



Children -leaders of today: Pamoja Tuwalee MVC members of the youth advocacy advisory committee after their orientation meeting

FAMILY HEALTH INTERNATIONAL

PAMOJA TUWALEE PROGRAM

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Quarterly Performance Narrative Report

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ACRONYMS

ABCT	AIDS Business Coalition of Tanzania
AIDS	Acquired Immune Deficiency Syndrome
AOTR	Agreement Officer's Technical Representative
CCHP	Comprehensive Council Health Planning Guidelines
CPWG	Child Protection Working Group
CSO	Civil Society Organization
DC	District Council
DED	District Executive Director
DMS	Data Management System
DSM	Dar Es Salaam
DSW	Department of Social Welfare
DSWOs	District Social Welfare Officers
FHI	Family Health International
GoT	Government of Tanzania
HIV	Human Immunodeficiency Virus
IPG	Implementing Partners Group
LGA	Local Government Authority
MC	Municipal Council
M&E	Monitoring and Evaluation
MOHSW	Ministry of Health and Social Welfare
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA	National Costed Plan of Action for Most Vulnerable Children
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
PASADA	Pastoral Activities and Services for people with HIV and AIDS DSM Archdiocese
PEPFAR	President's Emergency Plan for AIDS Relief
REPSSI	Regional Psychosocial Support Initiative
RITA	Registration, Insolvency and Trusteeship Agency
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence Against Children
UNICEF	United Nations International Children's Emergency Fund
WAMA	Wanawake na Maendeleo
WAMATA	Walio katika Mapambano ya Ukimwi Tanzania (Meaning organization in fight against HIV and AIDS)
WEO	Ward Executive Office (r)
YAM	Youth Alive Movement

EXECUTIVE SUMMARY

Pamoja Tuwalee is a five year program beginning June 2010 to May 2015. The program is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International development (USAID), and is implemented by four partners in five zones namely Coast, Central, Lake, Northern and Southern. FHI covers the Coast zone which includes Dar Es Salaam, Morogoro and Coast regions in the mainland and Unguja and Pemba in Zanzibar. The broad goal of Pamoja Tuwalee program/FHI is to improve the quality of life and well-being of Most Vulnerable Children (MVC) and their households by empowering households and communities to provide comprehensive, sustainable care, support and protection. The program collaborates with community members, MVC serving Civil Society Organizations (CSOs), the Local Government Authority (LGAs) and Central government in pursuing her set objectives.

This first year of implementation, the program continued to execute her planned activities in Dar es Salaam region only, focusing in two municipal councils. Scale up to the other regions where TUNAJALI is exiting will take place in the coming quarter. Temeke is left to be served by PASADA who receive direct funding from USAID to serve MVC and their households.

During the previous quarter, the program succeeded in identifying MVC, assessing both their needs and that of their household from 20 wards in both Ilala and Kinondoni Municipal councils. During the process, 92 Most Vulnerable Children Committees (MVCCs) were formed within the 92 mitaa involved in the identification in both councils. The MVCCs are expected to work in collaboration with CSOs, district councils and other government leaders and communities in coordinating and providing services to MVC at their localities.

This reporting quarter, the focus has been in building the capacity of communities at different levels to support care provision to MVC. These included facilitating establishments of MVC DMS within the municipal councils to generate data to inform their planning, build the capacity of volunteers in MVC care taking and initiation of service provision to 4574 MVC (2314M, 2260F). 15 children clubs have been formed and 559 (291M, 268F) MVC have participated in the first club session which is 24% above the target for this year. Other program technical partners: WAMA and PASADA have started laying the ground work for the design of the Advocacy campaign strategy and preparation of building the capacity of community members in addressing Children Gender Based Violence respectively.

REGIONAL IMPLEMENTATION REPORT BACKGROUND

During this reporting period, Pamoja Tuwalee program/ FHI continued to execute her planned activities in Dar es Salaam region Coastal zone. The program will start its implementation in the rest regions of Coast zone (Coastal, Morogoro regions in Mainland and Unguja and Pemba in Zanzibar) in the next quarter. Dar es Salaam has three administrative municipalities of Ilala, Temeke, and Kinondoni. It is situated on the East Coast of Tanzania, bordering the Indian Ocean in the east and Coast region on all other sides. 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 with a growing rate of 4.3% per annum¹ estimating the population to 3.6million in 2011 . The high growth rate is attributed to increase rural to urban immigration due to influx of people of all tribes from mainland Tanzania and Zanzibar; 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 households economically unstable and many orphaned children.

The whole region of Dar es Salaam has a total of 90 wards and 453 streets (mitaa). Ilala and Kinondoni Municipals have 60 wards and 273 mitaa. This is where the program is being implemented this financial year.

The social– economic status of the residents varies significantly within the municipality and between one municipality and the other. Kinondoni municipal is mostly populated with many high-income suburbs³, and low income neighborhoods such as Manzese, Tandale, Mwananyamala and Kigogo where people live in poor settlements with low quality housing and inadequate social services⁴. Whereas, Ilala is an old planned largely urbanized,⁵ part of the city. It is housing almost all government offices, ministries and other non- governmental business offices. However, residents of Ilala were estimated to have a poverty rate of 13% and unemployment rate of 40.5% in 2004⁶.

Both urbanization and HIV and AIDS effects, have accelerated the problem of most vulnerable children⁶ and that of street children in all the three municipals. While on average, rural and

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

³ Dar es salaam Wikipedia. The free encyclopedia cited on 26th Jan 2011 from http://en.wikipedia.org/wiki/Dar_es_Salaam

⁴ http://en.wikipedia.org/wiki/Dar_es_Salaam

⁵ 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

⁶ Ilala Municipal Council, Five-Year Implementation Report, 2004, downloaded from <http://www.docstoc.com/docs/49873203/PROFILE-OF-TANZANIA>

urban councils in Tanzania are estimated to have 10.6% of children orphaned by one or both parents, Dar es Salaam has 15.6%⁷ of such children, an estimate above the national average.

This program continues to tap into expertise and networks of various partners within the city to realize her goal of providing comprehensive care, support and protection to MVC. This quarter the program has begun direct service provision after the exercise of identifying most vulnerable children.

⁷ National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011.
Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro

ACTIVITIES ACCOMPLISHED

1. INCREASING THE CAPACITY OF COMMUNITIES AND LOCAL GOVERNMENT TO MEET THE NEEDS OF MVC AND THEIR HOUSEHOLDS

One of the program objectives is to enhance ownership of the program and its sustainability effect in addressing the needs of MVC and their households. To achieve this, the program strengthens the capacity of communities at various levels and the LGAs. During this reporting period the program has accomplished the following activities to meet this objective:

1.1: Mobilizing support for MVC

The program has initiated steps to mobilize support for MVC and has begun seeing the fruits of community sensitization efforts in some areas. This has been possible through working with our local implementing partners; mitaa government authorities; and WAMA (program's technical partner in advocacy) for widespread community support for MVC as detailed below:

Networking with Tanzanian first lady to advocate for the MVC support

The program had an opportunity to be presented before the Tanzanian First Lady – Mama Salma Kikwete, who is also the founder and chair of Wanawake na Maendeleo (WAMA). Both Pamoja Tuwalee/FHI and WAMA aim at promoting the responsibility of all Tanzanians to support MVC within their own communities. Mama Salma Kikwete who is a well-known champion in her advocacy for protecting and caring for Tanzanian children commended on the program's comprehensive approach of focusing on households' empowerment. Specifically, the program has requested for the first lady's personal involvement in opening the advocacy campaign; advocate for the implementation of the NCPA at the council levels during



her regular visits to the regions and the marketing tool kit for sensitizing the wide community on MVC support when the time is due. Mama Salma Kikwete promised to support the program in all the requests tabled above..

Development of advocacy strategy for widespread community support for MVC

The program will collaborate with WAMA to tap into WAMA’s experience on the “treat every child as your own” campaign to develop and implement an advocacy campaign that aims at mobilizing community at different levels including small and larger business partners, local and international companies to contribute in supporting MVC. This will be in line with WAMA’s role in mapping business partners and companies with support from AIDS Business Coalition of Tanzania (ABCT) to raise funds and other form of support for MVC care, support and protection.

During this reporting quarter, WAMA begun laying the ground work for the development of this advocacy campaign, by preparing terms of reference for the consultant who will spearhead conduction of the formative research and the development of the campaign strategy and its messages. In order to monitor the progress of the advocacy campaign in the community and to solicit feedback from beneficiaries and key players, WAMA has formed two advocacy advisory committees. These committees will give their input on the designing of the campaign and its messages and thereafter on quarterly basis provide feedback on the campaign. The two advisory committees include the youth committee comprising of six (3M; 3F) MVC from each of the three municipal councils in Dar es Salaam. The other committee is a representation of key stakeholders in the provision of care, support and protection to MVC. This committee is made up of 8 members from local CSOs, Business communities, Media, Local government, MoHSW and Pamoja Tuwalee program/FHI.



Both advisory committees have had their initial meeting where they were oriented on program plans and their roles. During the meetings the committees had an opportunity to meet with the Assistant Commissioner from DSW who congratulated them on being recognized and trusted to represent others and urged them to take their roles in the advisory committees actively for the benefits of the Tanzanian MVC. The committees will meet again in this fiscal year to provide feedback on the developed advocacy strategy and its messages.

Mapping of business partners and companies in Dar es Salaam

WAMA has already conducted an introductory meeting with the management of ABCT to share project strategies and plans and the role that ABCT. Follow up meetings will be conducted to define modalities of the mapping. WAMA will be using business partner network guide from ABCT to aid the mapping. Through WAMA the program will map business partners both large and small and sensitize them to support MVC through a common established fund for MVC. The ABCT president promised to play an active role in the mobilization of the business communities in provision of care and support to MVC.

Mobilization of community resources to support MVC

During public meetings of the MVC identification, community members were sensitized to support provision of care, support and protection services to the identified children. Ward facilitators and program staff encouraged the mitaa to establish MVC funds that will be managed by MVCC members and will include contribution from individual community members, public and private institutions interested in the welfare of children. Already the fund has been established in 23 mitaa (12 in Kinondoni and 11 in Ilala Municipal councils) with a total of TShs 789,000 contributions in both councils, ranging from TShs 10,000 in Tandale Sokoni Street to TShs 85,000 in Gerezani Mashariki Street (Table 1).

The focal persons from program's local implementing partners have been working with community volunteers to support MVCCs in opening Bank savings accounts for the established funds.

Table 1: Established MVC funds by mitaa

No.	Municipal Council	Name of Ward	Name of Mtaa	MVC fund contributed
1	Kinondoni	Tandale	Kwa Tumbo	15,000
2	Kinondoni	Tandale	Sokoni	10,000
3	Kinondoni	Tandale	Kwa Mtogole	21,000
4	Kinondoni	Tandale	Kwa Mkunduge	22,000
5	Kinondoni	Tandale	Muhalitani	20,000
6	Kinondoni	Mabibo	Mabibo Farasi	50,000
7	Kinondoni	Kunduchi	Tegeta	28,000
8	Kinondoni	Kunduchi	Ununio	11,000
9	Kinondoni	Kunduchi	Kondo	19,000
10	Kinondoni	Bunju	Kilungule	12,000
11	Kinondoni	Bunju	Bunju	18,000
12	Kinondoni	Kibamba	Hondogo	60,000
13	Ilala	Buguruni	Madenge	55,000
14	Ilala	Buguruni	Kisiwani	70,000
15	Ilala	Buguruni	Malapa	40,000
16	Ilala	Gerezani	Mashariki	85,000
17	Ilala	Gerezani	Magharibi	72,000
18	Ilala	Vingunguti	Mtakuja	30,000
19	Ilala	Vingunguti	Miembeni	35,000
20	Ilala	Ilala	Mafuriko	35,000
21	Ilala	Ilala	Karume	20,000
22	Ilala	Jangwani	Ukombozi	50,000
23	Ilala	Jangwani	Mnazi mmoja	11,000

The local implementing partners have also set a target of funds they will raise to support MVC. Youth Alive Movement (YAM) the local implementing partner in Ilala Municipal Council had targeted to raise at least TShs 1,500,000, mostly through community members in churches. Initial preparations have been done through requesting permission to have some air time during Sunday mass to bring awareness to the Christian congregations to participate in support MVC in their local areas.

1.2: Strengthen Local Government Authorities to implement NCPA

The program has continued to build the capacity of Municipal councils to oversee, coordinate and supervise MVC services in their local areas. This quarter, the program has facilitated strengthening the capacity of DSWOs in implementing the national MVC Data Management System (DMS) and using collected data for planning. The accomplishments include;

Training of DSWOs and program staff on DMS

In collaboration with the Department of Social Welfare of the Ministry of Health and Social Welfare, the program has trained 10 people (8F, 2M) in National MVC DMS. Participants included four District Social Welfare Officers (DSWOs) and three program staffs (1 being a data clerk and two OVC focal persons) from each of the implementing partner in Ilala and Kinondoni councils. The training also provided an avenue for clarifying to DSWOs on their roles in updating MVC service data from service providers. This has been observed to not happen as presented in UNICEF's feedback of the initial analysis of DMS use⁸. The trained personnel entered all data collected



Illustration session during the MVC DMS training in Morogoro

during the ID process. Later the MVC data specialist at the DSW in collaboration with Pamoja Tuwalee Program M & E Senior Technical Officer produced initial analysis to guide service provision based on the shared data. The experience shows that, there could be some challenges in getting such service reports from all the MVC service providers. This is due to lack of commitment and transparency among some of the partners. However, DSWO will use mapping results to identify reliable service providers as an intermediary solution to the mentioned challenges and continue to advocate for the rest to participate in supporting MVC as

⁸ UNICEF Consultant. Preliminary insight based on the DMS data analysis presented at UNICEF offices in Dar es Salaam on 28th June 2011

Provision of computers and accessories for data management

Through our local implementing partners, the program has also procured computer sets (including a desktop computer, printer, computer table, UPS and data external storage devices) to facilitate MVC data management within the municipal councils. We have delivered computer set to the District Executive Director’s Office in Ilala Municipal Council. The DMS specialist from the DSW is working with the DSWO and YAM to provide technical support in setting up the database.

Lack of space to put the computer set in Kinondoni Municipal Councils for the same purpose has slowed down this process. Discussion is underway between the program and the Kinondoni DED on identifying a safe place for the said computer set.



YAM handing over computer set to Fransisca Makoye, the MVC coordinator in Ilala Municipal Council

1.3: Strengthen MVCCs to lead community support for MVC

In the previous quarter, the program shared the findings from the status and needs assessment of the MVCCs she had conducted. Based on the finding’s identified gaps and the suggestions from the stakeholders (including DSW) who attended the presentation during the IPG meeting, there was consensus on the need to revisit the training guide for MVCCs to address the identified gaps. The program has been working with FHI System Strengthening program and DSW to prepare a handbook for guiding the training of MVCC members. Capacity building plans will be sharpened by the content of this training guide upon its finalization.

1.4: Strengthening local CSOs partners to support MVC services

The program has continued to work with her two implementing partners in Ilala and Kinondoni (YAM and WAMATA respectively) in supporting them to implement their planned activities and provide quality care, support and protection services to MVC. Activities accomplished include:

Selection and training of community volunteers

In collaboration with the respective mitaa leaders, both YAM and WAMATA have selected a total of 125 community volunteers (42M, 83F) to implement the program at the grass roots. The selection of volunteers was based on specific set criteria; key ones being (i) know how to read and write, (ii) must be interested on working with children (iii) a trusted and respected member of the community and (iv) not known to be abusers of children. The number of volunteers per mtaa depended on the targeted number of MVC to directly benefit from the program in the respective mtaa and the need to maintain the 1:40 volunteer to MVC ratio. Among these, 50% (n=63) are MVCC members in their respective mitaa, which has surpassed program target of having 5% of community volunteers as MVCC members this year. This is expected to increase collaboration and working relations between community volunteers and MVCCs. To facilitate recognition of the volunteers in the community, the program through its local implementing partners provided them with Identification cards

Table 2: Community volunteers; disaggregation by sex and organization

District	CSO	Total # of volunteers	Male	Female	Volunteers who are MVCC members
Ilala	YAM	57	15	42	17
Kinondoni	WAMATA	68	27	41	46
	Total	125	42	83	63

In order to build their capacity in providing quality services to MVC, the 125 community volunteers have been trained for 5 days on MVC care taking skills. In addition to the use of the National caretaking skills curriculum and National facilitators from the DSW, the program added key topics to accommodate emerging issues. The topics include the Law of the Child Act 2009; the journey of Life; Important elements in protecting children from abuse, neglect and exploitation; volunteers' roles and responsibilities; and Monitoring and evaluation.



Volunteers training: session on program monitoring



Role playing during the training sessions

Volunteers' monthly feedback meetings

Two volunteers' monthly feedback meetings have been conducted during the quarter by each of the implementing partners. The meetings addressed various issues including mentoring on proper recording on the data collection tools, offered clarification on the roles and responsibilities of volunteers, shared their field experiences and challenges and brainstormed on the solutions. The focal persons used these meetings to provide guidance on MVC selection, networking with MVCCs and establishment of children clubs. To facilitate record storage at the community level, volunteers have been provided with box files for keeping MVC data records and will be stored at the mtaa executive office.



Focal person from WAMATA addressing volunteers during a monthly feedback meeting

Through volunteers' monthly meetings, local implementing partners have learnt of community readiness to own the program and take the challenge of providing support and protection to MVC. This has partly been expressed by the willingness of the community members including MVCC members and mtaa leaders to support volunteers in the registration of most needy children that will directly benefit from the program. In Ilala, the school agreed to provide a venue for the volunteers' monthly meeting. The program will build on the community response to facilitate sustainable care, support and protection to MVC



Focal person from YAM addressing volunteers in a monthly meeting conducted at Mchanganyiko secondary school

Quality Improvement

YAM and WAMATA had an opportunity to participate in a pilot study on OVC quality improvement assessment and implementation tool that has been developed by FHI HQ. The pilot provided an opportunity for our sub grantees to self-assess their program and systems and how they facilitate or affect provision of quality services to MVC and their households. Both YAM and WAMATA developed action plans based on the assessment for improvement. Some of the issues in their plans will be addressed by the program during the implementation this year, but others will be shared to be acted upon by other relevant stakeholders

2. INCREASE CAPACITY OF HOUSEHOLDS TO PROTECT, CARE FOR AND MEET BASIC NEEDS OF MVC IN A SUSTAINABLE WAY.

To improve the quality life of MVC, Pamoja Tuwalee program focus is on increasing the capacity of the MVC households for them to provide sustainable care, support and protection to their children. Coupled with that the program intends to provide some direct and emergency support at the beginning of the identification of the priority needs of MVC and slow down these direct supports in future and concentrate on increasing the households' capacity to be able to provide the same to their children.

During this quarter, the program used the MVC identification as an opportunity to conduct assessment on the status and needs of MVC households, using a tool developed by the program. The program decided to develop and collect the household status and needs due to the fact the current national MVC data collection tool captures the individual MVC priority needs and leave the need of the entire household which is the main target of the program. Initial analysis of the assessment has been done during the quarter to generate findings that are now being used to shape service provision and support to the MVC household. A full MVC household needs and status report will be shared with USAID and other key actors once finalized. The program has compiled a detailed MVC ID report (see annex A) which has also been shared with other Pamoja Tuwalee implementing partners for the purpose of preparing a joint report for MoHSW. Below are some of the key findings from the analysis of both MVC identification and Household status and needs assessment.

Coverage: About 34% of all the mitaa in the two municipal councils were covered. The 9591 identified MVC makes 1.7%⁹ of all children in the involved mitaa (Table 3)

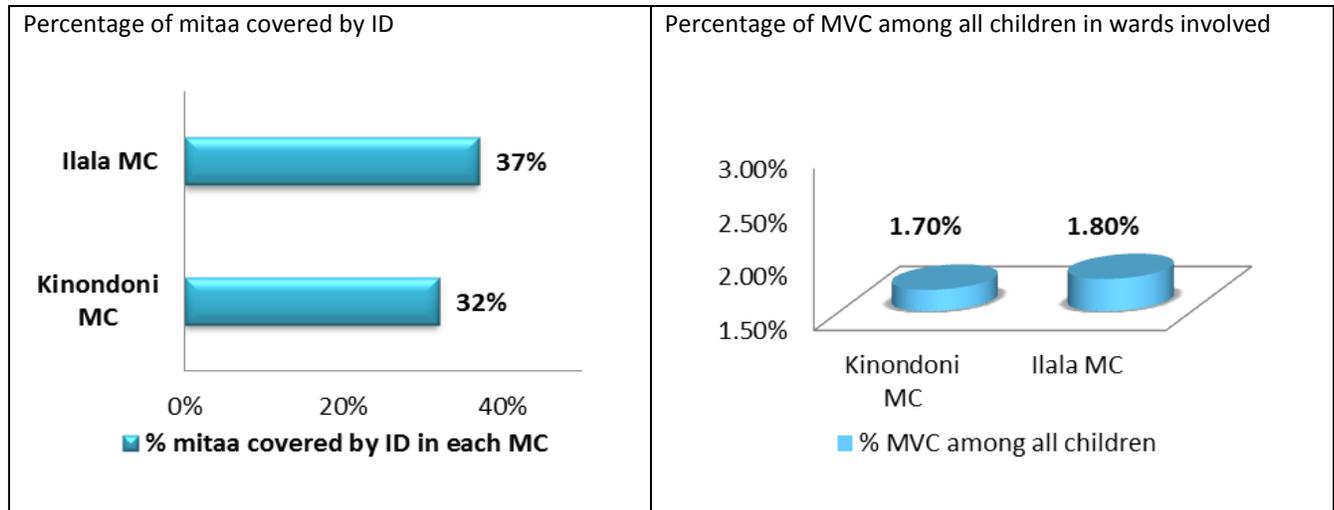
Table 3: Summary of ID coverage and MVC identified

Name of district covered per region	Total # of wards in the district	# of wards covered in each district	Total # of villages/ mitaa in each district	# of villages/ mitaa covered by the ID (%)	Estimated # of all children in the wards involved ⁹	# of MVC identified per district			% of identified MVC among all children in the wards
						M	F	Total	
Kinondoni	34	10	171	54 (32%)	310,209	2626	2646	5272	1.7%
Ilala	26	10	102	38 (37%)	242,443	2186	2133	4319	1.8%
Total	60	20	273	92 (34%)	552,652	4812	4779	9591	1.7%

⁹ This number is estimated using proportion of children in the general population in DHS 2010 (51.6%) and projected population in 2011 from 2002 National census population growth rates in the respective municipalities.

Comparison on the coverage between the two municipal council shows slightly higher percentage of mitaa covered with ID in Ilala municipal council (37%) compared to that in Kinondoni council (32%). Similarly, with reference to all the children in the wards involved, Ilala Municipal Council have slightly higher percentage of MVC (1.8%) compared to Kinondoni MC (1.7%), as presented in Figure 1

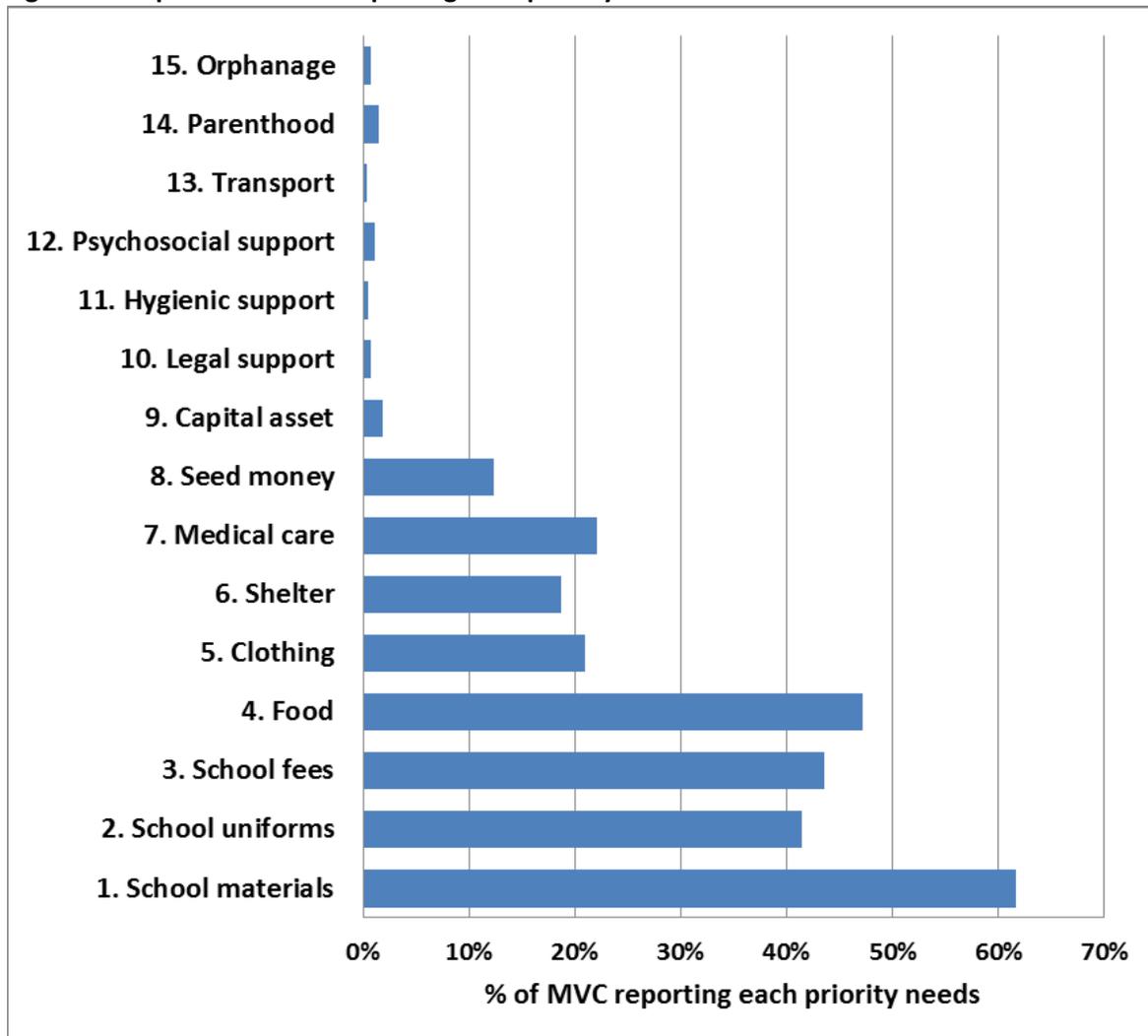
Figure 1: Council comparison of the mitaa covered by the ID and percentage of MVC identified



MVC priority needs: Education support (including school materials, uniforms and school fees) for MVC was ranked as a high priority need in all streets/mitaa where the ID took (Figure 2). This was followed by need for nutritional support, medical care, shelter and capital seed; findings that are similar to the Iramba¹⁰ analysis

¹⁰ Analysis of the MVC data that was conducted by DSW (May 2010) at Iramba District

Figure 2: Proportion of MVC reporting each priority need

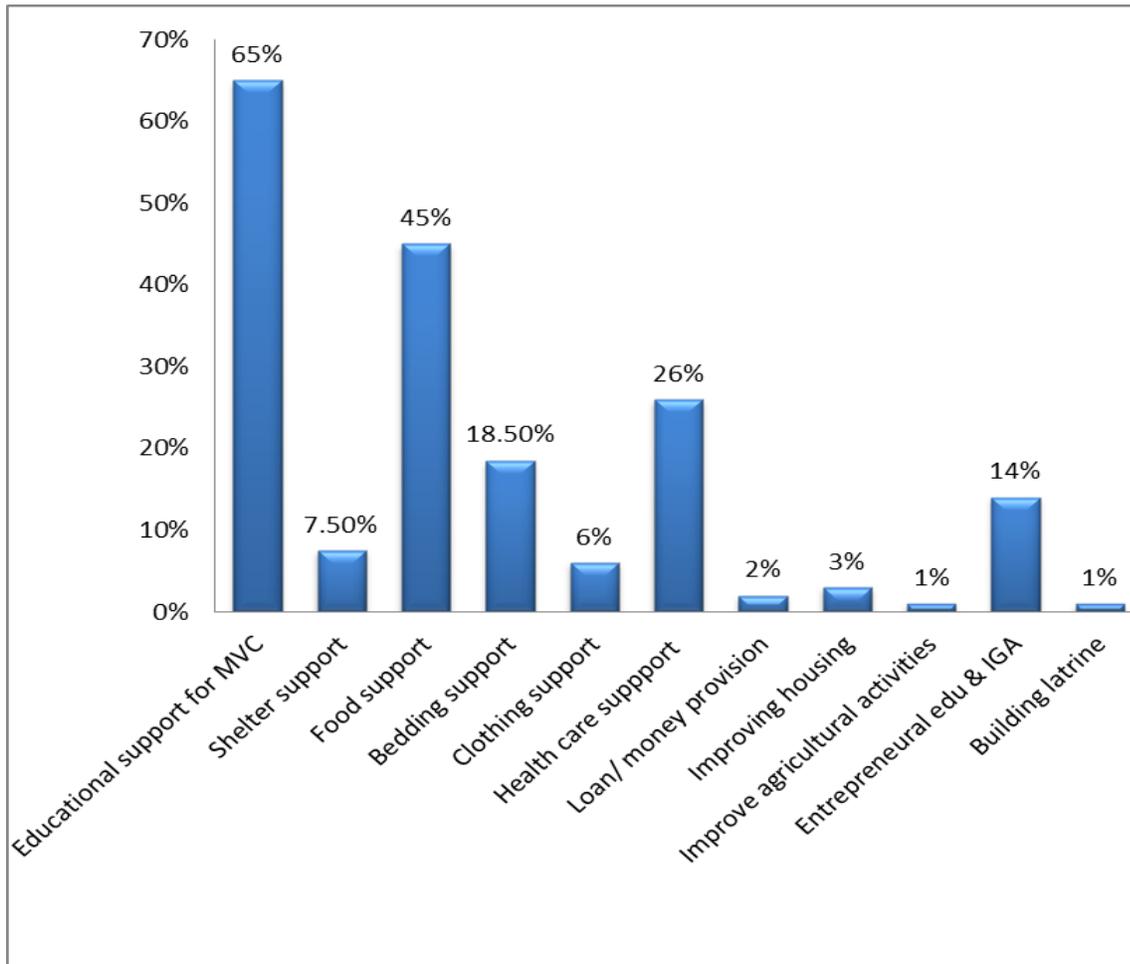


MVC households needs and status: A total of 5038 MVC households (2379 in Ilala and 2659 in Kinondoni) were assessed on their status and needs during the identification process. Majority of the households are headed by women (60%) and approximately 1% of the households are child headed (n=49). There were at least 194 MVC households with a minimum of one MVC with one type of disability. In majority of the households, specificity of the type of disability was not reported, a few mentioning the disability to be that of mental disability, physical disability, deaf, inability to speak and blindness.

MVC households priority needs: Five commonly reported priority needs by MVC households included educational support for their MVC in terms of school fees payment and provision of

scholastic materials, food support, health care support including access to health insurance scheme, shelter support and provision of entrepreneurship trainings and support to establish income generating activities for the households. Graph below shows the ranking of priority needs reported the most

Figure 3: Proportion of MVC households reporting each priority needs in Ilala and Kinondoni MC



A minimum of 7956 MVC are reported to be in need of birth certificates from both municipal councils (3751 Ilala and 4205 Kinondoni MC). Since the program had already initiated the discussion with RITA on need to subsidize and/or exempt MVC from the cost involved in acquiring birth certificates; this data will assist in spearheading the negotiation on the importance of supporting provision of birth certificate to these MVC free of charge

3. INCREASE MVC HOUSEHOLD ACCESS TO COMPREHENSIVE CARE FOR MVC

The program has begun to actively provide services to MVC following the identification of MVC in the previous quarter. Pamoja Tuwalee had to select MVC that will directly benefit from the program from all the wards involved in the identification while working with MVCCs and local implementing partners to articulate different means of meeting the needs of the rest MVC identified. This is because 9591 identified MVC surpasses program’s target for this year by 91.8%.

Community volunteers have collaborated with MVCCs to identify MVC that will directly be reached by the program in order to minimize conflicts and ensure mutual understanding of what need to be happening while ensuring quality provision of services to MVC. The ratio of volunteer to MVC has been maintained as 1:40 respectively. This has provided an avenue for the community volunteers to start interacting with MVCC members. The program continue to educate to the MVCC members to recognize the need and their role in mobilizing other community resources to serve the identified children for comprehensiveness and sustainability of care instead of waiting on one donor only.

3.1: Continue to provide the core, age appropriate service package to MVC currently supported by USG programs and expand coverage as needed in program.

Three types of services have been provided to MVC during this reporting quarter namely psychosocial support through home visits, establishment of children clubs and school fees payment to MVC inherited from Salvation Army. Overall a total of 4574 MVC (2314M, 2260F) have been provided with a minimum of one service package (Table 4). Details of the children served by ward can be found in appendix B.

Table 4: MVC provided with at least one service, disaggregated by age, sex and organization

	CSO	Male <6	Female <6	Male 6-14	Female 6-14	Male 15-17	Female 15-17	Male 18+	Female 18+	TOTAL
Ilala	YAM	128	139	752	767	227	182	10	9	2214
Kinondoni	WAMATA	205	167	778	765	208	227	6	4	2360
	TOTAL	333	306	1530	1532	435	409	16	13	4574

4. EMPOWER MVC, PARTICULARLY FEMALES, TO CONTRIBUTE TO THEIR OWN WELL-BEING BY IMPROVING THEIR RESILIENCE, AS WELL AS THEIR LIVELIHOOD AND SELF-CARE SKILLS

4.1 Establish and manage children’s clubs

The importance of addressing the psychological wellbeing of MVC was cemented during the first children club meetings conducted by the program local implementing partners in both Kinondoni and Ilala. Though it was their first session, they had the opportunity to open up and start sharing their normal life experience and fully participated in setting the ground for the continuity of the sessions. It is clear that the clubs will provide a forum for MVC to release their childhood stress.

Both implementing partners have managed to establish 15 Children clubs (7 in Kinondoni and 9 in Ilala municipal councils). The MVC met once during the quarter whereby the volunteers guided them through the introductory session of running children club. These children clubs used the initial meetings to choose names for their clubs, introduce each other, agreed on club modalities, their roles and regulations. The children shared stories that enabled to explore experiences of their lives, their likes and dislikes. Through these clubs all of them -559 children (291M, 268F) received psychosocial support from their peers, volunteers and program staff. Table 5 below shows details on the participation.

Table 5: Children participating in children clubs by ward

Municipal council	Ward/ Mtaa Name	Total number of active clubs in the ward	# of children participating in the clubs during the reporting period		
			Male	Female	Total
Ilala	Markaz	1	16	24	40
Ilala	Madafu	1	19	16	35
Ilala	Mtakuja	1	20	20	40
Ilala	Gerezani	1	12	9	21
Ilala	Tungini	1	29	30	59
Ilala	Mzinga	2	41	27	68
Ilala	Miembeni	1	20	13	33
Kinondoni	Kibamba	2	42	38	80
Kinondoni	Kunduchi	2	47	25	72
Kinondoni	Bunju	1	17	23	40
Kinondoni	Tandale	1	20	20	40
Kinondoni	Mabibo	1	8	23	31
Total		15 clubs	291	268	559

Education support to MVC student inherited from Salvation Army

As part of program commitment to continuity of education support to the secondary school MVC served under Salvation Army, the program through its partner YAM has accomplished payment of school fees and other education supports to 23 (13M, 10F) MVC who are in Ilala Municipal council.

5. MEETINGS WITH STAKEHOLDERS

During this reporting period, the program participated in various meetings with other stakeholders to input the improvement of care, support and protection of MVC.

- **Participation in the monthly MVC Implementing Partners Group (IPG), Child Protection Working Group (CPWG) and Social Protection/Social Welfare Working Group (SP/SW WG) meetings:** The program has continued to participate in the monthly MVC IPG and CPWGs meetings sharing updates of program progress and contribute to common agendas to improve service provision to MVC. With the opportunity to take part in the SP/SW WG, the program has been actively involved in providing inputs in different agenda including commenting on the terms of reference for the social welfare workforce committee and integration of MVC issues in the MoHSW Comprehensive Council Health Planning Guidelines (CCHP).
- **Participate in UNICEF meeting for sharing findings from initial analysis of the MVC data from three districts in Tanzania:** The program had an opportunity to share experience in analysing data from MVC identification which is similar to UNICEF findings. The meeting raised discussion on the usefulness of the existing Data Management System, which still needs improvement and challenges of quality data collection on MVC identification, service provision, analysis and use of this data at the local levels. MVC implementing partners will continue to facilitate and support district councils in data collection, data management, analysis and use of generated information for planning and decision making.
- **Participation in the review workshop of Tanzania Social Action Fund (TASAF) framework for the next five years:** Due to the Pamoja Tuwalee /FHI program good relationship and trust with the government, she was selected to represent other MVC stakeholders in reviewing the TASAF framework for the next five years. Among others, the program contributions on the need to link MVC care, support and protection with TASAF plans at the community level was appreciated by

most of the participants and it is hoped that the ideas would be taken forward when the implementation is due.

6. SUCCESSES

Working with MVCC

There has been a good working relationship with municipal councils, ward, mitaa government authorities and MVCCs. This has enabled to achieve program's objectives regardless of challenges of working in a city. Majority of MVCC members have shown great collaboration in identifying the neediest MVC that the program will serve directly this year. DSWOs and WAMATA in Kinondoni conducted MVCC supervision at Makangira and Bonde la Mpunga in Msaani ward to solve misunderstanding that had occurred between MVCC and community volunteers. Similarly, in Ilala Council Kitunda ward, there has been resistance by the MVCC to work with the volunteer and the ward authority has been working with YAM focal persons to solve the problem.

Establishment of children clubs

Immediately after the training of volunteers on care taking skills, 15 mitaa have formed children clubs and 559 children have participated in the first club session which is over the program's target for this year by 24%. The program will work with sub grantees to monitor the quality of the support given during the club session and the improvement these clubs sessions are making in the lives of MVC in terms of their school performance, confidence, resilience and livelihood.

Community contributions

During public meetings of the MVC identification, community members were sensitized to support provision of care, support and protection services to the identified children. Ward facilitators and program staff encouraged the mitaa to established MVC funds that will be managed by MVCC members and will include contribution from individual community members, public and private institutions interested in the welfare of the children. On the spot a total of TShs. 789,000 were contributed.

7. CHALLENGES

- There are few areas where some MVCC members have been reluctant to work with community volunteers, particularly in Kitunda ward – Ilala Municipal. MVCC members of this area think that there are benefits in terms of monetary gains, by being a volunteer and therefore demands that they should be trained as volunteers and all the children identified ought to be served by the program. The DSWO and the ward authority is being involved in solving the problem in this ward.

The number of identified MVC exceeds the program target which raises concerns in ensuring quality services. Coupled with that in some of the mitaa such as Basihaya, Kilungule ,Boko ,Makangira ,Kwa tumbo and Bonde la Mpunga in Kinondoni MVCC members and local leaders were initially resistant to collaborate with volunteers to select some of the identified MVC to directly benefit from the program. The clarifications and transparency in the discussion helped them understand why all children will not be reached by the program directly.

8. KEY PLANNED ACTIVITIES FOR THE NEXT QUARTER.

- Continue lobbying 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.
- Establish Economic strengthening plans for the households following up with findings from the household status and needs assessment.
- Conduct joint supervision to volunteers and MVCC.
- Pre award assessment of potential implementing partners in Coast, Morogoro and Zanzibar and uptake of MVC from TUNAJALI program.
- Training for volunteers on Children club attendance in collaboration with REPPSI and FHI UJANA program, training on overcoming gender based violence and on appropriate information on the rights of disabled children.
- Design the advocacy campaign strategy for mobilizing MVC support.
- Develop and implement capacity building plans for MVCC.
- Facilitate meaningful participation of business community in MVC support.
- Improve coordination among service providers in the respective district councils.
- Facilitate access to birth certificates for the needy MVC.
- Develop program national annual plan and budget for FY 2012

Appendix A: MVC ID report

Appendix B: MVC served with a minimum of one core service

Municipal council	Name of ward	Male <6	Female <6	Male 6-14	Female 6-14	Male 15-17	Female 15-17	Male 18+	Female 18+	TOTAL
Ilala	Gerezani	2	1	7	19	9	9	1	0	48
Ilala	Buguruni	29	37	104	107	31	23	0	0	331
Ilala	Jangwani	4	8	39	43	13	12	1	0	120
Ilala	Kariakoo	10	19	46	39	4	1	0	1	120
Ilala	Ilala	9	7	55	57	12	18	1	1	160
Ilala	Vingunguti	8	5	72	72	23	19	0	0	199
Ilala	Kitunda	5	7	33	23	8	4	0	0	80
Ilala	Gongo la mboto	13	9	129	132	41	26	2	3	355
Ilala	Ukonga	1	1	50	57	23	24	2	2	160
Ilala	Chanika	47	45	217	218	50	36	3	2	618
Ilala	EX Salvation Army	0	0	0	0	13	10	0	0	23
TOTAL		128	139	752	767	227	182	10	9	2214
Kinondoni	Ubungo	15	14	45	62	7	17	0	0	160
Kinondoni	Mabibo	21	14	101	81	33	29	1	0	280
Kinondoni	Kunduchi	74	64	132	147	27	35	0	1	480
Kinondoni	Manszese	21	12	149	122	47	46	2	1	400
Kinondoni	Kibamba	17	15	80	107	25	33	2	1	280
Kinondoni	Msasani	7	2	26	30	10	5	0	0	80
Kinondoni	Tandale	20	14	74	62	16	14	0	0	200
Kinondoni	Bunju	1	3	10	9	7	10	0	0	40
Kinondoni	Mwananyamala	24	24	134	123	22	31	1	1	360
Kinondoni	Kinondoni	5	5	27	22	14	7	0	0	80
TOTAL		205	167	778	765	208	227	6	4	2360
GRAND TOTAL		333	306	1530	1532	436	409	16	13	4574