotiations should first resolve the issue of outstanding audits before considering a new contract.

– Sida should look into providing support to RUDO for key organisation development process in the areas of staff development support specifically on HIV/AIDS and Orphan Care subjects, strategic and operational planning, resource mobilisation and team building.

– Sida should certainly look into sharpening its project appraisal function prior to supporting new projects, the monitoring and mid term evaluations should be treated more seriously. This will improve the quality of start up projects that are funded.

– Also, Sida should consider taking a more proactive step to assist partners that are embarking on fairly new areas such Orphan Care, HIV/AIDS and Children's Rights. This could be done through information sharing and encouraging organisation development processes such as twining and mentoring between new and more experienced organisations as part of its support package.

Annex A:

RUDO Board and Staff Members

Name	Post/Position
BOARD MEMBERS	
Mrs. R. Tapfumanei	Chairperson
Mr. R. Zimuto	Vice Chairperson
Mrs. M. Mandava	Secretary
Mr. S. Muzvanya	Vice Secretary
Mrs. L. Makalisa	Treasurer
Mr. J. Hungwe	Committee Member
STAFF MEMBERS	
Mr. Simon Gorondo	Lorry Assistant
Mr. Wellingtom Mudzamiri	Food and Production Ramp Manager
Ms. Catherine Taderera	Craft Shop Assistant
Mrs. Johanna Gwanzura	Programme Secretary
Mrs. Melania Ponde	Field Worker – Masvingo(Skills Training)
Mr. Thomas Sithole	Driver
Mr. Christopher Sibanda	Field Worker – Zvishavane
Mr. Edmund Matondo	Field Officer – HIV/Orphan Programme
Mr. Chris Lambika	Field Officer – Ramp
Ms. Tsitsi Marimazhira	Field Officer – Craft Enterprise Development
Sister Chiedza Mutasa	Skills Development Manager
Mr. Eliam Mahohoma	Director
Mr. Bernard Gorondo	Caretaker
Ms. Tererai Mudavanhu	Field Worker – Masvingo (RAMP)
Mr. Mberikwazvo Machisa	Assistant Finance Manager
Mr. Edmund Matondo	Field Officer – HIV/Orphan Programme
Mrs. S. Lunga	Craft Enterprise Manager
Mrs. Sophie Hamadziripi	Field Officer Orphan Care Programme – Gutu
Mrs. Nelita Mbwachena	Accountant and Administrator
Mr. Jonah Mutasa	Field Worker RAMP – Gutu

Annex B:

Committee Members

Name	Committee	Ward	Village
Ms Sana Chimbunde	Chair Person	18	Maradze
Ms Etina Makusha	Chair Woman	18	Zezai
Ms Rumbidzai Chidumwa	Secretary	18	Zezai
Ms Olivia Chinengundu	Secretary	18	Dzingai
Mr Tererai Museva	Vice Secretary	18	Dzingai
Ms Coletar Makusha	Secretary	18	Mutumwapavi
Ms Hilder Marambire	Secretary	18	Zinaka
Ms Lucia Mashindi	Chair Person	18	Zinaka
Mr Lancton Mafubha	Chairman	18	Pazorora
Mr Cakston Chinengundu	Secretary	18	Zezai
Mr Tomasy Runatsa	Chairman	18	Funye
Mr Jairos Chibhamuro	Chairman	18	Mutumwapavi
Mr Jacob Musanguro	Village Committee	18	Funye
Mr Amos Musvita	Village Committee	18	Musvita
Mr Enocent Makurire	Village Committee	18	Mutenda
Mr Munyaradzi Chimema	Chairman	18	Chimema
Mr Taruberekera Matumbe	Committee Member	18	Zinaka
Ms Ustina Simba	Chair Person	18	Gwenhamo
Ms Lido Sakaramende	Secretary	18	Gwenhamo
Ms Ustina Zvikwende	Chair Person	18	Muzenda
Mr Rangarirai Chinganga	Chair Person	18	Mazorora
Mr Joan Chipengo	Chair Person	18	Chomupengo
Ms Getrude Denclere	Secretary	18	Hurumidza
Ms Locate Chada	Secretary	18	Mazorora
Ms Elizabeth Nhapata	Secretary	18	Funye
Ms Violet Mangombe	Chair Woman	18	Mangombe

Annex C:

Orphans

Ward 18 Mashate

Name	Village	Age
Tsungai Mutyavaviri		
Cladius Magwizi	Zinaka	8
Ercy		4
Clemence Mangwanda	Chimbunde	10
Ernest Mutekwa	Nhidza	11
Kudakwashe Mangwanda	Chimbunde	10
Henry Musharavati		
Moses Majora	Mamoti	12
Brine Murazu		
Godfrey Mhondiwa	Zezai	10
Silence Murazu	Zezai	10
Tichaona Chimbunde	Chimbunde	14
Andrew Chimema	Chimema	9
Kudakwashe Shenjere	Man'ombe	8
Douglas Mapanzure	Musvita	13
Loyd Vhudzijena	Zezai	13
Kudakwashe Mahachi		
Mugova Dhewa	Zezai	13
Victor Shava	Chimema	9
Brighton Madzivanyika	Zezai	9
Macdonald Chikure	Zezai	9
James Manyngadze		12
Pedzisai Mago		11
Romeo Mugchwa	Chimema	7
Philim Mapite	Zezai	9
Artwell Muwanzi	Chimema	7
Patience Chikono	Chimema	5
Enock Chakauya	Mutekede	15
Samson Makata	Mutekede	12
Jonathan Vutete		12
Tonderai Gomana	Pazorora	11
Johannes Chinhongo	Pazorora	14
Danmore Chitangirofa	Pazorora	13
Patrick Chikava	Zinaka	7
Seveiro Matukudure	Zinaka	16
Hope Murambadoro	Zezai	7
Forget Runyowa	Chimema	12
Ezekiel Hore	Chimema	12
Peter Mhetu	Matsikidze	12
Silas Gundiro	Mutumwapavi	13

Tatenda Munyengwi	Mutumwapavi	11
Rupike Chimema	Chimema	11
Shadreck Zezai	Chimema	11
Edson Zezai	Chimema	9
Noria Gonodema	Chimunde	16
Rumbidzai Dhewa	Zezai	8
Priscilla Magaya	Chimbunde	8
Christina Gondo	Zezai	8
Thinkso Gondo	Zezai	5
Evelyne Manyise	Chimema	8
Sandra Chada	Mazorora	9
Sandra Nyangai	Muzenda	7
Ratidzo Nyangai	Muzenda	2
Tendai Makuya	Chimema	10
Judith Manyise	Chimema	7
Eles Makwaturi	Zinaka	8
Faith Manyangadze	Manyangadze	8
Getrude Mukwuturi	Zinaka	11
Petronella Manyangadze	Manyangadze	11
Vimbai Shenjere	Man'ombe	8
Memory Mabika	Mutekede	11
Vongai Chakauya	Mutekede	11
Lucia Mabika	Mutekede	10
Fungai Madeni		
Mary Chikomo	Mamoti	8
Nyengeterai Chikomo	Mamoti	15
Faith Murimirwa	Zezai	12
Rumbidzai Hore	Chimema	10
Rumbidzai Mutasa	Chimema	12
Lorini Mutasa	Chimema	10
Nyaradzo Kurengu	Mutekede	13
Joice Kurengu	Mutekede	15
Precious Chakauya	Mutekede	15
Rabecca Runesu	Chimema	6
Constance Matiza	Chimema	6
Beauty Makurire	Mutenda	14
Sincere Mangwanda	Chimbunde	13
Nomatter Mutengwa	Nhidza	12
Linerty Mataiko	Manyangadze	14
Julieth Wekare	Machokochinga	14
Magreth Wekare	Machokochinga	12
Mellania Gwatinyanya	Machokochinga	13
Liah Manyangadze	Manyangadze	10
Lidya Mutaiko	Manyangadze	13
Liosa Mataiko	Manyangadze	9
Rachel Manyangadze	Manyangadze	13
Tarisai Manyangadze	Manyangadze	7
Charles Matiza	Chimema	12

Johnson Matiza	Chimema	10
Rutendo Hore	Chimema	7
Joseph Matiza	Chimema	9
Racheal Mupasi	Zezai	15
Obed Matiza	Chimema	7
Nomatter Chahuruva	Mutekede	15
Ephraim Chahuruva	Mutekede	12
Langton Kurengu	Mutekede	16
Joramu Kurengu	Mutekede	16
Senzeni Kurengu	Mutekede	12
Godfrey Mabika	Mutekede	14
Memory Matavo	Mutekede	12
Mellania Zezai	Mutekede	11
Andrina Madzivanyika	Chimema	11
Sincewhen Chikomo	Mamoti	12
Cresenzia Mapako	Chimema	12
Takudzwa Machona	Zezai	7
Privilege Matarise	Pazorora	12
Roseline Bhenyemi	Pazorora	10
Mishell Mutarise	Pazorora	7
Edlight Makani	Mazorora	9
Ratidzo Madzivanyika	Chimema	8
Bigboy Zifungo	Pazorora	18
Benjamen Zifungo	Pazorora	18
Effort Mafuba	Pazorora	15
Phillip Pazorora	Pazorora	10
Tinofa Mahonye	Pazorora	10
Blessing Guni	Mazorora	12
Tendai Magwizi	Mazorora	4
Metusari Muchakani	Jere	11
Maxwell Chidumwa	Zezai	14
Makaita Mukwenhe	Zezai	14
Tatenda Mukwenhe	Zezai	11
Zivo Mushiringi	Zezai	11
Crispen Makusha	Zezai	1
Mandiwa Vurende	Zinaka	4
Percy Chisvo	Mutumwapavi	8
Beauty Zifungo	Pazorora	21
Robina Dhewa	Zezai	16
Sofia Mashindi	Zinaka	10
Rosina Manyangadze	Magadza	15
Chengeto Mutumhe	Magadza	6
Geisha Mawarire	Magadza	15
Brenda Mashindi	Magadza	8
Kainos Mutumhe	Magadza	12
Sam Mawarire	Magadza	11
Clever Thandandi	Magadza	13
Ronald Mashindi	Magadza	6

Albert Thandandi	Magadza	12
Kamando Mutumhe	Magadza	18
Tsitsi Mapuru	Magadza	17
Manson Ganda	Jere	13
Strive Ganda	Magadza	16
Egness Ganda	Magadza	16
Robson Chakauya	Mutekede	17
Prettymore Mavhengere	Musharu	13
Hardlife Mavhengere	Musharu	11
Tarisai Matarise	Pazorora	10
Moderate Chimema	Chimema	9
Shadreck Maoneni	Chimema	12
Simon Maoneni	Chimema	9
Brine Madzokere	Zezai	10
Victor Zibako	Mutekede	11
Tawanda Ruwende	Musha	11
Tatenda Jona	Funye	12
Clayton Dendere	Hurumidza	12
William Matukudure	Zinaka	13
Matarirano Mawire	Musharu	13
Timothy Nyangai	Muzenda	13
Ishmael Chivi		12
Tafadzwa Magoche	Mugawa	11
Musiye Chinhongo	Mazorora	9
Jacob Mangwanda	Mharadze	10
Paul Munodzana	Silas	10
Modias Mushavavati	Zezai	15
Shepherd Mupfeka		13
Sydney Svuure		10
Fortunate Chikoro	Muzenda	8
Susan Musiyiwa	Gwenhamo	7
Chiedza Musvita	Musvita	7
Vimbai Mapanzure	Shonhe	10
Kundai Chinengundu	Chinengundu	12
Junior Magwizi	Mazorora	8
Apinos Chinengundu	Mazorora	12
Rosiline Chinengundu	Zinaka	10
Tariro Chinengundu	Zinaka	11
Cathrine Muzora	Mazorora	9
Regina Masese	Zinaka	10
Zvirevo Musvita	Gwenhamo	13
Itai Mapanzure	Shonhe	15
Shamiso Mapanzure	Shonhe	3
Courage Muzembi	Zezai	10
Loness Mavhengere	Musharu	18
Shadreck Muponya	Mutekede	10
Fortunate Mabika	Pazorora	12
Jonia Myakunhuwa	Mutekede	

Janet Nyakunhuwa	Pazorora	6
Jameson Nyakunhuwa	Pazorora	10
Justice Nyakunhuwa	Pazorora	14
Regina Nyakunhuwa	Pazorora	7
Joice Nyakunhuwa	Pazorora	13
Peace Mafuba	Pazorora	16
Brenda Zindoga	Mutekede	13
Blessed Zindoga	Mutekede	10
Noel Makanganise	Mutekede	10
Jane Muzenda	Mharadze	12
Wellington Mboho	Shonhe	10
Milton Muzenda	Mharadze	10
Precious Mapanzure	Shonhe	18
Blessing Muzenda	Mharadze	9
Tinotenda Mapanzure	Mharadze	12
Petina Mapanzure	Mharadze	10
Ndaizivei Mapanzure	Mharadze	7
Alec Mupasi	Zezai	3
Unfortunate Mupasi	Zezai	12
Mercy Mutonda	Dhobha	13
Pedzasai Makoko	Manyangadze	10
Shyleth Marembo	Muzenda	11
Atinos Mawadze	Muzenda	9
Hilda Marembo	Muzenda	7
Mollen Marembo	Muzenda	12
Takudzwa Marembo	Muzenda	4
Eustina Mawadzi	Dhobha	12
Barnabas Dondoza	Mharadze	13
Simon Dondoza	Mharadze	10
Privilege Matoma	Muzenda	8
Gladys Matoma	Muzenda	4
Loice Maremba	Muzenda	10
Loyde Marembo	Muzenda	10
Archford Guvuriro	Nhidza	12
Arshiline Guvuriro	Nhidza	7
Takudzwa Chikoto	Muzenda	4
Fungai Vurende	Zinaka	11
Chipo Vurende	Zinaka	8
Abigail Dhewa	Zezai	14
Talent Dhewa	Zezai	1–3 months
Panashe Matom	Muzenda	1
Primrose Dhewa	Zezai	13
Rumbidzai Dhewa	Zezai	9
Kudakwashe		
Sheron Gomana	Mazorora	3
Sheunesu Chinhongo	Mazorora	3
Princess Guni	Mazorora	8
Iylene Mudzimiri	Mazorora	6

Eunice Chinhongo	Mazorora	17
Gerald Mahonye	Mazorora	18
Brine Murazu	Zezai	8
Paidamoyo Bwerinofa	Zezai	9 months
Modester Manyangadze	Jare Chayambuka	12
Kainos Mutumhe	Magadza	14
Chengeto Mutumhe	Magadza	10
Kamando Mutumhe	Magadza	10
Tatenda Chidumwa	Zezai	10
Linda Chidumwa	Zezai	10
Pamela Chidumwa	Zezai	12
Idah Mawere		
Cisilia Mukondodzi		
Mandy Mararike		
Tinotenda Jerera	Funye	3
Primrose Dhewa	Zezai	9
Eliasi Muchakani	Jere	13
Dambudzo Mudadadzi	Zezai	12
Priscilla Marufu	Zezai	12
Netsai Masocha	Zezai	12
Elisa Mazani	Mutumwapavi	13
Eliza Jikinya	Mutumwapavi	12
Ropafadzo Chikabwi	Mutenda	12
Oty Dzangai	Zezai	8
Tatenda Zezai	Chidumwa	12
Pelagia Masocha	Zezai	5
Senzeni Zezai	Zezai	12
Sharai Mapite	Zezai	12
Dudzai Mudadadzi	Zezai	12
Eunice Masocha	Zezai	8
Public Tandandi	Magadza	12
Otilia Abia	Mutekede	13
Philip Matumbi	Zinaka	10
Edmore Zimuto	Muzenda	10
Simbarashe Chinengundu	Dzingai	12
Wilfred Runatoa	Funye	10
Erina Mativenga	Gwenhamo	10
Otilia Madhariro	Chimema	12
Linda Mugabe	Zezai	11
Evline Musiwa	Gwenhamo	11
Determination Chimema	Chimema	11
Victoria Maposa	Mutenda	13
Arnold Maposa	Mutenda	16
Stuate Maposa	Mutenda	4
TOTAL		**276**

Ward 11

Name	**Age**
Tsitsi Muverenge	14
Prisca Jaravaza	11
Grace Mukunga	7
Moreblessing Tapinda	10
Petronella Nyengerai	13
Last Buranda	10
Albert Mupinga	10
Shadreck Mangoro	11
Enias Makusha	12
Erijoyce Madzakare	12
Blessing Chada	8
TOTAL	**12**

Annex D:

Orphan Carers

Ward 18 Mashate

Name	Village
Ms Chizuzu	Zezai
Ms Chinengu	Zingai
Ms Matarano	Zezai
Ms Fana	Chimema
Mr. Emanuel	Zezai
Mr. Tarusenga	Zinaka
Mr. Rupike	Chimema
Mr. Dhererai	Zezai
Mr. Vurayai	Chimema
Mr. Chidumwa	Doba
Ms Mavis	Zinaka
Ms Zvomunoita	Zinaka
Ms Erizabeth	Mutenda
Ms Johana	Mashokovingo
Ms Ngazana	Doba
Ms Rindai	Mutenda
Ms Otiria	Zinaka
Ms Ziviso	Zinaka
Mr. Blessing	Zezai
Ms Cheyedza	Mutenda
Mr. Petros	Chimema
Ms Sostina	Zezai
Ms Mary	Zezai
Ms Tleen	Zezai
Mr. L Tarusarira	Zinaka
Mr. J Mavhengere	Zinaka
Mr. J Mutenda	Mutenda
Mr. R Moyo	Mutenda
Mr. S Petrol	
Mr. N Matare	Mazorora
Mr. R Chirisa	Mharadze
Mr. V Dovorogwa	Mutenda
Mr. J Matukudure	Zinaka
Mr. L Chado	Mazorora
Mr. E Madoba	Zinaka
Mr. R Mawire	Musharu
Mr. G Dzanai	Mutekede
Mr. N Matoma	Muzenda
Mr. N Museva	Dzingai
Mr. M Chakauya	Mutekede
Mr. D Marongere	Mutekede
Mr. R Mutakwa	Mugawa

Mr. P Mhike	Jere
Mr. J Rukato	Musharu
Mr. E Munodzona	Sirasi
Mr. A Gon'a	Zinaka
Mr. R Chibhidi	Manyangadze
Mr. G Gurajena	Mutekede
Mr. S Moyo	Muzenda
Mr. N Ndere	Mharadze
Mr. E Musekiwa	Manyangadze
Mr. M matukudure	Mugawa
Mr. S Njajena	Zezai
Mr. N Munyaradzi	Zezai
Mr. L Bhenyani	Pazorora
Mr. G Manyangadze	Manyangadze
Mr. J Matarise	Pazorora
Mr. C Museza	Matsikidze
Mr. V Machona	Zezai
Mr. S Tashava	Zezai
Mr. L Madzokere	Zezai
Mr. J Mapite	Zezai
Mr. N Guda	Funye
Mr. R Deke	Funye
Mr. I Mapanzure	Shonhe
Mr. C Mutoredzamwa	Mazorora
Mr. A Munyengwa	Zezai
Mr. M Chandimhara	Zezai
Mr. V Man'ombe	Man'ombe
Mr. B Zirima	Zimara
Mr. J Matorere	Chirambamurio
Mr. R Mangombe	Man'ombe
Mr. B Muponya	Mutekede
Mr. S Mapfuwa	Matsikidze
Mr. P Mhere	Funye
Mr. T Chiore	Zezai
Mr. S Tandandi	Magadza
Mr. M Maketo	Musvita
Mr. J Zingwe	Zinaka
Mr. S Zinaka	Zinaka
Mr. F Zezai	Zezai
Mr. K Mapfuwa	Matsikidze
Mr. P Rambiwa	Zezai
Mr. G Zvashura	Magadza
Mr. S Chimema	Chimema
Mr. C Chibhamuro	Chimema
Mr. M Chimema	Chimema
Mr. R Mashavave	Chimema
Mr. R Nyangai	Mazorora
Mr. G Gwiringa	Chimema
Mr. G Hamudivamwe	

Annex E:

Names of RUDO Community Structures and Orphan Carers

Ward 11 Charumbira

Name	Post/Position	Village
Christine Takuva	Committee Member	Gwava
Monica Gwatinenge	Carer	Gwava
Rugare Tapera	Carer	Gwava
Mary Mushando	Vice Chairlady/Carer	Mbudzi
Shumira Tavagwisa	Vice Secretary/Orphan Household Head/Carer	Mbudzi
Clapos Mungarazani	Security/Orphan Household Head/Carer	Mbudzi
Mary Tapinda	Chairperson District/Carer	Magiya
Hendrina Mangoro	Chairperson/Carer	Magiya
Richard Chigohwe	Secretary/Carer	Sipambi
Boas Munongo	Secretary/Carer	Vingirayi
Edina Muchechesi	Security/Carer	Vingirayi
Zebi Munongo	Sabhuku (Home Based Care Secretary)/Carer	Vingirayi
Elizabeth Madembo	Vice Secretary (Orphan Comm Ward)/Carer	Madembo
Rudo Tenesi	Secretary T for T (Ward)/Carer	Madembo
Rosemary Mupinga	Chairperson (Ward)/Committee Member RUDO	
Enia Dzigagwi	Village Committee District Umbrella	Chirove
Tizayi Mbudzi	Headman	Mbudzi
Ketsiya Chenjerai	Village Community Worker/Carer	Nyengerai

Annex F:

Information on Budget Allocations and Expenditure Trends

Year 1

Budget Lines		Budgeted Amount	Percentage %	Actual Expenditure	Variance	Remarks/ Comments
Salaries						
1.1	Project Officer	126,000				
1.2	Enterprise Development Manage	51,000				
1.3	Gratuity	17,700				
	Sub-Total	**194,700**	**10%**	**53,516.25**	**107,763.75**	
Administration Costs						
2.1	Computer and printer	55,000		56,287	(-1,287)	
2.2	Stationery	8,000		Nil	8,000	
2.3	Communication	14,000		Nil	14,000	
2.4	Vehicle Hire	279,514		279,514	102,627,84	
2.5	Audit	40,000		Nil	40,000	
	Sub-Total	**396,514**	**20%**	**50,438.52**	**165,914.84**	
Community Institution and Capacity Building						
3.1	12 Awareness Workshops (Community)	120,000		50,438.52	69,561.48	
3.2	Setting up Small Enterprises	960,000		Nil	960,000	
3.3	Business Management Training Workshops	80,000		Nil	80,000	
3.4	Marketing Support	70,000		Nil	70,000	
3.5	Stakeholder Review Workshop	40,000		Nil	40,000	
	Sub-Total	**1,270,000**	**64%**	**50,438.52**	**1,219,561.48**	
Direct Activities and Support to Children						
4.1	12 Awareness workshops (affected children)	120,000		Nil	120,000	
	Sub-Total	**120,000**	**6%**	**120,000**		
	GRAND TOTAL	**1,981,214**	**100%**	**386,239.52**	**1,594,974.48**	

Year 2

Budget Lines		Budgeted Amount	Percentage %	Actual Expenditure	Variance	Remarks/ Comments
1.	**Salaries and Administration Costs**					
1.1	Project Officer	151,200				
1.2	Enterprise Development Manager	61,200				
1.3	Gratuity	21,240				
	Sub-Total	**233,640**	**19%**	**231,639**	**2,001**	
2.	**Administration Costs**					
2.1	Stationery	8,000		6,170	1,830	
2.2	Communication	14,000		Nil	14,000	
2.3	Vehicle Hire	140,486		69,440	71,046	
2.4	Audit	40,000		28,750	11,250	
2.5	External Evaluation	30,000		7,468	22,532	
	Sub-Total	**232,486**	**19%**	**111,828**	**120,658**	
3.	**Community Institution and Capacity Building**					
3.1	Setting up Small Enterprises	480,000		105,359	374,641	
3.2	Business Management Training Workshops	40,000		40,000	Nil	
3.3	Marketing Support	70,000		70,000	Nil	
	Sub-Total	**590,000**	**47%**	**215,359**	**374,641**	
4.	**Direct Activities and Support to Children**					
4.1	Advocacy Training Workshops	90,000		45,000	45,000	
4.2	Stakeholders Workshop (Affirmative Action)	108,000		15,335	92,665	
	Sub-Total	**198,000**	**16%**	**60,335**	**137,665**	
	GRAND TOTAL	**1,254,126**	**100%**	**619,161**	**634,965**	

Supplementary Budget

Budget Lines		Budgeted Amount	Percentage %	Actual Expenditure	Variance	Remarks/ Comments
1.	**Project/Administration Costs**					
1.1	Motor Cycle and Maintenance Costs	300,000				
	Sub-Total	**300,000**	**29%**			
2.	**Direct Activities and Support to Children**					
2.1	Food Stuffs for Orphans	500,000				
2.2	School Fees (Primary and Secondary Schools)	150,000				
	Sub-Total	**650,000**	**62%**			
3.	**Direct Activities and Support to the Sick**					
3.1	Preventive Materials	100,000				
	Sub-Total	**100,000**	**10%**			
	GRAND TOTAL	**1,050,000**	**100%**			

NB:	**Sida Support:**		
	Year 1 (1999)	=	$1,981,214
	Year 2 (2002)	=	$1,254,126
	Supplementary Budget	=	$1,050,000
	Total	**=**	**$4,285,340**

Annex G:

List of Documents Reviewed

- **Organisational Founding Documents**
- Disabled Persons Act Chapter 17:01, Revised Edition 1996
- Constitution of Zimbabwe
- RUDO Staff Welfare Society Constitution
- Proposed Organogram, 2000
- RUDO Structure at Community Level
- Organisational Capacity Assessment
- Strategic Planning Workshop, June 2001
- Unyamzvi-Upenyu (U-U) Project Final Evaluation Report, Dec 2000

- **Management Documents**
- Management Report for the year ended 31 March 1999
- Management Report for the year ended 31 March 2000
- Human Resources Manual, May 1997

- **Operational Documents**
- Project Profile for Village Based Support for Children Affected by HIV/AIDS, June 2002 – May 2004
- Skills Training Budget Proposal, March 2000
- Village Based Support for Children Affected by HIV/AIDS Proposal, June 2002 – May 2004
- Village Based Support for HIV/AIDS Orphaned Children Project Profile, Sept 2001 – Mar 2002
- Village Based Support for the Disabled Proposal
- Programme Review Consultancy Terms of Reference and Contract
- Sandal-Making Skills Training Contract, June 2000
- CRS Monthly Plans and Reports, 2001–2002
- Workplan for April – May 2001
- Activity Plan for the year 2002
- Planned Activities for the Period, Apr – June 2002
- Project Profile Village Based Support for HIV/AIDS Orphaned Children, Oct – Mar 2002
- Village Based Support for HIV/AIDS Orphaned Children Mar – June 2002
- Psycho Social Support Training Camp Admission Forms for Children
- Project Profile Village Based Support for HIV/AIDS Orphaned Children, Oct 2001 – Mar 2002
- Training Manual
- Project Cycle Management Manual, Feb 1993
- Village Based Support for Children Monthly Report, Nov 2001
- HIV/AIDS Orphan Care Programme Mid Term Report
- Village Committee Reports, May 2001 – Nov 2001
- Annual Report for the HIV/AIDS Orphan Programme, 2000
- Mid-Term Report for Village Based Support for HIV/AIDS Orphaned Children, 2001
- Sida HIV/AIDS Orphan Programme Half Year Report, Jan – June 2000
- HIV/AIDS Orphan Programme Current Position Document, Dec 18 2000
- Report on the Problems Faced by Orphans in Wards 11 & 18 of Masvingo District, Feb 2002
- HIV/AIDS Orphan Programme Report for Oct – Nov 2000

- Annual Report for the HIV/AIDS Orphan Programme, 2000
- Village Based Support for HIV/AIDS Orphaned Children Report for the Period Nov 2001 – Feb 2002
- HIV/AIDS Orphan Programme, Oct – Nov 2000
- Report on Market Linkages and Orphan Support Programme, Feb 2001

Finance

- Financial Procedure Manual, May 1997
- Financial Procedure Manual, Mar 2000
- Financial Statements for the year ended Mar 1997
- Financial Statements for the year ended March 1996
- Financial Statements for the year ended March 1998
- Project Financial Statement for the Period Mar – June 2002
- Balance Sheet Comparison, July 2000
- Budget and Audit Reports 2000–2002
- CRS Funded Six Month Activity Plan and Budget for Masvingo and Chivi HIV/AIDS Programme
- Village Based Support Programme Costs
- Supplementary Budget, Apr – June 2002
- Financial Report 2001 – June 2002
- CRS Financial Report, Mar 2002
- Financial Report, Feb 2002
- Financial Report for Jan 2002
- Sida Financial Report Nov 2001 – Feb 2002
- Financial Report, June – Dec 2001
- Account quick Report March 2002
- Transaction Details by Account

- **Target Group and Beneficiaries**
- Orphans Needs Register
- Outgoing Mail Register
- Statistical Data of Orphans and 1992 Census
- Orphan Registers

- **Workshop Reports**
- Report on Business Awareness Training Workshop, February 2002
- Report on CADEC-Mutare Visit, Nov 2001
- Report on Business Awareness Training Workshop, February 2002
- Report on CADEC-Mutare Visit, Nov 2001
- Planning Workshop Report for 2002
- Orphan Care Programme Workshops Report
- Report on the Launch of the Regional AIDS Initiative of Southern Africa (RAISA), Sept 2000
- Masvingo District AIDS Action Committee Workshop, July 2001
- Report on Board Development Workshop on Factors which Influence and Impact Effective Role Performance by Board Members and Management of RUDO, Oct 2000
- Board Development Workshop, May 2001
- Certificate of Attendance – Ecumenical Human Resources and Leadership Development Centre: Family Life Education (HIV/AIDS) Course
- Framework Four: Women's Empowerment Framework

- Disabled Persons Workshop Handouts
- Zimbabwe AIDS Network: Stepping Stones Workshop Report, July 1997
- Stepping Stones Workshop – Southern (Ndebele) Speaking Region, Sept 1997
- Stepping Stones Workshop Report, Apr 1998
- Stepping Stones Workshop (PRA) Northern Region, Mar 1998
- ZAN Southern Region Workshop, Sept 1997
- ZAN Southern Region Handouts

- **Minutes**
- Ministry of Youth Development, Gender and Employment Creation (Child Welfare Forum Meeting), Feb 2001
- Minutes of the HIV/AIDS Orphan Care Stakeholder Meeting

- **Other Documents**
- Human Development Report, 2000: Governance
- New Sida to Co-ordinate all Swedish Development Co-operation
- AIDS Education Christian Approach

Annex H

Terms of Reference

Evaluation of Sida Support to the Rural Unity Development Organisation (RUDO)

Background

The Swedish Embassy has a long history of supporting HIV/AIDS initiatives in Zimbabwe. This support was initially channelled through the health sector programme. In recognition of the importance of multi-sectoral participation in HIV/AIDS efforts as well as the broad impact of the epidemic on many sectors, the Embassy decided to take a multi-pronged approach to its support to HIV/AIDS programmes in Zimbabwe. It was thus that the Strategic Planning Fund was formed through the bilateral agreement with Zimbabwe in 1998 to support projects/programmes not only in HIV/AIDS prevention but also in home-based and orphan care, gender issues, civic education among many others. The Swedish Government has decided that development co-operation with Zimbabwe during 2001 to 2002 should focus on support to civic society with the areas of human rights and democracy and HIV/AIDS.

The Rural Unity for Development Organisation is a non-governmental community-based organisation, which works in rural Masvingo and Midlands provinces in Zimbabwe. The organisation strives to uplift the standard of living of the underprivileged in these areas through income generating projects. The organisation receives funding from OXFAM for their Food/Crop Production, Craft Enterprise Development and skills training programmes, CAFOD for their Rural Agro-Marketing programme and the Cleveland Innovation Centre for their training programme. Since 1999, Sida has been supporting the organisation's HIV/AIDS orphan care programme.

The Sida-funded Village-based Support for HIV/AIDS Orphaned Children programme seeks to improve the socio-economic security of 800 orphaned children and their carers in two rural wards in Masvingo province. The project aims to establish sustainable linkages that integrate these children with support services and profitable entrepreneurial development activities. Initially this Agreement was for period 1 September 1999 to 31 December 2001 and a total of SEK 720, 000. In 2000, RUDO requested for supplementary funds to finance additional activities that were necessary for the set objectives to be met. An additional SEK 164,286 was allocated to the organisation. In March to 2002, the Agreement period was extended to 30 September 2002 to allow RUDO to implement the remaining activities.

As the period of support to RUDO is drawing to an end, Sida has decided to assess the impact and effectiveness of the Village-based Orphan Care Programme.

Purpose and Scope of the Evaluation

The evaluation should establish the extent to which RUDO achieved the set objectives, assess the impact of the programmes on the intended beneficiaries as well as draw lessons from RUDO's experience in implementing this programme. The findings of this evaluation should highlight areas that should be consolidated or strengthened in The Village Orphan Care programme so as to maximise the impact as well as improve the sustainability of the programme.

Although the evaluation should concentrate on the Sida-funded component of RUDO's programmes, the overall internal operations systems (financial and managerial) as well of the organisational capacity to plan, implement, monitor and evaluate programmes should also be assessed as these have direct bearing on the implementation of the orphan care programme.

Interested parties are:

1. The Embassy – to determine the effectiveness of this programme and whether to continue its support to this project
2. RUDO – to draw lessons on the strengths and weaknesses not only of this project, but also of the organisation.
3. Other stakeholders such as donors who are currently supporting or are planning to support RUDO or other similar orphan care programmes. Community members and the target beneficiaries so they can contribute to strengthening this and other orphan care projects.

Objectives of the evaluation

The overall objective of the evaluation is to assess the impact and effectiveness of the Village-based HIV/AIDS Orphan Care programme.

Specifically the evaluation will answer the following questions:

1. Does RUDO have the *organisational capacity* in terms of human resources, skills, financial control systems etc to implement the Village Orphan Care programme?
2. What have been the major *outputs* of this project? To what extent have the set objectives been achieved?
3. How effective and relevant are RUDO's other HIV/AIDS activities? (e.g. information, education, communication message development)
4. What *financial control systems* exist within the organisation and specifically, were Sida funds used as specified in the project document?
5. Were the financial, human and material resources allocated to this project used *efficiently*? i.e. were maximum outputs obtained from these resources?
6. What *impact* has the programme had on Orphans and carers in the two wards and how *relevant* is it to their needs?
7. Were activities carried out and expenditures incurred during this project according to the workplans and budgets submitted to Sida?
8. What *monitoring mechanisms* were used to track progress of the project and how effective were these?
9. What is the extent of *community ownership and participation* in the project?
10. As Swedish support for this project is drawing to an end, what is the *viability and sustainability* of this project?

The evaluation should also comment on the extent to which the child rights and gender issues have been mainstreamed in this project

Evaluation Team

The Team will consist of two consultants. They should have relevant qualifications and experience in monitoring and evaluation methodologies, HIV/AIDS programme planning and implementation, advocacy and community mobilisation, orphan care or social work. Past experience in the evaluation of similar programmes is mandatory. Knowledge in income generation project/small enterprise development and management as well as gender issues would be beneficial.

Evaluation Methodology and Time Schedule

The evaluation will consist of a

- Desk review of the project proposal, workplan and budget submitted by RUDO to the Swedish Embassy. Project narrative and financial reports, organisational audit and annual reports and any other relevant documentation

- Interviews with RUDO staff, primary beneficiaries of the project i.e. orphans, carers, community leaders and other relevant stakeholders and participants of the project
- Site visits to RUDO offices, participating schools and income generation project sites

The proposed time schedule for the evaluation, including report writing is two calendar weeks (10 working days). The evaluation team shall visit the RUDO offices as well as field/project sites and any other partners that will enable to collect the necessary data and carry out the necessary interviews during the stipulated time.

Reporting

A draft report shall be presented to the Embassy and to RUDO by the latest 6 May 2002. Three copies of the final evaluation report as well as a copy on diskette shall be submitted to the Embassy by 17 May 2002. The final report should not exceed 30 pages excluding annexes.

The evaluation shall be written in English and include an executive summary. Subject to a decision by Sida, the report will be published and distributed as a publication within the Sida Evaluation Series. The evaluation should be written in Windows 97 Office FOR Windows NT (or in a compatible format) and should be presented in a way that enables publication without further editing.

Organisation and Co-ordination

The consultants will report directly to the responsible Programme Officer within Sida (Harare) Josephine Ruwende. The contract for the evaluation will be between the Team of Consultants and the Swedish Embassy.

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