



MVCC members from Mbagala Kuu ward participating in interviews for MVCC Status Assessment

FAMILY HEALTH INTERNATIONAL

PAMOJA TUVLEE PROGRAM

Cooperative Agreement No. 621-A-00-10-00027-00

Quarterly Performance Narrative Report

October to December 2010

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AOTR	Agreement Officer's Technical Representative
CAMFED	Campaign for Female Education
CBO	Community-Based Organization
CMAC	Council Multisectoral AIDS Committee
CSO	Civil Society Organization
DCoCCC	District Continuum of Care Coordinating Committee
DFC	District Full Council
DMS	Data Management System
DQA	Data Quality Assurance
DSW	Department of Social Welfare
FABRIC	Community Faith-Based Regional Initiative for OVC
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
FY	Fiscal Year
GBV	Gender-Based Violence
GIS	Geographic Information Systems
GOT	Government of Tanzania
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ID	Identification
IGA	Income-Generating Activity
IPG	Implementing Partners Group
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MOHSW	Ministry of Health and Social Welfare
MTEF	Medium-Term Expenditure Framework
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA	National Costed Plan of Action for Most Vulnerable Children
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
PPP	Public-Private Partnership
REPSSI	Regional Psychosocial Support Initiative
RITA	Registration, Insolvency and Trusteeship Agency
SMT	Senior Management Team
SWO	Social Welfare Officer
USAID	United States Agency for International Development
USG	United States Government
WAMA	Wanawake na Maendeleo

EXECUTIVE SUMMARY

Pamoja Tuwalee is a five year program planned to run from June 2010 through May 2015. The program is funded by the President's Emergency Plan for AIDS Relief through USAID. Pamoja Tuwalee is being implemented by 4 different partners in 5 zones namely Coast, Central, Lake, Northern and Southern. FHI covers the Coast zone. The broad goal of FHI Pamoja Tuwalee is to improve the quality of life and well-being of OVC and their households by empowering households and communities to provide comprehensive, sustainable care support and protection. To accomplish its goal, the program will collaborate with OVC serving Civil Society Organizations (CSOs) at the district level in pursuing the following key objectives:

- Increase the capacity of communities and local governments to meet the needs of OVC and their households in an innovative, efficient and sustainable manner by enhancing their competencies to provide support and by improving communication, coordination and collaboration across sectors.
- Increase the capacity of households to protect, care for and meet the basic needs of OVC in a sustained way by improving their caretaking, livelihood and health-seeking skills.
- Increase OVC household access to comprehensive, high-quality, age-appropriate and gender-sensitive services by creating integrated community-level referral networks that strengthen the continuum of care.
- Empower OVC, particularly females, to contribute to their own well-being by improving their resilience, as well as their livelihood and self-care skills.

The program is being implemented in coast zone which consists of Dar es Salaam (DSM), Morogoro, Coast regions and Zanzibar with a total of 25 districts, 315 wards and 1001 villages / 727 streets. In this first year, the program is covering only Dar es Salaam region as TUNAJALI program continues to serve OVC in Coast, Morogoro and Zanzibar. Given that PASADA is serving OVC in Dar es Salaam through direct funding from USAID, the program will be concentrated in Ilala and Kinondoni, and leave Tembeke district to PASADA, where they serve majority of the OVC. In year two Pamoja Tuwalee will expand to Coast, Morogoro and Zanzibar as TUNAJALI program phases out.

This quarterly report covers the period of October to December 2010. The main activities accomplished this quarter include meetings with different stakeholders - District council authorities, regional and district social welfare officers and program technical partners. MVCC baseline information was established through an assessment of needs and status of MVCCs in Temeke district, verification of OVC inherited from Salvation Army done and mapping of service providers in Ilala and Kinondoni districts.

During the reporting period, the program accomplished various administrative and management tasks including:

- Establishment of office base for headquarter and Dar es Salaam regional staff both from Deloitte and FHI. The place is in Kawe constituency at Infotech Place office complex. The agreement has been drawn and partitioning work is going on for staff to move in early next month. Efforts to secure office FHI country office in order to leverage resources were unfruitful.
- Annual work was finalized and submitted to the donor. Inputs from AOTR were incorporated and the same was approved. The branding plan for Pamoja Tuwalee partners was finalized and submitted to USAID. The latter approved the plan and the program has adopted it accordingly. This included the program name “Pamoja Tuwalee” which officially replaces WATOTO WETU.
- Five new staff joined the program in the positions of Deputy Program Director, Monitoring and Evaluation senior technical officer; Program officer, Senior grants officer and Finance officer. Also, Contracts & Grants officer was identified and will be reporting soon.

During the reporting period, collaboration with the local government authorities, key ministries and donor partners group was enhanced: Courtesy call was made to the Dar es Salaam regional authorities as an entry point to the district councils. Specifically the Regional Administrative Secretary and the Regional Social Welfare Officer were visited and briefed on the program, also District Executive Directors for Kinondoni and Ilala were visited and introduced to the program. During these visits discussions were held with the respective social welfare officers and this established the need to orient them in the different National tools, guidelines and framework on services to OVC.

The program participated well in the OVC IPG monthly meetings as well as Pamoja Tuwalee Partners joint activities. The latter included: joint branding and communication plan; review of

the National MVC ID process to a shorter more cost effective version and introduction of Pamoja Tuwalee to the Department of Social Welfare.

Activities undertaken during the reporting period with regard to the management of sub grantees were: contracting Deloitte whereby a five year contract between FHI and Deloitte Consulting Limited was drawn and fully executed; meeting was held with PASADA and USAID to discuss the partnership between FHI Pamoja Tuwalee and the former bearing in mind that PASADA is also receiving OVC funding from USAID. It was agreed that for the time being PASADA remains a technical partner to our program and continue implementing their program (through direct funding from USAID) in Temeke district. Hence Pamoja Tuwalee will implement in Kinondoni and Ilala districts. In collaboration with the district council, the local implementing partner for Kinondoni district was identified – a preaward assessment was conducted among three short listed CSOs and a local CBO, Walio katika Mapambano na Ukimwi Tanzania (WAMATA) was selected for implementation in Kinondoni district.

REGIONAL IMPLEMENTATION REPORT

BACKGROUND

As already reported above, in this first year, the program is being implemented in Dar es Salaam region only. The region is the largest city in Tanzania, situated on the East Coast part of the country. It includes three municipalities of Ilala, Temeke, and Kinondoni. On the East, it borders the Indian Ocean and on all other sides, the Coast region. It is the commercial centre and also the country's richest city.¹ Dar es Salaam is one of the fastest populations growing city in Tanzania, reported to have a population of 2.5million by the official 2002 National census and a growing rate of 4.3% per annum¹ estimating the population to 3.5million in 2010 . The high growth rate is fueled by increased rural to urban immigration, increased birth rates, and more significantly by transient population. The region is second hit with HIV and AIDS at a prevalence of 9%,² the adverse effects of which has left many household economically unstable and many orphaned children.

Dar es Salaam region has a total of 90 wards and 453 streets as detailed in the table below. Although the original tribes of the region are Zaramo, Ndengereko and Kwere, there is today an influx of people of all tribes from mainland Tanzania and Zanzibar.

Table No.1: Number of wards and streets in the three Municipalities of Dar es Salaam

District	Wards	Streets/ Mitaa
Kinondoni	34	171
Ilala	26	102
Temeke	30	180
Total	90	452

Majority of people in the city are engaged in business and servicing activities like tourism, petty trades, utility services, local industry like food processing and clothing, carpentry, food vending, crafting and fishing. Others are involved in transport and communication, urban agriculture, mining and quarry, construction, manufacturing, finance and insurance, public administration, social welfare services and Education.

¹ Dar es Salaam City Profile, 2004. Cities and Health Programme, WHO Centre for Development, Kobe, Japan, Website: www.dcc.go.tz,

² Tanzania Commission for AIDS et al, Tanzania HIV/AIDS and Malaria Indicator Survey, 2007- 08
http://www.aidsportal.org/repos/AIS6_05_14_09.pdf

The social –economic status of the residents vary significantly from one municipal to another and even within the same municipality. For example, Ilala district, being an old planned part of the city, her inhabitants are largely urbanized³. Temeke contains both people of higher socioeconomic status and government civil servants; living in reasonable accommodation but also largest³ concentration of low income residents including a large proportion of the original inhabitants of the DSM region. Kinondoni is the most populated amongst the districts, with half of the city's population residing within it. It is also home to many of the high-income⁴ suburbs with high profile government official and diplomats residing there. Therefore the social economic status within Kinondoni is significantly high compared to Ilala and Temeke.

Due to the decrease of domestic household income and rise in- migration rate in the city, the burden of street children and children living in very difficult situation has tremendously increased in all districts. This is evidenced as one visit the markets, cross roads, bus stands, ferry and dump sites, where a lot of young children are seen during school hours and along the traffic lights where some beg for money or try to earn some by cleaning cars.

Working in DSM, the program has an opportunity of working with various MVC implementing partners including UN and International organizations like UNICEF, IOM, Save the children, CAMFED and Plan International, all aiming at advocating and providing care, support and protection to MVC. There are also local partners such as PASADA who are specialized in HIV counseling and care, psychological support and providing direct support, KIWOHEDE who are more focused on advocacy against Child abuse and trafficking and others. The program will leverage the existing expertise of these partners in different areas of care provision to enrich the support given to MVC and their households and address its sustainability. In addition, the presence of Ministry of Health and Social Welfare in the City has enormous advantage to the program in collaborative activities with the Department of Social Welfare (DSW), in lobbying and advocating for OVC policy issues. The program has also built on a strong foundation of the previous TUNAJALI program which has success stories and achievements that can be adapted.

³ International Development Research Centre. Dar es salaam DSS (Population and health in developing countries), Indepth 2002. Cited on 26th Jan 2011 from http://www.idrc.ca/en/ev-43009-201-1-DO_TOPIC.html

⁴ Dar es salaam Wikipedia. The free encyclopedia cited on 26th Jan 2011 from http://en.wikipedia.org/wiki/Dar_es_Salaam

However the program anticipates some challenges working in this region and the coast zone as a whole which include:

- Pushing for MVC agenda within the government structure given the low priority of social services despite the increasing number of MVC in Tanzania can be quite challenging.
- The limited program budget versus the increased need of MVC with urgent needs particularly for material support as evidenced in our verification exercise and high expectations from our implementing partners.
- Working in a city where life style has overstretched the traditional social safety nets and is increasingly lowering the essence of extended families, can be very challenging in mobilizing community involvement for MVC support. The sense of individualism and self centeredness in a city where every consumed service is paid for unlike in rural community can hamper efforts to; build community support for MVC and to improve functionality of MVCCs.

ACTIVITIES ACCOMPLISHED

Identification of the Most Vulnerable Children

The identification of the most vulnerable children planned for quarter one did not take place as together with the other Pamoja Tuwalee partners were working on a shorter (less costly) version. This was done and a much less expensive version was obtained. The same was shared with DSW and the donor approved towards the end of the quarter. The same will be used to identify MVC in Ilala and Kinondoni in quarter two.

Meetings with stakeholders

During the reporting period, several of meetings were conducted with different stakeholders, some of which aimed at strengthening partnership, negotiation, exchanging information and seeking involvement in implementing some of the programs' planned activities with central government and LGAs as detailed below:

Introductory meeting with District Councils' Officers in Ilala and Kinondoni -The meeting aimed at introducing Pamoja Tuwalee program to the District Executive Directors (DEDs) and District Social welfare Officers (DSWOs). While it was difficult to meet the DEDs though several appointments were made, the Pamoja Tuwalee team managed to meet with DSWO's

coordinators of both districts. Both were interested and grateful that Pamoja Tuwalee will be operating in their districts and that this partnership will be a catalyst to move forward the MVC issues in the district agenda. As a result of these meetings, both DSWOs' coordinators requested the program to organize another meeting to orient all DSWOs on Pamoja Tuwalee program as well as the national guidelines relevant to the welfare of children and in the process create a synergy between the council, the department of social welfare and the project.

Orientation meeting with Dar es Salaam Regional and District Social Welfare Officers -This was a one day meeting organized in collaboration with the Department of Social Welfare and the Regional Social Welfare Officer in Dar es Salaam. The meeting aimed at introducing the project to the DSWOs; orient them on the national tools, guidelines and laws (the Most Vulnerable Children National Costed Plan of Action, Most vulnerable Quality Improvement, the Data Management System and M&E framework and the Law of Child Act 2009) related to the welfare of children and strategize on the need to actively take part in the preparation of Medium Term Expenditure Framework (MTEF) to ensure budget allocation for MVC activities. The presence of the Assistant Commissioner of Social Welfare was not only encouraging to the participating DSWOs but also crucial in establishing good working ground with the program as she guided them to think of the program as a support to compliment their activities and therefore urged them to be cooperative and use that opportunity appropriately. The District Economist and Planning officer from Temeke, elaborated on the MTEF planning circle and emphasized on the importance of the social welfare officers' representation in the process for inclusion of the most vulnerable children agenda in the plans. The participants prepared action plans for their respective districts which included plans to integrate MVC activities in this 2011/12 MTEF .

Meeting with technical partners - More than one meeting has been conducted with PASADA to discuss the implementation plan and working relationship in Dar es Salaam given the fact that PASADA receives direct funding from USAID to implement MVC activities both in Dar es Salaam and Coast regions. In the last meeting between PASADA, FHI and USAID, it was agreed that PASADA will continue to be a technical partner to FHI Pamoja Tuwalee and also continue with her activities under USAID direct funding. It was further agreed that, FHI Pamoja Tuwalee will operate in Dar Es Salaam focusing in Ilala and Kinondoni in the first year while PASADA will need to focus more in Temeke where it has to provide services to MVC as well as strengthening

the district councils. Wanawake na Maendeleo (WAMA) is another technical partner to Pamoja Tuwalee expected to provide technical assistance in the area of MVC advocacy and awareness raising. Planning meetings have been conducted resulting in preparation of WAMA work plan. The partner's major activity for this year is to develop an advocacy campaign which will result in motivating public and private partners to support MVC. The plan has been finalized and final touch for signing contract is underway.

Also, the program held consultation with Registration, Insolvency and Trusteeship Agency (RITA) on the possibility and process of collaboration in birth registration to MCV. The latter tentatively cited a process whereby RITA provides staff for the exercise while Pamoja Tuwalee pays for transport and upkeep. Follow up meeting is scheduled for next quarter to firm up the plan.

Other forums that the project participated in during the quarter were the monthly Child Protection Working Group and Implementing Partners Group meetings. The project shared its monthly update for the IPG and provided different inputs during the meeting on different agenda. FHI Pamoja Tuwalee has a representative also in the M&E task force formed to provide guidance during the evaluation of the current NCPA and during development of the new NCPA 2011/2015.

Establishing baseline information

In order to establish base data for interventions monitoring, various tools were developed and subsequently data collected during the quarter including:

Tool development and data collection for the Needs and Status Assessment of MVCC - Temeke district is among the initial districts in Tanzania to establish MVCCs in 2004. It is the only district in Dar es Salaam, where MVCCs have been established and identification of MVC has been done according to the national guideline. These committees were mandated to coordinate and address MVC needs and ensure effective resource mobilization and distribution at the community level among many other roles. To date there are around 178 MVCCs in 30 wards of the District. While the MVCCs continue to perform their functions, no evaluation has been conducted to assess their status, progress and needs. In the recent presentation from PMOLARG during US partners meeting in October 2010, it was noted that some of the MVCCs do not function. However, there was no documented evidence to show the reasons for not

functioning and problems facing these committees. Hence, the need for Pamoja Tuwalee to conduct the assessment in Temeke to obtain informed inputs for MVCCs' capacity building plans. An Assessment tool was developed (**Appendix 1**) in collaboration with the Department of Social Welfare, translated into Kiswahili and pre tested in Bagamoyo. Thereafter, it was utilized in the data collection exercise in Temeke, whereby a sample of 18 MVCCs from six wards (20% of all wards in Temeke) and representatives from the CSOs, district and ward local authorities were interviewed. The data collection exercise was done in full collaboration with the Temeke DSWOs from the initial stages of identifying MVCCs and other duty bearers to be assessed, in informing the eligible participants and in the actual assessment exercise.

The analysis of data has been done and report writing is at the final stages. Once the report is out, it will be shared with all key stakeholders. The Assessment tool will be utilized in subsequent periods as the program expands into new areas. It will also be shared with other stakeholders during the IPG.



DSWO from Temeke municipality and WEO from Vijibweni ward in assessment of MVCC, Vijibweni.

Tool and data collection on private and public service providers - To establish government, donor and CSO activities that can complement Pamoja Tuwalee interventions, mapping exercise was necessary. During the reporting period, in collaboration with the Community Development Officers (CDO) and Social Welfare Officers (SWO) in Ilala and Kinondoni districts, the program mapped existing service providers in both districts, in which 57 wards were involved (23 and 34 wards in Ilala and Kinondoni districts respectively). To ensure relevant and accurate data collection, the program prepared a standard tool (***Appendix 2***) which was reviewed by the SWOs. The tool inquired of service providers objectives, services provided, operational areas and their source of funds. The Service providers identified were grouped under several categories including WEOs, NGOs, CBOs, FBOs, health facilities, Counselling and testing centres, youth friendly service centres, Social welfare and community development services, Police, primary/resident magistrate, Land magistrate and Juvenile courts, Legal service centres, educational and vocational trainings, Birth and death registration offices, RITA, Children orphanage or day care centres and remand homes. The information to be generated from analysis of this initial exercise will be used to identify potential areas of coordination and also in creating MVC service providers' referral networks in each district. Once finalized, the report will be shared with the district councils, USAID and other partners and feedback provided to respective wards for increasing their awareness of local network of service providers and use of such information. Also, the mapping tool will be shared accordingly.

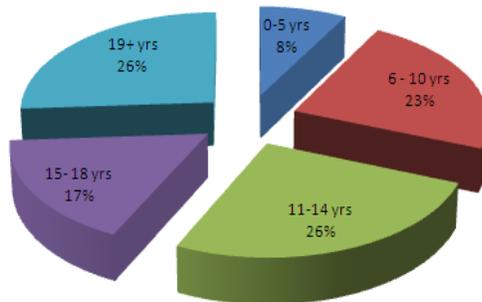
Apart from identifying service providers the exercise was useful in identifying other challenges relevant to social welfare and community development in the respective districts. These varied from the existence of unregistered NGOs and CBOs operating in the wards, to revealing unlawful acts taking place in the community that demanded immediate response from the SWOs and CDOs. For instance, in Ilala district, Kivule ward it was discovered that there is an area in the forest where female genital mutilation and unsafe circumcision is practised and the body parts after the mutilation and circumcision are taken to the villages for sacrifice and thanks giving. As a way forward discussed in the feedback meeting, responsible Social Welfare Officers and Community Development Officers agreed to report the problem to the District Executive Director and address the issue. The SWO and CDO involved also provided suggestions for a way forward in developing network of service providers and the coordination of MVC support provision.

Verification of MVC inherited from Salvation Army - In the previous quarter, the program reported to have inherited 273 MVC from Ilala district who were supported by Salvation Army with USAID funds. In collaboration with Salvation Army (SA) and community volunteers (known

as Mama Mkubwa), the program conducted verification of a sample of 74 MVC, which is 30% of those inherited to form basis of the estimates of current number of MVC from SA that the program will be serving. Extra information was also captured through a standard questionnaire developed by the program which inquired of information such as age of the child, relationship with a caretaker, number of children in that household, school status, whether the child is heading the family or not, the household current means of sustaining their livelihood and the priority needs for the children.

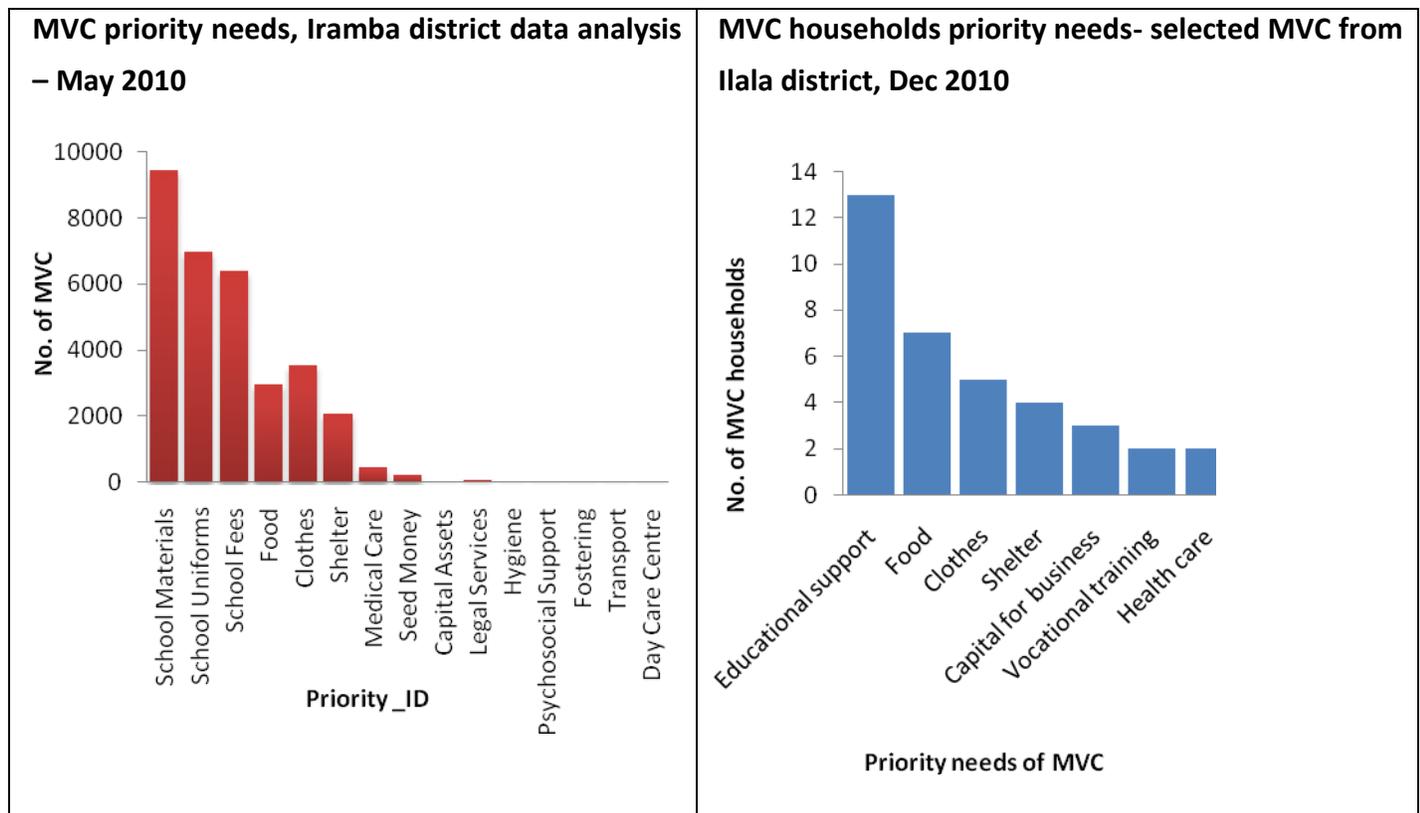
Of all the targeted MVC, 47% (n=35) were verified and the remaining 53% (n=39) could not be found for various reasons including having graduated (n=1), Mama mkubwa who was to show where the child lives could not be found (n=1), names were of Mama Mkubwa or guardian instead of children (n=3), transferred to other places and therefore could not be tracked (n= 8) and names of MVC could not be recognized by Mama Mkubwa serving the mtaa where these children reside (n=26). With this evidence, it is likely that 47% (128) of the inherited OVC are currently present and will be served by the program. These findings will be reconciled with the data to be collected during the MVC identification process next quarter. Learning from this exercise, the program will ensure that the identification exercise includes MVC who were served by Salvation Army. As it in the national MVC Data Management System (DMS), a few proportion of the children found were under the age of five years (8%, n=3), see the diagram below with age distribution on verified MVC.

Diagram showing age and sex distribution of the found MVC



MVC by sex	MVC by age group in years					Total
	0-5	6-10	11-14	15-18	19+	
Male	0	4	4	1	5	14
Female	3	4	5	5	4	21
Total	3	8	9	6	9	35

Among extra information collected during the exercise were the priority needs of the MVC and their households, findings of which are similar to that of analysis done by the Department of Social Welfare through DMS in Iramba district, even though its context is different from that of Ilala district (see fig below). The findings below also indicate the lesser importance given to emotional needs of OVC as it is fairly a new phenomena in Tanzania. However, emotional need is a very crucial area that should not be overlooked. Hence, despite the results below, Pamoja Tuwalee will also address the emotional needs as we empower MVCC and care givers on OVC and not just the ones identified below.



Finalizing Program Performance Monitoring Plan (PMP)

With technical support from Measure Evaluation, the program has managed to finalize its initial Performance Monitoring Plan. This plan will be renewed on annual basis and updated as deemed necessary.

Services and support provided to OVC &LGA

During the quarter, the program established the list of OVC being supported with school fees by the Salvation Army so as to ensure they do not drop from school. Once the schools resume early next quarter, the program will follow up with the respective school authorities so as to pay fees accordingly. With regard to birth registration, modalities will be worked out with RITA on how to undertake the exercise in most cost effective way once the MVC ID process is done in quarter two.

About 30 social welfare officers (26 females and 4 males) from Ilala and Kinondoni districts have been oriented on the national framework relevant to wellbeing of children.

SUCSESSES

Although the program is at its initials stages, it has succeeded on the following;

- There is an acceptance of the program among the key central and local government authorities and communities where assessment of the MVCC was conducted. Most of the stakeholders especially the government officials have shown interest to cooperate with the program for the interest of the OVC.
- The program has made major contributions on the revised identification process given its staff experience of working with government on the national identification process and formation of MVCCs. It is encouraging that the outcome is a more cost effective process that will probably hasten the exercise of OVC identification in the remaining parts of the country.

CHALLENGES

In this initial stage, the program has not encountered many challenges. The few ones include;

- High expectation from the communities on what the program will support. This was experienced during the MVCC assessment and verification exercise.
- Delay in conducting the identification of MVC in Dar es Salaam due to the negotiation with government to adopt the revised ID (with less cost) process.

KEY PLANNED ACTIVITIES FOR THE NEXT QUARTER.

- Facilitate the MVC identification in Ilala and Kinondoni districts
- Lobby for increased support for MVC through meeting with various district officers to identify areas of benefit for MVC households in their plans and for their inclusion
- Train CSO and District staff on OVC DMS in all Ilala and Kinondoni districts
- Sub contract identified CSOs in Kinondoni and Ilala districts.
- Integrate GIS component into program M&E system
- Map business and companies at the district level in Ilala and Kinondoni