



PAMOJA TUWALEE PROGRAM – COAST ZONE

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Quarterly Performance Narrative Report

October to December 2012

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Contents

LIST OF TABLES.....	4
ACRONYMS	5
EXECUTIVE SUMMARY	6
REGIONAL IMPLIMENTATION REPORT	7
INTRODUCTION.....	7
PROGRAM ADMINISTRATION AND MANAGEMENT	10
Staffing.....	10
Funds Disbursed to Partners.....	10
ACTIVITIES ACCOMPLISHED	11
OBJECTIVE ONE:.....	11
1.1. Mobilizing support for MVC through advocacy campaign.....	11
1.2. Strengthen Local Government Authorities to implement NCPA/ZCPA	12
1.3. Strengthening MVCCs to lead Community Support for MVC	18
1.4. Strengthen Local CSO Partners to Support MVC Services.	24
1.5. Facilitate meaningful Participation of Business community in MVC Support.	26
1.6. Improve Coordination among and across sector and zones.....	27
OBJECTIVE TWO:.....	29
2.1 Provide training for household caretakers in caretaking skills, PSS and reducing stigma/discrimination	29
2.2. Provide training and other support to increase savings and improve livelihoods for OVC households.....	30
2.3 – Support training and linkages to improve OVC household food security and nutrition.....	33
2.4 – Support training on social/legal rights and community protection structures.	35
2.5 – Facilitate access to community health insurance schemes for OVC households.	36
2.6 – Link OVC caretakers to comprehensive health and psychosocial services along the continuum of care.	36
OBJECTIVE THREE:.....	37
3.1 – Continue to provide the core, age-appropriate service package to OVC currently supported by USG programs and expand coverage as needed in program districts.....	37
3.2 – Support DIPGs to expand and improve comprehensive referral networks that strengthen the continuum of care.....	45

OBJECTIVE FOUR:	46
4.1. Establishing and Managing Children Clubs	46
4.2. Provide age and gender appropriate HIV prevention education.....	47
4.3 – Provide disabled OVC with accurate and appropriate information about their rights and HIV/AIDS.....	47
4.5 – Support mobile registration to provide OVC with birth certificates.....	48
MEETINGS	49
CHALLENGES	50
PLANNED ACTIVITIES FOR THE NEXT QUARTER (JANUARY – MARCH 2013)	51
SUCCESS STORY.....	52

LIST OF TABLES

Table 1: Program Geographical Coverage and MVC Reach

Table 2: Fund Disbursed to Sub grantees and Expenditure - October to December 2012

Table 3: Current Status of Volunteers in the Program by District and Sex

Table 4: Summary of MVC Funds Status by Districts

Table 5: Number of New SILC Groups Established by Region

Table 6: Summary of non-economic support provided to MVC household

Table 7: MVC provided with education support

Table 8 MVC enrolled in Vocational Training Centres

Table 9: Summary of MVC who passed National Std VII Examination in 2012 in Morogoro region

Table 10: Summary of Shelter support provided to MVC and their household.

Table 11: Summary of Referrals to Other services provided to MVC and their Households

Table 12: Current MVC in the program that have any disabilities

ACRONYMS

ABCT	AIDS Business Coalition of Tanzania
AIDS	Acquired Immune Deficiency Syndrome
AOTR	Agreement Officer's Technical Representative
CPWG	Child Protection Working Group
CSI	Child Status Index
CSO	Civil Society Organization
DADP	District Agricultural Development Plan
DC	District Council
DCDOs	District Community Development Officers
DED	District Executive Director
DMS	Data Management System
DSM	Dar Es Salaam
DSW	Department of Social Welfare
DSWOs	District Social Welfare Officers
FHI 360	Family Health International
FY	Fiscal Year
GIS	Geographic Information Systems
GoT	Government of Tanzania
HIV	Human Immune deficiency Virus
ID	Identification
IPG	Implementing Partners Group
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MEO	Mtaa Executive Office
MOHSW	Ministry of Health and Social Welfare
MTEF	Medium-Term Expenditure Framework
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
MIS	Management Information System
NCPA	National Coasted 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
PPP	Public-Private Partnership
RFA	Regional Facilitating Agency
REPSSI	Regional Psychosocial Support Initiative
RH	Reproductive Health
RITA	Registration, Insolvency and Trusteeship Agency
TAWIWO	Tanzania Widow Women Association
USAID	United States Agency for International Development
USG	United States Government
UNICEF	United Nations International Children's Emergency Fund
WAMA	Wanawake na Maendeleo
WAMATA	Walio Katika Mapambano na Ukimwi Tanzania (Fight against HIV and AIDS)
WEO	Ward Executive Office
WASH	Water and Sanitation for Health
YAM	Youth Alive Movement

EXECUTIVE SUMMARY

Pamoja Tuwalee is a five year USAID funded program implemented by four partners in five zones namely Coast, Central, Lake, Northern and Southern. FHI 360 covers the Coast zone which includes regions of Dar es Salaam, Morogoro and Coast in mainland, Unguja and Pemba islands in Zanzibar. The broad goal of the program is to improve the quality of life and wellbeing of Most Vulnerable Children (MVC) and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection.

This report covers the first quarter (October-December 2012) of year three of this program. The report shows the achievements of the planned activities in this reporting period, lessons learned and areas that needs to be improved.

The program efforts to contribute to objective one on increased capacity of communities and local governments to meet the needs of OVC and their households have been witnessed in this reporting period through a couple of activities including supportive supervision. During this quarter, a total of TZS 5,217,000 (US \$ 3,261) and other material supports were mobilized from local communities in which 592 (M 278, F314) MVC received health and education support, other community members gave land to MVC for cultivation, others allowed them to study at a subsidized cost or free of charge.

Objective two aims at increasing the capacity of households to protect care and meet the basic needs of MVC through various initiatives (SILC, IGAs, and other ES interventions) to reduce the economic vulnerability of families. Based on community requests and Community Resource Person (CRP) initiatives, 59 new SILC groups were formed making a total of 186 groups in program to date with a value of TZS 277,343,300 (US \$) 173,340 and OVC contributions of 18,152,600 (11,345 US \$). Much has been done also to increase income for MVC households.

Objective three activities were designed to increase MVC Household Access to Comprehensive Care. In this quarter the program managed to support a total of 28,940 (M 14,813, F14, 127) MVC with a minimum of one core service. Out of these 3,800 (M 1,902, F 1,898) MVC received educational support and 5,251 (M 2, 745, F 2,506) received primary health care support among others.

Objective four shows activities that contribute in achieving improvement of resilience, livelihood and self-care skills. 209 children clubs with 6,568 (M 3,193, F 3,375) MVC were reached through various services, one of them being psychosocial support. Equally, 38 (M 14, F 24) MVC were identified as gender based victims and were provided with counseling support during the reporting period.

REGIONAL IMPLEMENTATION REPORT

INTRODUCTION

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). The program is implemented by four partners in five zones namely Coast, Central, Lake, Northern and Southern. FHI 360 covers the Coast zone which includes Dar es Salaam, Morogoro and Coast regions in the mainland, Unguja and Pemba in Zanzibar. The broad goal of the program 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 and sustainable care, support and protection.

The Coast zone is bordered by Indian Ocean on the East Coast and regions of Iringa, Dodoma, Tanga and Lindi on the other sides in mainland Tanzania. Unguja and Pemba are islands, surrounded by the Indian Ocean. The program target was to cover all 26 districts in the zone. However, it was noted that PASADA who is a major partner and that receives funds from USAID operates in Dar es Salaam hence we agreed to leave Temeke Municipal to her.

To date, the program has covered a total of 25 districts, two in Dar es Salaam, six in Morogoro, seven in Coast and 10 in Zanzibar.

The projected population in 2011 in the whole Coast zone is estimated at 7,759,310¹. Dar es Salaam has the highest number of people (3,194,903) followed by Morogoro (2,162,197), Zanzibar islands (1,315,522) and Coast region (1,086,658). With the estimated proportion of children (0-18years) being 51%² of the general population, this equate to an estimate of 3,957,248 children in the Coast zone. Though the program is yet to find the National census report conducted in 2012, the preliminary finding shows an increase of 23% (34,443,603 to 44,929,002) of the population from 2002 to 2012³ nationwide. The increase is not far from the estimated population which has been used by the program. For example, the preliminary data shows that Zanzibar population is 1,303,568; this is closely related to 1,315,522 estimated by the program for 2011. When the census report will be finalized, accurate data for the current population and percentage of children will be updated.

HIV and AIDS prevalence is highest in Dar es Salaam, estimated at 9%⁴ and its adverse effects which have left many households economically unstable and many orphaned children. This is followed by Coast region with a prevalence of 7%, Morogoro 5% and Zanzibar with a prevalence of 1%.

¹ Regional and Districts Projections. National Bureau of Statistics, Ministry of Planning, economy and empowerment. December 2006, DSM.

² National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. DSM, Tanzania: NBS and ICF Macro

³ <http://zanzibardaima.com/2012/12/31/matokeo> rasmi ya sensa yatolewa

⁴ Tanzania Commission for AIDS et al, Tanzania HIV/AIDS and Malaria Indicator Survey, 2007- 08

In this reporting period, the program reached 28,940 (M 14,813, F 14,127) MVC with at least one core service compared to 30,538 MVC reached last quarter of year two. This is 67% towards the program target of for FY 2013.

During this quarter, the program continued with one of its strategic plan of capacitating different implementers of the program, MVC households as well as follow up on the impact of various initiatives put in place such as training of volunteers, MVCCs, training on entrepreneurship skills, local chicken and home gardening. **Table 1: Program Geographical Coverage and MVC Reach**

Region	Dar es Salaam	Coast	Morogoro	Zanzibar	Total
Total # of Sub grantees per region	2	3	3	2	10
Total # districts	3	7	6	10	26
Total # of districts reached	2	7	6	10	25
Total # of wards in the covered region	60	114	177	509	860
# (%) wards covered	20 (33%)	92 (80%)	96 (54%)	182 (36%)	390 (44%)
Total # of villages in the region	273	595	864	NA	1732
# (%) villages covered	92 (34%)	432 (72%)	561 (65%)	NA	1085 (62%)
5 years targeted # of MVC	5001	28405	6272	3605	43,283
# (%) of MVC reached	9846	26,676	9844	3975	50,341
# (%) of MVC served: Oct to Dec 2012	9846 (196%)	8744(30%)	6403(102%)	3947 (109%)	28,940
MVC served: sex disaggregation					
Male	4958	4564	3221	2070	14,813
Female	4888	4180	3184	1877	14,127

**MVC served: age
disaggregation**

<6 years	1715	440	300	964	3419
6-14 years	5911	2508	796	203	18,115
15-17 years	1712	796	2146	61	6443
18+ years	588	203	61	191	963

On the targeted number of MVC, the program had planned to provide services to 5,001 in Dar es Salaam, however after the identification it was noted that many children were identified and needed immediate support. The program agreed with the Municipal councils both in Ilala and Kinondoni that since the identification was only done in 10 wards per district, the program should serve all identified MVC while the two municipalities continue to encourage other partners to support MVC in the other wards. This is the same situation in Ulanga District, Kibaha Town Council, Unguja and Pemba

The data on number of MVC reached shows that the program has already exceeded its target for 2015 by reaching 50,341 MVC instead of 43, 283; this has been necessitated by the reasons given above. When the program supports identification process many MVC are identified than the program target. The program has been able to support these MVC in partnership with government and other stakeholders in each district through coordination and networking.

PROGRAM ADMINISTRATION AND MANAGEMENT

Staffing

Following resignation of the former Monitoring & Evaluation Senior Technical Officer, the program during this reporting period recruited another Senior Technical Officer -Monitoring and Evaluation. Furthermore, the program recruited Assistant Financial Accountant. The program is also in the process to recruit a Senior Technical Officer-Child Protection to lead the child protection component.

Funds Disbursed to Partners

The program continued to work closely with its CSOs partners in delivering services to MVC and building their capacity to implement their plans. A total of **TZS 188,737,000** was disbursed to all 10 Sub grantees in the coast zone as portrayed in the table below;

Table 2: Fund Disbursed to Sub grantees and Expenditure - October to December 2012

Sub Grantee	Funds Disbursed (TZS)	Expenditure (TZS)
Faraja Trust Fund	17,290,000	17,329,000
Roman Catholic Dioceses of Mahenge	37,190,000	27,260,760
Kifaru Community Development in Tanzania (KICODET)	12,500,000	40,371,204
Baraza la Misikiti Tanzania (BAMITA)	10,690,000	13,251,450
Jipeni Moyo Women and Community Organization (JIMOWACO)	31,688,500	27,396,873
Roman Catholic Archdiocese of Dar es Salaam	15,979,500	34,580,544
Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	17,534,500	21,833,900
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	14,484,500	13,050,500
Zanzibar Muslim Women Association to Support Orphans (ZAMWASO)	15,260,000	9,526,800
Huruma AIDS Concern and Care (HACOCA)	16,120,000	22,653,250
Total	188,737,000	227,254,281

As indicated in the table above, total funds transferred to Sub grantees is less than the total funds that was spent during the quarter, this is due to the fact that, Sub grantees had a balance amounting to **TZS 71,432,669** that was carried forward from previous quarter. The mentioned balance and the amount transferred make a total of **TZS 260,169,669** which included in the aforementioned October-December 2012 expenditures.

ACTIVITIES ACCOMPLISHED

OBJECTIVE 1: 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.

During this reporting period, the program continued to enhance the capacity of LGAs, CSOs, MVCCs and Volunteers to care, support and protect MVC in their respective LGAs/communities. One of the key activities was empowering its local implementing partners' capacity through organization and technical capacity assessment. This exercise helped the partner to identify their strengths, weaknesses and develop action plan to address the gaps. Through joint supportive supervision with District Social Welfare Officers (DSWOs) and program staff, it was noted that great work is being done by volunteers and MVCCs that includes: education, health and psychosocial support to MVC and their households.

The program collaborated further with Local Government Authorities (LGAs) staff to conduct trainings that aimed at enhancing the capacity of DSWOs, Agriculture Extension Officers (AEOs) and Community Development Officers (CDOs) in addressing the challenges facing MVC and their households in accessing sustainable quality care, support and protection as detailed in the later part of this report.

1.1. Mobilizing support for MVC through advocacy campaign

Given the challenges faced by the program in working with WAMA reported in the last quarter, the program management requested a meeting with the Chairperson of WAMA Foundation, the First lady. All issues that appeared to have impaired the efforts to implement the program were discussed. Both parties agreed on setting fresh strategies for the coming quarter, strategies that will ensure accomplishment of all the planned activities. This included review of activities, timely implementation and updating the First Lady on the progress on quarterly basis, or any time as the need arise.

Furthermore, the program consistently, has noted community understanding in taking more responsibilities in care, support and protection of MVC and their households. This has been a result of the program continuity in community resource mobilization and advocacy through its sub grantees. During this quarter, the LGAs and community members supported a total of 592 (M 278, F314) MVC with health and education support.

1.2. Strengthen Local Government Authorities to implement NCPA/ZCPA

The program continued to nurture the relationship with the government. All the program activities aimed at complementing the government's efforts in addressing MVC needs and enhance ownership and sustainable care, support and protection as stipulated in the National Costed Plan of Action (Tanzania Mainland/Zanzibar National Costed Plan of Action - NCPA/ZCPA). This has been demonstrated through facilitation of regular District Implementing Partners Groups (DIPG) meetings in various districts. Through these meetings issues of concern such as MVC access to health care through Community Health Fund (CHF), Food and Nutrition support to most needy MVC and their households were discussed and resolved. Also, members got the opportunity to share program status and agreed on areas for improvement.

The previous quarter DIPG meetings took place within the program area, and various constructive issues in favour of supporting MVC were shared including sharing of work plans and identifying more service opportunities where MVC could be referred to.

In this reporting period, DIPGs continued to be of importance and therefore five districts (Mkuranga in Pwani region, Ilala and Kinondoni in Dar es Salaam region, and; Kilosa and Kilombero in Morogoro region) managed to hold meetings. Apart from that some sub grantees managed to have one or more consultative meetings with district officials. WAMATA Pemba in Chakechake and Wete advocated for more support to MVC by the district. In the same effort, RC Mahenge managed to negotiate with Kilombero district council to support 100 MVC with school uniforms and Community Health Fund (CHF) cards. This was agreed and it is likely to be effected in the next quarter.

1.2.1: Providing Technical assistance (TA) to LGAs during their annual planning and budgeting process and advocate for MVC support

The program continued to support LGAs through sub grantees to identify and capture budgetary issues around MVC and their households in their development budget. In Kisarawe, BAMITA was invited to participate in the District Midterm Expenditure Framework (MTEF) planning and budgeting process in December 2012. As a result of advocacy efforts, Kisarawe District Council agreed to budget a total of TZS 5,000,000 for MVC care, support and protection activities.

In Zanzibar, same efforts were made by WAMATA Pemba by visiting Mkoani District Council and Wete as well as Chake Chake District authorities in order to lobby for MVC budget inclusion. ZAMWASO had a discussion with District commissioners for North 'A', North' B' , Central, Urban, West and South districts so that the MVC needs could be captured in their 2013/2014

budget. District officials expressed the possibility of subsidizing cost of birth certificates despite of budget limitations. As the program enters year three, more efforts shall be made to help the LGAs realize their contribution and take lead in MVC service delivery as intended by the program design.

1.2.2: Support Districts to translate the NCPA/ZCPA into replicable District action plans.

Pamoja Tuwalee program is guided by the NCPA/ZCPA documents as operational and planning tools. The documents clearly stipulate the need for participation of everyone to extend quality care, support and protection to MVC and their households. The documents emphasize sense of ownership and the need to lay down strategies for sustainability. The NCPA document has been updated and a new version of NCPA II would be launched in the next quarter.

As already mentioned, in this reporting period, efforts were made in different ways to urge District authorities to plan and budget for MVC needs as per NCPA/ZCPA. Due to Decentralization model the government of Tanzania is practising, the government plans are originated from the lower level, i.e. from street/village to ward followed by district. Understanding this importance, the program advocated for MVC care, support and protection at all levels to ensure that their issues are given due consideration at every level.

In Dar es Salaam, the program staff managed to meet with 12 street government leaders at street level in Ilala District. They reminded them the roles and responsibilities of MVCC and volunteers and the need to include MVC issues in their plan to inform the Ward Development Council (WDC). They emphasized the roles and responsibilities of government leaders to mobilise fund to meet MVC needs.

Also WAMATA, our partner in Kinondoni during joint supportive supervision with social welfare officers from the municipal learned that nearly all 19 MVCCs visited were active in fulfilling their roles and responsibilities except three MVCCs which had low membership. WAMATA in collaboration with Mtaa leaders will find a way to revamp these MVCCs and increase service delivery to their MVC.

1.2.3: Support development of 15 Districts MVC support funds by 2015.

Two years' experience gained during the implementation of this program, informed the need to change the target of this section. The program learned that, the LGAs through our advocacy and capacity building have gained the knowledge and skills to plan for MVC care, support and protection within their Medium Term Expenditure Framework (MTEF).

To avoid confusion of coming up with another OVC funds, it was agreed that the focus now change and be on building the capacity of MVCCs and ensure that each MVCC establish the MVC fund at the street/village level.

A total of 22 new MVC funds were established in this reporting period making a cumulative total of 91 MVC funds: The program in Dar es Salaam worked with Ilala Municipal Council to facilitate the formation of two MVC funds (in Markaz and Kasulu streets). Also, the program was able to assist five streets (Kimwani, Karume, Mtambani B, north Kariakoo and East Kariakoo) to open bank accounts.

In Morogoro Region 11⁵ villages established MVC funds and a total of TZS 1,529,000 equal to 956 US \$ was contributed by community members for supporting MVC.

Seven MVC funds were established in Pwani Region with the value of TZS 692,000 (433 US \$). Four MVC funds are from Mvuleni MVCC, Mbezi Mlunguana, Mwanambaya MVCC, Kisemvule MVCC, Mtongani and Kikoo MVCC in Mkuranga district. While Kanga MVCC, Kirongwe MVCC and Jibondo MVCC are from Mafia district.

In Zanzibar, the program managed to establish two new MVC funds (Kinuni for TZS 43,000 and Nyerere TZS 82,000) making a total of TZS 125,000 equal to 78 US \$ all together.

1.2.4: Provide TA to District Social Welfare to implement MVC care and support.

The program continued to support provision of TA to DSWOs in this reporting period. The support was based on the preceding period of implementation experiences.

In Morogoro region, 21 SWOs were oriented on building the capacity of MVCCs – and were able to conduct the training to MVCC at their respective districts and villages.

⁵ Alabama, Minazini, Njiwa , W/dakawa, Lubungo, Kipera, Kimamba A, Kimamba B, Mbumi A, Mbumi B, Chanzuru, Kibaoni, Ruaha

In Kibaha district, the program provided the technical assistant (TA) to the DSWOs on entering the data for identified MVC in excel sheet. The data will be analysed and used for decision making.

In Zanzibar, four DSWOs (M 3, F 1) attended refresher training on national identification process after which they trained the district/shehia facilitators who then tailored the training to MVCC members.

1.2.5: Strengthen supportive supervision.

The program continued to monitor its activities in partnership with the DSWOs, MVCCs and volunteers. In this reporting period, supportive supervision visits were conducted at different levels for the purpose of improving quality of care and services to MVC and monitoring implementation of the program at all levels.

Through supportive supervision conducted by the program and LGA staff; Volunteers, MVCC members, CRPs and local leaders had an opportunity to share their experiences and gain new knowledge that was followed by coaching and mentoring process aimed at building their capacity in delivery of quality care and support to MVC and their households.

The team had an opportunity to visit selected children clubs, caretakers and few individual MVC so as to get an impression of the services delivered to them through the program. Below is the summary of key findings of the supportive supervision:

- In Kisarawe District in Pwani, the program staff together with DSWO noted that two disabled MVC (1 M, 1 F) at Cholesamvula Ward were denied their right to education and participation in other community gatherings due to low awareness among community members about the rights of disabled people. Thus, the team used that opportunity to provide counselling and PSS support to caregivers and community leaders on the need to support those children. It was agreed that those two children would be supported to join school in early January 2013 when the school reopen.
- In Mafia District, the team visited MVCC and a few selected MVC at Jibondo village. The community members in Mafia are slow in realizing their roles and responsibilities of supporting MVC, hence the team spent time to orient the MVCC members on the need to mobilize resources and provide the right information to the community members. In response to that, the Village Council contributed a total of TZS 152,000 (95 US \$) to the

MVCC OVC Fund and deposited into the bank account. The fund would be used to support the neediest MVC with education needs.

- In Dar es Salaam region, the program managed to conduct joint supportive supervision visits to 19 MVCCs with DSWOs from Kinondoni Municipal at Manzese, Tandale, Kunduchi Mwananyamala and Mabibo Wards. The main purpose was to follow up the MVCCs' implementation of their work plans, commitments and plans for FY 2013. Another area of interest was to establish the level of participation in the MVCC meetings and contribution to OVC Fund. Out of these visits, the team had the following observation as:
 - i. Sixteen out of 19 MVCCs are able to fulfill their roles and responsibilities. That was seen through their capacity to narrate what was their plan, what they have been able to do and presented the minutes of their regular meetings.
 - ii. Mtogole MVCC at Mtogole Street linked MVC/Households with Roman Catholic Tandale Parish where a total of 11 MVC (M 5, F 6) received support in terms of: Food, School fees, Mattress, Mosquito nets, School materials and Bus fare.
 - iii. Manzese and Mabibo MVCCs have a strategy in place whereby, wherever they meet for their monthly meetings each member will contribute the minimum of TZS 1,000 for MVC fund. They also agreed to use community meetings to raise funds for MVCsupport
 - iv. Three out of 19 MVCCs representing 16% of all visited MVCCs had fewer MVCC members due to re-location of some members to other streets in the city while others had prolonged sickness which affected their participation in the MVCC activities including meetings. Given this situation, local leaders were advised to facilitate selection of new members to replace them and strengthen the MVCC functions.
 - v. In Ilala, the program staff together with Ilala DSWO were able to visit MVCCs in



Mnyamani, Kasulu, Kimwani, Kariakoo, Karume, Kisiwani, Ukombozi, Mnazi Mmoja, Markaz and Vikongoro streets. The aim of the visit was to encourage MVCC to open bank accounts and mobilize resources from within as to support MVC and their households. Overall 21 bank accounts worth TZS

1,027,500 (642 US \$) were opened during this reporting period.

- vi. Through volunteers, our partner WAMATA Dar es Salaam identified one child headed household from Mtongani Street whose father is terminally sick and had been transferred to Singida for further treatment. The household head MVC and her three young siblings (M 2, F1) were left without care and support of an adult. As a result, that the MVC was compelled to engage on informal petty businesses during night hours. WAMATA and the MVCC discussed the possibilities of helping these four children. Part of the solution was to assist them formalize their petty business to avoid working during the night. Volunteer collaborated with the program staff and managed to get a place at Mtakuja primary school whereby they can do their business safely.
- vii. WAMATA made another visit to Tandale Sokoni Street and managed to visit a female MVC who is mentally retarded. Based on her health status, WAMATA focal person, volunteer and family members agreed to seek support from social welfare officer for further assistance.

In Zanzibar, WAMATA Pemba and ZAMWASO in Unguja conducted joint supportive supervision at shehia level with DSWOs that involved MVCC and selected households⁶. Below are few highlights:

- i. In Wete- district in Pemba, a total of 15 older MVC (6 male, 9 female) who were linked to vocational training centers were visited as to learn their progress. These received scholastic tools (for use in the practical sessions) while pursuing their courses (Namely: tailoring, garage, carpentry and computer literacy) so as to facilitate their practical learning process and this indeed was a feasible idea since they are relatively competent compared to other trainees who lack such tools. These tools will cater as their start-up kits once they complete their courses.
- ii. In Unguja, MVC households, MVCCs and SILC Groups in 30 Shehias were visited by the team. Those visited were 40 volunteers (M 15, F 25) , 296 (M 107, F 189) MVC caretakers with 848 (M 399 M , F 449) MVC at the household level, thirteen (13) SILC Groups, 11 MVCCs and Caretakers who attended poultry keeping and gardening trainings. The team came up with the following key observations:

⁶ A total of 5 MVCC, namely Jadida, Kizimbani, Bopwe and Kipangani in Wete district were visited, while in Chake Chake was Msingini. A total of 15 households were also visited jointly

- i. Four Caretaker families with disabled MVC who were supported by the project were continuing well with their businesses at Nyerere Shehia.
- ii. Nyerere MVCC had managed to establish the fund to support MVC in their shehia beginning 2013.
- iii. Vegetable gardens run by caretakers at Bweleo have been badly affected by pests thus jeopardise them to gain profit. The caretakers were advised to link with Agricultural Extension Officer for further help.
- iv. Some of the MVCCs had less representation of MVC caretakers. The team advised the shehia leaders to consider that in case there is an opportunity for replacement in future.
- v. High loss of chicken due to disease influx. The affected households were advised to link with livestock extension department.

The FHI360 Chief Executive Officer from Washington headquarters visited the program beneficiaries in Ilala district Dar es Salaam. The CEO had the opportunity to meet with children supported by the program and members of SILC group in Manzese as well as local leaders.

1.3. Strengthening MVCCs to lead Community Support for MVC

MVCC remains the significant structure in the implementation of MVC program. This has been spelt out clearly in the NCPA I and now in the NCPA II, as one of functioning structure within the local government system. At village level, MVCCs are the technical subcommittee within the village/Mtaa/Shehia councils advising the social services committee on MVC issues.

In complementing the government efforts, Pamoja Tuwalee program/FHI360 invests in shaping the roles of MVCCs through various capacity building strategies. These include establishing the committees, training, mentoring and coaching members and economic strengthening support. In this reporting period, the following activities were conducted:

1.3.1 Development and implement capacity building plans of existing MVCCs

In this reporting period, a follow-up on the implementation of the work plans developed by the MVCCs which attended the previous training was conducted in order to establish their status and functioning of the same MVCCs.

In Morogoro region, the follow up involved a total of 184 MVCCs and revealed the following issues:

- i. MVCC addressing food insecurity challenges agriculture projects that meant to ensure food availability and consumption at MVC households throughout the year. Such initiatives were found in Mbagula village whose MVCC had managed to plant four hectors of cassava. In Nawenge village, MVCC members were in the process to plant two hectors of beans while in Kimamba "A" MVCC members secured two hectors of land for cultivation of sunflower.
- ii. Through the program continuous mentoring and coaching process, some of the community members had realized their active role and responsibility in caring and support for MVC. Machipi MVCC supported 10 MVC (M 3 , F 7) with nutritional support consist of vegetables such as tomatoes, onions, okra and greens all worthy TZS 70,000 (44 US \$). Kipera MVCC in Mvomero district paid for form IV mock examination fee to a male MVC at a cost of TZS 10,000 (6 US \$).
- iii. At least 59 MVCC managed to update their MVC registers while a total of 13 MVC funds worthy TZS 1,529,000 (956 US \$) were established by respective MVCCs in Morogoro region during this reporting period.

In Dar es Salaam region, as detailed under 1.2.5 similar visit were conducted involving 19 MVCCs. These MVCCs were trained in FY 2011.

1.3.2: Advocate for membership of current community volunteers in MVCCs.

The experience gathered from the implementation of this program in the last two years shows that involvement of program community volunteers as one of the MVCC members contributes to the level of activeness of the committee and improve planning and execution of activities. Therefore the emphasis has been to advocate for more volunteers to become members of MVCC. In this reporting period, 28 volunteers in Dar es Salaam⁷ were selected as members of MVCC.

In Pwani, a total of 55 volunteers joined MVCC making a total of 357 volunteers who are MVCC members representing 92.4% of all 386 community volunteers in the region.

⁷ YAM managed to replace 3 volunteers (Karume, Mnyamani and Yongwe) with new volunteers selected among MVCC members. YAM also selected 12 new MVCC members' to become volunteers. WAMATA selected 13 MVCC members' to become volunteers. This makes a total of 43(16M, 27 F) community volunteers in Ilala who are also MVCC members.

In Morogoro, the program managed to advocate for 80 (M 27, F 53) new volunteers to join MVCC making a total of 197 volunteers who are members of MVCCs representing 84% of all 243 volunteers in the region.

In Zanzibar, a total of 29 (M 13, F 16) volunteers were enrolled as members of MVCCs. Overall, Pamoja Tuwalee program runs with 845 Volunteers in all 25 districts, out of whom 720 are members of MVCC representing 85% of all volunteers in the program. This is key factor in enhancing functioning of the MVCC and sustainability of care, support and protection to MVC and their households. Table 3 below gives a summary of volunteers' status in the program.

Table 3: Current Status of Volunteers in the Program by District and Sex

Sub Grantee	District	# Volunteers			# MVCC members			% Dec
		Male	Female	Total	Male	Female	Total	
RC Mahange	Ulanga	28	38	66	26	36	62	94
	Kilombero	28	22	50	21	18	39	78
HACOCA	Mvomero	10	23	33	10	23	33	100
	Kilosa	11	22	33	11	19	30	91
FARAJA TRUST	Morogoro (MC)	7	19	26	6	15	21	81
	Morogoro (R)	22	13	35	6	6	12	34
Total Morogoro region		106	137	243	80	117	197	81
KICODET	Kibaha TC	19	26	45	19	26	45	100
	Kibaha (DC)	22	22	44	22	22	44	100
	Bagamoyo	47	38	85	35	33	68	80
BAMITA	Kisarawe	32	23	55	28	20	48	87
JIMOWACO	Mkuranga	55	39	94	55	39	94	100
	Rufiji	8	32	40	8	27	35	88
Mafia Parish	Mafia	13	10	23	13	10	23	100
Total Pwani region		196	190	386	180	177	357	92
WAMATA Dar	Kinondoni	34	47	81	24	34	58	72
YAM	Ilala	21	48	69	16	27	43	62
Total Dar es Salaam region		55	95	150	180	61	101	67
WAMATA Pemba	Pemba	10	16	26	9	16	25	96
ZAMWASO	Unguja	14	26	40	14	26	40	100

Total Zanzibar	24	42	66	23	42	65	98
Program Total	381	464	845	463	397	720	85

Source: Regional Quarterly Reports: October to December 2012

1.3.3: Support creation of MVCCs where they do not exist.

MVCCs are primary community structures that provide care and support to MVC and their households in a coordinated way. LGAs staff and local leaders are key people in enabling creation and functioning of these structures. In view of that, the program continued to facilitate creation of MVCC through and in collaboration with DSWOs across districts served under this program.

During this reporting period, two new MVCCs in Mpimio⁸ and Tungi⁹ and two villages in Rufiji district in Pwani region were created in collaboration with DSWO village leaders.

In Morogoro through our partner HACOCA, the program revived 12 MVCC (4 MVCC from Mvomero and 8 MVCC from Kilosa) which were not active following relocation and/or death of some of their members. This activity was accomplished in collaboration with DSWO, village leaders (WEO and VEO) and community members.

New selected members were oriented on the MVCC concept and their roles and responsibilities as members which include: resources mobilization and record keeping finally restored MVCCs were urged to develop action plan as a tool to guide their services to MVC. Village Executive Officers (VEOs) were requested to assist respective MVCCs and their members until they take off.

Furthermore, these MVCCs were oriented on SILC and business development since MVCCs are supposed to support creation of SILC groups and OVC funds at village level as to enable members borrow and invest in IGAs and other activities so as to earn income for supporting themselves and MVC.

In Zanzibar, 13 new MVCCs were established (1 in Pemba and 12 in Unguja). All members were oriented in their roles and responsibilities. The program staff will continue to work with the DSWOs to enhance the capacity of these committees in fulfilling their roles.

1.3.4: Support Local Authorities to develop village / shehia-level funds to support OVC

⁸ Formation of new MVCCs was necessitated after the government addition of the two villages from the existing villages .

⁹ 10 MVCC members selected, (5 M and 5 F) and 51 MVC (32 male and 19 Female) identified in Tungi village

Pamoja Tuwalee program understand the challenges that prevail over scarce resources. In order to complement government's effort in meeting the needs of MVC, the program facilitates development of MVC fund at village/street/shehia level. The facilitation is in a way that the responsible entity needs to see and understand the magnitude of the challenges of MVC in their area and come up with a strategy to mobilise resources. This may be in terms of money or in-kind support as long as it contributes to the support of MVC and their households.

Following the previous work of facilitating local authorities to establish MVC funds, a number of MVC were supported through MVC funds organized around MVCC and SILC groups during this reporting period:

In Coast region, four villages extended support to MVC:

- Ngarambe Village MVCC in Mbezi ward, supported 39 MVC (M 17, F 22) with scholastic materials to primary school pupils. The total amount spent was TZS 24,000 (US\$ 15).
- Miteza village MVCC in Njianne ward contributed TZS 65,000 (41 US \$) to MVC fund. Part of that money (TZS 16,000 equal to 10 US \$) was spent to support 10 MVC (M 4, F 6) with scholastic materials.
- Sunguvuni village MVCC in Mkuranga ward contributed TZS 108,000 (US \$68) and spent TZS 42,000 (26 US \$) to support 6 MVC (M 1 , F 5) with scholastics materials and TZS 10,000 (US \$6) was spent on house rent for a male MVC.
- Mkola MVCC in Lukanga ward cultivated 2 acres of maize and pineapples. The farm was cultivated by MVCC members, caregivers and community at large in Mkola Village.

In Morogoro region, 13 villages established MVC fund and a total of TZS 1,529,000 (US \$) 956 was contributed by community members for supporting MVC.

Mafia community members in Coast region were sensitized to contribute for OVC support and establishment of OVC funds during identification exercise. Three MVCC mobilized community and village leaders to contribute a total of TZS 302,000 (US \$)¹⁰ 189 for OVC funds.

¹⁰ Kanga MVCC TZS 120,000, Kirongwe MVCC TZS 30,000 and Jibondo MVCC which have ten members were able to raised TZS 152,000

Overall contributions to OVC funds recorded at TZS 5,217,000 (US \$) 3,261 as summarized in table 4 below

District	# Wards/Shehia	# Village/Streets with OVC Fund	Amount (TZS)
Wete	5	5	199,000
Chake Chake	3	3	111,500
Mkoani	1	1	52,000
Central	5	5	139,000
North B	5	5	193,000
West	3	3	388,000
Urban	1	1	82,000
Total Zanzibar	23	23	1,164,500
Kinondoni	8	27	999,000
Ilala	8	21	1,027,500
Total Dar es Salaam	16	48	2,026,500
Ulanga	1	3	343,000
Mvomero	2	3	863,000
Kilosa	5	7	323,000
Total Morogoro	8	13	1,529,000
Mkuranga	4	4	195,000
Mafia	3	3	302,000
Total Pwani	7	7	497,000
Program Total	54	91	5,217,000

Source: Regional Quarterly Report: October to December 2012

1.3.5: Support savings, income generation and food security activities among MVCCs

Pamoja Tuwalee program understands the importance of strengthening the economies of household through various interventions that would lead into reduction of economic vulnerability of families and empower them to provide for the essential needs of the children under their care. The defined interventions are designed in a way that households will eventually have the ability to invest in the education, nutrition, and health of its children.

Based on the past two years' experience, the program has learned that empowering members of MVCCs increase their motivation to become active members of the committee. The program has deliberately involved the members of MVCC in most of the economic strengthening

trainings and activities so as to ensure they also benefit from the knowledge and skills gained by caretakers and other community members. Below are some highlights on what has been done in this reporting period:

In Zanzibar, members of the MVCCs who were trained in SILC in the previous period assisted other community members including MVC caretakers to establish more SILC groups and sensitized caretakers to obtain credit that would be utilized to engage on small business activities. In total 10 new SILC groups were formed in Unguja and Pemba.

On the other hand, MVCCs enhanced the capacity of households to support MVC with food production. Mjini Ole MVCC managed to start a Model farm to serve as a learning site for community members including caretakers who want to improve their farming through use of recommended agricultural and animal husbandry practices. Five female care takers were among the members who received practical training. Thanks to the secretary of the committee who offered her farm to be used for that purpose.

The model farm is managed by the government Agricultural Extension Officer as the key instructor whereby farmers receive on site trainings during weekends. Majority of farmers managed to transfer various farming technologies to their small plots.

With 15 SILC Groups in Unguja, our partners ZAMWASO managed to mobilize the MVCCs to participate in the IGAs so as to raise more money for OVC support. As the result 16 MVCC members (M 5 , F 11) who are also members of SILC groups managed to receive a total of TZS 1,617,000 (1,011 US \$) being loan to support their IGAs.

1.4. Strengthen Local CSO Partners to Support MVC Services.

Pamoja Tuwalee program recognise the importance of having skilful and knowledgeable CSOs in order to deliver sustainable and quality services to MVC. The program has continued to build the capacity of CSOs in different areas. In this reporting period, CSOs had the opportunity to increase their knowledge on how to design and implement Monitoring and Evaluation operational plan, also assess the capacity of their organisation with the aim of identifying areas of improvement and through participation of various activities like MVC identification exercise.

1.4.1 Develop and implement capacity building plans for local CSOs

In this reporting period, the program carried out organisational capacity assessment of eight¹¹ sub grantees under the program. The objectives were: to identify capacity strengths and gaps, generate baseline information/data to guide support supervision, monitoring and evaluation, initiate the process of capacity building through understanding of capacity building gaps, generate commitment towards addressing identified gaps and draw capacity building action-plans to guide capacity building interventions. Unlike an initial Pre Award Assessment conducted to each sub grantee before confirmed to be a partner, this current assessment provides the opportunity to organization staff and management to assess themselves by participating in identifying their strength, weakness and development of their work plan.

In the process of assessment the following strengths were observed: all organizations were legally registered and constitution were found in place; have financial and human resource manuals; they network with other organizations including government and private sector; they are actively involved in dissemination of MVC policy at the district and community level; key staff are trained in psychosocial support, child participation and economic strengthening and; they have the knowledge and skills for MVC care, support and protection issues.

Some areas that needed improvement include: Separation of roles and responsibilities between management and board; review vision that addresses the current needs of the organization; proper financial systems, updated strategy plans and; install monitoring and evaluation system. Based on the capacity gaps and strengths identified, all organizations were assisted to draw their capacity building action plans and the follow up plan to assess its implementation. The program will continue to assist the CSOs in the implementation of the action plans in the subsequent periods.

i. Training of Services providers on Technical and management issues.

During this reporting period few technical training were conducted to CSOs and these include the activity based orientations.

ii. Monitoring and Evaluation Plan Development by Measure Evaluation

¹¹ WAMATA Dar, YAM, WAMATA Pemba, ZAMWASO, HACOCA, Faraja Trust, BAMITA and JIMOWACO

All ten sub grantees¹² attended a three day workshop that was conducted by the program in collaboration with MEASURE Evaluation. The workshop highlighted on the importance of having monitoring and evaluation plan and using it to track progress over time and draw lessons for learning and decision making. Some of topics covered during this workshop were: Meaning and definition of Monitoring and Evaluation (M&E), M&E Concepts, Developing a comprehensive M& E Operational Plan, M&E Human Resource capacity, Data management guidelines, Routine tracking of progress, Barriers to M&E, Data demand and use, Data Analysis, Target setting while planning, Data presentation and interpretation, and Determinants of Data use.

The end result of this workshop was for all sub grantees to develop monitoring and evaluation operational plans.

1.4.2 Assist high-functioning CSOs to graduate to self-sustaining status by the end of Year 5

Following the capacity assessment conducted in which all the sub grantees developed their work plans, the program is following up on implementation of those work plan (capacity building action plan) which addresses gaps/ weakness identified during capacity building assessment. After implementation of capacity building interventions, the program through on going mentoring, coaching and training will identify sub grantees who will graduate according to the set performance criteria.

1.4.3 Scale up Quality Improvement (QI) through establishment of QI teams in Dar es Salaam and facilitate use of Child Status Index (CSI)

During this reporting period the program continued to follow up on the outcome of the QI training that took place in Bagamoyo the other quarter, and specifically the planned actions.

In Coast region 14 MVCC¹³ were visited and some outcomes were observed including provision of various services such as health (CHF), education support, food and nutrition, shelter improvement etc(more details are in objective 2 & 3). The program will continue to follow up with other MVCCs to make sure they implement their QI developed action plans.

1.5. Facilitate meaningful Participation of Business community in MVC Support.

As indicated in the last quarter that most of the planned activities under this sub objective could not be implemented due to delayed performance of our partner WAMA; towards the end

¹² BAMITA, KICODET, ZAMWASO, RC Mahenge, JIMOWACO, FARAJA Morogoro, WAMATA Pemba, WAMATA Dar, YAM, HACOCA, Mafia Parish.

¹³ Mboga, Kinzagu, Kiromo, Kisutu, Chasimba, Matuli and Mkange, Mboga, Mtambani, Mpaji, Pande, Kimarang'ombe, Ruvu darajani and Masuguru.

of this reporting quarter, Pamoja Tuwalee/FHI360 Management had an opportunity to sit with WAMA Foundation management under the leadership of First Lady. This meeting resulted in reviving the partnership with WAMA Foundation and the major resolution was to re-plan and make sure that all agreed actions are implemented in the coming quarter.

Despite this situation, efforts have been underway in Dar es Salaam region where initiatives to link with major companies like, TATA Tanzania limited and Barclays are in progress. Apart from these Village Community Bank (VICOBA) groups¹⁴ were mobilized in different areas and accepted to support MVC. The program through its partner WAMA will continue to make a follow up to all the contacted companies so as to realize their commitments.

1.5.1 Map businesses and companies at the District level within Coast zone.

Much of work was done in the preceding quarter in Coast region. In section 5.1, the explained situation has impaired the continuity of this activity to other places. However, the meeting with WAMA Foundation in this reporting period came with a resolution to resume activities in the next quarter.

1.6. Improve Coordination among and across sector and zones

Pamoja Tuwalee program recognizes the importance of promoting linkage, collaboration and coordination among MVC stakeholders and government. The program has therefore continued to participate in the meetings organized by the already established DIPGs and facilitate the establishment of DIPG in all districts where they did not exist.

During this reporting period, only five DIPG meetings were conducted in Mkuranga in Coast region, Kilosa and Kilombero in Morogoro region and Ilala and Kinondoni in Dar es Salaam region. In the other districts the DIPG meeting could not happen as there was much preparation for the upcoming MTEF. Also, in December most of the relevant members went on leave.

Below are some of the highlights that took place in this reporting period

1.6.1: Mapping Government and donor activities in program coverage areas.

The program appreciates the fact that linkage and networking among stakeholders ensure provision of comprehensive care and support to MVC. Most DIPGs have proved to be the right forum whereby all MVC stakeholders have opportunity to share services they are providing to MVC, coverage area and targets as well as challenges encountered. This is a springboard that

¹⁴ Segerea, Kimanga, Tabata and Kisukuru.

leads to the next stage of identifying and establishing essential linkages among implementing partners and MVC stakeholders.

In this reporting period efforts were made in Dar es Salaam where the program staff paid visits to MVCCs and LGAs as part of the follow up to the mapped MVC service providers and updating the list in Chanika , Ukonga, Gongo la Mboto, and Kitunda. In this exercise the program staff managed to identify the new service providers such as Walio Katika Kupambana Na Unyanyasaji, Yatima Tanzania (WAKUTA) from Gongo la Mboto, SAFINA from Ilala, Tanzania Sustainable Resources For Community Development (TASURECODE) and, Pamoja Entrepreneurship Support For Community Development (PESCODE). Some discussions on the areas of collaboration were initiated. The next meeting will be on seeing which areas of services that MVC in the program could benefit from these stakeholders.

1.6.2: Support coordination and networking among MVC and HIV implementing partners at the district level.

Apart from establishment of DIGP in all districts, also the program managed to link with HIV implementing partners through Council Multisectoral AIDS Committee (CMAC) meetings in Ulanga district in Morogoro Region. Progress reports were shared and this creates a linkage or bridge for seeing how the involved stakeholders could work together.

In Coast region, DIGP meeting took place in Mkuranga District. The meeting was chaired by the District Council. An alarming situation regarding children and youth welfare in Mkuranga was revealed during this meeting: Council HIV/AIDS Coordinator (CHAC) highlighted the problem of early pregnancy in schools. The official report shows that in 2010/2011, 48 primary school girls and 15 secondary school girls got pregnant. In 2011/2012 a total of 27 primary school girls got pregnant. Also under special project which deals with assessing sexually transmitted infections (STIs) among primary school children in October 2012, girls from four primary schools were tested and findings show that, 48 girls were found to be infected with STIs which means primary school children are engaged in early sex and unprotected sex. Other serious problems facing children especially girls in the district are unsafe abortion and drug abuse. With CHAC presentation, OVC stakeholders were requested to raise awareness on Adolescent and Sexual Reproductive Health (ASRH) to girls and their care givers. Other presentation was from nutritionist who also pointed out that many children from poor families suffer from malnutrition. More about this situation will be learnt in the next quarter meeting, particularly on the strategies to mitigate this situation.

OBJECTIVE 2: 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.

The program strategic approach continues to focus on strengthening the capacity of MVC households to be able to provide sustainable and quality care, support and protection to their children. It builds on the results of the needs assessment conducted in Dar es Salaam in year one of the program and the findings of the baseline assessment of child wellbeing and needs of MVC conducted in year two.

The program has emphasized strengthening the capacity of care takers, volunteers, MVCCs, SILC community resource persons and other community leaders through trainings, mentoring and coaching regular household visits.

These key people are empowered on different areas such as psychosocial support, economic strengthening, food and nutrition and savings and credit scheme. The following are specific activities conducted during this reporting period:

2.1 Provide training for household caretakers in caretaking skills, PSS and reducing stigma/discrimination

2.1.1 Volunteer Training

The program in collaboration with the Department of Social Welfare organized and conducted care taking skills training to 332 volunteers composed of M 162, F 173. Participants were drawn from three regions namely: Dar es Salaam (16), Morogoro (125) and Pwani (191) .

The training aimed at strengthening volunteers' capacity to provide comprehensive care, support and protection to MVC and their households.

During a five day training, volunteers were able to learn about: roles of families, government, communities and stakeholders in caring for MVC, PSS, the Law of the Child Act 2009 and concepts of child protection, life skills, health, food and nutrition, HIV/AIDS, strengthening economic status of family with MVC as well as monitoring and evaluation



concepts. The training was facilitated by the 24 National facilitators using the revised manual as their tool in knowledge and skills delivery.

Facilitators with support from focal persons oriented volunteers on program reporting forms including monthly services form, referral form, volunteer diary and quarterly/semi-annual/annual reporting form. The program had also developed volunteers’ job aid that was tested and seemed instrumental for them especially during visits to MVC households.

2.2. Provide training and other support to increase savings and improve livelihoods for OVC households.

Trainings geared towards economic strengthening remain a key priority for enabling caretakers, older MVC, and their households identify economic opportunities and utilize them to broaden their livelihood options and income basket necessary for meeting basic needs for their household members and ensure continuum of quality service delivery during and beyond the program life span. Community resource persons are key players in educating and mobilizing community members to organize into SILC groups whereby collective savings are pulled together and lending services are organized at affordable interest rate.

Community response to form SILC group has been on increase whereby a total of 208 SILC groups with membership of 5,486 (M 1,189, F 4,297) individuals with diverse categories have been established to date making a total savings of TZS 277,343,300 and contribution to OVC fund for TZS 18,152,600. OVC Fund is meant to support OVC needs as to compliment program resources and sustain service delivery. Older MVC and MVC HH/care takers constitute 38.4% of all membership in the SILC groups.

During this period trained CRPs managed to mobilize community members to establish a total of 59 new SILC groups composed of 1,406 members (M 360, F 1,046) with aggregate contribution of TZS 34,589,500 equal to 21,618 US \$ as summarized in table 5 below

Table 5: Number of New SILC Groups Established by Region

Region	# New SILC Group	Membership			Amount in TZS		
		Male	Female	Total	Savings	OVC Fund	Total

Zanzibar	10	41	214	255	5,939,700	363,400	6,303,100
Morogoro	25	199	420	619	19,650,500	1,271,400	20,921,900
Dar es Salaam	4	5	106	111	1,832,000	258,000	2,090,000
Pwani	20	115	306	421	3,669,000	1,605,500	5,274,500
Total	59	360	1046	1406	31,091,200	3,498,300	34,589,500

Source: Regional Quarterly Reports: October to December 2012

Out of 1046 members, Morogoro had two older MVC and 181 MVC households. Zanzibar had 34 older MVC and 244 MVC households while Dar es Salaam had only 20 MVC households.

The program emphasizes on importance of active participation of program beneficiaries and the entire community members in the SILC groups and IGAs. To date 131 older MVC (2.4%), 1,978 MVC HH (36%), 265 MVCC members, 131 volunteers and 2,911 other community members have joined SILC groups and engage in IGAs. Such diversity provides an opportunity for mutual exchange of knowledge and skills leading to increased resilience to economic vulnerability and build confidence and solidarity among themselves.

2.2.1 Training on entrepreneurship skills and SILC initiative to community resource persons and DSWOs.

The program made follow up on the outcome of the training conducted to care takers and agricultural extension officers from the LGAs during the previous period and highlight some positive results made after training. Follow up were specifically focused on the local chicken and home gardening trainings conducted in Zanzibar, Coast and Morogoro as summarized below:

2.2.1.1 Post Local Chicken Rearing training

During this reporting period, a follow up was conducted to trace the use of knowledge and skills imparted to 163 MVC caregivers who were trained during previous period to assess how best they were able to use the knowledge in changing their poultry management practice.

A random assessment of the post training results conducted by Focal person in Kilombero district in Morogoro region revealed that, number of chicken per household had tremendously increased by four times on average after training. For instance, in household #1: number of chicken increased from 4 to 12 while in household # 2: number of chicken had increased from 7 to 32 within a span of 80 days on average due to improved poultry husbandry involving proper feeding and vaccination among other useful practices.

2.2.1.2 Post home gardening training

The program made same efforts to trace use of knowledge in home gardening among the 172 care givers who were trained during previous period. Kilombero district was represented by 40 care takers out of whom 9 households were involved in post training assessment conducted by the Focal person. Results from the assessment revealed that six out of nine households representing 67% of the sample population had established vegetable gardens near their homes for closer care and management.

During interview with caretakers, it was revealed that, the training had an effect on their household budget as of current, they do not buy vegetables from the market as they used to do before training to feed their family members, instead they plan to produce more vegetables for both own consumption and business.

Part of the profit to be earned is intended to be spent on care and support services to their MVC. Home gardening is one of the economic opportunities besides source of nutrition that could be utilized by the caretakers and older MVC to reduce their economic vulnerability. The program is committed to conduct more tracer studies in Morogoro, Coast and Zanzibar where such training was conducted.

2.2.2 Other Support services provided to MVC households

The program acknowledge both economic and non-economic needs of MVC and their households for them to live better life, thus enhancing the capacity of volunteers and caretakers to provide both services is critical and highly emphasized by the program. During this period, volunteers were able to reach out a total of 10,559 caretakers with different type of services as summarized in table 6 below.

Table 6: Summary of non-economic support provided to MVC household

Type of support	No. of care givers benefitted	Description of the support	Source of support/service
Primary health care	1424	Provided by volunteers and OVC Focal Person to care givers during home visits	OVC Focal persons and Volunteers
Food and nutrition services	846	Provided by volunteers and OVC Focal Person to care givers during home visits	OVC Focal persons and Volunteers
PSS	1787	Provided by volunteers and OVC Focal Person to care givers during home visits	OVC Focal persons and Volunteers
Legal aid	1813	Provided by OVC Focal Person to care givers during home visits	OVC Focal persons
Caretaking skills	4641	Provided by volunteers and OVC Focal Person to care givers during home visits	OVC Focal persons and Volunteers
Referral support for health care	1	OVC Focal persons and Volunteers	OVC Focal persons and Volunteers
Protection	9	OVC Focal persons and Volunteers	OVC Focal persons and Volunteers
Education on child abuse	38	OVC Focal persons and Volunteers	OVC Focal persons and Volunteers
Total		10,559	

Source: Regional Quarterly Report: October to December 2012

2.2.3 Regular CRPs meetings.

The program managed to facilitate quarterly meetings for CRPs so as to provide them with a forum for sharing information and exchange experience in facilitating SILC groups and promote entrepreneurship traits among older MVC and caretakers. Poor record keeping has remained a practical challenge for almost 133 CRPs trained by the program. A newly developed Management Information System (MIS) tool is meant to redress the situation and generate useful data for program use.

2.3 – Support training and linkages to improve OVC household food security and nutrition.

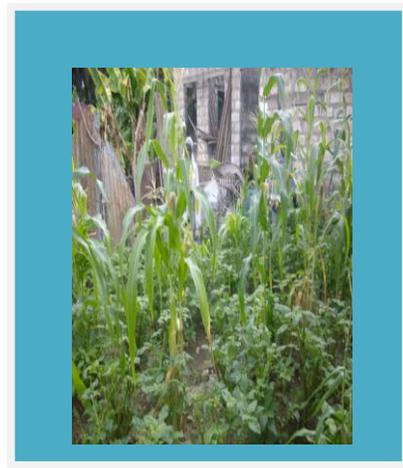
The program managed to mainstream food security and nutrition education into volunteers' training and service package so that they can reach out as many caretakers as possible for the purpose of ensuring MVC households are food secure and consume nutritious food varieties.

Food security is realized through own food and livestock production and exchange through market transaction. Assorted food donations and distribution by other stakeholders are useful particularly in urban centers and recurring food shortage areas. Local chicken and home gardening are part of nutrition interventions facilitated by the program through caretakers.

During this period, a total of 5,495 (M 2,695, F 2800) MVC were provided with food and nutrition support made available through different sources which include: MVCC, SILC groups, LGAs, FBOs and other groups.

In Coast region, the program in collaboration with Kibaha Grandmother Against Poverty and AIDS (KIGAPA) project supported 39 elderly care givers (M10, F29) to plough 78 acres of land (each owning two acres) at a cost of TZS 25,000 equal to US \$ 16 per two acres being 50% contribution by the farm owner. Furthermore, a small package of seed varieties was given by the MVCC to help 5 MVC caregivers grow food varieties and vegetables under the guidance of ward agricultural extension officer.

As a result of July 2012 exchange visit conducted in Ethiopia and attended by focal person from WAMATA Dar es Salaam, three secondary schools, one primary school, one vocational training center and 120 caregivers were identified by the program to roll out urban gardening technology in Kinondoni district. This was a result of success recorded by 21 female headed households who adopted the technology after being sensitized.



In Zanzibar, four female care takers started their small garden in Pemba and earn a total of TZS 62,000 equal to US \$ 39 after consumption and sold the surplus. Twelve more caretakers are seriously engaging in other food production in Pemba despite the existing shortage of arable land.

In Unguja, two female caretakers have established their own vegetable home garden and enrolled four new caretakers in their garden for practical training. While other five trained caretakers managed to harvest their production, part of it was sold for TZS 250,000 equal to US \$ 156

Furthermore, collaboration with COUNSENUTH, FHI360's nutrition TA partner is intended to strengthen the nutrition intervention through technical assessment and trainings to the program team and beneficiaries. In the meantime the program does facilitate linkage with LGAs to align the program intervention with District Agricultural Development Plans (DADPs) and

contribute to nutrition sensitive interventions including home gardening and small stocks rearing.

2.4 – Support training on social/legal rights and community protection structures.

The program continued to emphasize on the importance of educating volunteers and care takers to ensure social and legal rights of the MVC are observed and protected so as to enhance their dignity and enable them realize their full potential in their endeavors. Through volunteer trainings, the program was able to mainstream some of the basic social and legal issues in the training and service package due to the fact that, they interact with community members, caretakers and MVC more often since they are primary contact persons to MVC households.

In this quarter, a total of 3,647 caregivers were reached out by trained volunteers in terms of social/legal education and services as to sharpen their parenting skills and provide quality care and support to MVC. This is mainly done through individual household visits in which the volunteers spend most of their time to train caretakers on the matters related to MVC care, support and protection after attaining the training on the same.

TAWLA, who is the program TA, is intended to provide technical expertise to sub grantees and LGAs staff on child protection issues focusing on MVC as stipulated in the Law of the Child Act of 2009 and the Sexual Offense and Special Provision Act (SOSPA) among others, also render legal clinic services to GBV cases upon signing the MOU.

2.4.1 Facilitate Establishment of Community Child Protection structures

The program is complementing the government's effort in preventing and responding to child abuses and GBV. During FY 2012, the program facilitated two districts of Ilala and Kinondoni to form child protection teams. The program further started initiatives to establish One Stop Center at Amana Referral Hospital in Ilala district in Dar es Salaam. The Centre is considered as one of the strategy to support victims of abuse and survivors of GBV access services in a user-friendly environment. Following a series of meetings with different stakeholders and a successfully stakeholders meeting that developed some sector commitment into facilitating One Stop Center became functional.

During this reporting period the program has managed to conduct consultative meetings with Ministry of Health, specifically Reproductive and Child Health Section, Police Force and Department of Social Welfare (DSW) on the training package to be used to train Amana Health Facility staff, Social Welfare Officers and Police staff. Most of them are at good stage of developing the training package. Trainings are expected to be conducted by the end of the coming quarter. In the meantime the program has received and reviewed items requested by Amana Referral Hospital to facilitate implementation of One Stop Center (OSC). Also, the container that would complement the center space was delivered to site by Temeke Regional

Police Commander per his commitment during OSC stakeholders meeting in Morogoro last quarter.

2.5 – Facilitate access to community health insurance schemes for OVC households.

The program is committed to create conducive environment for MVC and their immediate household members to access health care services through Community Health Fund (CHF).

During this reporting period, caretakers have managed to collect particulars and passport size photo of the identified MVC as part of the requirement for registration with CHF in Morogoro region. Volunteers managed to collect information from 1,243 MVC while RC Mahenge managed to sign up the service agreement with Kilombero and Ulanga District Councils for provision of health care to eligible MVC. Other sub grantees have been encouraged to speed up the process as to ensure good coverage.

In Bagamoyo district Coast region, a total of 99 MVC (M 54, F45) were renewed with their CHF cards for TZS 160, 000 equal to US \$100. Furthermore, Lupanga MVCC provided a total of TZS 60,000 equivalent to US \$ 38 to one MVC with HIV status in Kibaha for food and bus fare to enable him attend CTC clinic. Overall, Coast region is committed to support at least 5,645 MVC by the end of this year.

Ilala district in Dar es Salaam region is committed to support 1,728 MVC upon signing service agreement with Ilala Municipal Council. Currently the by-law has been amended to include free health care services to MVC waiting for approval after collected public opinions from Mitaa and ward level.

In Zanzibar, health services are provided for free to all in government hospital and health centers but inadequate drugs and supplies impairs the quality of health care service provided to the client including MVC. A pre-paid pharmacy arrangement was adopted to curb shortage of drugs in the public health facilities. Our partner WAMATA Pemba managed to negotiate with service provider to provide such service to referred MVC. During this reporting period, a total of 5 MVC (M2, F3) were provided with drugs prescribed by the public health facilities.

2.6 – Link OVC caretakers to comprehensive health and psychosocial services along the continuum of care.

The program through volunteers continued to support caretakers as to enable them provide quality and adequate care to MVC. In Ilala district in Dar es Salaam region, the program managed to provide psychosocial support to 384 (M180, F204) MVC caretakers, provide food and nutrition to 52 MVC households while three households were supported on legal issues. Through children clubs a total of 416 (M199, F 217) MVC were reached and given PSS while 33

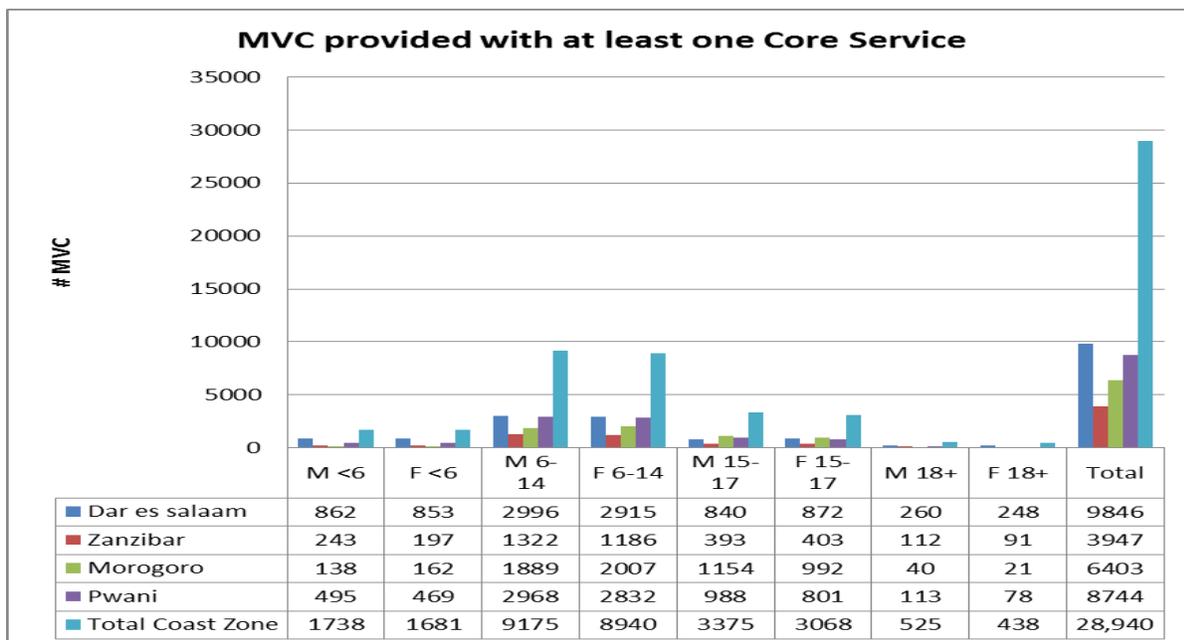
caretakers were given care taking skills during meetings and home visits conducted by volunteers and OVC focal person. Similar service was given by volunteers and focal persons in other districts under this program.

OBJECTIVE 3: 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.

The program continued to enhance the capacity of LGAs and MVC households to deliver comprehensive services to MVC and their household through direct and/or linkages with referral service providers in order to reduce dependency on external support and sustain service delivery even beyond the program life span. During this reporting period, a number of activities were conducted in order to address this objective as detailed below.

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

The program provided a range of services to MVC during this reporting period. Volunteer records indicate that, a total of 28,940 MVC (M14,813, F14,127) representing 67% of the annual target (43,282) for the FY 2013 were provided with at least one core service as summarized below.



The pie chart indicates 60% of all MVC served with at least one core service were within the age of 6 and 14 years. This group consists of school age MVC who received education support in

terms of scholastic materials, school fees and counselling among other services through volunteer household and school visits.

The next age group in size was MVC who were under the age of six years making 18% of all MVC served. Most of these are in pre- school age, as per Tanzania education policy these group is entitled for early education and childhood care services before they join primary schools. Most of them received parenting care and nutrition services both at nursery schools and their homes.

MVC aged between 15 and 17 years form 17% of all MVC who received services related to education and training at secondary and vocational training centres . Those MVC out of school system received economic strengthening services through participation in SILC groups, IGAs and trainings on business development skills among other services.

While 5% of all served MVC were at the age of 18 years and above, some received starter kits after they attended vocational training and business counselling so as to sustain their living and support their households. This category includes the MVC headed households. Below is the specific information on the services delivered :

3.1.1 Provision of education support and vocational training

The program continued to support MVC with education needs through direct support and /or linkage with LGAs and community structures including MVCCs and SILC groups.

During this quarter, a total of 3,668 MVC were supported with scholastic materials, school fees and counselling apart from being visited in their schools to monitor their academic progress as summarized in table 7 below.

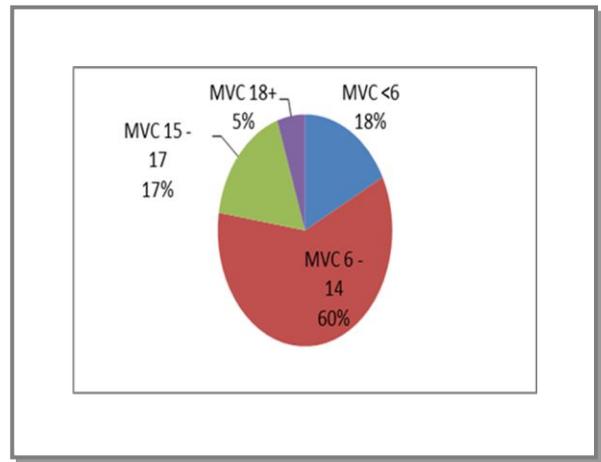


Table 7: MVC provided with education support

Region	District/Location	Male	Female	Total	Description of Service	Source of Fund
Zanzibar	Pemba	30	30	60	Scholastic materials to MVC in Primary school	TZS 221,000 (138 US \$) from OVC Fund/SILC Group
	Unguja	6	14	20	Same as above	TZS 149,000 (US \$)93
Morogoro	Ulanga	368	361	729	Scholastic materials	Pamoja Tuwalee
Pwani		182	195	377	Scholastic materials	17 MVCC from Kibaha TC, DC and Bagamoyo, Tzs 1,553,500 (971 US \$)
Total School uniforms and scholastic materials		586	600	1186	729 served by program fund	457 served by OVC Fund through MVCC and SILC groups
Zanzibar	Pemba	3	0	3	School fees to MVC in Secondary schools	MVCC -TZS 188,000 (US \$)118
Pwani	Kisarawe	9	12	21	Same as above plus MVC male selected to join Mpwapwa Teachers' college in Dodoma region.	Pamoja Tuwalee
Total school fees		12	12	24	21 MVC served by program fund	3 served through linkage with LGA/others.
Zanzibar	Pemba	30	34	64	Counseling service to MVC in schools	Pamoja Tuwalee

Pwani	Kibaha	1217	1177	2394	School Visits to monitor MVC academic progress	Program Volunteers and Focal persons
Total Support to MVC		1,845	1,823	3,668		TZS 2,111,500 (1320 US \$) from OVC Funds and LGAs

Source: Regional Quarterly Reports: October to December 2012

Financial support established by OVC fund through MVCC and SILC groups amounted to TZS 2,111,500 equivalent to US \$ 1320, recognized as contribution to program support to MVC.

The program also supported 71 MVC (M36, F35) in terms of tools and visitation to assess their school attendance and performance as detailed in table 8 below.

Table 8 MVC enrolled in Vocational Training Centres

Region	District	Male	Female	Total	Description of the service	Source of fund
Zanzibar	Pemba	13	15	28	School visit to assess attendance and performance of MVC in vocational training centre	Pamoja Tuwalee
Pwani	Mkuranga	12	13	25	MVC were supported with tailoring machines and mechanics toolbox as start-up kits	Pamoja Tuwalee
	Mkuranga	2	0	2	MVC were supported with bicycles.	One businessman in Sunguvuni village. The support amounted to Tzs 330,000 (206 US \$)
	Kisarawe	9	7	16	Provided with sewing machines	Pamoja Tuwalee

TOTAL MVC reached with vocational training support **36 35 71**

Source: Regional Quarterly Reports: October to December 2012

In addition to the above service delivery, the program explored on the returns to investment on education in Morogoro region to establish if there was any positive outcome resulting from the services rendered to MVC in the previous period. The findings compiled from district education departments revealed that 74% of all 669 MVC supported by the program who sat for final National primary education examination in 2012 were selected to join various secondary schools in FY 2013 within their locality as summarized in table 9 below.

Table 9: Summary of MVC who passed National Std VII Examination in 2012 in Morogoro region

Sub grantee	District	# MVC completed STD VII			MVC selected to join form one			% of MVC selected to join form one in FY 2013
		Male	Female	Total	Male	Female	Total	
RC - Mahenge	Kilombero	154	196	350	138	117	255	73
	Ulanga	103	125	228	67	91	158	69
HACOCA	Mvomero	26	26	52	16	16	32	62
	Kilosa			0			0	
Faraja	Morogoro Municipal	19	20	39	10	11	21	54
	Morogoro rural	0	0	0	17	15	32	
Total		302	367	669	248	250	498	74

Source: Morogoro Regional Quarterly Report: October to December 2012.

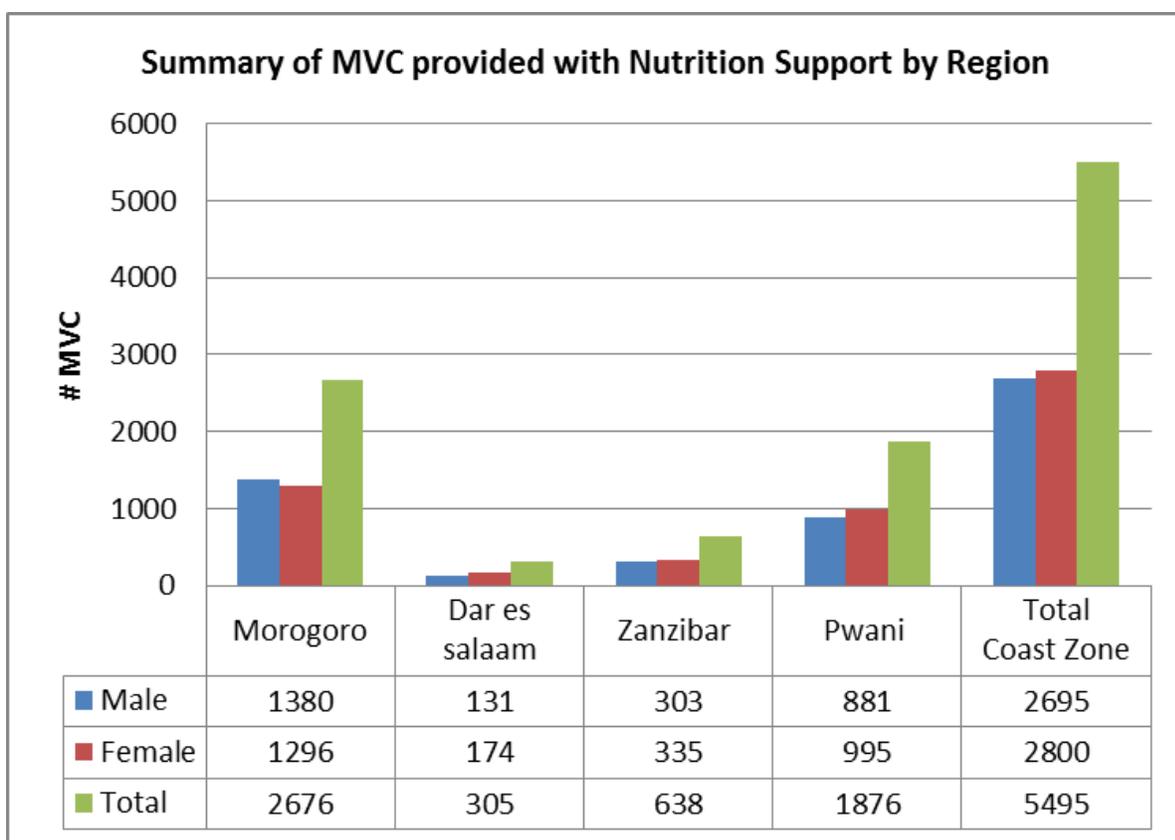
The program is committed to conduct similar evaluation in other regions and share the outcomes in the upcoming quarters.

3.1.2 Provide Nutritional Support

The program continued to mobilize community structures through volunteers and other stakeholders to engage in the provision of nutrition support to MVC and their households.

A total of 5,495 MVC (M 2,695, F 2,800) were reached with diverse nutritional support and services representing 220% of the annual target for FY 2013 of reaching 2,500 MVC. Such great achievement was a result of strengthening MVCCs and SILC groups to provide more services to MVC through contributing to OVC Fund and utilizing the same to support OVC.

Records indicate that, most of nutrition support in this quarter came from MVCCs and SILC groups - OVC Funds amounted to TZS 6,008,500 Equal to US\$ 3755 that was used to buy food for the needy MVC. In addition to that nutrition counseling was conducted by volunteers to MVC households in order to help them identify and recognize various types of food available at their disposal and show them how to prepare balanced diet for different age groups with focus on their occupational and health status for healthy life as summarized below.

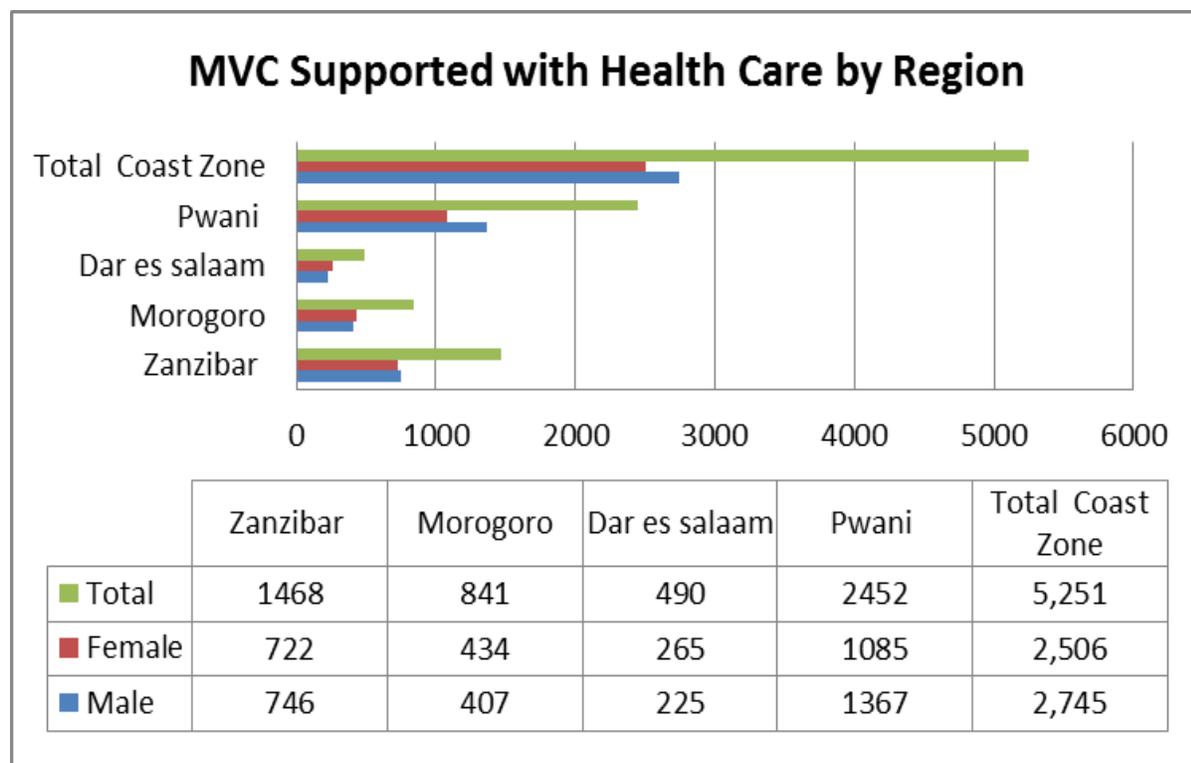


3.1.3 Support Access to Primary Health Care

The program continued to provide a range of primary health related services to MVC households which include: training and counseling to caregivers on basic personal hygiene, treatment of drinking water, general cleanliness, environmental sanitation, reproductive health and HIV/AIDS education.

In addition to that, care givers in Dar es Salaam were trained on improved Water and Sanitation for Health (WASH) practices in order to reduce risk of diseases like cholera and diarrhoea while in Coast region, caretakers were provided with water guard under LIFE program.

During the period under review, a total of 5,251 MVC households (M 2,506, F 2,745) across Coast zone were served with primary health care service through volunteers as summarized below.



3.1.4 Child Protection

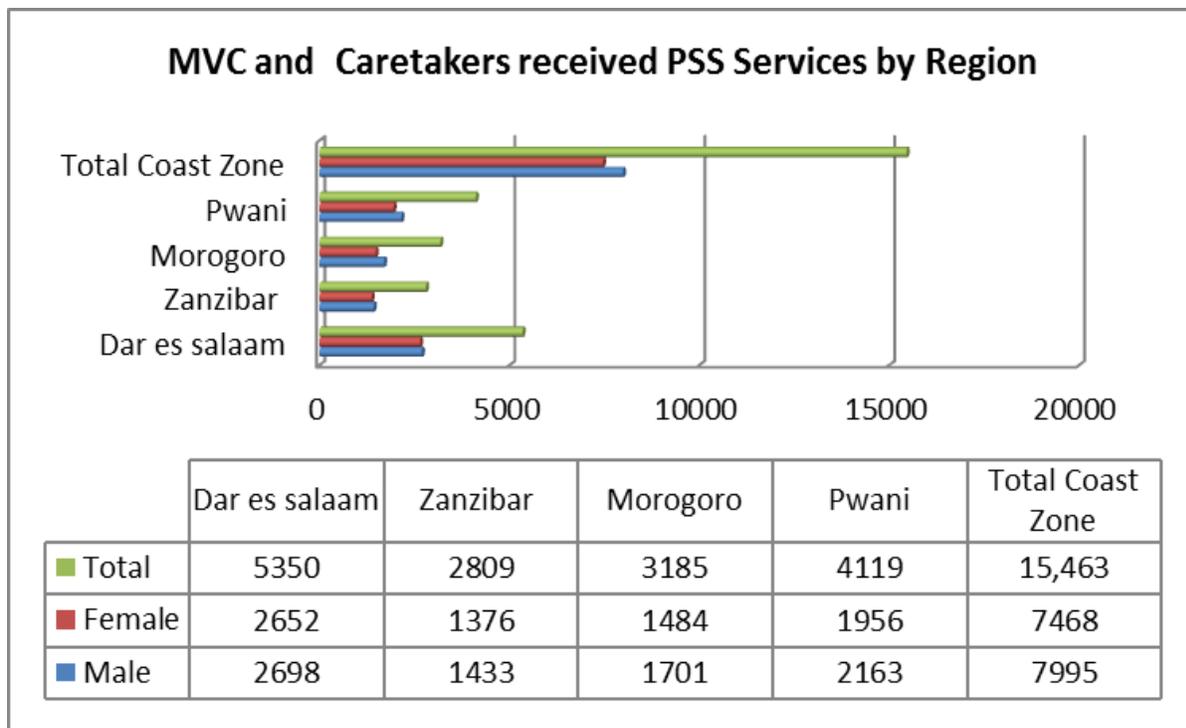
Child protection remained a key program focus area across interventions to MVC and their households. In This quarter, a total of 105 MVC households were served with legal rights (3 female MVC in Coast region), 102 (M 50, F 52) caretakers with education on will writing while 66 (M 21, F 45) volunteers in Morogoro region participated in the community awareness creation training/meeting on child protection against abuse, exploitation and discrimination.

3.1.5 Provide family based care/Psychosocial support

Psychosocial support is one of the core service that help MVC and their households appreciate their gifts in life that could be used to build resilience against social shocks such as stigma and

discrimination that impair their ability to deal with grief and bereavement and other forms of abuse around their homes and communities in which they live in.

In this reporting period, the program continued to provide such service to caretakers through home visits and MVC through children clubs, home and school visits. Furthermore, caretakers were educated on parenting and psychosocial support through home visits conducted by volunteers. A total of 15,463 (M 7,995, F 7,468) MVC and their household members were reached out with PSS as summarized below.



3.1.6: Support shelter improvement

Provision of improved shelter to MVC and their households has been a one of the component of care, support and protection of MVC in the program. MVCCs play a noble role in sensitizing community members and other service providers in supporting program efforts through direct financial contribution and /or in-kind mainly in form of human labor to ensure vulnerable households with MVC are provided with comprehensive care and support including shelter as one of the basic needs for human being. A total of 2,022 (M 1,064, F 958) MVC and their households were provided with shelter services in Zanzibar, Pwani and Dar es Salaam as summarized in table 10 below.

Table 10: Summary of Shelter support provided to MVC and their household.

Region	Male	Female	Total	Description
Zanzibar	1034	935	1969	Counseled on cleanliness and households repairs. Out of this 74 OVC were provided with laundry soap to make their house clean.
Pwani	13	10	23	House rehabilitation by community volunteers and 5 MVCC from Kimarang'ombe, Mboga, Mtambani, Mpaji Pande and Boza. One male OVC was given 10,000/= TZS for the house rent.
Dar es salaam	17	13	30	MVC were provided with 2 clothes each. The support amounted to 90,000/=
Program Total	1064	958	2,022	

Source: Regional Quarterly Reports: October to December 2012

3.2 – Support DIPGs to expand and improve comprehensive referral networks that strengthen the continuum of care.

The program continued to utilize existing networks within the program area in order to complement services given to MVC and their households through referral system. During this reporting period, a total of 67 MVC were referred to other service providers to get services which could not be provided by the program as summarized in table 11 below.

Table 11: Summary of Referrals to Other services provided to MVC and their Households

Region	Type of Service referred to	Male	Female	Total
Morogoro	Food and nutrition	3	0	3
Pwani	Nutrition	8	6	14
	Education	3	2	5
	Shelter rehabilitation	2	0	2
	Bicycle for transport	2	0	2
	Health	1	1	2
Dar es salaam	Health	6	12	18
	Spiritual	3	8	11
	Food/Nutrition	5	5	10
Total Coast Zone		33	34	67

Source: Regional Quarterly Reports: October to December 2012

OBJECTIVE 4: Empower OVC, particularly females, to contribute to their own well-being by improving their resilience, as well as their livelihood and self-care skills

During this reporting period, the program continued to use a combination of age-appropriate and gender sensitive education and psychosocial support activities that build on children's strength to increase self-esteem, reduce self-stigma and the impact of discrimination. The interventions also aim at improving the social and coping skills to enable MVC to handle the stress and challenges of everyday life.

Through field visit in Dar es Salaam, we have witnessed the power of our interventions to the children including an HIV positive child who was able to provide a testimony on how his life has changed due to the support provided by the program through volunteer, program staff and the benefit he has gained through attending children club in Manzese.

The benefits appreciated by such children include the personal skills gained that enable them to cope with life challenges. Below are specific activities that were performed during this reporting period under this objective:



4.1. Establishing and Managing Children Clubs

Noting the importance and benefits gained by the children attending children clubs, more children (MVC and non- MVC) have developed the interest to join the clubs. It is with that requests that the program established new 39 children clubs with a total 1,293 (M 619, F 674) children making a cumulative total of 6,568 (M 3,193, F 3,375) children participating in the clubs in this first quarter (see Appendix IV).

Through children clubs, children receive non-material support that benefits their mental health, build their self-esteem and ability to make healthy choices. In this reporting period the program provided playing materials to 16 newly established children clubs as part of motivating them and supporting their wellbeing through the play. The playing materials provided include:

footballs, netballs, skipping ropes, tennis, whistles and box files for safeguarding the volunteers' documents. It is through playing that MVC socialize with other children and build new friendships.

After realizing the benefits of children clubs to their children, the community members in Kimarango'mbe village in Bagamoyo district encouraged the program volunteer to establish a new children club and contributed playing materials worth TZS 35,000 (US \$ 22). The program encourages community members to establish and facilitate children clubs in their respective communities.

4.2. Provide age and gender appropriate HIV prevention education

In year two, the program worked very closely with UJANA project to enrich the children clubs' guidelines that resulted in integrating useful information on youth reproductive health, HIV and AIDS prevention. The specific sessions added focus on youth reproductive development stages, sex and gender, reality about sexually transmitted diseases, HIV and AIDS and safe sex. The program partners in Dar es Salaam have started to impart this knowledge. Both YAM and WAMATA trained about 189 (M 81, F 108) youth aged between 14 and 17 years using these sessions. The trained youth commended the training and requested the program to reach more youth with this information so that they can make informed decisions about their health. The program expect to print the revised children club guidelines in quarter two and share with all stakeholders who might be interested in using the guideline including Pamoja Tuwalee Implementing Partners.



4.3 – Provide disabled OVC with accurate and appropriate information about their rights and HIV/AIDS.

Disabilities often create barriers that increase MVC vulnerability to HIV and other problems and prevent both adults and children from accessing health and other services. In response to that the program in year two collaborated with PASADA to train the program staff and volunteers on how to identify children with disability, types of support depending on their needs, their rights to information on HIV and AIDS as well as reproductive health.

To date, the program has identified 587 (M 323, F 264) disabled children. The disabilities identified among these children include albinism, physical disability, blindness, dumb, mental retardation, and dwarfism. During this reporting period, the program oriented 267 (M 152, F 115) disabled children and their parents on their rights and HIV and AIDS information through household visits and workshops as summarized in table 12 below.

Table 12: Current MVC in the program that have any disabilities

Region	M <6	F <6	M 6-14	F 6-14	M 15-17	F 15-17	M 18+	F 18+	TOTAL
Pwani	11	11	98	59	39	21	2	4	245
Morogoro	2	2	17	11	12	9	2	0	55
DSM	6	17	58	66	30	23	23	23	246
Zanzibar	2	1	14	13	5	4	2	0	41
Total	21	31	187	149	86	57	29	27	587

Source: Regional Quarterly Report: October to December 2012

4.5 – Support mobile registration to provide OVC with birth certificates.

Among the major child rights highlighted in the Law of the Child Act is the right to birth registration for children. While the government realizes its importance, the implementation of the Law of the Child Act is still in the roadmap. Apparently, the government in partnership with key stakeholders is in the final stages of developing the regulations and guidelines to ensure the rights stipulated in this law are accessed.

Given the program commitment, during this reporting period, we have continued to facilitate MVC with birth registration. The program had



discussions with RITA on how best it could contribute to this important right to vulnerable children. RITA accepted to subsidize the costs from TZS 20,000 (US \$ 13) to TZS 5,000 (3 US \$) per certificate.

Following that agreement about 1,945(M 957, F 988) MVC received birth certificates during this quarter. Out of these, 97% of all the children are from Dar es Salaam. In the upcoming period, the program will ensure more MVC in Morogoro, Pwani and Zanzibar access this service as well (see annex IX for further details).

MEETINGS

Pamoja Tuwalee Program/FHI360 continued to be instrumental in different forums that address the welfare of most vulnerable children. During this period, the program staff had actively participated in the following forums:

a) Taskforce on Launching of the MVC National Costed Plan of Action 2013-2017

Pamoja Tuwalee program/FHI360 is among the few selected MVC stakeholders to support the Department of Social Welfare to prepare launching of NCPA II. The program in partnership with other team members has been instrumental in ensuring provision of meaningful inputs by reviewing the documents such as NCPA II - shorter and friendly version, adverts for launching, invitation letters and timetable. The program further was in the forefront in providing final inputs in the NCPA II through this taskforce.

b) One Stop Center Implementers' Meeting

The meeting was hosted by Reproductive and Child Health Section of the Ministry of Health and Social Welfare. It aimed at bringing all the partners who plan to support the government in establishing One Stop Center (OSC) in order to harmonize their views and decide on the level and standard of the proposed OSCs as to come up with one National guideline. Given its efforts in establishing the OSC and involving key stakeholders, Pamoja Tuwalee program/FHI360 was given the opportunity to present its work on this. The participants appreciated the work being done by the program and since then the program has been part of the discussion on taking forward the establishment of a national standardized procedures and guidelines of the OSC.

c) Police-Partner Coordination Group on GBV and Child Protection

This forum is instrumental in coordinating the efforts that aim at addressing the issues of Child Abuse and GBV. The program staff participated in all organized meetings. The outputs of the Police Partner Coordination Group to date include: standard operational procedures on prevention and response to GBV and Child Abuse, Guidelines for the

establishment of the Gender and Children's Desks, training manual for Gender and Children's Desk Officers and experience sharing among stakeholders.

d) **Monthly MVC Implementing Partners Group (IPG), Child Protection Working Group (CPWG) and Social Protection/Social Welfare Working Group (SP/SW WG)**

The program continued to participate in the IPG meetings and shared the monthly updates. Given the importance of finalizing and preparation of NCPA II launching, both meetings on social protection working group and child protection working group dealt with reviewing their related sections and preparation for launching. In all these Pamoja Tuwalee Program/FHI360 has been actively providing inputs.

CHALLENGES

1. Working with one of the sub grantees has been quite challenging. Since FY 2012, the program noted performance, communication and compliance issues with Kifaru Community Development Organization (KICODET) and has been trying to provide guidance to resolve the problems unsuccessfully. KICODET implement the program in Kibaha Urban, Kibaha Rural and Bagamoyo districts and reach about 12,202 MVC in total. During this quarter the program conducted several meetings with KICODET Management and Board of Directors to resolve the problems. However, there both KICODET Board of Directors and Management have not cooperated fully to address the issues. The program has given KICODET an ultimatum and if there is no positive response in early quarter II we will terminate the partnership.
2. The bureaucracy of the government is challenging especially when embarking on a new initiative. The establishment of OSC is not in full swing as the planned of clinical staff awaits finalization of the National training package, likewise the training of police force staff.
3. Delayed increase of obligation and funding from the donor has delayed the renewal of sub grantees' contracts for FY 2013. Also, some sub grantees do not have funds for program activities.

PLANNED ACTIVITIES FOR THE NEXT QUARTER (JANUARY – MARCH 2013)

1. Prepare, launch and implement the campaign's mass communication component
2. Support DSW in the dissemination of NCPA II in Morogoro, Pwani and Dar es Salaam
3. Continue to provide the core , age appropriate service package to MVC
4. Liaise with district council and attend council planning meeting and advocate LGA to increase MVC support.
5. Provide refresher training to children club attendants.
6. Facilitate formation of QI teams in Dar es salaam region
7. Facilitate process in establishment of one Stop Center at Amana Hospital
8. Continue to conduct DIPG meetings in all districts
9. Participate in Internal Program and Technical Assessment exercise

SUCCESS STORY

Christina Michael – From dependent to sustainable caregiver

Christina Michael's smile hides memories of her difficult life of surviving with one meal a day and becoming a housewife at the early age. Christina appreciates the support she got from the program and its community volunteers and Mlandizi Vocational Training Center for changing her personal life and her family.

As a first born in a family of six children, Christina comes from extremely poverty stricken family. Two years ago, after completing her primary education and failing to continue with secondary education, Christina lost hope in life. Her parents on the other hand started searching for a man to marry Christina. A practice that is normal in most parts of remote rural areas especially in Coastal culture.

Christina was rescued from being married by one of the community members. The program successfully linked her to Mlandizi Vocational Training to pursue a two years course on tailoring. After completing the course the program linked her with tailoring company owned by JKT Ruvu.

She was employed in 2012 together with other two female OVC. Christina is currently paid TZS 100,000 per month as a wage. To date with this monthly income she can afford to provide care and support to her young siblings. "I am grateful to God, for the opportunity provided by the program, regardless of the meager amount of money that I receive, as I can sustain myself and my siblings

