



The United Republic of Tanzania
Ministry of Health and Social Welfare

National Most Vulnerable Children Monitoring and Evaluation Plan



January 2015

Department of Social Welfare





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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ALAT	Association of Local Authority of Tanzania
CBO	Community-based Organization
CCT	Conditional Cash Transfer
CHF	Community Health Fund
CMC	Community Management Committee
CP	Child Protection
CPMIS	Child Protection Management Information System
CPS	Child Protection System
DAS	District Administrative Secretary
DC	District Council
DCMIS	District Child Protection Management Information System
DCPS	District Child Protection Team
DDU	Data Demand and Use
DED	District Executive Director
DMS	Data Management system
DQA	Data Quality Assessment
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
ECD	Early Childhood Development
FBO	Faith-based Organization
HES	Household Economic Strengthening
HH	Household
HIV	Human Immunodeficiency Virus
ICT	Information Communication Technology
IGA	Income Generating Activity
IHBS	Integrated Household Budget Survey
ILFS	Integrated Labor Force Survey
IP	Implementing Partners
IPG	Implementing Partners Group
KR	Key Result
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MIS	Management Information System
MKUKUTA II	Mpango wa Pili wa Kukuza Uchumi na Kuondoa Umaskini Tanzania/National Strategy for Growth and Reduction of Poverty
MoCDGC	Ministry of Community Development Gender and Children

MOEVT	Ministry of Education and Vocational Training
MOHA	Ministry of Home Affairs
MoHSW	Ministry of Health and Social Welfare
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NBS	National Bureau of Statistics
NCPA II	National Costed Plan of Action for Most Vulnerable Children II
NCPAC	National Child Protection Advisory Committee
NGO	Non-Governmental Organization
NPS	National Panel Survey
NTC	National Technical Committee
NSC	National Steering Committee
PAA	Project Area Authority
PHC	Primary Health Care
PMORALG	Prime Ministers' Office Regional Secretariat and Local Government
PPI	Progress out of Poverty Index
PSS	Psychosocial Care and Support
PSSN	Productive Social Safety Net
REPPSI	Regional Psychosocial Support Initiative
SACCOS	Saving and Credit Cooperative Organizations
SILC	Saving and Internal Lending Communities
SO	Strategic Objective
SWO-RS	Social Welfare Officer – Regional Secretariat
TACAIDS	Tanzania Commission for AIDS
TASAF III	Tanzania Social Action Fund III
TMU	TASAF Management Unit
TNPS	Tanzania National Panel Survey
TOTs	Trainer of Trainees
TWG	Technical Working Group
UNCCT	Unconditional Cash Transfer
UNICEF	United Nations Children's Fund
URB	Unified Registry of Beneficiaries
USAID	United States Agency for International Development
VEO	Village Executive Officer
WDC	Ward Development Committee
WEO	Ward Executive Officer
WORTH	Pact Inc's. Women's Empowerment Program

FOREWORD

The Government of Tanzania is committed to improving child welfare by mitigating the negative impacts caused by poverty, orphanhood residence in child- or elderly-headed household and disability. In line with this goal, the Ministry of Health and Social Welfare, through the Department of Social Welfare, developed The National Costed Plan of Action for Most Vulnerable Children 2013–2017 (NCPA II). The NCPA II outlines activities aimed at enhancing the wellbeing of MVC through protecting their rights and preventing and/or reducing the incidences of risks and the impacts of shocks.

To monitor the progress of implementation of the NCPA II, the Ministry of Health and Social Welfare has spearheaded the development of a national Monitoring and Evaluation (M&E) Plan. The contents of this plan are based on the strategic objectives of NCPA II. The Monitoring and Evaluation Plan was developed through a participatory process involving members of the national Most Vulnerable Children Monitoring and Evaluation Technical Working Group (MVC M&E TWG). The MVC M&E Technical Working Group has a membership from Government Ministries, Departments and Agencies, Development Partners and Implementing Partners.

This MVC M&E plan provides a set of core indicators for reporting by all stakeholders working to improve the wellbeing of MVC and their households. The collection of quality information by all stakeholders will improve the government's ability to monitor the implementation progress of the NCPA II and make appropriate decisions.

The Ministry of Health and Social Welfare is grateful for the commitments of Ministries, Departments and Agencies (MDA's) the Development Partners and other stakeholders. We are confident that if we remain determined and act accordingly, we can make a difference to this group of Most Vulnerable Children.



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Government Ministries, Departments and Agencies (MDAs) and nongovernmental organizations that were involved in the development of this M&E plan include the following; Ministry of Health and Social Welfare, Department of Social Welfare, Ministry of Community Development, Gender and Children, Ministry of Education and Vocational Training, Ministry of Home Affairs–Prisons and Police, Ministry of Labor and Employment, National Bureau of Statistics, MEASURE Evaluation Tanzania, UNICEF, Pact Inc., FHI360–Pamoja Tuwalee, Repssi, Africare, PASADA, DAI IMARISHA, World Vision Tanzania, World Education Inc.–Bantwana, and URC-USAID-ASSIST.

Lastly, we would like to express gratitude toward MEASURE Evaluation–Tanzania for their technical assistance in the development of this M&E plan. Data to be collected through this M&E plan should aid planning for, decision making in, and enhanced implementation of appropriate interventions for the improved welfare of MVC and the households caring for them.



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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.0 Introduction

The purpose of this national Most Vulnerable Children (MVC) Monitoring and Evaluation (M&E) plan is to provide guidance for tracking the implementation of the National Costed Plan of Action for Most Vulnerable Children NCPA II (2013–2017). The NCPA II calls for a government-led and community-driven MVC response to facilitate MVC's access to adequate care, support, protection, and basic social services. Because multiple sectors committed to implementing NCPA II, standardized M&E activities are needed for effective and efficient coordination of MVC program interventions. The M&E plan guides stakeholders on how to monitor and evaluate the implementation of the NCPA II and determine whether its goal and objectives are being met.

1.1 MVC Program in Tanzania

The Ministry of Health and Social Welfare (MoHSW), through the Department of Social Welfare (DSW) and other stakeholders, implemented the first National Costed Plan of Action (2007–2010) for Most Vulnerable Children (MVC) to respond to the problem of vulnerable children in Tanzania. This plan of action was reviewed in 2011, and the recommendations that resulted were used to guide the development of the Second National Costed Plan of Action for MVC (NCPA II). The NCPA II was launched in February 2013 and is a five-year program (2013–2017). The vision, mission, and objectives of NCPA II are articulated below.

1.1.1 Vision, Mission, Goal, and Objectives of NCPA II

1.1.1.1 Vision

Most vulnerable children in Tanzania receive care, protection, and support required for them to reach their full potential as productive members of society, and households and communities receive the support required to prevent violations of children's rights.

1.1.1.2 Mission

Establishing a national response system designed to enhance protection, care, and support of most vulnerable children within the framework of a well-resourced and coordinated national multi-sectoral response.

1.1.1.3 Goal

By 2017, a multi-sectoral, government-led and community-driven MVC response system that constitutes commitment to facilitate MVC access to adequate care, support, and protection and access to basic social services is established.

1.1.1.4 Strategic Objectives

The NCPA II has four strategic objectives:

1. Strengthen the capacity of households and communities to protect, care for, and support MVC;
2. Increase access to effective gender-responsive child protection services within a well-resourced child protection system that has the best interest of the child at its core;
3. Improve access to and utilization of health care, education, and early childhood development (ECD) services; and
4. Strengthen the coordination and leadership, policy, and service delivery environment.

1.2 Definition of MVC

According to the NCPA II, MVC are those children under the age of 18 years falling under extreme conditions characterized by severe deprivation and who are unable to meet their needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, early childhood development (ECD) services, and emotional and physical protection. The program uses the following criteria to target interventions:

1. Children living in extremely poor households;
5. Children whose sole caregiver has a disability that severely hinders the provision of care, protection, and support;
6. Children living in a household with only an elderly caregiver (60 years and above) and who have significant unmet needs;
7. Children who are orphans with significant unmet needs;
8. Children living in a household with a chronically sick caregiver and who have significant unmet needs;
9. Children with a disability who have significant unmet needs;
10. Children with a chronic illness (including HIV) who have significant unmet needs;
11. Children living in child-headed households;
12. Children living or working on the streets;
13. Children assessed to be at risk of or suffering from violence, abuse, and/or neglect;
14. Children assessed to be at risk of being or who are found to be in conflict or in contact with the law;
15. Children living in institutional care;
16. Children born in prisons or accompanying their mothers in prisons or remand prisons; and
17. Children involved in the worst forms of child labor (for example, sexual exploitation, illicit activities), paid domestic work, work that consistently interferes with school attendance, children who are victims of trafficking, and children assessed to be in immediate risk of substance abuse, and children displaced due to man-made and natural disasters.

1.3 Rationale

The Ministry of Health and Social Welfare (MoHSW), in collaboration with stakeholders, developed the NCPA II (2013–2017), necessitating a new national M&E plan. This M&E plan explains the processes that will be applied to determine the extent to which the objectives of NCPA II are met.

It defines data needed and how these data will be collected and how their quality will be ensured, analyzed, and utilized for MVC decision making at all levels of NCPA II implementation.

1.4 Target Audience

The MVC M&E plan is intended for use by all key stakeholders implementing the NCPA II. The stakeholders include MoHSW, line ministries, specifically Prime Minister's Office Regional Administration and Local Government (PMO-RALG), Ministry of Community Development Gender and Children (MCDGC), Ministry of Education and Vocational Training (MoVET), Ministry of Home Affairs (MOHA), Ministry of Agriculture, Food and Cooperative, Ministry of Labor and Employment, Ministry of Constitutional and Legal Affairs, and

Ministry of Finance; government agencies (Tanzania Commission for AIDS [TACAIDS] and Tanzania Social Action Fund [TASAF]); development partners; implementing organizations; Local Government Authorities (LGAs); and Village/Mtaa Most Vulnerable Children Committees (MVCC).

1.5 Structure of the M&E Plan

The M&E plan is organized into five chapters and appendices as follows:

- Chapter 1: Introduction and Background
- Chapter 2: Goal and Objectives of the Monitoring and Evaluation Plan
- Chapter 3: Monitoring the NCPA II
- Chapter 4: Evaluating NCPA II
- Chapter 5: Coordination, Roles, Capacity Building and Implementation of the M&E Plan
- Appendices (Data Collection Forms)

1.6 M&E Plan Development Process

This M&E plan has been developed through a participatory process coordinated by the M&E officer at the Department of Social Welfare, with technical assistance from MEASURE Evaluation. Members of the National MVC M&E Technical Working Group (TWG) actively participated at all stages of the plan's development, including indicator identification, definition, and review of multiple drafts of the M&E plan.

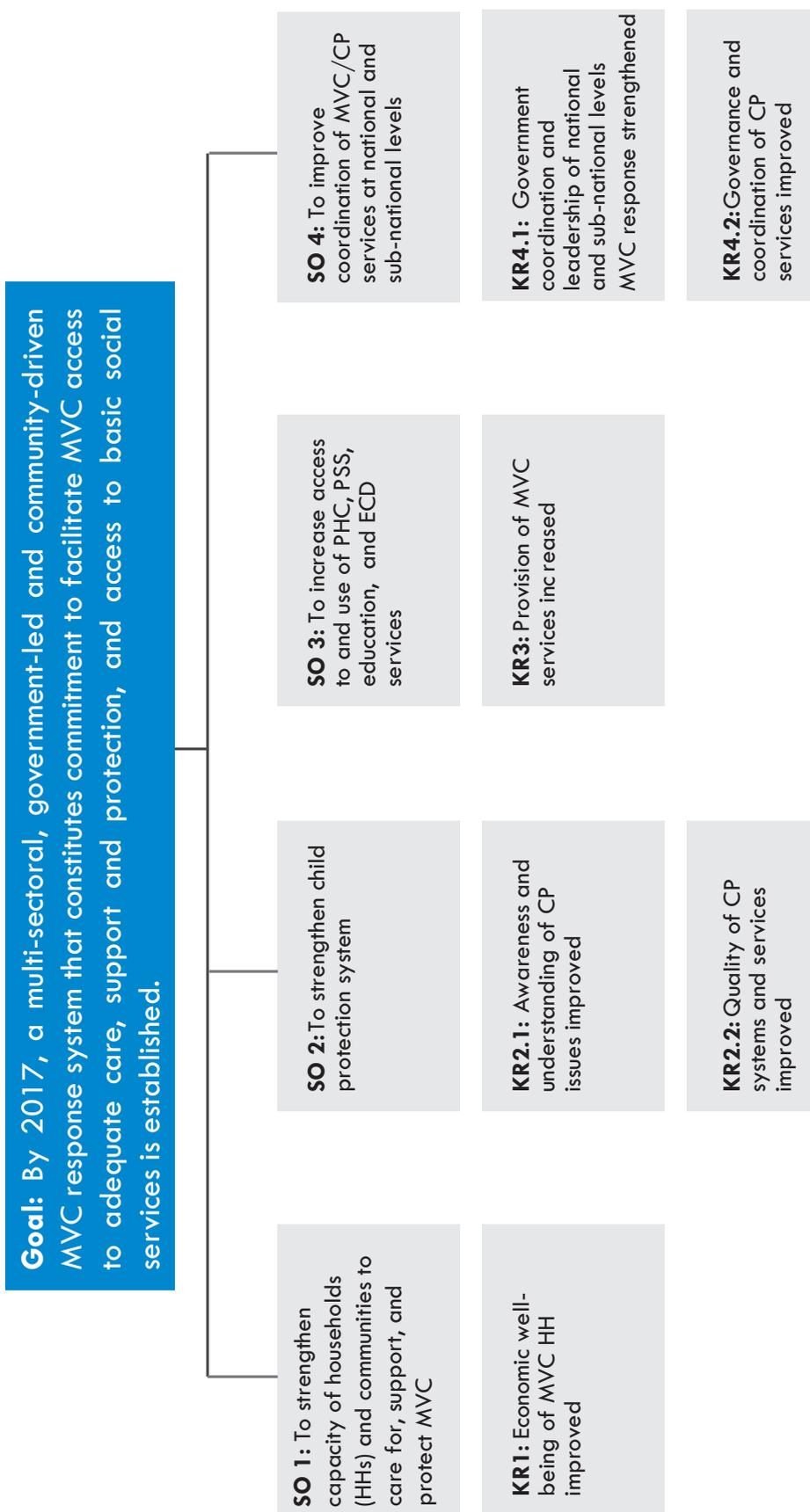
The plan development process included the following activities:

1. **Assessments of MVC M&E system:** Data Management System (DMS), Information and Communication Technology (ICT), and M&E capacity assessments at the District Social Welfare offices (2012) and an assessment of the national and subnational MVC M&E system using the 12 components M&E system strengthening approach (2012) were conducted to collect background information to inform the development of this M&E plan.
2. **Draft outline of the M&E plan:** A draft outline of the M&E plan was developed and reviewed by the M&E technical working group before finalization.
3. **Draft indicators and data collection tools:** A draft set of indicators and data collection forms were developed and presented at M&E TWG meetings for review. The M&E TWGs prioritized indicators and agreed on the variables to be included in the data collection forms.
4. **Drafting of the M&E plan:** A draft M&E plan was presented at M&E TWG meetings for review. The TWG agreed on the contents of the plan.
5. **Presentation of the draft M&E plan to the Department of Social Welfare staff:** MEASURE Evaluation and the DSW M&E officer presented the draft M&E plan to DSW staff for inputs, ownership, and buy-in.
6. **Stakeholders meeting:** A one-day meeting bringing together MVC stakeholders from line ministries, implementing organizations, development partners, and District Social Welfare officers was held where the draft M&E plan was presented, discussed, and agreed to by all participants.

1.7 Expected Results of MVC Program

Figure 1 below depicts the results framework of the MVC program in Tanzania. It illustrates the intended MVC program goal and strategic objectives and identifies key expected results. When interventions are implemented as planned, this framework will reflect the benefits (measured through outputs, outcomes, and impacts) realized by MVC, their households, and communities. This framework provides a reference point for the monitoring and evaluation of the national MVC program.

Figure 1: MVC Program Results Framework



1.8 Status of National MVC M&E System and Priority Areas of Action

A number of MVC M&E system situation assessments were conducted to provide background information for the development of this M&E plan., including an information and communication technology (ICT) M&E capacity assessment at the district social welfare offices (2012), an assessment of the national and subnational MVC M&E system using the 12 components M&E system strengthening approach (2012), and an MVC data management system (DMS) assessment (2012). The assessments identified strengths and weaknesses of the existing system and suggested potential areas for the MVC M&E system strengthening as highlighted below.

- The 2011 National MVC M&E Plan was no longer aligned with the NCPA II, hence the need for its revision, to be followed by implementation and roll out.
- National MVC M&E standards and guidelines (data analysis, data quality, reporting and data use) are lacking.
- Organizational structure for M&E of MVC exists, but it can be strengthened by reviewing data flow structure and refining M&E roles and responsibilities across stakeholders.
- Partnerships and coordination for MVC M&E exists but is stronger at the national than sub-national level. Strategies are needed to strengthen partnerships at both national and subnational levels.
- M&E training and capacity building is occurring, but there is need to coordinate, strengthen and expand these initiatives.
- The base exists for a supportive environment for M&E for MVC. However M&E needs to be integrated into decision-making and planning processes, with an emphasis on M&E support at the district level.
- MVC database is not functioning at full capacity and there is need to consider human resources required for its full implementation and for conducting routine data quality checks.
- Supportive supervision and data auditing is occurring across some service providers, but there is need to support more organizations to do the same, as well as standardize the process.
- Data are not always used in the decision-making and planning processes. Therefore, a better understanding of national and sub-national information needs is required to ensure that the MVC M&E plan supports collecting information that is important to stakeholders at all levels.
- There is a shortage of MVC M&E staff within the government and other sectors of the national response.
- There is a limited mandate for MVC M&E at the level of line ministries and LGA.

CHAPTER TWO: GOAL AND OBJECTIVES OF MONITORING AND EVALUATION PLAN

2.0 Introduction

This chapter outlines the MVC M&E framework, including its goals, objectives, and performance indicators for national and sub-national levels of intervention. M&E is concerned with efficiency, effectiveness, and impact of interventions. Efficiency focuses on the application of resources (people, money, skills, and time) to achieve program goals and objectives. Effectiveness is concerned with the extent to which program activities bring about desired changes in the lives of the people and communities targeted, such as MVC and households with MVC. Impact relates to the long-term program results, for example, improved well-being of MVC.

A monitoring and evaluation framework helps provide data or evidence that program activities are meeting objectives of efficiency and effectiveness and contributing to impact. Monitoring helps to establish what is being and/or has been done, while evaluation examines what has been achieved (UNAIDS, 2002).

The common M&E framework considers developmental change as a chain of interrelated components consisting of inputs, processes, outputs and outcomes, and impacts. Inputs include a variety of resources that are brought to bear on a program (for example, staff, skills, money, etc.). These inputs are transformed into outputs through activities undertaken or services delivered. The transformation of inputs into outputs entails a process which requires attention to quality, unit costs, access, and coverage of services. M&E focusing on inputs, the process of their transformation, and outputs is also referred to as “process monitoring,” in contrast to outcomes/effectiveness and impact evaluation. Effectiveness or outcome and impact evaluation often require targeted studies conducted at the start of a program and repeated after a considerable period of implementation, sometimes with a control or comparison group. An outcome evaluation or assessment seeks to determine if, and by how much, program activities are achieving their intended effects in the target population. Questions for both outcome and impact evaluation in MVC programs are specified in the sections that follow.

2.1 Goal and Objectives of M&E Plan

2.1.1 Goal

The goal of the MVC M&E plan is to facilitate the collection of quality data that will be used to monitor and evaluate the implementation of the NCPA II and facilitate planning and decision-making processes.

2.1.2. Objectives

The objectives of the M&E plan are:

- To strengthen the national MVC M&E system as guided by the national M&E system strengthening plan;
- To improve the availability and use of routine MVC data in decision-making processes at different levels of NCPA II implementation;
- To strengthen government’s capacity for leadership and coordination of MVC M&E activities; and
- To strengthen M&E partnership and coordination at national and LGA levels to enable information sharing, dissemination, and use.

2.2 Indicators

To monitor implementation progress of the NCPA II, a set of core indicators, including impact/outcome and output indicators, have been selected for each strategic objective.

Indicators were developed and selected based on the following criteria:

1. Relevance to the strategic objectives of the NCPA II.
2. Clarity of indicator.
3. Alignment with national and international standards.
4. Practicality of use.
5. Builds on what is currently being collected.
6. Easily available information.

Table 1 below presents the M&E matrix with a list of indicators, indicator definitions, data collection processes, including how the data will be disaggregated, responsibility for data collection and reporting and indicator measurement frequency.

Table 1: MVC M&E Indicator Matrix

IMPACT/OUTCOME LEVEL INDICATORS								
Overall Outcome: Nutritional, emotional, educational, and socio-economic well-being of most vulnerable children improved								
No.	Indicator	Indicator Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
1	Percent of MVC over 5 years enrolled in school	Percent of children aged 6–17 enrolled in and attending structured learning program at the time of survey, as reported by the caregiver, another household member, or the child	<p>Sex: male, female</p> <p>Age group: 6–9 years, 10–14 years, 15–17 years</p> <p>Relationship to guardians: living in household with at least one biological parent; living in household without biological parents</p> <p>Location: District and LGA</p>	Number of MVC 6–17 years registered and enrolled in school at a time of survey	Total number of MVC 6–17 years registered in MVC program	MOHSW	Survey	Every 2 years
2	Percent of MVC (under 5 years) malnourished	Percent of children with physical growth below international growth standards: -Percent of children aged 6–59 months with mid-upper arm circumference (MUAC) measurement < 110 mm	<p>Sex</p> <p>Age group</p> <p>Location: District/LGA</p>	Number of MVC under 5 years malnourished according to MUAC	Total number of MVC under 5 years enrolled in MVC program	NBS	DHS (Proxy household with the lowest socio-economic status)	Every 5 years
3	Percent of MVC with a birth certificate	Percent of MVC aged 0–17 years with a birth certificate issued by appropriate government authorities, as reported by caregiver and verified by observation. Birth certificate is defined as the official in-country identification document (that often facilitates access to services).	<p>Sex</p> <p>Age group</p> <p>District/LGA</p>	Number of MVC (0–17 years) who obtained a birth certificate	Total number of MVC aged 0–17 enrolled in MVC program	District Social Welfare Officers, DAS	Rapid assessment report/ Annual Progress report	Annually

IMPACT/OUTCOME LEVEL INDICATORS

Overall Outcome: Nutritional, emotional, educational, and socio-economic well-being of most vulnerable children improved

No.	Indicator	Indicator Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
4	Percent of MVC households with an improved Progress out of Poverty Index (PPI)	PPI measures the poverty level of MVC households. It uses verifiable indicators related to household characteristics and assets ownership. The answers are scored to compute the likelihood that the household is living below/above poverty line (cross-referenced in the national guidelines for economic strengthening of MVC).	Types of MVC households: - Adult headed - Child headed Location: District/LGA	Number of MVC households with improved PPI	Total number of MVC households enrolled in MVC program	DSW, TASAF, NBS	Survey (TNPS)	Annually
5	Percent of MVC and MVC households that received primary health care (PHC) during the reporting period	Percent of MVC surveyed reporting receiving PHC services during the last 12 months. Primary health care is defined as being seen by a health practitioner, and accessing immunization and preventive health services and health care education services.	Sex Age group Location: District/LGA	Number of MVC and MVC households that received primary health care during reporting period	Total number of MVC and MVC households enrolled in MVC program	DSW	Progress report	Annually
6	Percent of MVC that were counseled and tested for HIV and received their test result	This is an indicator for access to HIV counseling and testing among MVC who are enrolled in a program. It requires verification of HIV testing results, as some MVC who have been counseled and tested may not have received their test results.	Sex Age group Location: District/LGA	Number of MVC that were tested and counseled for HIV and received their test results	Total number of MVC enrolled in MVC program	DSW	Rapid assessment report; Survey	Annually
7	Proportion of confirmed cases of violence, abuse, neglect, and exploitation that received appropriate support in the past 12 months	Violence is defined broadly to include physical violence, abuse, sexual violence, arrest for street-based MVC, and other forms of crises that are violent in nature.	Sex Age group Location: District/LGA Forms of violence	Number of cases of children who reported experiencing violence, abuse, neglect, exploitation (Ref. indicator no. 2.3.4)	Number cases of children who reported experiencing violence, abuse, neglect, exploitation, and received appropriate support (Ref. indicator no. 2.3.5)	MOHSW	CPMIS	Annually

ROUTINE INDICATORS

SO 1: To strengthen capacity of households (HHs) and communities to care for, support and protect MVC

Result 1: Economic well-being of MVC households Improved

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
1.1	Number of frontline workers trained in HES	Frontline workers are people who are at the forefront of providing basic care, support, and protection services to MVC. The frontline workers consist of government employees (Social Welfare Officers, Community Development Officers, etc.) and community volunteers including members of MVCC, para-social workers, etc. For this indicator, a service provider will report if frontline workers are trained in household economic strengthening interventions. To be counted for this indicator, the training must have an agenda and training objectives (to increase knowledge and to build skills).	Sex Location: District / LGA Role of individual: - frontline worker - MVCC member	NA	NA	Implementing partners	Training registration form	When training occurs
1.2	Number of MVC households trained in HES	This indicator tracks number of MVC households trained in HES during the reporting period.	Types of MVC households: - Child-headed - Adult-headed Location (District council, ward, village or mtaa)	NA	NA	Implementing partners	Training registration form/ Training reports	When training occurs

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
1.3	Number/ percent of MVC households that received/are involved in at least one HES service, by type of HES service	An HES service may include any of the following: - Joining an income generating activity - Enrolling in a savings group/ participating in WORTH/SACCOSS - Receiving cash transfer	Sex Location:- District/ LGA Implementing partner	Number of MVC households enrolled in MVC program that received at least one HES service	Total number of MVC households enrolled in an MVC program	Implementing organizations	MVC monthly service, IPs enrollment form (SILC, IGA, WORTH)	Monthly
SO 2: To strengthen child protection system								
Result 2.1: Awareness and Understanding of CP issues improved								
2.1.1	Number of individuals participating in individual or small group interventions that focus on child protection	This indicator measures the number of individuals attending events that are aimed at raising awareness and understanding of child protection issues. Events may be held on a one-to-one basis, e.g. individual counseling, or in small groups. To be counted, the event must focus exclusively or substantially on child protection issues	Sex Age Location:- District /LGA	NA	NA	Implementing organizations delivering child protection services	CPMIS attendance form	Quarterly
2.1.2	Percent of individuals surveyed that demonstrate appropriate awareness and understanding of child protection issues	Appropriate awareness: - Identifying where to report a case requiring child protection - Violence and what services are available	Sex Location:- District /LGA Role of individual: Front line workers, member of MVCC	Number of individuals surveyed with correct knowledge about MVC issues	Total number of individuals surveyed	DSW	Survey	Annually

Result 2.2: Quality of child protection systems and services improved								
No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
2.2.1	Number of frontline workers trained in child protection services	Frontline workers, or community caregivers who provide care and support to MVCs and households, are trained on providing child protection services. For individuals to be counted for this indicator, the training they attend must have an agenda and training objectives (to increase knowledge and skills)	Sex Location:- District /LGA	NA	NA	DSW, Implementing partners DSWO	Training form	Quarterly
2.2.2	Percent of frontline workers surveyed who demonstrate appropriate knowledge and skills of child protection issues according to national standards	Demonstration of appropriate knowledge and skills is counted as follows: - knowledge of organizations/persons to whom cases of child violence should be reported	Gender Age Educational level	Number of frontline workers surveyed who demonstrate appropriate knowledge and skills of child protection issues	Total number of frontline workers surveyed	Implementing partners	Frontline worker survey	Annually
2.2.3	Number of cases of violence against children reported to relevant authorities	Cases of child abuse may be reported to various authorities including district social welfare office, child protection team, One-stop Centre, Gender and Children desks etc.	Method of reporting: in person, telephone, helpline Reporting authority: police, professional, other	NA	NA	DSWO	CPMIS	Monthly
2.2.4	Number of cases of violence against children reported to relevant authorities that have been confirmed as child protection cases	Cases of child abuse may be reported to various authorities but they might not necessarily be cases of child protection. An assessment on the nature of the case has to be done by the DSWO.	Gender Age Location:- District /LGA	NA	NA	DSWO	CPMIS	Monthly

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
2.2.5	Number/percentage of cases of child violence that received appropriate support	Appropriate support for cases of child abuse is defined as follows: - A social worker visited the affected child/household within 24 hours of the occurrence of the event - The event/incident was reported to appropriate authorities within 24 hours of occurrence The incident/case/event does not need to have been fully resolved to be counted.	Gender Age Location:- District /LGA Support received: legal, PSS, other	Number of cases of child violence received appropriate support	Total number of cases of child violence reported to relevant authorities	DSWO	CPMIS	Monthly
SO 3: To increase access to and use of PHC, PSS, education and ECD services								
Result 3: Provision of MVC services increased								
3.1.1	Number of MVCs registered by MVC program	MVC registered by MVC program to receive care and support services	Sex, age group Location (District/LGA)	NA	NA	MVCC Implementing partners	MVC registration form	Monthly
3.1.2	Number of MVC HHs registered by MVC program	MVC households registered to receive care and support services	Sex, age group Location (District/LGA)	NA	NA	MVCC Implementing partners	MVC registration form	Monthly
3.1.3	Number of MVCs that received at least one care and support service during reporting period, by type of service received	NCPA II identifies 8 service areas: 1. Economic strengthening 2. Food and nutrition 3. Shelter 4. Family-based care and support 5. Social protection and security 6. Primary health care 7. Psychosocial care and support 8. Education and vocational training	Sex, age group, Location (District/LGA) Type of service: health, education, food and nutrition, psychosocial care and support, etc.	Number of MVCs that received at least one service during the reporting month	Total number of MVCs enrolled in MVC program	MVCC Implementing partners	MVC Monthly Service tracking form; MVC monthly summary form	Monthly

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
		To be counted in this indicator, the MVC must have received at least one of the above services directly or indirectly. An example of a direct service is referring an MVC to a health facility for immunization. An example of an indirect service is providing nutrition counseling to a caretaker of an MVC.						
3.1.4	Number of MVCs referred for care and support, by type of referring service	This indicator counts the number of individuals referred by a frontline worker to another program/site for service, e.g., to a health facility for health care or a legal advisor for legal assistance.	Sex, age group Location (District/LGA) Referring service: <ul style="list-style-type: none"> - health care - nutrition - shelter - -legal support - -other 	NA	NA	Service Providers MVCC Implementing partners	Referral form, monthly service form	Monthly
3.1.5	Number of MVC household members referred for care and support by type of referring service	This indicator counts the number of members of an MVC's household referred by a frontline worker to another program/site for a service, e.g., to a health facility for health care or a legal advisor for legal assistance.	Sex, age group Location (District/LGA) Referring service: <ul style="list-style-type: none"> - health care - nutrition - shelter - legal support - other 	NA	NA	Service Providers MVCC Implementing partners	Referral form, Monthly service form	Monthly

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
3.1.6	Number of MVC that received service at referring site	This indicator counts the number of MVCs referred by a frontline worker to another program/site for service who received needed care and support services at a referring site. Service providers obtain/collect this information from MVC and/or the referring site	<p>Sex, age group Location (District/LGA) Referring service:</p> <ul style="list-style-type: none"> - health care - nutrition - shelter - legal support - child protection - HES 	NA	NA	Service Providers Implementing organizations	Referral form, Periodic assessment	Monthly
3.1.7	Number of MVC household members of that received service at a referring site	This indicator counts the number of MVC household members referred by a frontline worker to another program/site for service who received needed care and support services at a referring site. Service providers obtain/collect this information from MVC and/or the referring site.	<p>Sex, age group Location (District/LGA) Referring service:</p> <ul style="list-style-type: none"> - health care - nutrition - shelter - legal support - child protection - HES 	NA	NA	Service Providers Implementing organizations	Referral form, Periodic assessment	Monthly
3.1.8	Number of individuals participating in individual and/or small-group interventions that focus on MVC issues	This indicator measures the number of individuals attending events that are aimed at raising awareness and understanding of MVC issues. Events may be held on a one-on-one basis, e.g. individual counseling, or in small groups. To be counted, the event must focus exclusively or substantially on MVC issues	<p>Sex District (location where intervention was conducted)</p>	NA	NA	Implementing partners	Attendance form for small group interventions	Monthly

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
3.1.9	Percent of individuals surveyed with correct knowledge about MVC issues	Correct knowledge about MVC issues include: - Causes of vulnerability - Types of MVC - Types of support for MVC - Roles of households and communities	Sex Location: (District/LGA) Role of individual: - frontline worker - MVCC member - MVC household member - other	Number of individuals surveyed with correct knowledge about MVC issues	Total number of individuals surveyed	DSW	Survey	Annually
3.1.10	Number/percent of MVC 5–17 years enrolled in children's clubs	This indicator counts the number of MVC enrolled in psychosocial support clubs/groups during the reporting period	Sex Age group Location: (District/LGA)	Number of MVC (5–17 years) enrolled in children's clubs	Total number of MVC (5–17 years) enrolled in MVC program	MVCC Implementing organizations	Monthly service tracking form	Monthly
3.1.11	Number/percent of MVC under 5 currently enrolled in ECD program	This indicator counts the number of MVC enrolled in ECD centers during the reporting period	Sex Type of ECD centers: - Crèches- 0–2 - Day care center (formal) - Community center (informal)	Number of MVC under 5 enrolled in ECD	Total number of MVC under 5 enrolled in MVC program	Service Providers MVCC Implementing organizations	Monthly service tracking form	Monthly

SO 4: To improve coordination of MVC/CP services at national and subnational levels
Result 4.1. Government coordination and leadership of national and subnational MVC response strengthened

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
4.1.1	Number of MVC strategic plans and regulatory frameworks developed at national level	This indicator counts number of guiding documents, i.e., strategic plans and laws that provide a broad vision and framework for action regarding most vulnerable children. The policy, plan, or law may address MVC issues exclusively or incorporate MVC into a larger, overarching policy, plan or law. To be counted, the policy, plan or law must be adopted or approved by the relevant authority.	NA	NA	NA	MoHSW	Assessment report	1–2 years
4.1.2	Number of national- and LGA-level decision makers oriented on MVC strategic plans and regulatory frameworks	Dissemination of policies, plans and laws (e.g. from national to LGA level) is critical if these policies are to be implemented. Dissemination may take various forms, including convening one or more workshops or disseminating paper-based copies. Government and nongovernmental representatives may be invited to such workshops. The purpose of this indicator, however, is to ascertain if promulgation of the policies has been done by orienting governmental representatives at national and LGA levels.	Level: Line Ministries Location: LGAs Sex	NA	NA	DSW, Implementing Organizations	Training report/ Training registration form	Quarterly/ Annually
4.1.3	Number of LGAs coordinating body that has a plan of action with evidence of implementation	Effective coordination between all government and nongovernment MVC partners at the LGA level is important for planning and monitoring of MVC interventions. To be effective, the coordinating body must have a plan of action.	Location: LGAs Gender of the members of coordinating body	NA	NA	DSW/ PMORALG	Periodic assessment	Annually

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
4.1.4	Number/percent of LGAs that submitted MVC reports on time	According to NCPA II, all LGAs are required to report MVC data quarterly. These reports include information on number of MVC registered, number of MVC that received services, etc. LGAs must submit MVC reports on implementation status on time. In addition, the reports submitted must be complete. Timeliness is met when LGAs submit the required MVC data on or before the reporting deadline.	Location: LGAs	Number of LGAs that submitted MVC reports on time	Total number of LGAs implementing NCPA II	DSW	Periodic report form	Quarterly
4.1.5	Number of line ministries and LGAs that have included MVC interventions in their Medium Term Expenditure Framework (MTEF) budget	This indicator measures how many line ministries and LGAs have allocated resources to MVC interventions in their MTEF budgets	Level: Ministries Location: LGA	NA	NA	Line ministries, LGA	Periodic assessment	Annually
4.1.6	Number/percent of LGAs and wards with required number of social welfare officers (SWO)	This indicator measures how many LGA and wards have the required number of social welfare workers in place: LGA = 4 social workers, wards = one social worker	Level: Councils Location: Wards	Number of Councils/wards with required number of SWO	Total number of councils/wards implementing NCPA II	LGAs	Periodic assessment	Annually

Result 4.2: Governance and coordination of CP services improved

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
4.2.1	Number of child protection strategic plans and regulatory frameworks developed and adopted at the national and LGA level	This indicator counts plans, laws, and other guiding documents that provide a broad vision and framework for action regarding child protection. The plan or law may address child protection exclusively or incorporate child protection into a larger, overarching policy, plan, or law. To be counted, the policy, plan, or law must be adopted or approved and gazetted by the relevant authority. This indicator is a sub-component of indicator 4.1.	NA	NA	NA	MoHSW, LGA, Chief Justice	Copy of plan or law with evidence of approval (logo, signature)	Every 1–2 years
4.2.2	Number of child protection teams formed at the LGA level	This indicator counts child protection teams formed at the council and ward levels.	Level: District Councils Location: Wards Gender of members of the team	NA	NA	DSW	Periodic assessment report	Annually
4.2.3	Number of national- and LGA-level decision makers oriented on child protection strategic plans and regulatory frameworks	Dissemination of strategic plans and laws (e.g., from national to LGA level) is critical if these policies are to be implemented. Dissemination may take various forms, including convening one or more workshops with relevant stakeholders. While government and nongovernmental representatives may be invited to such workshops, the purpose of this indicator is to ascertain if national and LGA level decision makers have been oriented on the child protection policies, plans, and regulatory frameworks. This indicator is a sub-component of indicator 4.2.	Level: Line Ministries Location: LGAs Gender of participants	NA	NA	DSW MOCDGC Implementing organizations	Training registration form	When orientation occurs

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible	Data Source	Frequency
4.2.4	Number of LGAs with a child protection system in place	<p>LGAs with a child protection system in place are those that meet the following criteria:</p> <ul style="list-style-type: none"> - availability of a district child protection plan - allocation of financial resources to child protection work - availability of at least 4 social welfare officers at LGA level and 1 social welfare officer/social welfare assistant at the ward level - existence of a coordination mechanism for governmental and nongovernmental child protection partners at district, ward, and village/Mtaa level - collaboration at operational level between key service providers - implementation of child protection regulations - application of CPMIS by all service providers 	Location: LGA	NA	NA	MOHSW, MCDGC	Periodic assessment report	Annually
4.2.5	Number/percent of LGAs that submitted child protection data on time	<p>Timeliness is met when the required data are reported on or before the reporting deadline.</p>	Location: LGA	Number of LGAs that submitted their progress reports on time	Total number of LGAs implementing CP program	LGAs	CPMIS	Annually
4.2.6	Number of LGAs and legal sector plans that are based on child protection data	<p>This indicator measures how many LGA and/or legal sector plans that address child protection are evidence-based.</p> <p>To be counted, the LGA or legal sector must demonstrate that the objectives and interventions described in the plan are based on locally derived data.</p>	Location: LGA	NA	NA		Content analysis of LGA plans	Annually

CHAPTER THREE: MONITORING THE NCPA II

3.0. Introduction

A comprehensive system of monitoring requires identifying monitoring indicators and outputs that contribute to achieving the outcomes, and making sure a system is in place to collect, analyze and report the data and monitor progress. This chapter provides information on how data for each indicator will be collected, analyzed, reported, stored, and accessed by relevant stakeholders. The chapter also describes the data flow structure.

3.1 Monitoring Questions

- The following key monitoring questions guide selection of the data to be collected throughout the monitoring of NCPA II interventions.
- Is the NCPA II being implemented as planned?
- Is the expected quality of NCPA II interventions and services maintained?
- What is the current status of implementation of planned activities?
- Is the status of each activity consistent with the work plan timeframe?
- Are the expected outputs achieved as outlined in the results framework (Fig 1)?
- What is the status of completion of the expected outputs?
- What are the lessons learned in the realization of the outputs?
- Are the resources supplied and utilized as planned?

3.2 Data Collection and Flow

This section defines how routine data (output) will be collected and channelled from the service providers (CBOs/FBOs to MVCC) at the village/Mtaa level to the district and finally to the production of reports at the national level, and routes through which feedback will be provided to the producers of data.

Data collection begins at the village/Mtaa level as follows:

At the village/Mtaa level: Service providers (MVCC/CBOs/FBOs) collect data monthly using registration forms and monthly service tracking forms. Implementing organizations (CBOs/FBOs), working in collaboration with MVCC, will use information from these forms to produce monthly summary reports. The MVCC will submit a copy of a monthly summary report to the Social Welfare Officer at the district/council for entry into the electronic database by the 5th of each new month.

At the Ward level: The Ward Executive Officer collates and compiles monthly summary reports from different villages/Mtaa for their own use.

At the District level: Monthly summary reports from different villages/Mtaa will be entered into the electronic database. District Social Welfare Officers are required to generate periodic reports from the database (monthly, quarterly, and annually) for their own use, reporting to the regional level, and for dissemination to the district MVC coordination team and the district management.

At the Regional level: Regions will access and generate periodic reports online, after which the Regional Social Welfare Officer will produce aggregated reports from all districts within the regions and submit to PMORALG for use.

At the National level: The Department of Social Welfare M&E focal officer will generate periodic reports from the electronic database for all the district councils and submit to the DSW management for use and dissemination. The information will flow from the M&E Unit to DSW management, M&E TWG, and IPG. The DSW management will in turn disseminate information to MoHSW management, IPG, and PMORALG. The MoHSW management will disseminate information to NTC and NSC.

Figure 2 highlights the data flow structure

Figure 2: MVC Data Flow Diagram

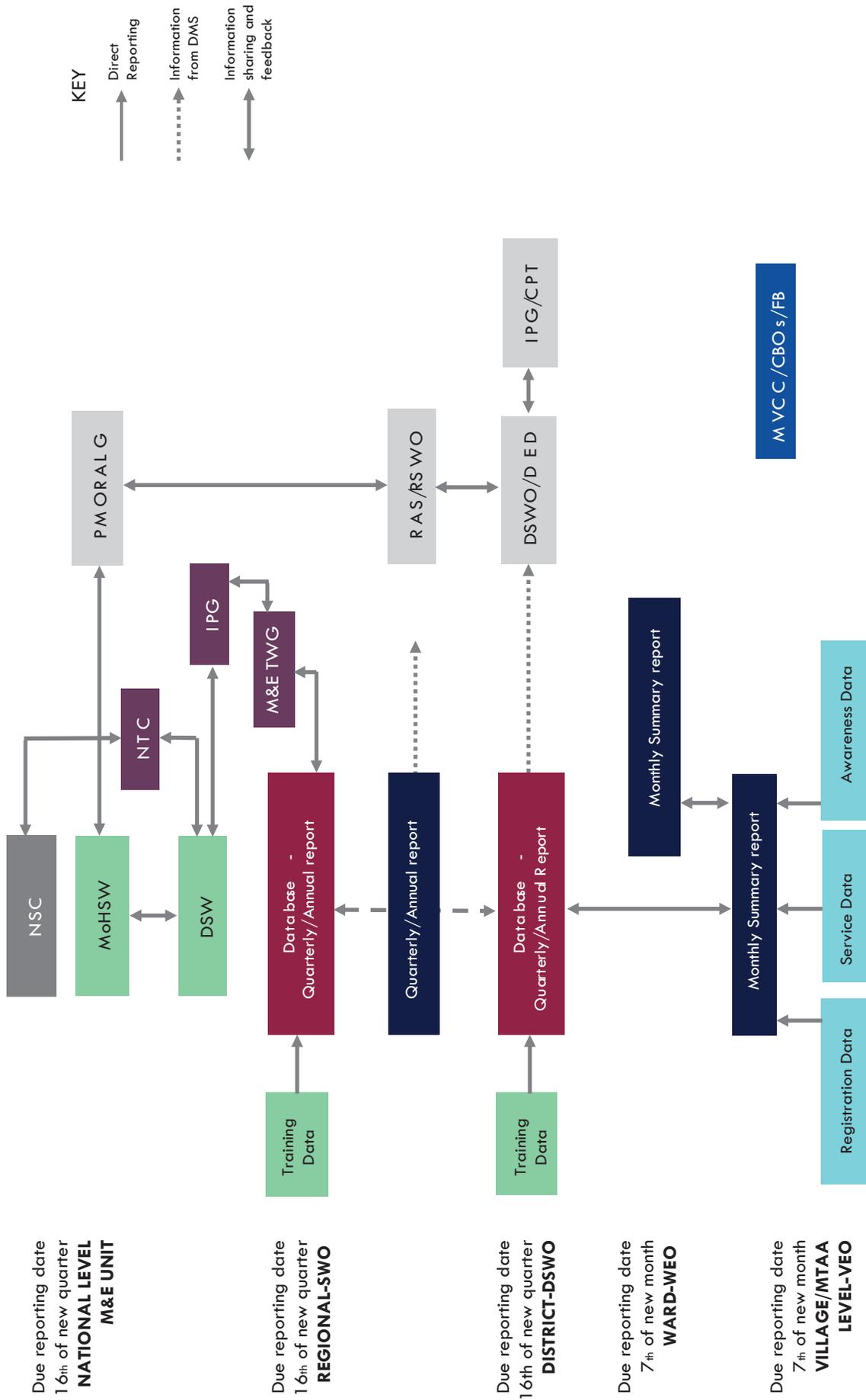


Table 2 summarizes the key data collection tools, responsibility for and frequency of their completion.

Table 2: List of Data Collection Forms and Frequency of Completion

No.	Form	Completion level	Frequency
1.	Registration form	MVCC	Monthly
		CBOs/FBOs	
2.	Monthly service tracking form	MVCC	Monthly
		Implementing organizations: CBOs/FBOs	
3.	Monthly summary report form	MVCC	Monthly
		Implementing organizations: CBOs/FBOs	
4.	Referral form	MVCC	When referral occurs/monthly
		Implementing organizations: CBOs/FBO	
5.	Periodic report form	District Councils	Quarterly/semiannually/annually
		DSW	
6.	Training form	DSW/IP/DCs/CBOs	When training occurs
7.	Awareness creation form	DSW/DCs	When awareness raising activities are conducted at District Council/Ward or village levels

Registration form: Members of MVCC or service providers complete during registration of MVC/MVC household for care, support and protection services.

Monthly service tracking form: Service providers or members of MVCC complete for each registered MVC/MVC household visited and/or served. At the end of the month, the information will be used to complete the monthly service use/access summary report form.

Monthly summary report form: A single summary form that captures information on all MVC or MVC households newly registered, existing MVCs or MVC households, and those not in the program but support services have been provided/received. This form will be completed by members of MVCC or service providers at the community level on a monthly basis.

Referral form: Completed by service providers when MVC or member of MVC households are referred to other service providers for care, support, and protection services. A summary of all referrals made will be captured in the monthly summary report form.

Training form: A one-time form that will be completed at different levels where trainings occurred.

Awareness creation form: A one-time form that will be completed at either national or LGA level.

Periodic reporting form: This will be built into the electronic system and will summarize all core NCPA II indicators in the M&E plan. It is to be completed at the district or national levels quarterly, biannually, or annually.

3.3 Collection of Data from Other MDAs

Because the MVC program is implemented by multiple sectors, a number of M&E systems are being used to collect, analyze, and disseminate MVC information. These include a system for capturing data related to child protection (CPMIS), education (EMIS), and TASAF III household economic strengthening data (Productive Social Safety Net/PSSN) M&E system. The MVC data will be cross-referenced with data from other complementary M&E systems to provide a comprehensive picture of the extent to which existing program interventions are responding to the MVC situation in Tanzania.

The MVC M&E system will capture limited data that are also being collected by other ministries, departments, and agencies' (MDAs) M&E systems. Relevant detailed data from their M&E systems will be used to complement the MVC information available.

The following is a summary of some of the M&E systems that are being used to collect, analyze, and disseminate NCPA II-related information.

3.3.1. Collection of Child Protection Data: The Child Protection Management Information System (CPMIS)

Child Protection (CP), which aims to create a protective environment and strengthen child protection systems, is one of the key strategic objectives of the NCPA II. The Child Protection Management Information System (CPMIS) will provide more detailed data for monitoring of child protection indicators in the MVC M&E plan, particularly those related to prevention of and responses to cases of violence, abuse, neglect, and exploitation, including children in conflict with the law. The CPMIS has been developed to help manage child protection information while facilitating monitoring and evaluation interventions across different sectors in the country. The MVC M&E plan has two impact/outcome indicators and eleven output indicators related to child protection. Three of the output indicators are considered key and will be collected through regular monitoring activities.

The key output indicators are: 1) number of cases of violence against children reported to relevant authorities; 2) number of reported cases of violence against children that have been confirmed by DSWO; and 3) number of confirmed child protection cases that receive appropriate care and support services. Child protection data for these indicators will be obtained through the CPMIS. The other output indicators will be collected as described earlier in the MVC M&E Indicator Matrix (Table 1).

For the MVC M&E plan, the CPMIS contribution to the MVC/DMS will be limited to aggregated figures for the three indicators outlined above. DSW will then analyze the disaggregated information for CP monitoring purposes. This arrangement will help the government to measure progress in implementation of child protection legislation, regulations, guidelines, and programs.

The CPMIS has distinct but inter-connected modules that generate data from multiple sectors and actors involved in child protection program interventions. These modules are:

- I. *District Case Management System (DCMS)* – The module supports case management by Social Welfare Officers and the District Child Protection Teams by providing a structured format for recording data about individual CP cases while generating comprehensive statistics to monitor a set of agreed indicators.
- II. *Preventive Interventions* – The module documents and monitors district and sub-district Child Protection Actors' activities geared toward strengthening the ability of children, their families, and communities to prevent child abuse and to access services when abuse occurs.
- III. *Child Helpline* – This stand-alone module for the new Child Helpline helps manage data and generates the statistics required to effectively monitor the number of cases reported and referred to the LGAs for action.
- IV. *Police Gender and Children's Desk* – These are two linked modules to monitor children that have experienced violence, abuse, neglect, or exploitation; and children that are in conflict with the law.
- V. *Child Protection Mapping* – This module provides a framework for mapping child protection needs, capacity, and services at the district level, which can be used to inform and support the implementation of inter-departmental child protection systems.

For a more in-depth description of the modules please refer to the CPMIS strategy.

CPMIS child protection data management responsibilities are decentralized across sectors, including Social Welfare; Community Development, Gender and Children; Police; Courts; Education; and Health, as well as among the non-state actors. The Social Welfare Department, as required by the law, is in charge of coordinating implementation of the child protection system and therefore is responsible for collecting and managing child protection data.

For child protection, data flow start from the village/Mtaa as follows: At the village/Mtaa level, members of MVCCs/child protection teams will use a child protection case register where all possible cases of children at risk of or experiencing abuse, will be recorded. The essential information in the register will be then shared with the DSWO for investigation and action if needed. The DSWO will also record the information in an appropriate register, together with the cases reported by other actors. For case investigation and case conferences, district case management system tools (case investigation and case conference forms) will be used. Members of MVCCs/CPTs will also be involved in preventive interventions and will use MVC awareness creation forms to collect data.

Some cases will be referred directly to DSWO or other frontline workers such as police and health workers or through other means such as the child help line, direct contact with individuals, or other community structures. To avoid double-counting, the DSWO must verify all cases referred through other sources and cases reported through MVCC before entering data into the electronic management system. The verification process is part of the DSWO's role in case investigation and case management, as stipulated in the Law of the Child Act – 2009 and its regulations. Other details of child victims of violence, abuse, neglect, and exploitation will remain

within MVCCs and will be provided to SWOs or authorized officials dealing with a case, as specified in CP regulations. These details will not be captured in the MVC DMS, but will be recorded in the CPMIS, where they will be accessible to specific authorized personnel.

At the district/LGA level, the DSWO will use the information from MVCC, police officers, education workers, the Child Helpline, and health workers to produce data for the three output indicators generated through regular monitoring. These include cases that have been provided with appropriate care and support services at the district level (such as access to justice, emergency care and support, etc.) as well as those referred for MVC services (such as health, education, economic support mechanisms in the communities, etc.). As required by the law, DSWO, upon receipt of the referral, will determine through investigation whether the referred cases fall into CP categories before recording them as number of reported cases of violence, abuse, neglect, and exploitation against children.

3.3.2. Collection of Data from TASAF III Household Economic Strengthening Program

TASAF III aims to contribute to poverty reduction, as laid out in MKUKUTA II (Mpango wa Pili wa Kukuza Uchumi na Kuondoa Umaskini Tanzania/ National Strategy for Growth and Reduction of Poverty), by supporting disadvantaged and vulnerable people in Tanzania.

The program targets vulnerable households living below the food and income poverty lines, including vulnerable households caring for vulnerable children under five years old, children eligible for school living in vulnerable households, and households with elders (people older than 60 years of age) who are sick, have a disability, and who are caregivers of vulnerable children.

TASAF III program areas include:

- Provision of conditional cash transfers to eligible women and children to increase access to food. Conditions for the cash transfers include: increased uptake of health services for women and children under age 5, and increased school enrollment and attendance for children of school-going age.
- Support for community-driven interventions that enhance livelihoods and increase incomes (through community savings and investments as well as specific livelihood enhancing grants).
- Provision of targeted infrastructure development support through a public works program that builds needed public assets in education, health, water for service to poor communities.
- Capacity building to ensure adequate program implementation by community, local government authority, regional, and national levels.

The TASAF III M&E system has the following components:

- **Computerized Program Management Information System:** This comprehensive centralized web-based MIS, with decentralized operations at Project Area Authority (PAA) for monitoring implementation against targets, tracks program expenditures and facilitates regular progress.
- **Unified Registry of Beneficiaries (URB):** The URB captures all households targeted by the program, the support they receive from the program and their dates of program entry and exit.
- **Studies, Surveys and Evaluation:** The surveys will be undertaken to collect data to complement information generated by the computerized MIS.

- **Participatory Monitoring and Evaluation:** Participatory M&E will be implemented at the village/ Mtaa level to promote data use and accountability of service providers
- **Mobile Phones:** Mobile phones are used to collect service information about compliance in the conditional cash transfer component, to transfer payments, lodge individual grievances, and register concerns about improper program implementation by any of the implementing parties.

The TASAF M&E system will provide complementary data to the MVC database on the following indicators:

- Number of households with MVCs registered in the program
- Number of MVC households receiving conditional and unconditional cash transfer
- Number of households participating in saving groups
- Number of households receiving extension services

TASAF III Data Collection and Flow

TASAF III uses both paper and electronic systems to collect, analyze, and aggregate program data. The paper system is used to collect data at the village or Mtaa level, and the Community Management Committee (CMC) aggregates the data to produce quarterly report. One copy of a quarterly report is submitted to the Village Council and another to the District Program Area Coordinator.

At the PAA level, the TASAF coordinator enters data into the electronic management system (MIS) and produces quarterly report. The quarterly report extracted from the MIS is then sent to the regional TASAF coordinator for aggregation and production of regional quarterly reports. The regional quarterly report is sent to PMORALG and the TASAF Management Unit (TMU) for aggregation and sharing with various stakeholders.

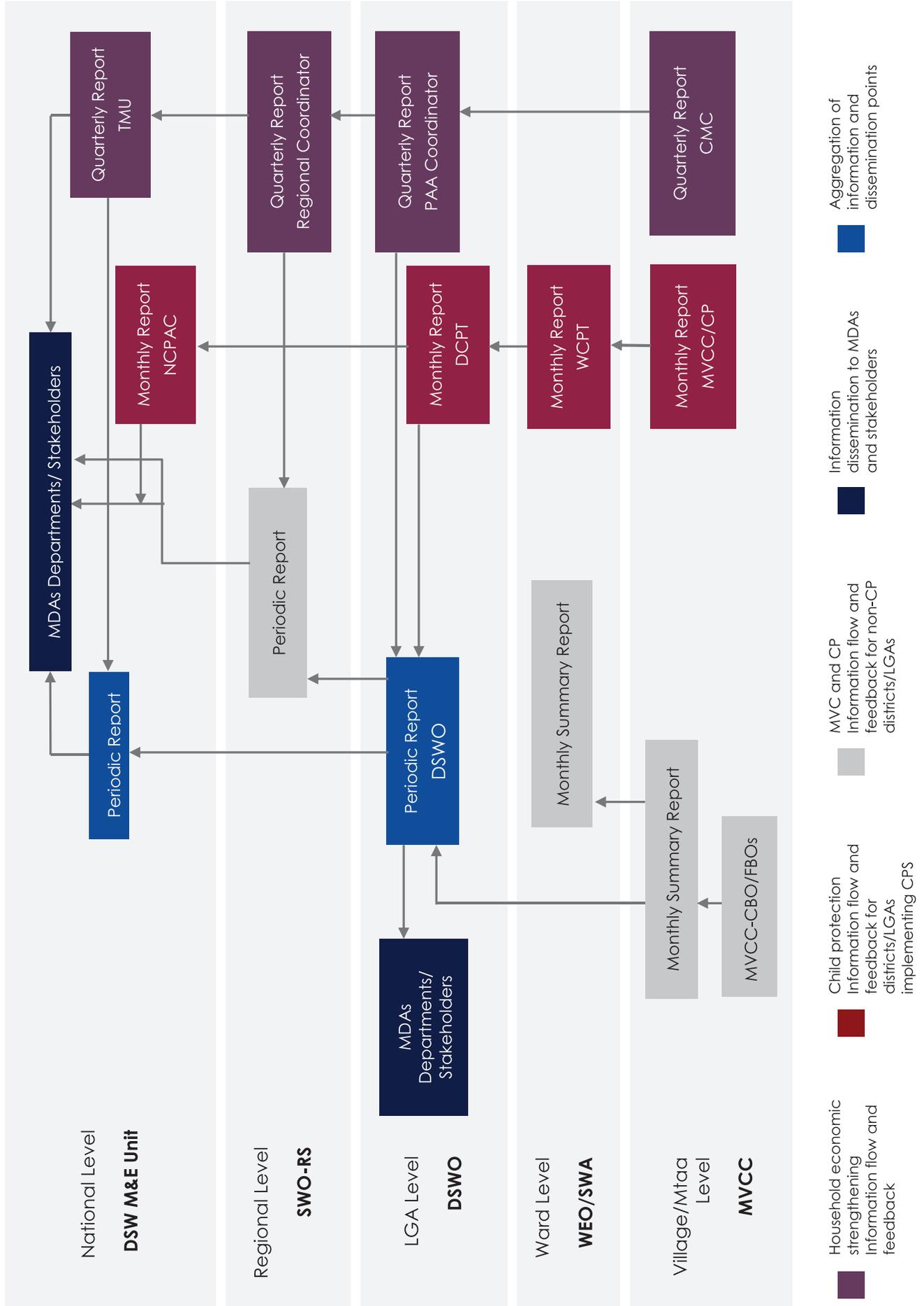
3.3.3 Comprehensive NCPA II Data Flow Process

The data flow diagram presented earlier aligns with the data flow for the other complementary MVC databases, especially CPMIS and TASAF. The alignment in reporting levels and units facilitates triangulation of data from the multiple sources and comprehensive monitoring of MVC interventions.

At the LGA level, the TASAF coordinator sends a report to DSWO for inclusion in the periodic NCPA II report. Likewise, for districts implementing CP, the District Child Protection Team sends a service coverage report to the District Social Welfare Officer for inclusion in this NCPA II report. The District Social Welfare Officer collates reports from all NCPA II implementers to produce a comprehensive NCPA II periodic report and disseminates it to MDA departments and stakeholders within the district.

At the national level, the National Child Protection Advisory Committee (NCPAC) and the TMU send a service coverage report to the DSW M&E unit for inclusion in the national periodic NCPA II report, with together yield a comprehensive NCPA II periodic progress report. The DSW M&E focal officer collates and prepares and disseminates a consolidated periodic report to MDAs and all stakeholders. Figure 3 depicts the comprehensive data flow for some NCPA II program components.

Figure 3: NCPA II Comprehensive Data Flow Diagram



3.4 Collection of Supplemental Information

Periodic studies will track indicators related to the availability and functioning of CP and MVC systems, coordination structures at the LGA level, and availability of guidelines, standards, and compliance or implementation of the developed laws, regulations, and guidelines. The primary outputs of such interventions are documents and information in the form of plans, tools, guidelines, regulations, training materials, and information, education, and communications (IEC) materials. Data on these indicators cannot be collected routinely but instead require special periodic collection. For example, periodic content analyses will determine if a policy or strategic plan met certain criteria (use of local data, etc). The DSW M&E unit, with technical support from MVC M&E TWG and in consultation with other stakeholders, will decide on the assessment areas.

3.5 Data Management

Data management includes procedures that outline how program data will be handled and stored during and after program implementation. In MVC, program data management includes processes for retention, storage and confidentiality, and data backup, as described below:

3.5.1 Data Retention

Data retention protocol allows program implementers to store data for a certain period of time as back-up in case of any loss, for data quality audit purposes, for accountability to the government or donors, or to be used for further analysis. For the MVC program, the existing MoHSW data recording and retention policy for other government data will be used to document, maintain, and retain MVC data at all levels.

3.5.2 Data Storage and Confidentiality

- Various data storage procedures will be followed according to where the data have been collected, aggregated, and reported.
- *Village/Mtaa and ward level:* The monthly service summary report from the village/Mtaa level will be submitted to the wards and districts, while the original forms will be stored at the Village Executive Officer's (VEO) office. At both levels (village/Mtaa and ward), existing government filing and storage system will be used to store MVC information. MVC files will be stored in a locked cabinet.
- *National and district council levels:* Paper-based forms will be stored using the existing government filing system. Most of the data, however, will be entered into the electronic system for storage and management. All data will be stored at a central server housed at Department of Social Welfare
- Existing government social welfare confidentiality protocol and child protection guidelines (2011–2015) will be used to secure MVC information (Standing Orders for the Public Service—2009).

3.5.3 Data Backup Procedure

Data will be entered into the electronic system at the district level. The backup server will maintain recent copies of the district databases to enable quick recovery in case of failure either at the data entry installations or the main server. The database will also include an automated backup system.

Data backup procedures (schedule and timeliness) will be created to facilitate data backup at each point of data entry.

3.6 Data Quality Assurance

Data quality assurance is the process of ensuring that data clearly and adequately represent the result that they intend to measure. Data quality dimensions in monitoring and evaluation include accuracy (validity), reliability, precision, completeness, timeliness, and integrity. The following measures will be taken to ensure the data collected are valid and of high quality:

3.6.1 Training of Data Providers

Training on M&E plan and data collection forms

Training of Trainees (TOTs) courses will build skills of Social Welfare officers from DSW's head office, Regional Social Welfare officers, and staff within implementing organizations in basic M&E, including M&E planning and use of data collection forms. The TOT participants will be responsible for cascading M&E training down to the district/council level. District Social Welfare officers and IP M&E officers will then train primary data collectors (members of MVCC and CBOs/FBOs volunteers) on basic M&E concepts, how to complete data collection forms, reporting, and on basic data quality concepts, data analysis, interpretation, and use.

Training on MIS

District Social Welfare officers will be trained on how to use DHIS 2. The training areas will include data entry, data backup, and report extraction from the database.

3.6.2 Data Quality Assessment

The DSW M&E focal officer, with technical support from members of the M&E technical working group, will coordinate and conduct internal data quality audits (DQAs) once a year among selected LGAs. The M&E officer will use an adapted data quality guideline to assess the strengths and weaknesses of the MVC M&E systems, from the service delivery point to the national level. Following each DQA round, a plan of action will be developed to address M&E gaps identified to strengthen the MVC M&E system.

For each data set, the following data quality issues will be considered:

- **Accuracy:** To what extent are the data reported correct?
- **Reliability:** Are the data collected in a consistent manner?
- **Completeness:** Have all reporting units (MVCCs, etc.) reported the data? Have they reported all the required data?
- **Timeliness:** Are data reported when they are needed? Are the reported data current?

3.6.2.1 Ways to Handle Double-Counting

Double-counting within a program occurs when individuals receiving services are counted more than once. Double-counting within the MVC program can occur because there are many interventions and multiple providers. For example, implementing partners or village/Mtaas count visits instead of unique individuals. Consequently, when an individual receives services from two or more implementing partners, he or she is counted twice at the aggregation level.

- Because the first aggregation is done at MVCC level, the following will be considered to avoid possible duplications:
- Design a client-specific reporting system so that data is aggregated by unique individuals and not records.
- Develop a simple data compilation and aggregation checklist (include clear instruction to the data

collectors on how to collect the three identifiers to count, e.g., beneficiaries will only be counted once in a month per service).

- Train data collectors to use the checklist.
- Provide data collectors with tools which can be used for aggregation.

Orient data collectors on the data flow structure and reporting mechanisms, as there will be one channel of reporting from CBOs/FBOs/MVCCs and to the district council level (see the data flow diagram, Figure 3).

3.6.2.2 How to Address Inaccurate, Missing, and Incomplete reports

- To ensure that the report is complete with no gaps, the following steps will be followed at different levels of M&E plan implementation:
- Develop and implement a report compilation checklist based on the contents of the report.
- Train implementers on reporting guidelines and timelines and emphasize the need for timeliness and accuracy.
- Orient implementers on the report verification and validation process.
- Send out a written reminder for late reports.
- Visit districts/communities that often submit incomplete reports and/or report late and orient them on the need and importance of timeliness and accuracy.

3.6.2.3 Data Discrepancies

- Where there are any discrepancies in data by the next reporting level, the following steps should be undertaken:
- Send written feedback to the responsible office.
- The office responsible must resubmit the report.
- If the discrepancy cannot be resolved, the recipient of the report will conduct an immediate supportive supervision visit to the particular office.
- Build capacity within the system to identify inconsistencies, errors, and over-reporting.

3.6.3 Supportive Supervision

The aim of supportive supervision is to review and validate reports received as well as to identify NCPA II implementation challenges and best practices. Supportive supervision visits will be conducted at district and village/Mtaa levels as follows:

- **From the national level to the district council level:** The DSW M&E focal officer, MVC program focal officers, MVC focal officer from PMORALG, and regional social welfare officer will conduct joint supportive supervision visits to a selected number of MVCCs, implementing partners, and district councils on a quarterly basis.
- **From the district council level to the ward and village/Mtaaa levels:** District council officers and IP program focal officers will conduct joint supportive supervision visits to a selected number of wards and villages/Mtaas on a quarterly basis.

A supportive supervision checklist, which includes items on M&E and quality improvement, will be used. The DSW M&E unit, with technical support from the M&E technical working group, will develop and coordinate implementation of a supportive supervision plan. Supportive supervision reports will be shared during IPG and TWG meetings at the national level.

At the district level, supportive supervision reports will be shared during MVC coordination meetings.

3.6.4 Data Approval Procedures

Monthly and periodic reports require approval from another authorizing body. For MVCC, the VEO will be responsible for approvals. For CBOs/FBOs, the program coordinator will be responsible; and at the district council level, the District Executive Director (DED) will be responsible for approving submitted reports. At DSW, the Commissioner for Social Welfare will be responsible for approving reports. The approval process will help to hold data providers accountable for the information reported.

3.6.5 M&E-related Guidelines

The Department of Social Welfare will develop or adapt adequate M&E-related guidelines and reference materials for M&E implementers at different levels. The aim is to ensure that users have enough guidelines and are adequately trained to effectively perform their M&E functions. The materials will include DQA guidelines, data demand and use (DDU) guidelines, MIS user guidelines, etc., as well as existing government M&E-related guidelines on filing systems, data retention, etc.

3.7. Data Analysis and Use

3.7.1 Data Analysis

Community level

Simple data analysis for paper systems will be carried out at the community level for reporting purposes and to support decision making. The analysis will involve counting and aggregating data in frequencies and totals, for example total number of new MVC registered in a reporting month by age group and sex, or number of MVC provided with education support by age group and sex. This will form part of monitoring at the community level where coverage, quality, and type of services will be analyzed.

District and national levels

At the district/LGA and national levels, the electronic database will include aggregated reports for each of the selected routine indicators. The District Social Welfare Officer (DSWO) will analyze the information at the district council level, and the M&E focal officer will analyze the information at the DSW. The database will include decision support tools such as dashboards and graphs to show, for example, aggregated data from the database, MVC registration trends, and service information by location, and will allow comparisons between LGAs and against targets. In addition, the system will allow customization of information and exporting of data for further analysis.

3.7.2 Data/Information Use Strategy

An information use strategy indicates how key stakeholders will use the data to inform policy and programmatic decisions. A primary objective of a data use strategy is to describe ways/activities that will be undertaken to improve data demand and use in decision making processes. The following steps will be undertaken to plan for data use at both national and LGAs levels:

1. **Identify data needs and potential sources:** This will entail identifying key stakeholders, describing the type of MVC data they need, and determining what type of decisions they make. Additional considerations will be the frequency by which or intervals when particular information is needed and the availability of required data, as well as data quality.

2. **Hold data review and analysis meetings by engaging data users and producers:** Quarterly meetings will allow data producers and users to analyze data, review performance, and apply data in program decision making processes. When data users and producers work together, they become more aware of the data collection process and methods, the available data sources, and the quality of those data.
3. **Improve data quality:** This involves implementing standards and procedures that ensure accuracy, reliability, precision, completeness, timeliness, integrity and confidentiality of data. Both internal and external checks for data quality must be done routinely.
4. **Make sure that data are available:** All MVC information products need to be customised and disseminated appropriately to different stakeholders. Special attention will be paid to ensuring ease of accessing and understanding data.
5. **Conduct training on data use core competencies:** Data users will be trained on how to analyzes, interpret, and use MVC data to make decisions.
6. **Develop data use action plan:** Each level of data aggregation needs a data use plan to help users understand how to transform data into information, information into knowledge, and to put knowledge into action.

The DSW M&E focal officer will coordinate and facilitate implementation of the data use strategy at the national level, and DSWO is responsible at the LGA level.

3.8 Reporting to Stakeholders

This section describes how the data collected and analyzed will be made available to stakeholders at all levels.

3.8.1 Information Products

The national MVC M&E system will produce the following information products that will be disseminated to key stakeholders at the national, regional, district, and community levels:

Monthly summary reports

At the Mtaa/village level, implementing organizations will work with members of MVCC to produce a monthly summary report that will inform stakeholders where and what kind of care, support, and protection services that MVC/MVC households received during the month. The report will be based on the information that service providers have entered in the monthly service tracking form. The report contains information analyzed by age, sex, location, and type of service/support from service providers (implementing organizations and members of MVCC). The report also includes a narrative section (remarks) which will provide key information and interpretations for any observed trends.

Periodic reports

These reports, which can be quarterly or annual, will provide a comprehensive overview of the national MVC response periodically and summarize all routine indicators against achievements per strategic objective.

Quarterly reports will highlight the implementation progress for all routine indicators and will be disseminated to the DSW head office, the M&E TWG, and IPG.

The annual reports will summarize all indicators for the specific year and will provide analytical information derived from quarterly reports.

Other Reports

Supportive supervision reports: These reports will be produced at the national level twice yearly, and quarterly at the district level. The reports will provide feedback on any challenges related to data collection and management processes and help identify earlier remedial measures.

DQA reports: Like the supportive supervision reports, DQA reports will provide feedback on threats to data quality and help identify early remedial measures. These reports will be produced after each round of DQA and will be shared at different levels of M&E implementation. At the national level, the report will be shared at IPG, DSW, and MoHSW meetings. At the district level, the report will be shared during district coordination meetings.

Periodic outcome/impact assessment reports: The assessment reports will be made available to all key stakeholders and the general public, and their key findings will be disseminated widely in a range of appropriate formats.

Table 3 summarizes reporting responsibility, frequency, and timeframe for the different reports.

Table 3: Reporting Responsibilities, Frequency, and Timeframe

Type of report	Report Responsibility	Submitted to	Frequency	Timeframe
Monthly summary report	Service Providers (MVCC and Implementing partner)	Village/Mtaa government	Monthly	7 th of each month
		Copy Ward	Monthly	10 th of each month
Periodic report	District (DSWO)	Regions	Quarterly, Annual	16 th of each new quarter 16 th July each year
Periodic report	Regions (Social Welfare Officer-RS)	PMORALG	Quarterly, Annual	16 th of each new quarter 16 th July each year
Periodic report	DSW M&E Unit	PMORALG	Quarterly, Annual	16 th of each new quarter Before budgeting session (date TBD)

3.8.2 Data/Information Dissemination and Sharing

The above mentioned MVC M&E information products will be disseminated to all key stakeholders so that they are all informed about the NCPA II implementation processes, outcomes, and impacts. Table 4 shows different forums identified in NCPA II to disseminate MVC information at national and LGA levels. Other forums not included in the NCPA II which can be used to disseminate MVC information include Association of Local Authority of Tanzania (ALAT) meetings, Regional Consultative (RCC) meetings, District Consultative Meetings, Ward Development Committee (WDC) meetings, village/Mtaa meetings, international conferences, stakeholder dissemination workshops, Child Welfare events (such as Children's Day), monthly MVC newsletters, etc. These forums provide an opportunity for stakeholders to disseminate, review the progress of, and use information to make program decisions.

Table 4: M&E Information Products and Dissemination Plan

Forum	Participants/Members	Information Products	Method of Dissemination	Frequency
NSC Meeting	Permanent secretaries from line ministries	Periodic reports, assessment reports	Written report and Power Point presentation and discussion	Bi annually
NTC Meeting	Senior government officers from key and line ministries dealing with MVC and representatives from DP and IPs	Periodic reports, assessment report	Written report and Power Point presentation	Quarterly
MoHSW Management Meeting	Head of departments	Periodic reports, Supervision report	Written report and Power Point presentation	Quarterly
NCPAC	Children Focal Officers from line Ministries, development partners, and child protection implementing organizations	Periodic reports, supervision reports	Written and Power Point presentation	Quarterly
IPG Meetings	Members from line ministries, development partners, and implementing organizations	Periodic reports, supervision reports, and DQA reports	Newsletter, Power Point presentation	Quarterly
DSW Management meetings	Head of units	Periodic reports, supervision reports, and DQA reports	Written report and Power Point presentation	Monthly
M&E TWG Meetings	M&E focal officers from line ministries, M&E officers from development partners, and implementing organizations	Periodic reports, supervision reports, DQA reports, monthly summary reports	Power Point presentation and discussion	Quarterly
District MVC coordination meetings (MVCC/CPT/IPG)	Led by DSWO and brings together heads of departments and CSO coordinators	Monthly summary reports	Written report and Power Point presentation	Monthly
Community meetings	Members of MVC committees	Monthly meeting reports	Brief presentations and discussion	Monthly

3.9 Feedback

At the national level, National Steering Committee (NST), National Technical Committee (NTC), and MVC Implementing Partners Group (IPG) meetings will be used to provide overall feedback on the performance and implementation progress of NCPA II.

At the district council and community levels, feedback will be provided during supportive supervision visits. District Social Welfare Officers will also provide written feedback after receiving MVC reports from the community level. Feedback will focus on performance, implementation progress, data quality issues, and challenges.

CHAPTER FOUR: EVALUATING NCPA II

4.0 Introduction

Evaluations are conducted to measure the effectiveness of program interventions in relation to objectives. The evaluation of NCPA II will focus on identifying linkages between the outcomes of the NCPA II and its impacts. It will also look at key outputs in relation to outcomes and the entire NCPA II implementation process in terms of improving the well-being of MVC, their households, and communities.

The DSW M&E unit, with technical support from the MVC M&E TWG, will be responsible for coordinating and managing the evaluations. This will include:

- Developing scope of evaluations and evaluation questions in relation to indicators, including terms of reference for evaluations
- Sharing the evaluation protocol with other stakeholders for feedback
- Advertising tenders for conducting evaluations and selecting study implementers
- Ensuring that the evaluation teams adhere to study protocol and timeline and provide feedback on the status of the evaluation and on any other technical issues related to the evaluation.
- Reviewing evaluation draft reports, and ensuring that all key stakeholders make comments to the draft and that the evaluators receive feedback.
- Ensuring that the final evaluation reports are disseminated to key stakeholders for use in program planning and decision-making processes.

4.1 Evaluation Questions

The following evaluation questions will be asked to determine if the NCPA II objectives were met and what kind of outcomes were realized:

- To what extent have the objectives of NCPA II been met?
- How well was the program designed and implemented?
- To what extent did the program lead to increased community support/involvement in MVC programs?
- Was there any significant change in the well-being of MVC and their households, and to what extent are any observed changes attributable to the program?
- Are the results consistent with the project objectives?
- Are there any unintended results arising from program activities?
- What factors beyond the project's control have contributed to the project's successes or lack of success?
- What challenges were encountered in achieving MVC program results and how have they been addressed?
- What has been the impact of the program on the nutritional, emotional, educational, and socio-economic well-being of MVC?

4.2 Types of Evaluation

For NCPA II, different types of evaluations will be conducted to measure the effectiveness of the program, including the following:

4.2.1 Baseline

Baseline studies collect information that will be used to compare situations before program started and after it started. Baseline values for NCPA II indicators identified in this M&E plan will be collected to facilitate target-setting and to serve as the basis for measuring progress in achieving program objectives and outputs. A consultant will be hired to collect baseline information for the indicators from secondary sources such as the Census Report (2012), National Panel Survey (NPS) 2012/2013, Violence against Children (VAC) report (2009), and other sources. For some indicators, baseline values will be given when the indicator is first reported. Data collected during program implementation will be used to measure progress against targets.

4.2.2 Process Evaluation

Process evaluation assesses the implementation of program interventions in relation to service utilization. For NCPA II, program implementers will conduct process evaluations at the national and LGA levels and assess operational aspects such as program management, implementation of activities, and service utilization. The assessments will provide information of how program interventions were implemented and how many MVC/ MVC households were reached.

4.2.3 Outcome/Impact Evaluation

An outcome or impact evaluation measures whether a program is having the desired effect on targeted populations, how large the impact is, and who benefited or not. It is usually measured at mid-term or end of the program. For NCPA II, an end-of-program evaluation will be conducted to generate information that will help stakeholders understand the interventions that are working, determine the extent to which the expected outcomes were produced, understand the challenges, and use the information to inform subsequent MVC programming.

4.2.4 Studies

In addition to the planned impact evaluation, partners may conduct special studies during implementation. The studies would be aimed at assessing stakeholders' perceptions of the NCPA II approaches and how they affect communities in program areas. The studies would focus on lessons learned during program implementation, and the findings would be used for modification of NCPA II implementation strategies. Studies could include feedback from beneficiaries and stakeholders regarding access to, utilization of, and satisfaction with the services delivered by the program.

4.2.5 Surveys

Impact indicators such as percent of MVC households with an improved Progress out of Poverty Index (PPI) will be integrated into and measured through population-based surveys, particularly the Tanzania National Panel Survey (TNPS). The National Panel Survey is a Multiple Indicator Cluster Survey conducted every year at a household level for measuring poverty dynamics and tracking the progress of MKUKUTA II. It collects information on agricultural production, non-farm income generating activities, consumption expenditure, and other socio-economic characteristics. To integrate PPI into the National Panel Survey, DSW will do the following:

- Hold consultative meetings with NBS on the matter;
- Contribute to the development of the MVC chapter, survey protocols, tools, and materials;
- Share the survey protocol during the IPG meeting for feedback;
- Work with NBS to pilot test and finalize data collection tools; and
- Contribute to the training of supervisors and data collectors.

CHAPTER FIVE: COORDINATION, ROLES, CAPACITY BUILDING AND IMPLEMENTATION OF THE M&E PLAN

5.0 Coordination

The Department of Social Welfare’s M&E Unit has the key role of coordinating the rollout and implementation of this M&E plan. In addition, it is responsible for ensuring coordination among all stakeholders implementing the M&E plan and that they are aware of their roles and responsibilities. There are three levels of coordination MVC M&E activities as follows:

- **At the national level:** The DSW M&E focal officer leads coordination of all MVC M&E activities and is a chair of the national MVC M&E technical working group. The national MVC M&E TWG provides technical support to the DSW M&E unit in the rollout and implementation of the M&E plan. The TWG comprises different MDAs, development partners, and implementing partners. The TWG will meet quarterly to share the M&E plan implementation status and NCPA II implementation progress.
- **At the LGA level:** The District Social Welfare Officer will coordinate M&E activities at the LGA level and will be responsible for coordinating monthly MVC meetings such as IPG. The IPG meeting brings together various stakeholders implementing the MVC program in their respective areas and is a forum for stakeholders to share information about service coverage and planning for service provision.
- **Implementing partners:** Implementing partners’ role is to coordinate all MVC M&E activities in their areas of operations.

5.1 Roles and Responsibilities for Managing the MVC M&E Plan

All stakeholders implementing the MVC program, ranging from the village/Mtaa level to the national level, are responsible for monitoring and evaluating the NCPA II. The stakeholders include DSW, the national MVC M&E technical working group, MDAs, LGAs, development partners, implementing partners, CBOs/FBOs, and MVCC. Coordination and oversight of the M&E plan, however, is the responsibility of the DSW.

Table 5 summarizes the roles and responsibilities of each stakeholder in the implementation of the national M&E plan.

Table 5: M&E Roles and Responsibilities

No.	Ministry/Department/ Agency/Organization	Roles and Responsibilities
1.	MoHSW	Coordinate national technical and steering committee meetings
2.	MoHSW: Department of Social Welfare M&E Unit	Coordinate and lead implementation of the national M&E plan Monitor data flow processes Coordinate and provide supportive supervision and data quality assessment Coordinate M&E TWG meetings Coordinate and conduct M&E trainings at the regional and district level Sensitize and mobilize resources for the implementation of M&E plan Update MVC M&E data Manage and support use of MVC MIS Collect, verify, analyze, and disseminate regular progress report to DSW management, IPG, and other stakeholders as required Coordinate data quality assessment exercise Coordinate and manage evaluation process Coordinate rapid assessment and research studies Coordinate review of M&E plan and development of data collection tools
3.	National MVC M&E TWG	Provide technical support to DSW M&E Unit in the rollout and implementation of M&E plan Provide technical support to DSW M&E unit in the development and review of MVC M&E documents and tools when needed Participate in technical working group meetings Provide technical support to DSW M&E unit in the design and implementation of baseline studies, rapid assessment and surveys
4.	PMORALG–MVC focal Officers	Provide supportive supervision Coordinate MVC reporting
5.	MDAs	Monitor and report implementation of all NCPA II activities as per commitments made Participate in the national IPG meetings and share progress report Participate in program review meetings
6.	Social Welfare Officer – RS	Undertake quarterly supportive supervision to councils Provide M&E technical assistance at the district level Aggregate and share MVC progress reports Supervise MVC reporting

No.	Ministry/Department/ Agency/Organization	Roles and Responsibilities
7.	Districts Social Welfare Officer	Provide M&E technical support to the ward and village level Collect, analyze, and use MVC data for programmatic decision making process Update council electronic MVC MIS Ensure data quality Disseminate progress reports to stakeholders Undertake quarterly supportive supervision visits to the wards/villages Coordinate review meetings Sensitize and advocate for the use of information in programmatic decision making Report to DSW and the Regional Secretariat quarterly Mobilize resources for the implementation of the M&E plan Give feedback to the wards
8.	MVCC at the Village/ Mtaa level	Record and report data on MVC in a timely manner Conduct MVC registration Update MVC registers Implement feedback Ensure data quality
9.	Implementing Partners	Provide technical support to stakeholders within their program areas in data collection, analysis, reporting, and quality improvement/ assurance Ensure utilization of the MVC DMS at the council level Report on implementation progress as required Participate in supportive supervision visits Mobilize resources for implementation of M&E functions Participate in the national IPG meetings Participate in the MVC M&E review meetings
10.	Development Partners	Provide financial and technical support for development, review, and implementation of the M&E plan Be part of the national MVC M&E technical working group Use available data for advocacy, policy development, and programmatic decision making Mobilize resources for implementation of M&E activities as outlined in the M&E plan and M&E system strengthening plan Build consensus on harmonizing NCPA II information requirements and information sharing system Contribute to NCPA II annual reports

5.2 Capacity Building Strategy

The capacity building strategy aims to ensure that the national MVC response has adequate skilled human resources at all levels of the M&E system.

To ensure that stakeholders have the necessary skills in M&E, a number of activities will be undertaken:

- **Implementing M&E capacity building plan of the Multi-Sectoral–Multiyear MVC M&E System Strengthening Plan:** The DSW M&E unit, with support from the M&E TWG, will coordinate and implement activities suggested in the Multi-Sectoral–Multiyear MVC M&E System Strengthening Plan and will build capacity of LGAs and service providers at the village/ Mtaa level to be able to implement this M&E Plan. The M&E capacity building will include orientation on the national MVC M&E plan, basic M&E concepts, data collection tools, and data analysis, storage, reporting, dissemination, and use. It will also address knowledge of data quality concepts and skills in conducting supportive supervision and data quality assessments for national- and district-level social welfare officers
- **Coaching and mentoring:** The DSW M&E focal officer and District Social Welfare officers and implementing organizations will provide on-site M&E mentoring and coaching at the LGA level. This will be done during supportive supervision visits.
- **M&E training manual:** The Department of Social Welfare will develop a standard MVC M&E training manual to be used for training of trainers (ToTs) to ensure consistency of training contents and materials.

5.3 M&E Implementation Plan and Costs

The main activities in the first year of implementation and rollout of the M&E plan are identified in Table 6. The costs of implementing most activities identified in the M&E work plan are included in the Multi-Sectoral–Multiyear MVC M&E System Strengthening Plan (2014).

Table 6: Operational Plan for National M&E Plan for MVC (October 2014–September 2015)

Planned Activity	Timeframe 2014/2015												Responsible Party	
	O	N	D	J	F	M	A	M	J	J	A	S		
1 Collect baseline values for indicators														DSW, MEASURE Evaluation
2 Develop simple version of M&E Plan														DSW M&E Unit, MEASURE Evaluation
3 Translate simple M&E plan and data collection forms in Swahili														DSW, MEASURE Evaluation
4 Conduct TWG meeting to review simplified version of M&E plan and Swahili data collection forms														DSW, MEASURE Evaluation , TWG
5 Develop standard MVC M&E and data collection tools training materials														DSW M&E Unit TWG
6 Conduct M&E TWG to review training materials														DSW-M&E Unit
7 Train TOTs														DSW, MEASURE Evaluation
8 Pilot test data collection tools in 2 districts														DSW, MEASURE Evaluation
9 Refine and finalize data collection tools														DSW, MEASURE Evaluation
10 Launch M&E plan														DSW, TWG
11 Disseminate final M&E plan (Online and printed distribution)														DSW, TWG
12 Print simplified M&E plan and data collection tools														DSW, TWG
13 Train district officers on the MVC M&E plan														DSW, TWG

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Comments and Remarks:

CODES

F-Category of MVC (a child can be in more than one category)		G-Kinds/Types of Disability	I-School Level	J-Standard or Class	Q-Relationship with the child
1. Child living in extreme poor household	9. Child living in institutional care (orphanages) 10. Child in prison/accompanying mother in prison or remand prison 11. Child involved in the worst forms of child labour	1. Albinism 2. Mental 3. Hearing 4. Visual 5. Physical 6. Multiple 7. Speech Impairment 8. Others (specify)	1. ECD Centres 2. Pre- Primary 2. Primary 3. Secondary 4. Vocational training 5. College	1. Pre- School 9. Form I 2. Std 1 10. Form II 3. Std 2 11. Form III 4. Std 3 12. Form IV 5. Std 4 13. Form V 6. Std 5 14. Form VI 7. Std 6 15. Other 8. Std 7	1. Father/Mother 2. Grandfather/Grandmother 3. Aunt/Uncle 4. Stepfather/Mother 5. Sister/Brother 6. Cousin 7. Family friend 8. Foster parent 9. Adoptive parent 10. Other
2. Child living with a caregiver with a disability who is not able to complete household chores					
3. Child living in a household with only elderly caregiver i.e. (60 years and above)					
4. Child is an orphan	S- Head of HH employment Status 1. Employed 2. Unemployed 3. Self Employed R-Types of MVC Households 1. Child headed household 2. Adult headed household K-Child's Primary Caregiver 1. Both parents 2. Mother/father only 3. Other relative 4. Foster parent 5. Institutional care 6. No primary caregiver	T-MVC Household socio-economic status 1. Very poor households 2. Poor Households 3. Moderately poor 4. Not poor			
5. Child living with a chronically ill care giver					
6. Child is disabled					
7. Child is chronically ill (includes HIV positive children)					
8. Child living or working on the street					

Completed by: _____ Position _____ Signature _____ Date _____

Date of submission: _____

Approved by: _____ Position _____ Signature _____ Date _____

Comments and Remarks:

CODES				
P- HES Services Accessed 1. HH active in a community saving group 2. HH received a loan from community saving groups (<i>SILC/ WORTH, CHF, Micro insurance</i>) 3. HH operating IGA/involving with production activities 4. HH attended HES skills training (eg business skills, farmers field school, marketing, production etc) 5. HH linked to market 6. HH linked to employment 7. HH trained on household food security	T- Food & Nutrition support 1. Food and nutritional supplement 2. Provision of food 3. Nutrition education/counselling 4. Other food and nutrition services. Specify _____	U- Shelter 1. House renovated/built 2. Re- intergration into family 3. Foster parent 4. Clothing support 5. Other Shelter services _____	V-Types of Referrals 1. Primary health care 2. Social Welfare Office 3. Birth Certificate registration office 4. Children club 5. HIV counselling and testing 6. Household economic strengthening services 7. Legal support 8. Education program-School 9. One stop centre 10. ECD centre 11. Food and nutrition services	W-Child follow-up information 1. Child situation improved 2. Child moved out of area 3. Child above age i.e. 18 years and above 4. Child died

Completed by: _____ Position _____ Signature _____ Date _____

Date of submission: _____

Approved by: _____ Position _____ Signature _____ Date _____

APPENDIX 3: MONTHLY SUMMARY REPORT FORM



The United Republic of Tanzania
Ministry of Health and Social Welfare
Department of Social Welfare

Form No. 3: Monthly Summary Report Form

Instructions: This form should be completed by service providers on a monthly basis. One copy of completed form should be submitted to VEO on 5th of every month, one to WEO on 7th of every month. The space for remarks is to be used for reporting narratives- achievements, challenges, constraints and recommendations

Name of Service Provider (CBO/FBO/MVCC) : _____
 Region: _____ District: _____ Ward: _____ Village/Mtaa: _____

Reporting Month: _____

A: Number of MVC Registered

	A: Number of MVC Registered					
	<1	1-4	5-9	10-14	15-17	18+
New	M					
	F					
	Total					
On-going	M					
	F					
	Total					
Above age	M					
	F					
	Total					
Moved out of area	M					
	F					
	Total					
Improved	M					
	F					
	Total					
Died	M					
	F					
	Total					
Follow-up status						

B: Number of MVC provided with at least one service

	<1	1-4	5-9	10-14	15-17	18+
M						
F						
Total						

C: Number of MVC HHS provided with HES Support Services

	Adult Headed	Child Headed	Total

D: Number of MVC/MVC household received services by Types of Services

	D: Number of MVC/MVC household received services by Types of Services					
	1-4	5-9	10-14	15-17	18+	Total
EDUCATION	No. of MVC in School					
	M					
	F					
BIRTH CERTIFICATE	Total					
	No. of MVC missed school for 3 days and more	1-4	5-9	10-14	15-17	18+
	M					
PSYCHOSOCIAL CARE AND SUPPORT	Total					
	No. of MVC obtained birth certificates	<1	1-4	5-9	10-14	15-17
	M					
Total						
	F					
	Total					
Number of MVC in Children clubs	1-4	5-9	10-14	15-17	18+	Total
	M					
	F					
Total						

E: Number of MVC/ MVC HHS referred to care and Support Services

	E: Number of MVC/ MVC HHS referred to care and Support Services					
	<1	1-4	5-9	10-14	15-17	18+
Primary Health care	M					
	F					
	Total					
Social Welfare Office	M					
	F					
	Total					
Birth certificate registration office	M					
	F					
	Total					
Children Club	M					
	F					
	Total					
Total	<1	1-4	5-9	10-14	15-17	18+
	M					
	F					
Total						

	Referral MVC HHS		
	Child Headed	Adult Headed	Total
HOUSEHOLD ECONOMIC STRENGTHENING			
	No. of HHS referred to UN CCT		
	Total		
No. HHS referred to CCT	Child Headed		
	Adult Headed		
	Total		
No. of HHS referred to extension Services	Child Headed		
	Adult Headed		
	Total		

ECD	Number of MVC in ECD Centres					Total
	0-1	2-3	4-5	Total		
M						
F						
Total						
	No. of HHS received UN CCT					
	Child Headed					
	Adult Headed					
	Total					
	No. HHS received CCT					
	Child Headed					
	Adult Headed					
	Total					
	HOUSEHOLD ECONOMIC STRENGTHENING					
	HES services provided					
	IGA					
	Linked to Employment					
	Training on business skills					
	Saving Groups					
	Link to market					
	FOOD & NUTRITION					
	Child Headed					
	Adult Headed					
	Total					
	SHELTER					
	Renovation					
	Others shelter services					
	Total					

FOOD & NUTRITION	Number of HHS referred to food and Nutrition			
	Child Headed	Adult Headed	Total	

HIV counselling and testing	Age Group						Total
	<1	1-4	5-9	10-14	15-17	18+	
M							
F							
Total							
Legal Services							
M							
F							
Total							
Gare and Treatment Centre (CTC)							
M							
F							
Total							
School							
M							
F							
Total							
Immunization services							
M							
F							
Total							
EDC Centres							
M							
F							
Total							

Issue	Targeted Audience		Total
	Male	Female	
Issue 1			
Issue 2			
Issue 3			
Issue 4			

Comments and Remarks:

Completed by: _____ Position _____ Signature _____ Date _____

Date of submission: _____

Approved by: _____ Position _____ Signature _____ Date _____

APPENDIX 4: PERIODIC REPORT FORM



The United Republic of Tanzania
Ministry of Health and Social Welfare
Department of Social Welfare
Form No. 4: Periodic Report Form

Instructions: This would be built into the database and reports generated from the database.

Quarterly/Annual: _____

Part A: List of indicators

Indicators											
1. Number of MVC Identified/ registered for services	By age & Sex	Age/Sex		<1	1-4	5-9	10-14	15-17	18+	Total	
		New	M								
			F								
		Total									
		On-going	M								
			F								
Total											
Exit Status	Reasons	Age/Sex		<1	1-4	5-9	10-14	15-17	18+	Total	
		Above age	M								
			F								
		Total									
		Moved out of area	M								
			F								
		Total									
		Improved	M								
			F								
		Total									
		Died	M								
			F								
Total											
2. Number of MVC who received at least one service within given period	By Type of Service (An MVC can receive support in more than one area)	Age/Sex		<1	1-4	5-9	10-14	15-17	18+	Total	
		Education	M								
			F								
		Total									
		Birth Certificate	M								
			F								
		Total									
		HES	M								
			F								
		Total									
		Food & Nutrition	M								
			F								
		Total									
		PSS	M								
			F								
Total											
Age		0-1	2-3	4-5	Total						
ECD	M										
	F										
Total											
2.1 Number of MVC attending school regularly	By Age & Sex	Age/Sex		<1	1-4	5-9	10-14	15-17	18+	Total	
		M									
Total											
3. Number of MVC Referred to Access care and support services	By Type of Services	Age/Sex		<1	1-4	5-9	10-14	15-17	18+	Total	
		M									
	Primary Health care	F									
		Total									
	Social Welfare Office	M									
		F									
	Total										
	Birth Certificate registration office	M									
		F									
	Total										
	Children Club	M									
		F									
	Total										
	HIV Counselling & Testing	M									
		F									
	Total										
	Legal Support	M									
		F									
Total											
One stop Centre	M										
	F										
Total											
ECD	Age		0-1	2-3	4-5	Total					
	M										
	F										
Total											
3.1 Number of MVC households referred to care and support	Food & Nutrition	Child Headed									
		Adult Headed									
	HES	Child Headed									
		Adult Headed									
	Total										

4. Number of MVC enrolled in /attending children clubs	Sex/Age		1-4	5-9	10-14	15-17	Total				
	M										
	F										
	Total										
5. Number of Child Protection Suspected Cases reported	Age/Sex		<1	1-4	5-9	10-14	15-17	18+	Total		
	M										
	F										
	Total										
6. Number of cases of violence against children reported to relevant authorities	M										
	F										
	Total										
7. Number/Percent of cases of violence against children received appropriate support	M										
	F										
	Total										
8. Number of individuals trained to provide care to MVC	By Type of Training (**An individual can be trained in more than one area)										
		Primary Health Care	Food & Nutrition	PSS	HIV Prevention	Life Skills	HES	M&E	Child Protection	ECD	MVCC Roles & Responsibilities
	M										
	F										
Total											
9. Number of MVC under 5 years currently enrolled in ECD program	Age										
		0-1	2-3	4-5	Total						
	M										
	F										
Total											
10. Number of MVC HHs received HES	By Type of HES Services										
		UN CCT	CCT	No of HHs accessing Income generation/savings	Linked to Employment Opportunity	Training on business skills	Saving Groups	Link to market	Total		
	Adult Headed										
	Child Headed										
	Total										
11. Number of individuals participating in individual and/or small-group interventions that focus on MVC issues		Targeted Audience	Male	Female	Total						
	Issue 1										
	Issue 2										
	Issue 3										
	Issue 4										
	Total										

Date of submission: _____

Completed by: _____ Position _____ Signature _____ Date _____

Approved by: _____ Position _____ Signature _____ Date _____

APPENDIX 6: REFERRAL FORM



The United Republic of Tanzania
Ministry of Health and Social Welfare
Department of Social Welfare
Form No. 6: MVC Referral Form

This form should be completed by both service provider initiated the referral and the receiving service provider. The referral feedback section should be returned to the service provider initiated the referral.

Part A: (To be completed by service provider making the referral)

Name of referring service provider: _____
 District _____ Ward _____ Village/Mtaa _____
 Date referral made (dd/mm/yyyy) _____
 Name of a child/ Member of MVC HH (3 names) _____ Age _____ Sex (M/F) _____ UNQ ID No. _____
 Name of a caregiver _____ Pnone number _____
 Service Required _____ Referred to: _____
 Prior service provided by the referring service provider _____
 Name of a person referring _____ Position _____ Signature _____ Phone no: _____

List of Service referred for:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Basic advice on economic strengthening 2. Basic counselling on HIV prevention 3. Basic counselling - nutrition 4. Basic health education 5. Basic (specify) _____ 6. Basic counselling - psychosocial care and support 7. Community support group - children club 8. Provided with spiritual support 9. Provided with life skills building 10. Professional services for child with disability 11. Professional counselor for child witness to crime 12. Provided with other basic need (eg clothes, blanket, bic 13. Provided with cash transfer 14. Provided with food and nurtition supplement 15. Provided with food 16. Provided with agricultural inputs - food security pack 17. Provided with health care supplies (medicine, health care appliance) 18. Provided with insecticide treated nets 19. Provided with school fees 20. Provided with school supplies or books 21. Support with birth registration 22. Removed from child labour 23. Child offender professional representation/advocacy 24. Others: Specify _____ | <p>Referring Sites</p> <ol style="list-style-type: none"> 01. Referral to health facility for PHC 02. Referral to immunization services 03. Referral to care and treatment centres (CTC) 04. Referral to HIV counselling and testing sites (VCT) 05. Referral to Birth certificate registration office 06. Referral to children club 07. Referral to economic strengthening services/savings and credit scheme 08. Referral to legal services 10. Referral to school 11. Referral to ECD centres 12. Referral to childrens home 13. Referral to ententies/organizations providing food and nutrition support |
|--|---|

Part B: To be completed by receiving service provider about the service provided

Date of referral service provided (dd/mm/yyyy) _____
 Name of a child/member of MVC household _____ Age _____ Sex _____

SN	List of service provided	Service completed as required	Follow-up needed (Yes/No)	Follow -up date (dd/mm/yyyy)

Additional comments :

Name of a receiving service provider: _____
 Name of a contact person: _____
 Designation: _____ Mobile Tel No. _____ Signature _____ Email _____

Part C: To be completed by a person/representative receiving services

Name of a child/member of MVC household _____ Signature/thumb print _____
 Service completed (YES/NO): _____
 Name of a person receiving referral form _____ Designation _____ Mobile Tel.no _____ Siganture _____

APPENDIX 7: AWARENESS CREATION FORM



The United Republic of Tanzania
Ministry of Health and Social Welfare
Department of Social Welfare

Form No. 7: Awareness Creation Form

District: _____										
Date	Ward	Village/Mtaa	Organiser	Audience						
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Male</td> <td style="text-align: center;">Female</td> </tr> <tr> <td></td> <td></td> </tr> </table>			Male	Female		
Male	Female									
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Male</td> <td style="text-align: center;">Female</td> </tr> <tr> <td></td> <td></td> </tr> </table>			Male	Female		
Male	Female									

APPENDIX 8: VILLAGE / MTAA (MVCC) CHILD PROTECTION REGISTER



The United Republic of Tanzania
Ministry of Health and Social Welfare
Department of Social Welfare

Form No. 8: Village / Mtaa (MVCC) Child Protection Register

Use the register to keep a record of all suspected child protection cases that come to the attention of the MVCC, whether they involve a child who has suffered or is at risk of violence, abuse, neglect or exploitation (VANE) or who is in conflict with the law (CICL). Use the code numbers in the lists below to enter the monitoring data required (the shaded sections of the register). The other blank areas of the register can be used for any other details you want to record (e.g. details of the child's parents, contact, information, details of what happened, etc.)

District: _____ Ward: _____ Village/Mtaa: _____

No	Initial Report	Child	Violation / Offence	Referral to DSWO	Any Other Actions
	Date: _____ Source: _____	Name(s): _____ Sex: _____ Age: _____	Type: _____	Date: _____ Method: _____	Actions: _____
	Date: _____ Source: _____	Name(s): _____ Sex: _____ Age: _____	Type: _____	Date: _____ Method: _____	Actions: _____
	Date: _____ Source: _____	Name(s): _____ Sex: _____ Age: _____	Type: _____	Date: _____ Method: _____	Actions: _____

Source of Report
Record the option that best describes the source of the initial report of the case (to the MVCC).

Sex
Record the sex of the child(ren), whether they are the victim or abuse or the alleged offender. If several children are involved (e.g. siblings who all the victim of the same offence), record the sex of all the children.

AGE
Enter the age(s) of the child(ren) in years

Ward
Enter the name of Ward in which the child(ren) lives (select from the list of Wards in the District).

Type of Violation (VANE)
Record ALL the options that apply, whether the child is a victim (VANE) or the alleged offender (CICL).

Method of Referral
Record the option that best describes the way in which the case was referred to the DSWO.

Other Actions
Record ALL the other actions that the MVCC has taken in response to the case to support the child(ren).

Completed by: _____ Position _____ Signature _____ Date _____
Date of submission: _____
Approved by: _____ Position _____ Signature _____ Date _____

APPENDIX 9: DISTRICT SOCIAL WELFARE CHILD PROTECTION REGISTER



The United Republic of Tanzania
Ministry of Health and Social Welfare
Department of Social Welfare

Form No. 9: District Social Welfare Child Protection Register

District: _____ Ward: _____ Month: _____

No	Initial Report	Child	Violation / Offence	Risk/Needs Assessment	Other Partners	Actions Taken
	Date: Source:	Name(s): Age: Sex: Village/ Mtaa:	Type: Date: Outcome of Assessment:	Date: Outcome of Assessment:	Partners:	Actions:
	Date: Source:	Name(s): Age: Sex: Village/ Mtaa:	Type: Date: Method:	Date: Method:	Partners:	Actions:
	Date: Source:	Name(s): Age: Sex: Village/ Mtaa:	Type: Date: Method:	Date: Method:	Partners:	Actions:

Source of Report	Sex	Type of Violation (VANE)	Outcome of Assessment	Involvement of other CP partners	Other Actions
1. NWCC 2. Child/Victim 3. Parents(s) 4. Other Family Member 5. Health Worker 6. Police 7. Teacher 8. Administration 9. Community Member 10. Other	1. Female 2. Male 3. Other	1. Physical Violence 2. Sexual Violence or Abuse 3. Psychological Abuse 4. Neglect 5. Child Labour 6. Trafficking 7. Child Marriage 8. Child Pregnancy 9. Kidnapped 10. Abandoned 11. Missing Child (i.e. parents looking for a child who has disappeared) 12. Separated Child (child who has lost contact with their parents) 13. Harmful Traditional Practices 14. Other Abuse / Violation	Record ALL the action that best describes the outcome of your initial investigation (assessment). 1. Child suffering from or at risk of significant harm - SWO intervention required 2. Child NOT suffering from or at risk of significant harm - but referred to MVCC/Other partner for support 3. Child NOT suffering from or at risk of significant harm - no action required	Record ALL the other government or non-government partners involved in the case. 1. Police 2. Health (Hospital/Dispensary) 3. Education (School) 4. Local Administration 5. NGO/CBO/FSO 6. Other	Record ALL the actions taken in response to the case, whether temporary or long term. 1. Child removed (temporarily) from the care of parents/guardians 2. Court Order Obtained 3. Child placed with other family member(s) - kinship care 4. Child placed in temporary foster care 5. Child placed in temporary institutional care 6. Child restored to care of parents/guardians 7. Child placed with adoptive parents 8. Child placed in long term institutional care 9. Child reunified with parent(s) - separated or missing child only 10. Parent(s)/guardian(s) provided with counselling and advice 11. Absent parent/guardian agreed to provide maintenance payments 12. Child provided with counselling and advice 13. Legal advice provided to parent(s)/guardian(s)/child 14. Other Action

- Type of Offence (CICL)**
- Crimes against the Person (e.g. murder, assault, etc.)
 - Sexual Offences (rape, sexual abuse, unnatural acts, etc.)
 - Crimes against Property (theft, burglary, criminal damage, etc.)

APPENDIX 10: DISTRICT CHILD PROTECTION INDICATORS (MVC M&E)



The United Republic of Tanzania
Ministry of Health and Social Welfare
Department of Social Welfare

Form No. 10: District Child Protection Indicators (MVC M&E)

District: _____

Month: _____

		Cases		
		Identified by MVCCs	Identified by other partners	Totals
Suspected CP cases reported to MVCCs ¹	No			
Suspected CP cases reported to the DSWO ²	No			
Number of suspected CP cases reported to the MVCCs and identified by other partners where child(ren) is assessed as having experienced or being at risk of harm (VANE) or offending				
Number of confirmed child protection cases that receive appropriate care and support services				
Cases where the child(ren) is assessed as having experienced or is considered to be at risk of significant harm (VANE) or offending (CICL) ⁴	No			
% of MVCC cases referred to DSWO	%			
Cases for which an assessment/investigation has been completed ³	No			
	%			

Data Sources:

- 1 Figures from the MVCCs' Monthly Returns
- 2 Figures from DSWO Tally Sheet (total # of cases)
- 3 Figures from DSWO Tally Sheet (total # of cases which have been assessed - Question 4. - options 1, 2 & 3)
- 4 Figures from DSWO Tally Sheet (total # of cases which have been assessed as requiring child protection intervention - Question 4 - option 1)

Completed by: _____ Position _____ Signature _____ Date _____

Date completed: _____

Approved by: _____ Position _____ Signature _____ Date _____

