



# Tanzania Human Resource MVC Program

## Baseline Study Protocol

### Iringa Region

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**Assessment Team**

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## **List of Acronyms**

DED	District Executive Director
DPLO	District Planning Officer
IPG	Implementing Partners Meetings
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation
MVC	Most Vulnerable Children
MVCCs	Most Vulnerable Children Committees
MD	Municipal Director
OVC	Orphans and Vulnerable Children
PSW	Para Social Worker
PSWTs	Para Social Workers Trainees
THRCP	Tanzania Human Resource Capacity Project
DC	Division Counselor

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## 1.0 Program Summary

The Tanzania Human Resource Capacity Project (THRCP) MVC program was designed to support the roll-out of Tanzania's National Costed Plan of Action for Most Vulnerable Children (NCPA) 2007-2010. This is a four year program and will be implemented up to September 2013. The THRCP project is funded by the United States of America for International Development Agency (USAID).

This program is implemented in partnership with various organizations; the partners are PMORALG particularly Local Government Authorities (LGAs), Tanzania Institute of Social Work (ISW), Jane Addams College of Social Work (JACSW) of United States of America and American International Health Alliance (AIHA).

Currently the program is implemented in the two regions of Dodoma and Mwanza. The program will be scaled up to include the Iringa Region.

The overarching goal of the THRCP MVC program is to strengthen local government systems to provide basic social welfare services to MVCs through the development and support of Para-Social Workers (PSWs) and their supervisors.

Specifically this program is aimed at achieving the following objectives:

1. **Human Resources and Training:** to create a cadre of PSWs as a necessary step in the rapid recruitment process aimed at building human capacity in social welfare provision at each level of local government infrastructure Partnership and Advocacy
2. **To build a committed coalition of partners within** the Government of Tanzania (GoT) and amongst other key stakeholders to take ownership of the THRCP MVC program work plan, in order to make it both successful and sustainable
3. **Strengthening Local Government Infrastructure** to strengthen the existing local government infrastructure i.e. Village, Ward and District levels in care and support for MVC.
4. **Service Delivery, Monitoring & Evaluation to** follow up, assess and document the quality of services delivered by PSWs and subsequent improvement in the lives of MVCs and communities.

## 2.0 Introduction

The Tanzania Human Resource Capacity Project (THRCP) MVC program will conduct a baseline assessment in order to describe the existing situation of social welfare service delivery currently being provided to MVCs in Njombe urban, Njombe rural, Makete and Ludewa councils. The results of this assessment will serve as bench marks for which future progress will be assessed.

**2.1 General Objective:** The overall objective of the THRCP MVC program is to strengthen local government systems to provide basic social welfare services for MVCs through the development and support of Para-Social Workers (PSWs) and their supervisors,

## 2.2 Specific Objectives of the Baseline

Specifically the baseline studies will be aiming at: -

- Establishing baseline data and information on the existing situation of social welfare service delivery to MVC in Iringa Region
- Assessment of LGAs budget allocation to support social welfare services to MVC in the district to date.
- To assess the opinions and perception of MVC key stakeholders/actors regarding social welfare service delivery in their area
- To assess the number of District and Ward Social Welfare Officers who are currently employed or under recruitment process in each district and their support to MVC
- To assess the type of incentives and motivation that is being provided to community volunteers by the LGAs and other Organizations in the district to date.

The following section outlines and explains how the expected findings from the study will be used

- IntraHealth (Tanzania and Chapel Hill, North Carolina): Data and information collected will be compared with the findings from the outcome evaluation studies to be conducted at later stages in determining the changes that will be brought about by the program.
- Local Government Authorities (LGAs): The findings will enable the LGAs to make informed decisions in terms of allocating enough resources to support MVCs as well as other MVC volunteers in their respective districts
- Department of Social Welfare (DSW) of the Ministry of Health and Social Welfare (MOHSW): Data collected will inform the DSW of the existing situation regarding social welfare service provision to MVCs in the districts
- MVC implementing Partner Group (IPG) members and other - The findings will inform IPG members and other MVC stakeholders on how

social services are currently provided to MVCs in the Iringa Region where the baseline study will be conducted.

### 3.0 Study Design and Methodology

#### 3.1 Population and Study Sample

Iringa region has a total population of 1,764,285 of which 843,794 are between the age of 0-17 (REF?). Approximately 77,018 are MVCs (REF?). The region is divided into eight councils: Iringa Urban, Njombe Town, Iringa Rural, Kilolo, Ludewa, Makete, Mufindi and Njombe Urban. The districts that comprise Iringa are further divided into were 33 divisions. Divisions are subdivided into wards, and wards are subdivided into villages (rural areas) and streets (urban areas). There are 720 villages and 177 streets (Source Iringa region report 2009/2010).

**Table 1: Iringa Region Total Population, and number of wards, villages and MVCC per each district**

S/N	District	Total Population in each district	Total number of Wards in each district	Total Number of Villages/Streets in each district	Villages/Streets with MVCC in each district
1	Iringa	158,461	25	123	123
2	Mufindi	326,614	30	132	132
3	Makete	53904	17	98	98
4	Njombe	241909	43	177/47	137/21
5	Ludewa	75569	22	76	76
6	Iringa urban	71119	14	162	152
7	Kilolo	116512	22	106	30

The population of the baseline study will include four Local Government Authorities (LGAs) of the Iringa Region: Njombe urban council, Njombe rural council, Makete and Ludewa.

The criteria for assessment include:

- The planned time for the assessment
- The available budget for the assessment
- The size of the assessment population
- The number of districts that PSWs training has not been conducted

Notwithstanding these factors, the critical factor that has played a key influence in choosing the preferred design has been the need for precision of the results of the Baseline Assessment. Apparently, the question of rational

representation of the assessment population was accorded sufficient seriousness to ensure that the results can be generalized.

Therefore, the districts will be purposively selected to ensure the study criteria are met. The wards and villages in each district will be randomly selected. Due to the limited availability of resources and personnel, it is not possible to sample each ward and village.

### **3.2 Sampling Frame**

The purposive sampling will be used to select the districts for the baseline. The targeted districts councils for the baseline will be 4 districts from Iringa Region namely Ludewa, Makete, Njombe town council and Njombe district council.

### **3.3 Sample size**

Bearing in mind the criteria for the assessment the project and assessment team agreed to include in the assessment a sample of;

- 4 districts councils (50%) that will be purposively selected
- 6 wards (29%) from each district will be selected randomly using non probability sampling
- 6 FGDs will be conducted from each district at ward level and number of participants will be maximum ten for each focus group discussion
- 5 key LGAs Officers to be interviewed at district level will be 4 namely; District Social Welfare Officer, District Community Development Officer, District Human Resource Officer, District Planning Officer, Council HIV/AIDS Coordinator and Head of Social Welfare Department
- All MVC implementing Organizations from each district will be involved in the study whereby only one staff from each organization will be interviewed.

### **3.4 Data Sources and Collection Methods**

Data sources include primary and secondary data. Primary data will come from data collection in-depth interviews and Focus Group Discussion. Secondary data will come from the respective district documents particularly budgets and planning documents.

A combination of data collection methods and techniques will be used in this assessment.

1. In-depth interviews with District Human Resource Officer, District Medical Officer, District Planning Officer and Head of Department for Social Welfare Officer. The contents of the interview will include assessment of LGAs Budget allocation in supporting Social Welfare Service Delivery to MVC. Reports to be reviewed are Medium Term Expenditure Framework (MTEF), Local Authorities Accounts Committees annual reports and LGA annual work plan and budget.

2. In-depth interview with District Social welfare Officer, Community Development Officer and Council HIV/AIDS Coordinator on the Coordination of support for MVC and Volunteers in the District.

3. Interviews with Program Coordinators working with organizations that support MVCs in each district council on the nature of service, sustainability strategies and progress to date.

4. Interviews with Ward Executive Officers, Village Executive Officers and Ward Counselors. The focus of interview will be on the availability of Village or Ward plans to support OVC/MVC, Participation of Volunteers in Ward Development Committees Meetings (WDCs), and Involvement of Volunteers in MVC in other MVC related activities. Also availability of Community Funds/initiatives to support MVC in the respective Village/Ward will be covered.

5. Focus Group Discussions (FGDs) with Most Vulnerable Children Committees Members (MVCCs), Community Volunteers and MVC Guardians on the perception and consistent level of support to MVC provided by various services providers (both organizations and individuals).

#### **4.0 Data Collectors Selection and Training**

The selection of appropriate data collectors is an essential component of ensuring the success of the assessment. The ideal interviewer will be able to interact with all types of people, be non-judgmental, mature, skilled at building rapport, and experienced at dealing with sensitive issues. Seven PSWs Trainers from the Institute of Social Work will be recruited for the data collection.

The training of the data collectors will take place in Iringa region. Training will focus on using the questionnaires correctly and ways to assure data quality. Training exercises will also include role-playing for each data collection tool to make sure that each data collector understands clearly on how to administer data collection tools.

#### **4.1 Pre Testing Data Collection Tools**

Pilot testing the data collection tools is critical culmination training session to the data collectors because it provides first hands-on practical training to data collectors. In addition, pilot test of the tools provides opportune moment to determine the relevance and reliability of the tools to collect baseline data for the existing situation of care and support for MVC in the districts. The Pilot testing of the instruments will follow immediately after the data collectors training.

Once the tools/instruments have been reviewed and approved the tools will be translated and a translation check will be conducted (a second person

will review the translation to ensure they are accuracy back translated by different people. The tools will then be pilot tested among a small number of people from the target group or similar group. .

#### **4.2 Time Frame for Baseline Data Collection**

The time frame for data collection process in each district and ward will vary depending on a number of factors including:

- geographical size,
- accessibility as well as
- availability of targeted respondents;

It is anticipated that the period of data collection will be two weeks; allowing for three days in each district specifically from 4<sup>th</sup> July, 2011 through 15<sup>th</sup> July, 2011

#### **4.3 Baseline Assessment Team Members**

This section outlines members and partners who will be responsible for the development of the baseline study.

- Norah Kaaya – MVC M&E Specialist, will be the leading person in developing, coordination and writing the baseline report
- Hellen Magige and Katia Peterson-THRCP M&E Specialist and Research, Monitoring and Evaluation Manager – IntraHealth respectively, both will be responsible for providing technical back-up to ensure that the baseline study is conducted in line with the IntraHealth rules and guidelines for conducting various studies and assessments
- Jennifer Macias and Kaijage THRCP Country Director and THRCP MVC Program will be responsible for providing all administrative support to ensure that the study is receiving all the required administrative support
- Field Data Collectors/Research Assistants- will be responsible for providing support in data collection, data analysis and report writing during the entire study period
- Local Government Officers of each district council who will be responsible for organizing all study logistics i.e. informing Ward/Village leaders about the study, organizing venues etc

### **5.0 Anticipated Challenges and Considerations**

The baseline study is expected to be facing a few challenges. Some of these challenges include:

- Poor attendance of some participants due to other priorities.
- Conflicting Schedules with other activities in the districts councils.
- Availability of reference materials: This is another potential problem we anticipate during the assessment.

Despite of these anticipated challenges and difficulties, THRCP MVC Program will do the following to ensure that the study is implemented and collect all

relevant data and information as it was planned by taking the following actions;

- All anticipated participants of this baseline study will be informed well in advance in order to allow them appropriate mark their calendars
- All districts councils of Iringa Regions that this baseline will conducted will be informed well in advance to avoid any conflicting schedules with other activities within each respective district council
- The assessment team will provide to the districts a list of all documents to be reviewed before the assessment so that the responsible district staff has enough time to prepare the documents.

## **6.0 Data Processing**

Data processing will involve a series of actions including data editing, data coding and data entry.

Data editing will involve inspection and taking appropriate corrective actions of the data collection tools. There will field data editing meaning that the first data editing process will be inextricably intertwined and carried out immediately after data collection in the field. The benefit of field editing is that it will provide prompt feedback about the quality of the data collection process and allow the team to effect improvements if data collection is found to be of low quality.

The second data editing will be done at the central level away from the targeted districts. The focus of this level of data editing will be a more complete and exacting scrutiny and correction of completed data collection tools which have been returned by data collectors.

Data editing will be followed by data coding. In this process specification of categories or classes of data will be made into which the responses will be placed and assigned codes. This will be so particularly for qualitative data as has been detailed under "Coding the Categories of Data" below. The codes will be crafted during field data collection by using the responses garnered by the data collection tools.

## **6.1 Data Management system**

When editing and coding are complete the next activity will be to enter data into the computer using the Statistical Package for Social Science (SPSS) application. Data entry will be done meticulously to allow for high quality of desired data products which will be used in data analysis. The Data entry process will be monitored for accuracy through random verification of data entered every day.

- **Data verification:** 10% of the paper based data will be checked against electronic data to verify accuracy in data entry each day. If more than 10% of data entered is inaccurate, the process of data entry for the particular day will be repeated.
- **Data Cleaning:** Program checks and simple frequencies to detect inconsistencies, missing values will be run into the data file regularly to ensure data entered is accurate. The errors will be corrected by comparing the data on the questionnaire collection forms with those in the computer

## 6.2 Data Analysis

The data collection exercise will be followed by data processing and data analysis. The data products and the data analysis will be governed by, essentially, the objectives of the Baseline Assessment. The products and the results of the data analysis must answer the objectives by establishing sound baseline realities for benchmarking the progress of the implementation of the program.

### Quantitative data

A major part of the Baseline Assessment will attract discrete, quantitative data using Statistical Package for Social Science (SPSS) will be deployed to enter data and process it into information products for use in writing the report.

The primary information products to be processed using SPSS will include:

- Frequency tables
- Cross tabulations
- Bar charts and pie charts might be used where it will deem appropriate.

### Qualitative data

Qualitative data will arise from the in-depth interview and/or probing questions as well as from observational notes ready to be analyzed. Notes will be reviewed and coded manually against each question by the M&E Officer and thereafter SPSS program will be used for analysis.

## 7.0 Baseline Study findings and Dissemination Strategies

The following means and forums will be used as dissemination strategies for the baseline studies results,

- Trip reports among program staff and PSWs Trainers
- Progress reports (Quarterly, Semi-annual and Annual) to USAID and IntraHealth,
- Monthly OVC newsletters to Implementing Partners Groups (IPG) Meetings, lessons learned conference for OVC stakeholders and

progress feedback reports to LGAs will be the major baseline findings disseminations strategies.

- Program annual dissemination meeting.

## **8.0 Human Subjects Protection and Ethical Considerations**

THRCP MVC Baseline Study has undergone an internal review of the IntraHealth Human Subjects Review Committee. The letter of approval can be found in Appendix 1 .

Each participant in the study will be given copies and/or notified of:

- Informed consent forms (in English and Kiswahili) will be provided. Instructions on how to obtain and document verbal consent will be given to each data collector.

## **9.0 Support and Resources Required for the Study**

In order to ensure that this study attains its objectives, the following support and resources will be required: -

- Field data collectors/Research Assistants, to provide support in data collection, analysis and development of the final baseline report
- Allowances to field data collectors/Research assistants for their labor charge
- Reliable transport facilities to enable the assessment team to be able to reach as many as possible areas in four district authority of Iringa Region where the study will be implemented
- Commitment of LGAs staff particular in logistics arrangements to ensure that there is no any conflicting schedules of baseline study with other activities in their respective district councils
- Commitment of respondents/interviewees in responding to various questions that will be asked by the assessment team

**Appendix: 1-Letter of Approval and Collaboration**

**MINISTRY OF HEALTH AND SOCIAL WELFARE**

Telegrams: "USTAWI"  
Telephone No. 2127680.  
In reply please quote:



Department of Social Welfare,  
P.O. Box. 1949,  
**DAR ES SALAAM.**

Ref. No: GB.53/397/03

22/6/2011

Regional Administrative Secretary,  
Iringa Region,  
P.O. Box  
**IRINGA**

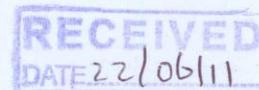
**REF: BASELINE STUDY ON MOST VULNERABLE SERICES  
PROVISION IN IRINGA REGION**

The captioned topic refers. The Tanzania Human Resource capacity project in collaboration with the Ministry of Health and Social Welfare is conducting a baseline study on Most Vulnerable Children (MVC) service provision in your region.

The purpose of the baseline study is to establish the baseline information on the existing situation of MVC Social Welfare Services in Njombe Urban, Njombe Rural, Makete and Ludewa. The exercise is expected to start on 27<sup>th</sup> June, 2011 to 15<sup>th</sup> July, 2011.

Please accord them necessary cooperation.

Sincerely Yours.



*J. Ndyetabura*  
Jeanne K. Ndyetabura  
**For/PERMANENT SECRETARY**

## **Appendix: 2- Consent Form**

### **Request for Verbal Consent**

(Interviewer will read this statement to the interviewee to get their consent before starting interview)

Hello, my name is \_\_\_\_\_. IntraHealth International Tanzania Human Resource Capacity Project is conducting a baseline assessment study in Iringa Region and I am part of the team conducting that study. We're talking to DEDs, DSWOs, community members like MVCCs, volunteers, VEOs, WEOs as

well as MVC Guardians in this community to get information about the existing situation of social welfare service delivery to MVC. The information that will be obtained will be used as a bench-mark against the progress that will be measured and comparison that will be made by the program.

We would like you to participate in this study. If you agree to participate, you will be interviewed for 45 minutes. About 100 people will also take part in this study in Iringa region.

Your participation in the study is voluntary and there is no penalty for refusing to take part. You may refuse to answer any question in the interview or stop the interview at any time.

The information you provide will be confidential. We will not put your name on the questionnaire form on which your responses will be recorded. If we publish the results of the study your name will not be in it. Your responses will be combined with others' response and compiled in a report. THRCPC will be able to inform you and others about the findings from the baseline study.

There is no financial compensation or other personal benefits from participating in the study.

There are no known risks to you resulting from your participation in the study.

If you have any questions about the study you can ask me now, or contact the IntraHealth Office through telephone number 022 2781530 or any THRCPC MVC program staff member you know. Do you have any questions?

Are you willing to participate in this interview?

Yes===1 Proceed with Interview

No====2 Thank the respondent/proceed with the next one

### ***Appendix: 3-Data Collection Tools***

**Tool Number 1: In-depth Interview with District Human Resource Officer, District Medical Officer, District Planning Officer and Head of Social Welfare Department on the assessment of LGAs Budget allocation for MVC support and Social welfare support to MVC issues in the district.**

**District:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Role:** \_\_\_\_\_  
**Years in this position:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Level of Education:** \_\_\_\_\_

**Section A: MVC Support**

**1. Staffing**

1. Social welfare component is under which department?
2. What are your plans and commitment to hire Social Welfare Assistants Officers in your district?

**2. Collaboration and Sustainability of MVC Program in the District**

1. How do you collaborate with MVC implementing Organization?
2. How do you ensure community participation on MVC issues?
3. What do you do to ensure sustainability of MVC programs in your district?
4. What can we do to reduce the increasing numbers of MVCs in this district?
5. What are the main challenges facing your district to support MVC issues?
6. What are your recommendations to improve the situation?

**3. Planning and Budgeting**

1. Is there a budget line set apart for social welfare department in your district?
2. What is the annual budget for district social welfare officers to implement MVC activities in the district?
3. Is there a budget line set apart for advocacy on MVC issues in your district?
4. What is the annual budget for advocacy in your district?
5. What are the sources of funding for implementation of MVC activities including advocacy in the district?

**Tool Number 2: In-depth Interview with District Social Welfare Officers, Community Development Officer and Council HIV/AIDS Coordinator on Coordination and support for MVC issues in the District.**

**Date:** \_\_\_\_\_  
**District:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Role:** \_\_\_\_\_

**Academic Background:** \_\_\_\_\_

**Years in this position** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Level of Education:-** \_\_\_\_\_

## **Section A:**

### **Staffing**

1. How many social welfare officers are required in the district as per establishment/ikama?
2. What are the academic requirements for the DSWOs?
3. How many staff are working as social welfare officers in your district?
  - (i) Among them how many staff do you have in your district are professionally qualified social workers?
  - (ii) What is the sex composition of Social welfare officers in your district?
4. How many social welfare officers are you planning to hire in FY 2011/2012?
5. How many Social Welfare Assistant Officers do you have at ward level?
6. What are the main responsibilities of social welfare Assistant Officers in supporting wards and villages on MVC issues?

### **Section B: Implementation and reporting**

1. For how long have you been working in this district as social welfare officer/community development officer/Council HIV/AIDS Coordinator?
2. How long have you been working on MVC issues?
3. What are your responsibilities in supporting district and wards on MVC issues?
4. Describe your the working relationship ( in term of interaction and frequency of meetings ) with
  - (i) District Community development officers
  - (ii) District Council HIV/AIDS Coordinator?
  - (iii) District Social Welfare Officer
5. Do social welfare officers have work plan to support MVC activities in the district? Please share the plan
6. What supports do you provide to MVC Community Volunteers in your district?
7. Describe the contents of Social welfare progress report you produce?

8. How often do social welfare officers provide report to district directors/Head of departments per year? DMS report and other reports on MVC issues (ask for a copy)
9. How often do you conduct meeting to discuss the progress reports you generate at district level?
10. What issues do you discuss and who is involved in these meetings? (ask for a copy of minutes if available)
11. Do you have an essential package for HIV/AIDS guideline developed by TACAIDS to plan activities for supporting MVC in your district? Yes/No  
(i) If not please explain

**Section C. MVC Stakeholders**

11. Who are the key MVC stakeholders in your district?
12. How often do you conduct MVC stakeholders meeting?
13. What issues do you discuss in the MVC stakeholders meeting and status on implementation?
14. What are your recommendations to improve the situation?

**Section D: Advocacy**

15. Do you do any type of advocacy on MVC issues?
16. How do you do advocacy on MVC issues?
17. Whom do you involve in the advocacy of MVC issues in the district?
18. Can you share with us any example of the result of advocacy activities?

**Tool Number 3: - Interview with Program Coordinators of NGOs/CBOS/CSOs on the services their organizations are providing to MVC and types of incentives/motivation to the Community Volunteers.**

**Date** \_\_\_\_\_  
**District** \_\_\_\_\_  
**Organization** \_\_\_\_\_  
**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_  
**Role:** \_\_\_\_\_  
**Level of Education:** \_\_\_\_\_  
**Years in this Position** \_\_\_\_\_  
**Age:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_  
**Name of your Program working with** \_\_\_\_\_

### **Section A: MVC Support and Collaboration with other Stakeholders**

1. When did you start implementing the program in this district?
2. How do you collaborate with LGAs? Please describe
3. How do you collaborate with other organizations?
4. Who do you collaborate with? title?

### **Section B: Advocacy**

5. Do you do any type of advocacy on MVC issues?
6. How do you do advocacy on MVC issues?
7. Whom do you involve in the advocacy of MVC issues in the district?
8. Can you share with us any example of the result of advocacy activities?

### **Section C: Sustainability**

9. What are your program sustainability strategies?
10. What are you doing to ensure that LGAs sustain this program?

### **Section D: MVC identification and MVC Support**

11. How do you identify MVC in your program?
12. How many MVC have you identified since you started implementing the program in this district? (Male & Female)
  - (i) When did you start supporting MVC in this district?

(ii) How many MVC have you served to date since when started implementing the program in this district?

(iii) What is the sex distribution of the MVC served to date? (Refer total number served above)

(iv) What type of services do you provide to MVC?

(v) What is the source of funding for MVC support?

(vi) For how long have you been supporting MVC to date?

13. When do you expect your current MVC program to end?

14. How many community volunteers do you have in your program?

15. How do you identify your community volunteers?

16. What are your criteria for selecting community volunteers in your program?

17. What kind of incentives and resources do you provide to you community volunteers?

### **Section E: Reporting**

18. Describe your reporting procedure

19. How often do you report to the district and what type of reports? (Quarterly)

### **Section F: Challenges and Recommendations**

20. What are the main challenges facing in implementing the program activities?

21. How do you address the above challenges?

22. What are your recommendations to improve the situation?

**Tool Number 4: - Interview with WEOs, VEOs and Ward Counselors on Availability of Village and Ward plans to support OVC/MVC, Participation of Volunteers in Ward Development Committees Meetings (WDCs), and Involvement of Volunteers in MVC related activities, and availability of Community Funds/initiatives to support MVC in the respective Village and Ward.**

### **Request for Verbal Consent**

(Interviewer will read this statement to Ward Counselor, Ward, and Village leaders to get their consent before starting interview)

Date: \_\_\_\_\_  
 District: \_\_\_\_\_  
 Ward: \_\_\_\_\_  
 Title: \_\_\_\_\_

<b>A: Presence of Village and Ward Plans to support OVC/MVC</b>			
<b>Item</b>	<b>Yes</b>	<b>No</b>	<b>Remarks (Evidence)</b>
Does the village and ward have plans to support MVCs? <b>( if no move to part b)</b>			
Is there a detailed work plan to support implementation of MVC activities this year?			
Are there resources to implement the work plan?			
How much resources were allocated for FY 2010/2011?			
Are the allocated resources sufficient to support MVC needs?			
<b>B: Participation of Volunteers in Ward Development Committees (WDC) Meetings</b>			
Are there volunteers supporting MVC in your village and ward? <b>(If no move to part C)</b>			
How many volunteers do you have at village level?			
How many volunteers do you have at ward level?			
Which organizations are the volunteers working with?			
Do Volunteers participate in village government meeting?			
Do the Volunteers participate in WDC meetings?			
<b>C: Involvement of Volunteers in OVC/MVC in other OVC/MVC related activities</b>			
Are the volunteers involved in OVC/MVC related activities in the Ward/Village?			
What type of support are Volunteers are providing to MVCs			

Do village leaders receive volunteers' progress report?			
Do ward leaders received volunteers' progress report?			
<b>D: Availability of Community Funds/initiatives to support OVC/MVC</b>			
How many villages in your ward have community funds/initiatives to support MVC? How much funds has been collected in each village to date?			
How many MVC have you supported by using the community funds/initiatives?			
Are there any community funds or initiatives to support MVC in your Ward? If yes, how much?			
How many MVC have been supported by using the ward level community funds/initiatives?			
How have community initiatives to support MVC improved the lives of MVCs in your ward? Please describe			

**Thank you very much!**

**Tool Number 5: -Focus Group Guiding Questions with key stakeholders on the perception and consistent level of support to MVC provided by various services providers (both organizations and individuals)**

**(NB. OVC/MVC key Stakeholders are MVC Guardians, MVCC members and Community Volunteers,)**

**Request for Verbal Consent**

(Interviewer will read this statement to the respondents/FGD members to get their consent before starting the discussion)

**Date:** \_\_\_\_\_

**District:** \_\_\_\_\_

**List of**

**Participants:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Section A: Community Perception on Social Service Delivery to MVCs**

1. What types of services are being provided to MVCs in your area?
2. Who have been providing services to MVCs in your area?
3. When the service providers started providing services to MVCs in your area?
4. How many times have the services being provided per year?
5. How are the community members being involved in service provision to MVCs in your community?
6. What are your perceptions toward social welfare services delivered to MVCs?
7. What do you like about the way service providers support MVC?
8. What are your initiatives to support MVCs in your community?
9. Do you think your community contributes enough to support MVCs?
10. What can we do to reduce the increasing numbers of MVCs in your community?
11. What can we do to ensure that the community members participate fully in supporting MVCs in your community?
12. Who else do you think we can involve in care and support for MVCs in your community?
13. How can we involve other stakeholders to support MVCs in our community?
14. What can we do to ensure LGA/district support to MVC issues in your community?

15. What should be done differently in supporting MVCs in your community?

16. If you had a piece of advice to offer your LGAs and service providers on strengthening the provision of social welfare services to MVC in your village/Ward or District, what would that advice be?

**Thank you for your cooperation!**

### Documentation

**Review of LGA Budget and Work plan to support MVC in the district FY 2008/2009 and 2009/2010**

S/No	Type of Service	Budget Allocation	Actual Spent	Budget Allocation	Actual Spent
		2008 – 09	2008 - 09	2009 - 010	2009 – 010
1	HIV/AIDS				
2	Health Care to				

	<b>OVC/MVC</b>				
<b>3</b>	<b>Psychosocial Support (PSS) to OVC/MVC</b>				
<b>4</b>	<b>Education and Vocational Training to OVC/MVC</b>				
<b>5</b>	<b>Protection and Legal to OVC/MVC</b>				
<b>6</b>	<b>Shelter to OVC/MVC</b>				
<b>7</b>	<b>Food and Nutrition to OVC/MVC</b>				
<b>8</b>	<b>Economic Strengthening to OVC/MVC</b>				
<b>9</b>	<b>Incentives to Volunteers</b>				
<b>10</b>	<b>Total Number of present SWO or under recruitment process</b>				
<b>Total LGAs Budget</b>					

**Thank you very much for your Cooperation**