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FAMILY HEALTH INTERNATIONAL (FHI360)

PAMOJA TUWALEE PROGRAM – COAST ZONE

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

Quarterly Performance Narrative Report

January to March 2013

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ACRONYMS

ABCT	AIDS Business Coalition of Tanzania
AIDS	Acquired Immune Deficiency Syndrome
AOTR	Agreement Officer's Technical Representative
CHMT	Council Health Management Team
CPWG	Child Protection Working Group
CRP	Community Resource Person
CSI	Child Status Index
CSO	Civil Society Organization
DADP	District Agricultural Development Plan
DC	District Council
DCDOs	District Community Development Officers
DCPT	District Child Protection Team
DED	District Executive Director
DEO	District Education Officer
DIPG	District Implementing Partner Group
DMO	District Medical officer
DMS	Data Management System
DPLO	District Planning Officer
DSW	Department of Social Welfare
DSWO	District Social Welfare Officers
GBV	Gender Based Violence
GoT	Government of Tanzania
HACOCA	Huruma Aids Concern and Care

HIV	Human Immune deficiency Virus
ID	Identification
IP	Implementing Partner
IPG	Implementing Partners Group
LGA	Local Government Authority
MCDGC	Ministry of Community Development Gender and Children
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
NCPA	National Coasted Plan of Action for Most Vulnerable Children
NGO	Non-Governmental Organization
OSC	One Stop Centre
OVC	Orphans and Vulnerable Children
PASADA Archdiocese	Pastoral Activities and Services for people with HIV and AIDS DSM
PEPFAR	President's Emergency Plan for AIDS Relief
PPP	Public-Private Partnership
PSS	Psychosocial Support
QI	Quality Improvement
REPSSI	Regional Psychosocial Support Initiative
RFA	Regional Facilitating Agency
RH	Reproductive Health
RITA	Registration, Insolvency and Trusteeship Agency

SILC	Savings and Internal Lending Communities
TASAF	Tanzania Social Action Fund
TAWIWO	Tanzania Widow Women Association
TPF	Tanzania Police Force
TZS	Tanzanian Shillings
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
URT	United Republic of Tanzania
US \$	United States of America Dollar
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence Against Children
VETA	Vocational and Education Training Authority
VICOBA	Village Community Bank
VTC-	Vocational Training Centre
WAMA	Wanawake na Maendeleo (Women and Development)
WAMATA	Walio katika Mapambano ya Ukimwi Tanzania (Fight against HIV and AIDS)
WEO	Ward Executive Office
YAM	Youth Alive Movement
ZAMWASO	Zanzibar Muslim Women Association to Support Orphans
ZCPA	Zanzibar Costed Plan of Action

EXECUTIVE SUMMARY

Family Health International (FHI360) is among the four partners implementing a five year Pamoja Tuwalee program funded by USAID in Coast, Central, Lake, Northern and Southern Zones of Tanzania since 2010. FHI360 covers Coast zone comprised of Dar es Salaam, Morogoro and Pwani regions in the mainland and Zanzibar through partnership with ten Local Civil Society Organizations (CSOs) and twenty five Local Government Authorities (LGAs). The program's goal 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 and support, which is pursued by implementing four key objectives.

This report covers second quarter (January to March) of Year Three (FY 2013) of this program. The report narrates implementation of the planned activities, achievements and lessons learnt.

Objective one seeks to increase the capacity of communities and LGAs to meet the needs of MVC and their households. To meet this objective, the program conducted a number of activities related to capacity enhancement; including community sensitization, joint supportive supervision with LGAs, training members of MVC committees and volunteers among others. As a result of the previous and current activities, a total of TZS 3,489,500 (US \$ 2,181) were made available to 380 (M 184, F 196) MVC this quarter through education, direct and subsidized school fees, food and health support and land given by village authorities for MVC households crop production at different sites. These adds to TZS 5,217,000 (US \$ 3,261) contributed last quarter for 592 MVC (M 278, F 314) thus cumulating to TZS 8,706,500 (US \$ 5,442) being financial support made to 972 MVC (M 462, F 510) in the last six months of FY 2013.

Through implementation of activities under objective two, a total of 22 new SILC groups were formed raising a total savings of TZS 20,552,770 (US \$ 12,845) and TZS 1,169,450 (US \$ 731) for MVC Fund. Cumulatively, the status of funds for SILC groups increased from TZS 277,343,300 (US \$ 173,340) reported last quarter to TZS 379,794,370 (US \$ 237,371) representing 37% (TZS 102,451,070) increase and TZS 17,693,500 (US\$ 11,058) for MVC support.

While objective three focuses on increasing OVC household's access to comprehensive, high-quality, age-appropriate and gender-sensitive services by creating integrated community-level referral networks that strengthen the continuum of care, objective four aims to empower OVC, particularly female to contribute to their own well-being by improving their resilience.

In this reporting period, the program reached a total of 32,682 (M 16,743 and F 15, 939) MVC with at least one core service above 28,940 (M14,813 F 14,127) MVC reached during last quarter, equivalent to 13% increase and 65% of the MVC current in the program.

In empowering MVC, 60 new children clubs with 1,765 (M 872, F 893) participants were formed cumulating to 272 children clubs with a total of 8,624 (M 4,260, F 4,364) children participating in the club sessions. Furthermore, the program in collaboration with the district child protection teams collected data on child abuse and exploitation whereby a total of 133 (M 15, F 118) MVC were recorded in Dar es Salaam and served at different levels.

REGIONAL IMPLIMENTATION 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 Municipality to PASADA.

To date, the program covers a total of twenty five (25) districts, two (2) in Dar es Salaam, six (6) in Morogoro, seven (7) in Coast and ten (10) in Zanzibar.

The current population in the whole of Coast zone is calculated at 8,985,270¹. Dar es Salaam has the highest number of people (4,364,541) followed by Morogoro (2,218,492), Zanzibar islands (1,303,569) and Coast region (1,098,668). With the estimated proportion of children (0-18years) being 51% of the general population, estimate of children in Coast zone is 4,582,488.

HIV and AIDS prevalence is highest in Dar es Salaam at 6.9%² which is above the National prevalence rate of 5%. This is followed by Coast region with a prevalence rate of 5.9%, Morogoro 3.8% and Zanzibar being the least with 1% prevalence. HIV/AIDS has multiplier adverse effects to the Tanzania society in all socio-economic arenas leading to economic instability and leaving many children as orphans.

¹ National Bureau of Statistics (NBS), Ministry of Finance Dar es Salaam, Office of Chief Government Statistician (OCGS), Finance, Economy and Development Planning Zanzibar, March 2013: 2012 Population and Housing Census, March 2013.

² Tanzania Commission for AIDS (TACAIDS) Dar es Salaam, Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Ministry of Finance Dar es Salaam, Office of Chief Government Statistician (OCGS) Zanzibar and ICF International Calverton, Maryland USA: March 2013

In this reporting period, the program reached a total of 32,682 (M 16,743, F 15,939) MVC with at least one core service above 28,940 MVC reached during last quarter representing 13% increase and 65% achievement of the MVC current in the program. On the same note, the program managed to serve a total of 40,981 (M 21,048, F 19,933) over the last six months (October 2012 – March 2013) representing 66% of the annual target of 62,000 MVC for FY 2013.

Table 1: Program Geographical Coverage and MVC Reach Until March 2013

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/shehias covered by the program	20 (33%)	92 (80%)	96 (54%)	182 (36%)	390 (44%)
Total # of villages in the region	273	595	864	NA	1732
# (%) villages covered by the program	92 (34%)	432 (72%)	561 (65%)	NA	1085 (62%)
5 years targeted # of Households	2,500	7101	1,568	901	12,070
# of households reached	4923	6,669	2,461	994	15,047
5 years targeted # of MVC	5,001	28,405	6,272	3605	43,283
# of MVC Ever enrolled	10,147	36,005	11,370	3,975	61,497
# (%) of MVC Current: January – March 2013	9,659	26,787	9,806	3,973	50,225
FY 2013 targeted # of MVC	10,248	31,497	15,695	4,562	62,002
# (%) of MVC served for FY2013: October 2012 to March 2013	9,846 (96%)	19,116 (61%)	8,044(51%)	3,975 (87%)	40,981(66%)
# (%) of MVC served:	9,659(100%)	13,245(49%)	5,805(59%)	3,973	32,682

Jan to March 2013				(100%)	(65%)??
MVC served: sex disaggregation: January – March 2013					
Male	4,865	6,868	2,925	2,085	16,743
Female	4,794	6,377	2,880	1,888	15,939
MVC served: age disaggregation: January – March 2013					
<6 years	1674	1716	174	442	4006
6-14 years	5851	8450	3593	2528	20422
15-17 years	1653	2446	1903	797	6799
18+ years	481	633	135	206	1455

During January to March 2013, the program had reached a total of 32,682 MVC with at least one core service representing 65% of the MVC annual target and 53% of the revised annual target. While 40,981 MVC were served with at least one core service during the last six months equal to 66% of the revised annual target.

The program initial target was to serve at least 43,283 MVC in FY 2013 distributed in Dar es Salaam (5,001); Pwani (28,405); Morogoro (6,272); and Zanzibar (3,605). Until end of FY 2012, the program had reached a total of 44,887 MVC in all 25 districts. With donor advice, the target for FY 2013 was revised to 62,000 MVC.

PROGRAM ADMINISTRATION AND MANAGEMENT

PTQA Exercise

During the reporting period, FHI 360 headquarters conducted a Program and Technical Quality Assessment (PTQAs) for its Pamoja Tuwalee program. PTQA is FHI 360's standardized means to rapidly assess and prioritize responses to project management and technical quality needs. The exercise was highly collaborative with the ultimate purpose of strengthening the management and technical quality of the project. PTQA was conducted by a small team of FHI 360 content experts external to the project, working in partnership with the project's key management and technical leadership. The recommendations resulting from the exercise will be implemented to enhance the program performance.

Staffing

During this reporting period, the program managed to recruit additional staff in the program team in the capacity of Senior Technical Officer-Child Protection to lead the child protection component of the program. She is expected to report early next quarter. The recruitment of a replacement for Administrative Assistant planned for this year will not be done, instead a technical officer for Monitoring and Evaluation will be recruited as the program strive to strengthen the M&E component per PTQA recommendation.

Funding to Local Implementing Partners

The program continued to work closely with her partners including CSOs and FBOs and building their capacity to implement their plans. A total of TZS 232,014,280 was disbursed to all 10 Sub grantees in Coast zone as detailed in table 2 below – last quarter disbursements amounted to TZS 188,737,000.

Table 2: Fund Disbursed to Sub grantees and Expenditure from January to March 2013

Sub Grantee	Funds Disbursed (TZS)	Expenditure (TZS)
Faraja Trust Fund	12,766,000	21,574,000
Roman Catholic Dioceses of Mahenge	19,228,000	25,362,000
Kifaru Community Development in Tanzania (KICODET)	43,772,050	50,380,190
Baraza la Misikiti Tanzania (BAMITA)	19,374,000	16,951,202
Jipeni Moyo Women and Community Organization (JIMOWACO)	36,759,230	33,533,700
Roman Catholic Archdiocese of Dar es Salaam	36,529,000	15,361,900
Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	20,628,000	19,709,300
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	13,075,500	10,576,875

Zanzibar Muslim Women Association to Support Orphans (ZAMWASO)	15,442,280	15,126,500
Huruma AIDS Concern and Care (HACOCA)	14,440,000	15,988,400
TOTAL	232,014,280	235,123,622

As indicated in table two 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 64,340,788 that was carried forward from previous quarter. The mentioned balance and the amount transferred make a total of TZS 296,355,068 which accommodated the aforementioned January-March 2013 expenditure.

As indicated in the previous quarter, the program is finalizing the process for terminating its contract with KICODET due to non-adherence to the contract. KICODET has been implementing the program in Bagamoyo, Kibaha Urban and Rural districts since 2011. On the same note, the process to recruit new local partners to implement the same is underway.

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

To ensure sustainable care, support and protection of MVC, the program strengthens the capacity of community members and the Local Government Authorities to ensure continuity of services to MVC beyond the program life time. During this reporting period, the program continued to use different approaches to increase the capacity of Local Government Authorities (LGAs), sub grantees, MVCC, Community volunteers and community at large to meet the needs of children. This has been done through District Implementing Partners Group Meetings (DIPG), Trainings, coaching and mentoring of key program implementers, supportive supervision and organizational capacity exercise. The outcome of different capacity building activities has now started to be realized.

1.1. Mobilizing support for MVC through advocacy campaign

This activity is implemented in collaboration with WAMA. Unfortunately, WAMA has been discharging little support towards designing and tailoring the advocacy campaign as initially agreed upon. While this is taken as a challenge, the program resorted to promote collective responsibility for all Tanzanians in the program's catchment area to support MVC within their own communities particularly through MVCC.

Program records show that, during this reporting period, a total of TZS 3,489,500 (US \$ 2,181) were made available to 380 MVC (184 M, 196 F) through material support - full and subsidized school fees, food and health care besides land given by MVCC for crop production at different

sites including Ulanga district. During last quarter, community members raised up to TZS 5,217,000 (US \$ 3,261) for supporting 592 MVC (278 M, 314 F) thus, cumulating to TZS 8,706,500 (US \$ 5,442) being financial support made to 972 MVC (462M, 510 F) during the first six months of FY 2013.

1.1.1. SMS Mtandao Advocacy message during planning and budgeting process 2013/14

The program through Data Vision International and WAMA managed to design and sent a text advocacy message through mobile phones to key officials within the LGAs where Pamoja Tuwalee/FHI 360 is operational. The circulation list included: District Executive Directors (DEDs), Council chairpersons, District Planning Officers (DPLOs) District Social Welfare Officers (DSWOs), District Community Development Officers (DCDOs), District Education Officers (DEOs), members of social service committees and members of economic planning and finance committees.

The aim of sending this message was to influence LGAs to mainstream MVC needs into their 2013/2014 planning and budgeting process in order to increase local support to MVC and their households.

Records indicate that, a total of 188 LGA officials, received this message through SMS *mtandao* system. The program will follow up with LGAs to track outcome of this initiative so as to determine to what extent, LGAs have managed to allocate budget for MVC needs and activities in their respective localities.

1.2 Strengthen Local Government Authorities to implement NCPA/ZCPA

As part of its major commitment, the program continued to strengthen the relationship with the government at all levels. Given its commitment in supporting the government in the implementation of NCPA/ZCPA, the program in this reporting period participated not only in launching the NCPA II in Tanzania Mainland but also in preparation of the plan. Below are details of specific activities conducted under this activity.

1.2.1: Providing Technical Assistance to LGAs during their annual planning and budgeting process and advocate for MVC support

Previous experience indicates that participating in District Councils pre-planning and actual planning meetings prompt district councils to plan and budget for MVC support. In Pwani region local implementing partners namely JIMOWACO and KICODET were invited by Council Health Management Team (CHMT) to participate in pre-planning meeting held at Kibaha and Mkuranga districts. In Dar es Salaam, Youth Alive Movement (YAM) participated in the District Social Welfare advisory and district planning meeting held at LAMADA Hotel in Dar es Salaam. In both meetings the districts appreciated the importance of partnership and guidance and had started to make some commitments in ensuring MVC issues are part of the upcoming MTEF as indicated below:

- The District Medical Officer (DMO) for Mkuranga confirmed that his office bought one digital camera that will be used to take photos of MVC and other members of households to be supported with Community Health Fund (CHF).

- Kibaha Town Council on their part, planned to budget at least TZS 5,000,000 (3,125 US\$) for support of MVC and cover costs of social welfare officers during supportive supervision.
- Ilala District council used the meeting to seek advice from the stakeholders about areas of priorities to be considered during budgetary session. Three major priorities were agreed upon to include: (1) Economic strengthening empowerment initiatives for MVC households (2) Enhance vocational training opportunities for older MVC and (3) Integrated support for child protection teams and gender desk.

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

The program continued to adhere to its commitment to follow the national policies and guidelines in implementation of Pamoja Tuwalee program/FHI360. Furthermore, the program supported the government at all levels to understand and articulate these policies and guidelines into feasible plans and budgets that support concrete action on the ground.

Since planning process in Tanzania is a bottom – up process, the program advocates for MVC issue right from the grassroot level. This is a continuous activity in the community in which we ensure community members especially coordinating body and government officials such as Village Executive Officers, Ward Executive Officers and other influential leaders are well informed on the government guidelines especially the NCPA that guides the LGAs to integrate the MVC support into their plan and budget. This provides them with the opportunity to consider that in their plan that goes up to the district councils. Below are few examples on what the program does:

During the previous period, YAM and WAMATA in Dar es Salaam region had a series of meetings with Council Multi-Sectoral AIDS Coordinator and Regional TACAIDS Coordinator and conducted sensitization meetings to 12 community leaders in Dar es Salaam that aimed at increasing awareness and buy-in from community leaders. During this reporting period, a total of six Mitaa (hamlets) namely: Kibwegele, Hondoro, Msewe, Mwananyamala, Tandale and Bunju were reached out by the program team through community meetings. Content of the meetings included: Briefing on program overview, roles and responsibilities of community leaders in supporting MVC as stipulated in the National Costed Plan of Action II. Furthermore, re-emphasized on the roles of community volunteers and Most Vulnerable Children Committees (MVCC) in mobilizing resources for support of MVC and their households. During the meeting MANA Women Christian group of Kunduchi volunteered to support MVC as needs arise.

In Pwani region, District Executive Director (DED), District Social Welfare Officer (DSWO) and District Community Development Officer (DCDOs) in Kisarawe and Mkuranga were oriented on the National Costed Plan of Action II. All of them were provided with a copy of NCPA II to use as a reference during planning and budgeting session.

In this reporting period, the program also oriented all its implementing partners' staff that works with the MVCCs and supervises volunteers on the NCPA II. The program further disseminated to the DSWOs and DEDs in all the program operational districts, the main NCPA II document, the Swahili friendly version as well as the commitment of Ministries and other stakeholders in

supporting MVC. Both district officials and the program staff received the copies of the aforesaid documents that were provided by the Department of Social Welfare, Dar es Salaam.

1.2.3: Support development of MVC support funds by 2015

Experience in the past, indicates that facilitating establishment of district MVC support funds parallel with MVCC fund is duplication of efforts. During year two, the program agreed to concentrate on establishment of MVCC fund at village/shehia level. More details about MVC fund status are provided under section 1.3.4 of this report.

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

During this reporting period, the program maintained its strategic approach of strengthening the capacity of District Social Welfare Officers through delivery of technical assistance.

Two Social Welfare Officers in Kisarawe, more from below and Mafia District Councils participated in a joint supportive supervision of program activities while in Zanzibar District Social Welfare Officers were involved in different district forums to discuss strategies to improve support for MVC.

In Dar es Salaam, District Social Welfare Officers worked very closely with YAM and WAMATA in following up child abuse cases whereby a total of 133 cases were reported and followed up. Details on the abuse cases are stipulated further under activity 2.4 of this report. Dar es Salaam District Social Welfare Officers also participated in setting criteria for selection of MVC to join VETA. The program will continue to enhance the capacity of DSWOs to improve support and coordinate MVC activities.

1.2.5: Strengthen supportive supervision.

Joint Supportive supervision involving Pamoja Tuwalee National and Regional staff, DSWOs and sub grantee staff continues to be our key approach in monitoring progress of program implementation and mentoring the program staff and community volunteers to improve performance and quality of care and support to MVC and their households. While in the field, a sample of program beneficiaries is taken for open discussion to confirm their level of satisfaction and get the first hand impression of our work for improvement.

In Dar es Salaam region, a total of 20 MVCC were visited by YAM during this reporting period. These were: 5 MVCC from Chanika ward, 3 MVCC from Ukonga ward, 1 MVCC from Kitunda ward, 2 MVCC from Ilala ward, 4 MVCC from Buguruni ward, 2 MVCC from Kariakoo, 1 MVCC from Chanika Ward, 1 MVCC from Buguruni Ward and 1 MVCC from Vingunguti Ward. In addition to that the team visited 1 SILC group in Chanika ward. WAMATA on their part managed to conduct joint supportive supervision visits with social welfare officers from Kinondoni Municipal council and Pamoja Tuwalee regional team. A total of nine wards were covered, namely: Kunduchi, Tandale, Mwananyamala, Bunju, Manzese, Mabibo, Kibamba, Ubungo, and Msasani reaching out ten SILC groups, 72 volunteers, 68 MVC households and 362 MVC. The MVC reached includes: 40 who were in children club- Kondo Street, 250 who received birth certificates in the above districts and 72 were met in their home.

In Pwani region, two MVCC, three SILC groups, two children clubs and one vocational training center were visited in Mkurnga and Rufiji districts during this reporting period. In Bagamoyo

focal persons visited 16 villages, nine volunteers (6M, 3F), 12 MVCC, 73 caregivers (21M, 52F), 101 MVC (33M, 68F) while in Kisarawe district, Pamoja Tuwalee project coordinator and focal person conducted supportive supervision to five villages, two SILC groups, five households and three MVCCs. Two of our implementing partners, BAMITA and Mafia Parish staff in collaboration with district social welfare officers from Kisarawe and Mafia districts conducted a joint supportive supervision whereby, a total of 10 wards (4 in Kisarawe and 6 in Mafia) were reached out and met a number of MVCC and MVC households.

In Morogoro region, the program head quarter and regional team conducted supportive supervision to RC Mahenge as part of orienting the new recruited staff. This included program orientation process, introducing the new staff to the key stakeholders such as DIPG members and other service providers. During this process, the team had the opportunity to discuss with some headmaster to allow MVC continue attending classes while Pamoja Tuwalee management is processing funding to sub grantees to pay for their school fees. Both FARAJA and HACOCA in Morogoro Urban, Morogoro Rural and Mvomero respectively used volunteer's monthly meetings to discuss issues around program implementation and agree on the way forward. Volunteers were reminded on the importance of joining SILC groups and urge them to encourage MVCC members to do the same. The issue of under-reporting as observed by FHI 360 PTQA team was discussed and agreed on the remedy measures. .

From the above supportive supervision, below are some of the ley lessons learned by the program team:

- There are remarkable improvement in the lives of most vulnerable children as a result of program interventions, government support and contributions of community and other services providers. For example, the MVC attending children clubs visited indicated that, they feel happy, have gained confidence and more importantly they feel secured as they have more friends and have gained knowledge in different areas such as HIV/AIDS information.
- Through economic strengthening activities and encouraging MVC caretakers to be part of SILC groups, some MVC caretakers are now able to meet their children basic and households needs in general. For example, in Dar es Salaam as a result of caretaker involvement in SILC groups and program support in economic strengthening, about 37 caretakers have been able to support their own children to meet their basic needs worth of TZS 4, 191, 000.
- Mentoring and coaching need to be ongoing to MVCC, SILC groups and community volunteers using different approaches apart from formal training. For example, it was learned that few volunteers among visited had problems in filling reporting tools hence in some cases causing unnecessary underreporting.
- Community resource mobilization for MVC should be a continuous activity to ensure every member of the community participates in supporting MVC. For example through supportive supervision in Mahenge, Fr. Krimacus Chahali of RC Mahenge, after listening to a story of one of the MVC visited, decided to contribute about 150,000 TZS as part of Dickson Nyambi' education support as his grandmother (his remaining caretakers) was very sick and aged.

1.3. Strengthening MVCCs to lead Community Support for MVC

According to the National Costed Plan of action for most vulnerable children (NCPA II), MVCC is a subcommittee of the public and social welfare/social service committee. Building the capacity of MVCC in spearheading, coordinating and leveraging resources for care, support and protection for OVC at the village/shehia level is necessary for community involvement, ownership and sustainability of MVC support. The following are the activities conducted during this reporting period.

1.3.1 Develop and implement capacity building plans of existing MVCCs

During year two, a total of 460 MVCCs were trained on their roles and responsibilities and developed their respective work plans. Local implementing partners continued to follow up on the implementation of developed plans and advice accordingly.

In Zanzibar, 13 MVCCs managed to facilitate establishment of OVC funds, though such funds were just retained instead of supporting needy MVC. They were advised to identify MVC who deserve to be assisted by this fund and support them.

In Morogoro, nine MVCCs in Ulanga district namely: Matema, Mlimba A & B, Kamwene, Chisano, Chita, Machipi, Ikule and Mkangawalo committed to contribute 20 Kgs of maize each to 20 MVC households. Until the end of this reporting period they managed to support 36 MVC with food. Mkangawango and Chita MVCC each planted ½ hector of paddy for support of MVC.

A total of six MVCC in Ulanga district (Isongo, Uponera, Nawenge, Mbagula, Mkanga and Vigo) were visited up to the end of this reporting period. MVCC in Mbagula, and Uponera in collaboration with village executive officer have already cultivated and planted six hectares of cassava (4 in Mbagula and 2 in Uponera).

In Dar es Salaam, both YAM and WAMATA trained 92 MVCCs (54 in Kinondoni and 38 in Ilala) on program management issues including Law of the Child Act 2009 during year one. Each MVCC brought two members who would later serve as TOTs to other members. Findings from the field show that, this modality did not work as anticipated as trained members were busy with their routine activities and could not spare time to train others in addition to their limited knowledge in providing training/orienting others. As a response to this situation, a decision has been made to train all MVCC members in Dar es Salaam in this FY2013, whereby a total of 920 (380 in Ilala and 540 in Kinondoni) will be involved.

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

The program has always encouraged community volunteers to join MVCC. This initiative is based on previous experience whereby MVCCs which had volunteers as members were active in terms of performing their roles and responsibilities. The program will continue to advocate for more volunteers to join this body so as to bring synergy between policy issues and program operational issues at the Village or Mtaa level.

During this reporting period, the number of community volunteers who became members of MVCC increased from 85% during last quarter to 88% with decline in terms of number of Community volunteers current in the program from 845 during last quarter to 829 due to drop out or death incidence. The program will review current list of volunteers to match with MVC

caseloads before replacement by June 2013. Table three below shows a summary of volunteers and their status to date.

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

Sub Grantee	District	Number of Volunteers			Number of MVCC Members			% of MVCC membership	
		M	F	Total	M	F	Total	March 013	Dec 012
RC Mahenge	Ulanga	28	38	66	26	36	62	94	94
	Kilombero	28	22	50	21	18	39	78	78
HACOCA	Mvomero	10	23	33	10	23	33	100	100
	Kilosa	11	22	33	11	19	30	91	91
FARAJA	Morogoro MC	7	19	26	6	15	21	81	81
	Morogoro DC	20	5	25	6	6	12	48	34
TOTAL Morogoro Region		104	129	233	80	117	197	85	81
KICODET	Kibaha TC	19	26	45	19	26	45	100	100
	Kibaha DC	22	23	45	22	21	43	96	100
	Bagamoyo	47	38	85	35	33	68	80	80
BAMITA	Kisarawe	29	22	51	29	22	51	100	87
JIMOWACO	Mkuranga	55	39	94	55	39	94	100	100
	Rufiji	8	32	40	8	27	35	88	88
Mafia Parish	Mafia	13	10	23	13	10	23	100	100
TOTAL Pwani		193	190	383	181	178	359	94	92
WAMATA Dar	Kinondoni	32	49	81	24	35	59	73	72
YAM	Ilala	21	48	69	16	34	50	72	62
TOTAL Dar es Salaam		53	97	150	40	69	109	73	67
WAMATA Pemba	Pemba	10	16	26	9	16	25	96	96
ZAMWASO	Unguja	12	25	37	12	25	37	100	100
TOTAL Z'bar		22	41	63	21	41	62	98	98
Prog TOTAL		372	457	829	322	405	727	88	85

Source: Quarterly Report: January – March 2013

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

Most Vulnerable Children Committees (MVCC) play an important role of supporting and coordinating services provided by other stakeholders to MVC and their households. They are also acting as an entry point for any MVC stakeholders working at a village/shehia level. The program in collaboration with district LGAs is committed to facilitate establishment and strengthening the capacity of MVCCs so that they can efficiently support and coordinate MVC activities.

During this reporting period, there was no new MVCC that was established, however sub grantees in collaboration with district social welfare officers continued to follow up and provide technical assistance to MVCCs during supportive supervision based on specific capacity needs.

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

Resources to support MVC are always limited as compared to their actual needs. Supporting LGAs to facilitate establishment of OVC funds within MVCC and other initiatives such as SILC groups is highly encouraged by the program. During this reporting period, the program collaborated with DSWOs and MVCCs to support establishment of 8 new OVC funds as summarized below:

In Dar es Salaam, two streets of Mtambani B and Mazizini in Ilala district established two OVC funds cumulating to 33 OVC funds established to date in Ilala district. A total of 22 out of 33 OVC funds own bank accounts worthy TZS 1,394,000 (871 US\$) of which TZS 1,064,000 (665 US\$) was kept in the bank and TZS 330,000 (206 US\$) maintained as petty cash to support MVC with recurring expenses.

In Zanzibar, WAMATA (Pemba) facilitated establishment of four OVC funds making a total of 13 OVC funds established to date and managed to support 21 OVC (16 M, 5 F) with school uniforms worthy TZS 257,000 (161 US\$). Furthermore, WAMATA negotiated a waiver of TZS 52,000 (33 US\$) being school fees for 26 MVC with head teachers so that they could continue with classes as usual.

In Unguja, ZAMWASO managed to establish two new MVC funds during this reporting period and supported a total 56 (25M, 31F) MVC with school uniforms while one MVC was provided with medical care at a value of TZS 247,000 (154 US \$) all together.

In Morogoro FARAJA had a series of meetings with ward and village officers in which a total of nine meetings were conducted: six in Morogoro MC and three Morogoro DC. These meetings aimed at sensitizing their community members to contribute at least TZS 100 per households per month to support MVC work in their villages and streets. Table 4 below shows a summary of cumulative MVC funds status for the last six months.

Table 4: Summary of Cumulative MVC Fund Status by Districts during October -March 2013 not lifetime?

Region	Sub grantee	District	# of village	Total Amount (TZS)
Morogoro	RC Mhenge	Kilombero	4	701,400
		Ulanga	5	706,200
	HACOCA	Mvomero	4	309,400
		Kilosa	6	318,400
	FARAJA	Morogoro MC	4	659,450
		Morogoro DC	2	95,000

Pwani	KICODET	Kibaha DC	3	1,511,500
		Bagamoyo	4	135,100
	BAMITA	Kisarawe	4	848,800
	JIMOWACO	Rufiji	8	700,000
		Mkuranga	11	2,761,200
Zanzibar	WAMATA PEMBA	Wete	6	541,100
		Chakechake	2	45,600
	ZAMWASO	Mkoani	2	104,700
		Micheweni	2	237,500
Dar-es salaam	WAMATA DAR	Kinondoni	9	1,572,250
	YAM	Ilala	7	5,755,500
Total Program			17	83
				17,003,100

Source: Quarterly Report: January – March 2013

Based on table 4 above, a total of TZS 17,003,100 (10,628 US\$) was recorded at the end of March 2013 being status of cumulative MVC fund over the last six months while new SILC groups had managed to raise up to TZS 1,169,450 (731 US\$) as OVC fund as shown in table 5 below.

Table 5: Summary of MVC Fund Contributed by SILC Groups during January-March 2013

Region	Sub grantee	District	Number of village	Total Amount (TZS)
Morogoro	RC Mhenge	Ulanga	2	210,000
	FARAJA	Morogoro Municipal	1	42,200
Pwani	KICODET	Kibha Town	2	31,000
		Bagamoyo	1	14,300
	JIMOWACO	Mkuranga	4	437,200
Zanzibar	WAMATA PEMBA	Magharibi	1	48,000
	ZAMWASO	Kaskazini B	1	18,600
Dar-es salaam	WAMATA DAR	Kinondoni	2	203,150
	YAM	Ilala	3	165,000

Total Program		17	1,169,450
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Source: Quarterly Report: January – March 2013

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

The program recognizes the magnitude of resource constraints among its key implementers as well as program beneficiaries. Given this situation the program has prioritized strengthening economic status of MVC households, caregivers, volunteers and MVCC members through diverse interventions. The strategy focuses on strengthening their capacity on how to perform their roles and responsibilities more effectively as well as meet the needs of their children.

In Morogoro region a total of 104 out of 1,220 MVCC members representing 8% joined SILC groups since last Quarter. During this reporting period, a total of 34 (7 M, 27 F) MVCC members from Morogoro Urban and Morogoro Rural also joined SILC groups. By joining SILC groups, MVCC members are able to raise their capital by buying shares and ultimately access soft loans that would enable them start income generating activities.

In Dar es Salaam, YAM in collaboration with Community Resource Persons (CRPs) facilitated establishment of four new SILC groups. Until the end of last reporting period WAMATA Dar es Salaam had established 18 SILC groups whereby eight of them have graduated after completion of saving and loan circle. Currently WAMATA has 12 SILC groups after formation of another two new SILC groups this quarter.

SILC group members in Ilala and Kinondoni have a total shares worthy TZS 121,279,200 (75,800 US \$): Ilala TZS 83,545,200 and Kinondoni TZS 37,734,000 with MVC fund calculated totaling to TZS 6,907,750 (4,317 US \$) representing 6% of all shares.

1.4. Strengthen Local CSO Partners to Support MVC Services.

Pamoja Tuwalee program has made significant investments in capacity building of its sub grantees to enable them fulfill their missions in an effective manner. One of the investments is the support to the capacity assessment exercise which provided an opportunity for the sub grantees to reflect on their current situation and where they ought to be. The exercise resulted to identification of strengths and gaps which further led to development of capacity building action plans for each sub grantee. Through mentoring and coaching, sub grantees continue to be supported to implement their respective plans.

1.4.1 Develop and implement capacity building plans for local CSOs

In this reporting period, the program supported the organizational capacity assessment for RC Mahenge - one of the program sub grantees. The assessment aimed at identifying capacity strengths and gaps and thereafter draws capacity building action-plan to guide capacity building interventions. The assessment results revealed that, RC Mahenge had exhibited strengths in the following capacity areas: the organization is led by vision, mission and goals; the governing organ has demonstrated ability to provide overall leadership to the organization's operations; the management complies with procedures which encourage staff participation; there is a human resource policy in place; key staff have been exposed to some basic skills and experience in budgeting processes; and the organization cooperates with various departments to influence changes on policies.

Despite the strengths, the assessment identified the following gaps: lack of organization strategy; lack of resource mobilization strategy; lack of effective system for tracking, monitoring and evaluating the implementation of its programs; the organization's consolidated financial reports are not developed and shared with the relevant governing organs; human resource development policy has not been reviewed for a long time; and unclear organization structure. To address the gaps, RC Mahenge developed a capacity building plan.

The experience from the other eight sub grantees that participated in this exercise in the last reporting period shows that implementation of their plans have proved to be very effective and helpful to the growth of the organizations. Through mentoring and coaching from the program staff, the following activities have been implemented: review of organizations' visions and missions to reflect the current purpose; restructuring nonfunctional governing bodies; reviewing organization charts that define lines of authority and accountability and setting calendars for governing bodies' meetings.

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

In this reporting period the program has created a systematic approach for monitoring capacity building results and progress. Indicators are used to track progress based on the organizational functions to be improved. Some of the indicators include clear vision and mission known by all members and staff; strategic plan with the documented community needs including OVC strategy developed with full participation of members, staff and stakeholders and organization chart that is regularly updated and consistently used; roles and responsibilities are defined in the human resource manual and are updated in the light of new initiatives.

The approach provides more comprehensive information to determine high functioning CSOs which will also guide in setting of graduation plan. The program has set criteria that assist in monitoring and making a fair judgment on the high functioning CSOs. These include vision and mission statements that reflect the current organizational purpose; strategic plan that reflects its vision, mission and contains strategic objectives; annual work plan with measurable results, activities, timelines, responsibilities and indicators and is linked to the organization budget and developed with the participation of members and staff; organization chart that clearly defines lines of authority, supervision and accountability; high functioning board that displays a high willingness and proven track record of investing in learning about the organization and addressing its issues; and strong leadership and management practices that strengthens service delivery outcomes.

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).

Due to funds delay, training of community quality improvements teams in Kinondoni and Ilala was postponed until next quarter; however the program continued to follow up with Quality Improvement Teams in Bagamoyo district. During this reporting period a total of 27 MVCC were visited and assisted with technical inputs to improve their performance of providing quality

services to MVCC and their households. The program further provided the teams with new developments from the NCPA II to formalize their roles in dealing with child protection issues.

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

The private sector is a key target of Pamoja Tuwalee advocacy campaign that will engage Tanzanians to view MVC in a different way that would lead to taking increased responsibility for their support. In collaboration with WAMA Foundation, the program advanced on meeting with two potential private companies, namely: Songas Limited and Vodacom Tanzania. The meetings have been originated from the previous introductory meeting.

The engagement of the two private companies at this stage have resulted into the initial stages of PPP process where, meeting with both companies evolved to the next stage of development of concept notes that points clearly possible areas that the mentioned companies could support OVC. Discussions are still underway at this stage; whereby a next stage of agreeing on what exactly the companies would be in a position to support, the modality to deliver the support, drawing of agreement and other steps are expected to feature again in the next quarter.

Much as efforts are done at the national level, there are more efforts at the community level, where our partners have been capacitated in engaging private individuals to support OVC. As a result of that, YAM - Ilala District managed to negotiate with Ukonga Vocational Training Center (VTC) in Ukonga ward, to accept 5 (3M, 2F) older OVC to continue with the training for the second year free of charge (without program school fee). The older OVC are engaged on tailoring and motor vehicle mechanics.

Moreover, YAM managed to influence Sly Tailors, owned by Kisama Ramadhani at Kariakoo in Ilala District to accept four older female OVC to learn tailoring using apprenticeship approach and Kisama is looking at a possibility of employing these youth soon after completion of their training.

1.6. Improve Coordination among and across sector and zones

The program continued to use established structures and identifying new opportunity for improving networking and collaboration among MVC implementing partners. The program facilitated District Implementing Partners Group meetings as well as identification of potential partners to team up for the purpose of providing comprehensive care and support and protection to MVC as detailed below:

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

Provision of comprehensive services to MVC requires networking and clear developed collaboration mechanism among different stakeholders.

In Dar es Salaam, YAM and WAMATA in collaboration with Kinondoni and Ilala Municipal councils identified the following potential partners during this reporting period. Walio Katika Kupambana na Unyanyasaji, yatima Tanzania (WAKUTA), SAFINA from Ilala, Tanzania Sustainable Resources for Community Development (TASURECODE), Pamoja Entrepreneurship Support for Community Development (PESCODE) Umoja Youth AIDS Control & Community Development (TEC&UYACODE) from Ilala.

In Kinondoni, WAMATA identified Glory to God Church at Mbezi Luis, Help Age International, Population Service International (PSI), Champion and Southern African AIDS Trust and MANA Women group from Msasani, New Life in Christ, CFCA, Mtongani Roman Catholic Church, Oil Com companies and KIWOHEDE. Apart from working relationship, these partners were encouraged to be part of the DIPG.

Identification of these potential partners has resulted in 13 (5 Male and 7 female) MVC from Bunju who are in secondary school level to be supported by KIWOHEDE while 10 MVC caretakers have been linked to BOKO vocational training center to pursue candle, soap and batik making.

Other local implementing partners continue to identify potential partners and results will be shared in the next report.

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

Implementing Partners Group at the district level can be referred to as a forum voluntarily organized by key actors in the district who are passionate and/ or involved in care, support and protection of children especially MVC. The priority needs of MVC ranges from education support, health, shelter, protection etc. It is evident that these needs cannot be addressed by one entity. It requires multi sectoral approach whereby different players such as community members, private, public institutions, government and CSOs came together in a more coordinated way for the purpose of providing comprehensive and meaningful support.

During this reporting period, no IPG meeting was held. The major reason was most district council officials were busy with planning and budgeting session though follow up was made by district social welfare officers to ensure that all identified stakeholders fill the inventory template distributed to them in the last quarter.

In Dar es Salaam, YAM participated in child protection follow up training organized by plan international. The training objective was to generate a common understanding among stakeholders and develop clear mechanism for referrals. Other participants of the meeting were Police officers, Resident magistrate, District Social Welfare Officers, Prison officers, Community Development Officers, District Legal Officers and District Education Officers.

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.

Under this objective, the program seeks to strengthen the capacity of MVC households to be able to provide sustainable and quality care, support and protection to their children. To realize this, the program has extensively invested on various trainings to care takers, members of MVCCs, Community Resource Persons (CRPs) and other community members. These trainings were informed by the needs assessment conducted in Dar es Salaam in year one and the findings of the baseline assessment of child wellbeing and needs of MVC conducted in year two.

In this reporting period, the program has constantly witnessed improvement in terms of service delivery particularly on psychosocial support, economic strengthening, food and nutrition, formation and management of savings and internal lending communities/activities (SILC) groups as a result of investment made in people during the last two and half years. Through this objective the following activities were conducted:

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

During the previous quarter the program trained a total of 332 (M162, F 173) out of 845 community volunteers on care taking skills that were drawn from three regions namely: Dar es Salaam, Morogoro and Pwani. During this reporting period, the program conducted a follow up assessment to validate use of skills and knowledge acquired from previous training and determine how the knowledge gained has been translated into viable undertakings meant to improve care and support to MVC and their households.

Overall results indicate increased care and support to OVC and their households through own initiatives and that of community efforts such as OVC funds and group solidarity particularly women. Community volunteers have played a noble role in making sure that program initiatives work for MVC and their households and communities at large.

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

Livelihood security to MVC and their households has remained the key program focus for sustainability of care and support to MVC. Several trainings have been conducted in the past to enable MVC households identify their economic needs, start and manage small businesses and other ventures such as small scale agriculture and home gardening, poultry keeping and form SILC groups. Some of the older MVC have received vocational skills training and linked to job opportunities.

Over the last six months, a total of 6,963 MVC households: Zanzibar (359), Pwani (3,519), Morogoro (849) and Dar es Salaam (2,236) have accessed one or more type of economic strengthening services provided by the program and 375 MVC Caretaker households composed of community volunteers and MVCC members have joined and benefitted from SILC groups: Morogoro (143), Zanzibar (62), Pwani (114) and Dar es Salaam (56).

The cumulative amount of savings through SILC groups has increased from TZS 277,343,300 (173,340 US \$) during last quarter to TZS 379,794,370 (237,371 US \$) representing 37% increase (TZS 102,451,070) registered during this reporting period. SILC groups also contribute to MVC fund that aim to support MVC in terms of basic needs and scholastic materials.

A total balance of TZS 18,152,600 (11,345 US \$) was recorded during December 2012 as compared to TZS 17,693,500 (11,058 US \$) recorded at as end of March 31st 2013 with 3% decline (TZS 459,100) as summarized in table below. The decrease is connected with the amount

of money withdrawn for MVC education support as this reporting period is in line with first semester in which schools re-opens that goes with some contributions. MVCCs are encouraged to raise MVC monetary contributions from SILC groups and/or other sources and spent for the welfare of MVC based on needs.

Similar efforts are organized by other stakeholders such as World Wildlife Fund (WWF) in Mafia District with the focus to promote marine conservation through Village Community Banks (VICOBA) initiative where some of MVC caretakers are active members in addition to SILC activities complementing to the program efforts.

Out of a sample of 42 care givers selected by the program team during supportive supervision, 30 (M 8, F 22) care givers were registered as members of VICOBA (71%) while the remaining 12 (M 1, F 11) care givers were members of Coastal East Africa (CEA) representing 29% implying that, caregivers have free access to several forms of micro finance opportunities that could be wisely utilized to improve their wellbeing and that of their OVC if they are empowered to see and make use of the opportunities as advocated by the program.

In Bagamoyo, a total of 310 (M 92, F 218) care givers are benefiting from economic strengthening activities such as poultry keeping and home gardening facilitated by Bagamoyo District Council through Tanzania Social Action Fund (TASAF) III project.

In Kisarawe District, 30 members (8M, F 22) of Hegea SILC group in Chole ward have managed to establish small businesses that include: Selling kanga, small shop “kiosk” and cassava cultivation.

Some of the active MVC households have started to reap benefits of these initiatives as majority can now afford at least three meals a day, buy scholastic materials for their children and expand their petty business and improve their wellbeing in general.

Table 6: Summary of composition and financial status of SILC group; from October 2012 to March 2013

Region	# of groups	Sex			Member category					Total savings	Contribution for OVC fund
		M	F	Total	MVCs	MVC HH	MVCC members	other community members	Volunteers		
Zanzibar	32	167	753	920	34	252	41	543	21	84,275,500	1,619,300
Dar es salaam	40	153	981	1134	1	296	44	792	12	121,279,200	7,327,750
Pwani	69	504	1303	1777	95	549	87	933	27	86744500	5,956,600

Morogoro	54	371	991	1375	8	307	114	878	41	87495170	2789850
Total	195	1195	4028	5206	138	1404	286	3146	101	379,794,370	17,693,500
% of member categories					3%	27%	6%	60%	2%		

Source: January – March 2013 Quarterly Report

Based on table 6 above, the composition of community volunteers in the SILC groups has remained 2% for the last six months with 3% older MVC and 27% MVC caregiver households participating in SILC activities. The program intends to increase level of participation of direct beneficiaries into such activities as to broaden their opportunities to access loans for micro investments. During this reporting period a total of 22 new groups in 17 wards in 8 districts were formed and raised a total savings of TZS 20,55,770 (US\$ 12,845) and TZS 1,0169,450 (US\$ 730) being contribution to OVC Fund as summarized in table 7 below.

Table 7 New SILC groups established from January to March 2013

Region	# of Wards	# of Groups	Sex			Membership Categories					Total Savings	Contributions to OVC Fund
			M	F	Total	MVCS	MVC HH	MVCC Members	Other community members	Volunteers		
Pwani	7	10	66	185	221	1	81	13	133	4	8,491,800	482,500
DSM	5	6	4	123	127	0	46	5	75	1	2,837,000	368,150
Zanzibar	2	2	17	43	60	0	8	2	50	0	1,644,800	66,600
Morogoro	3	4	20	83	103	0	32	14	56	4	7,549,170	252,200
TOTAL	17	22	107	434	541	1	167	34	314	9	20,552,770	1,169,450

Source: January – March 2013 Quarterly Report

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

During this reporting period, the program continued to track outcomes of the training conducted in the past related to local chicken keeping and home gardening as to establish progress and potential for scale up such initiative within the program area through coaching and mentoring

approach. Below are the few scenarios of what is going on in the field as compiled by our local implementing partners.

2.1.1 Post Local Chicken Rearing and Home gardening Training

During this reporting period, the program was keen to identify more other useful practices in poultry keeping and home gardening in a few selected districts along with other initiatives organized around economic strengthening.

In Pemba, a total of 15 (2M, 13F) care givers have established poultry keeping and home gardening activities while in Unguja a total of 36 (10M, 26F) care givers are doing the same.

Poultry and home gardening do complement each other as both industries depend on one another such that chicken feed on vegetable remains and in turn, home gardens get manure from chicken. Both activities impact on family nutrition and household income.

The program is committed in helping local communities to engage in such activities so as to feed into their income basket and improve livelihood as a pre-condition to increased MVC care and support of their families and the entire communities around the program area.

2.2.2 Other Support services provided to MVC households

Besides the economic strengthening services provided to MVC households, the program through her local implementing partners and community volunteers made available the following: primary health care/education, food and nutrition services/counseling, psychosocial support, care taking skills, legal advice and protection to 17,931 MVC Care giver households as summarized in table 8 below.



Table 8 Summary of Non-Economic services provided to MVC Households : January to March 2013

Region	Number of care givers supported during the reporting period by type of support provided						
	Primary health care	Food and nutrition services	PSS	Caretaking skills	Legal	Protection	TOTAL

Zanzibar	496	444	0	683	0	0	1623
Pwani	1150	1517	1491	1672	220	9	6059
Dar es Salaam	972	472	1430	4112	2236	0	9222
Morogoro	0	0	0	1027	0	0	1027
Total	2,618	2,433	2,921	7,494	2,456	9	17,931

Source: Quarterly Report: January – March 2013

2.2.3 Regular Community Resource Persons (CRPs) Meetings.

During this reporting period the program could only organize CRP meeting in Dar es Salaam region whereby 26 CRPs convened and shared their experience. Establishment of new SILC groups has been slow in some areas especially where VICOBA schemes are strong. While the program sees it as an opportunity to caregivers and other community members, still more SILC groups are needed to be established as they directly contribute to MVC Fund unlike VICOBA which is more of business focus. The program intends to keep on educating care givers to see SILC groups as a double-effect opportunity to their wellbeing while maintaining their membership with VICOBA as an additional option. CRPs in other regions could not convene similar meetings due to funds unavailability.

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

OVC household food security and nutrition has remained one of the priorities throughout our program implementation since food and nutrition are important to every human being. Ongoing interventions such as small scale agriculture, home gardening, and poultry keeping and petty businesses are meant to directly and/or indirectly impact on household food security and nutrition.

Production of own food has always been challenged by (not limited to), inadequate technologies to harvest rain water through conservation practices affordable to poor households in order to intensify food production, increase yield, consumption and income due to prevailing economic vulnerability among MVC caregiver households. Interventions by LGAs and other players like TASAF III boost our efforts to promote high value nutritious food varieties such as leguminous plants and vegetables through home visit and nutrition counseling conducted by our local implementing partners across all 25 districts within Coast zone. Efforts to engage COUSENUTH in our nutrition work is still relevant and discussion is underway. During this reporting period, the program continued to deliver Food and Nutrition services to eligible clients through counseling and linkages whereby a total of 9,037 MVC t and their care givers were reached out as summarized in table 9 below accumulating to 10,885 clients over the last six months - this is 55% achievement of the FY 2013 target of 19,615.

Table 9: Number of Eligible Clients who received Food and Nutrition Services: January - March 2013

Region	Age Distribution by Sex				TOTAL
	Male <18	Female <18	Male 18+	Female 18+	
Morogoro	1280	1409	62	52	2803
Zanzibar	700	682	111	349	1842

Pwani	1963	2041	48	52	4104
Dar es salaam	124	129	6	29	288
TOTAL Program	4067	4261	227	482	9037

Source: Quarterly Report: January – March 2013

The program further identified some few interventions initiated by care givers that aim to contribute to their food security and nutrition through local chicken keeping and home gardening as summarized below.

- In Pwani region, the program had previously trained a total of 1,430 (M 868, F 562) care givers on local chicken husbandry and home gardening in August 2012. A sample of six care givers from Kikundi village in Mkamba ward – Mkuranga district revealed that, all six care givers were raising around 30 local chicken on average against 3 chicken they had before training, a nine fold increase over three months. On one instance, a care givers started with three chicken and currently keeps 36 chicken a multiplier of eleven folds over the same period due to adherence to proper husbandry principles. Out of that stock he sold four chicken for TZS 24,000 (15 US \$) each TZS 6,000 (4 US \$) while another lady who is also raising 30 chicken, sold her seven chicken for TZS 38,500 (3 US\$) at a discounted price of TZS 5,500 per chicken following bulk selling. Part of the income obtained out of this transaction was spent on food, medicine and other necessities for the family.
- In Dar es Salaam , the program conducted home visits to 35 (M 6, F 29) OVC households in Chanika, Ilala, Buguruni, Kariakoo and Vingunguti wards and educated them on how to prepare balanced diet for their families based on age, health condition and type of occupation as each has unique nutritional requirements.
- Similar efforts happened in Zanzibar following training of care givers on poultry management, home gardening and business skills.

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

Pamoja Tuwalee program/FHI360 is one of the key stakeholders in addressing violence against children and gender based violence. During this reporting period, the program continued to raise awareness to its local implementing partners and volunteers to identify, prevent and report on violence incidences across program operational area. As a result of this intervention, a total of 133 (M 15, F 118)³ cases were identified, reported and supported. In the meantime, the program continue to work closely with the Ministry of Health and Social Welfare- Reproductive and Child Health section and other stakeholders to develop the One Stop Center (OSC) guidelines that will be used to operationalize the OSC in Tanzania.

Furthermore, the program participated in the review of the child protection training manual for District Social Welfare Officers currently being developed by the Department of Social Welfare

³ All these child abuses cases were identified and dealt with in Dar es Salaam where the program has facilitated establishment of District Child Protection Team

in the Ministry of Health and Social Welfare. The program also continued to pursue different ways of addressing street children's protection issues in collaboration with Dar es Salaam Regional Secretariat in order to establish evidence that will inform design of interventions geared towards addressing social and health related issues affecting street children in Dar es Salaam and other areas where such situation apply. During the reporting period, the following activities were carried out under this objective:

2.4.1 Facilitate utilization of Child Helpline

The program is committed to use child helpline upon launch by the government. Currently, the process is co-spearheaded by the Ministry of Community Development Gender and Children (MCDGC) in partnership with C-SEMA project. Based on recent discussion with C-SEMA, it was revealed that, the agreement to operationalize the National Child Helpline (116) has been recently signed. Ilala and Kinondoni Municipalities will be among the districts selected for pilot test before scale up as both have the District Child Protection Teams (DCPT) that were formed by the program in collaboration with the government. On same note, the current initiative of establishing OSC at Amana hospital will be an added value during operationalization of child help line.

2.4.2 Pilot One Stop Center (OSC) in Ilala District

Under this initiative three activities were implemented during this reporting period as discussed below:

2.4.2.1 Development of One Stop Center guidelines

The program is making remarkable contribution to establishing one stop center (OSC), both at the National level and Facility level (Amana Hospital). Currently the program is considered by the government as one of the major stakeholders in spearheading establishment of OSC at Amana Hospital as well as providing technical support in the development of the National guideline for establishment of OSC for the health facilities in Tanzania.

As a result of experience gained from working with Amana Hospital on the establishing OSC, the program staff fully participated in reviewing the terms of reference, sharing inputs on the expected model and map out the key steps that need to be taken when one wish to establish OSC. The proposed guideline includes the minimum standard needed to be observed at the health facility before establishment of the center, number of qualified staff to attend the GBV and VAC cases at the health facility and need for proper documentation among others. The guideline has considered our original proposal that, the Hospital Social Welfare Officer should be the coordinator of GBV and VAC cases at the health facility /hospital level.

2.4.2.2 Exchange Visit to Mnazi Mmoja Once Stop Center – Zanzibar

As part of operationalizing OSC at Amana Hospital, FHI 360/Pamoja Tuwalee Program in collaboration with the Department of Social Welfare Zanzibar organized a study visit to OSC and gender and children desk in Zanzibar. An exchange visit involved a total of 15 participants (five from each sector) namely: Health facility staff from Amana Referral Hospital, Social Welfare Officers from Ilala Municipal Council and Police force staff from Police Headquarters, Central Police Station and Sitakishari Police post in Ilala district.

The exchange visit aimed at exploring strategies used in providing comprehensive services to survivors of GBV and VAC and ways to work as a team to ensure adequate and quality service delivery to the survivors. The request for the exchange visit to Zanzibar was proposed in one of the series of meetings that were organized by the program for the purpose of raising awareness among stakeholders as regards to the need to establish OSC as reported in our previous period.

While in Zanzibar, participants had an opportunity to meet with Director of Social Welfare Zanzibar and her team of Child Protection. Also the team held discussions with staff from Save the Children in Zanzibar, One Stop Center at Mnazi Mmoja, Madema Central Police Station and Mwanakwerekwe Police Station and office of the Zanzibar Female Lawyers Association (ZAFELA).

Among the key lessons drawn were high level commitment of the Government of Zanzibar and other key stakeholders in addressing issues around child protection. This was evidenced by having operational Child Protection committee/teams established at National, District and Shehia levels. At the National level, the Principal Secretary for the Ministry responsible for children affairs serves as a member of the National Child Protection Committee involving members from other line ministries.

Key stakeholders such as Save the Children and United Nations Population Fund (UNFPA) had significantly contributed to supporting rehabilitation, furnishing of the OSC and training service providers. It is anticipated that such experience will be helpful to key implementers who will be managing the Center at Amana Referral Hospital.

2.4.2.3 Health and Social Welfare Service Providers training on GBV and VAC

During this reporting period, the program in collaboration with the Ministry of Health and Social Welfare- Child and Reproductive Health section organized a training for Amana and Mnazi Mmoja Hospital health workers and social welfare officers as one of the steps towards operationalization of the Amana OSC.

The purpose of this training was to provide knowledge and competence based skills to Ilala Municipality health service providers and Social Welfare Officers. The training aimed at enhancing the capacity of participants to apply the basic concepts and principles for care of survivors of GBV and VAC cases; acquire appropriate skills needed for provision of services to

GBV and VAC survivors or those at risk; advocate for prevention of GBV and VAC at different levels of implementation; manage referrals of GBV and VAC survivors on time and through appropriate institutions/organizations, conduct monitoring, document and evaluate GBV and VAC service delivery as appropriate.

Facilitators used competency based curriculum to deliver new knowledge to the participants. The tool was developed by the MOHSW to address GBV and VAC cases in line with the National Policy and Management Guidelines for the Health Sector Prevention and Response to GBV and VAC. The training package is intended to train Health Service Providers and Social Welfare Officers to enable them undertake appropriate response that contributes to reduction of GBV and VAC incidences at individual, family and community level.

The program learned that, the Ministry's GBV and VAC training package was unique in the sense that it imparts on knowledge and skills to the participants through practical learning at facility level such that health facility/hospital, trials, pretest and post tests and practical examination during the training were conducted. Out of practical sessions conducted at selected health facilities including Morogoro Regional Hospital, participants learned that, orphans and other vulnerable children are most vulnerable to the violence. Men alike could be victims of GBV from their spouses or other people and in that case the situation seem to be alerting as some medical complaints suggest signs of growing GBV/VAC incidences therefore, screening is important as some are presented as psychosomatic symptoms.

2.4.3 Pilot protection to children living on the street

During this reporting period, the program made a forward step in paving the way to address the street children health and social issues in Dar es Salaam. In the last quarter, the program collaborated with Dogodogo center⁴, Dar es Salaam Regional Administration Secretariat (RAS) and the three Municipalities of Kinondoni, Ilala and Temeke to conduct a rapid assessment on the children begging in the street with their guardians. The assessment was meant to complement the prior assessment conducted by Dogodogo in collaboration with UNICEF that focused on street children in general that could not capture well the street children begging during the day accompanied by their guardians. In this reporting period the report has been finalized and strategy to take the recommendations forward is being worked on.



The assessment involved 332 (M 172, F 160) street children beggars as well as 298 (M 93 F 205) guardians. The final report is being finalized and the dissemination processes has jointly been agreed by Dar es Salaam RAS office, Ministry of Community Development Gender and Children as well as Department of Social Welfare among others. Furthermore, the program intends to develop specific interventions based on the report recommendations and inputs from

⁴ Dogodogo center is a community based organization based in Dar es Salaam that focus on supporting street children to not only access basic services but also facilitate re-unification of street children to their families

stakeholders to contribute to the street children health and social wellbeing in the short term and reduce the increasing number of street children in the long run.

2.4.4 Facilitate Establishment of Community Child Protection structures

The program continues to work very closely with the two District Child Protection Teams established in Ilala and Kinondoni Municipalities. Through supportive supervision and consultative meetings, it has been learnt that more child abuse cases are being identified, reported and abused children are receiving coordinated and user-friendly services.

The availability of user- friendly and coordinated services has created conducive environment leading to more cases that are reported, as such during this reporting period a total of 133 (M 15, F 118) cases were reported as shown in table 10 below.

Table 10: VAC cases reported and Addressed during January – March 2013.

Type of case	Number of Cases Reported by Sex			Implementation Status of reported cases including old cases			
	Total	F	M	In Court	Referred back to DSWO	Under investigation	Closed
Rape	12	12	0	5	0	7	0
Sodomy	9	2	7	2	0	7	1
Physical attack	32	32	0	30	0	2	18
Neglect	67	63	4	3	62	0	3
Sexual Harassment	13	9	4	13	0	0	4
TOTAL	133	118	15	53	62	16	26

Data on table 10 above reveals that, female compose 89% of all reported cases connoting high level of vulnerability when it comes to VAC issues. This is often contributed by cultural background of male dominance that has existed for years and institutionalized in most structures including families. This perception denies female the right to speak out on their issues of concern including their right to live free from all forms of abuse.

The program has recognized this situation and committed to continue collaborating with other key stakeholders in addressing child abuse cases with the special eye on the girl child. Records further indicate that child neglect and physical attack are leading in terms of number of cases reported, calling for intensive work in raising awareness to both caretakers and community members at large.

In other regions, the program continued with awareness raising and training through volunteers to ensure caretakers understand the importance of protecting children and also trained children on how to protect themselves and the importance of reporting abuse cases once they encounter them. In Coast region, the program reached about 657 (323M, 334F) MVC with education on preventing and responding to abuses. These included: 269 (131M, 138F) from Mkuranga; District Council 168 (94M, 74F) from Kibaha Town Council and 220(98M, 122F) from Kibaha District Council.

2.5 Facilitate Access to Community health insurance schemes for OVC households

The program is committed to ensure MVC and their caregivers are provided with adequate and quality health care through Community Health Fund (CHF).

During this reporting period, Pamoja Tuwalee team at regional offices in collaboration with local implementing partners and respective LGAs continued to identify and take the required MVC particulars as preliminary steps towards issuance of CHF cards.

- In Dar es Salaam, both YAM and WAMATA have been working closely with Ilala and Kinondoni Municipal Councils on the possibility of starting TIKA as an alternative to health care financing strategy. Modalities of using TIKA are currently being worked by a team of experts before launch.
- In Morogoro, particulars of 125 OVC (M 85, F 40) from Kilosa and 263 MVC from Mvomero districts were submitted to the appropriate authorities for processing CHF Identification cards. RC Mahenge managed to negotiate with Ulanga District Council to support 500 MVC with CHF. Kilombero District Council facilitated preparation of 200 CHF cards which will be distributed to beneficiaries in the next quarter. In Morogoro Rural a total of 139 MVC and 170 MVC in Morogoro Municipality were identified and will be supported with CHF. Costs of photos to be considered for CHF card has become a burden to some MVC families. As a result , the program has decided to support MVC families that were not able to provide photos due to economic constraints.
- Pwani Region apart from negotiation with the respective government authorities the program continued to sensitize communities and MVCC to link MVC households to potential partners within their villages for their contribution to ensure MVC are enrolled in the CHF scheme. As a result of that strategy, at least 135 VC (M 57, F 78) were supported with CHF by village authorities, individuals and other stakeholders: Mafia -50 MVC (M 23, F 27) and Bagamoyo - 85 MVC (M 34, F 51).

On the other hand health insurance scheme in Zanzibar has continued to be a challenge and the only thing that the program is currently doing is to sensitize volunteers and caretakers to link the MVC with medical requirements to various Government medical centers, while efforts to resolve the matter is underway.

2.6 Link OVC caretakers to comprehensive health and PSS along the continuum of Care

The result of collaboration and networking is much seen successfully when a program is able to identify other stakeholders who have a stake and /or interest on the program and by doing that, the program beneficiaries can be referred to them for other services. Furthermore, linkage with other service providers helps to optimize use of meager resources for long term impact and sustainability of service delivery in the future.

Pamoja Tuwalee Program has been using different forum including community volunteers and DIPGs to identify and link MVC caretakers to comprehensive health care and PSS along the continuum of care. In this reporting period, a total of 22 female MVC caretakers were linked to health education support and 453 (M 129, F 324) were linked to professional psychosocial support at Ilala District in Dar es Salaam. Equally, 3,745 were reached by volunteers and received support on caretaking skills, health education, PSS and Nutrition.

On the same note, the program referred a total of 868 MVC (M 554, F 314) to other service providers across four regions to receive a number of services as summarized in table 11 below.

Table 11: Summary of Referral Services Provided to OVC by Type of Service and Region

Region	Health Care	Food & Nutrition	Education	Shelter	PSS	Clothes	Shoes	Toiletries	TOTAL
Morogoro	1	8	0	0	0	0	0	0	9
Zanzibar	22	0	0	0	0	0	0	0	22
Pwani	2	2	37	5	3	0	0	0	49
Dar Es Salaam	18	207	31	0	0	114	298	120	788
TOTAL	43	217	68	5	3	114	298	120	868

Source: Quarterly Report January – March 2013

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.

During this reporting period, the program through sub grantees and volunteers continued to provide services to MVC and their households directly or through linkages and referrals in an effort to ensure comprehensive service delivery to MVC households as described 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.

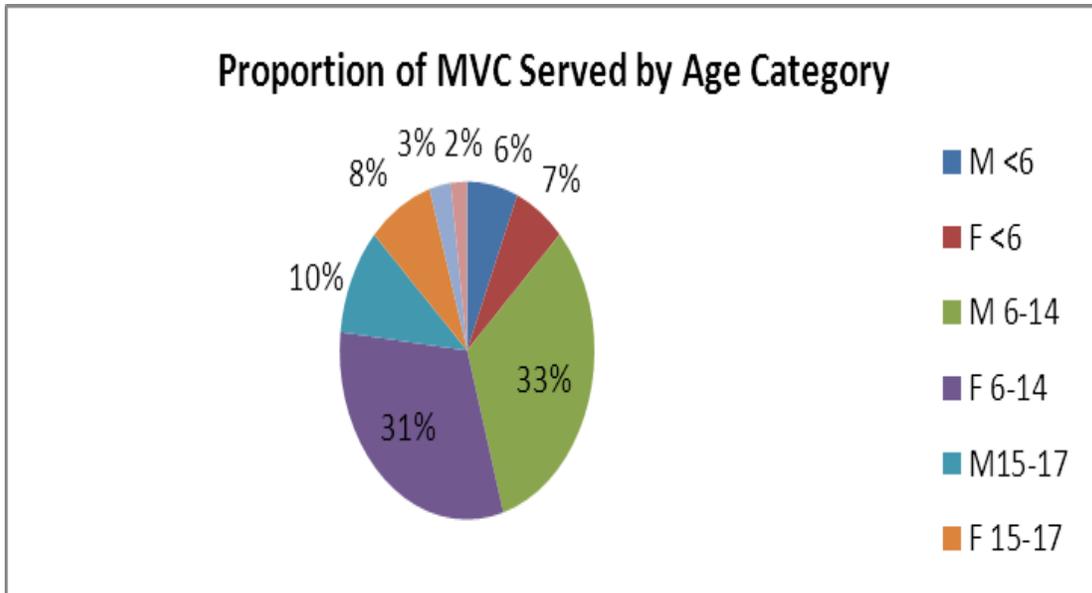
The program reached a total of 32,682 (M 16,743, F15, 939) MVC with at least one core service against 28,940 (M 14,813, F14,127) MVC reached last quarter. This is equivalent to 13% increase and 65% reach of the MVC current in the program. This makes a total of 40,981 (M 21,048, F 19,933) supported by the program over the last six months (October 2012 to March 2013), representing 66% of the annual target of 62,000 MVC. Table 12 below shows number of MVC who were served this period by region.

Table 12 Number of MVC served with at least One Core Service during January-March 2013

Region	Age and Sex Distribution of the MVC served with at least one core service								TOTAL
	M <6	F <6	M 6-14	F 6-14	M 15-17	F 15-17	M 18+	F 18+	
Pwani	853	863	4298	4152	1357	1089	360	273	13245
Zanzibar	243	199	1326	1202	397	400	119	87	3973
Dar es Salaam	836	838	2963	2888	825	828	241	240	9659
Morogoro	79	95	1750	1843	1018	885	78	57	5805
TOTAL	2011	1995	10337	10085	3597	3202	798	657	32682

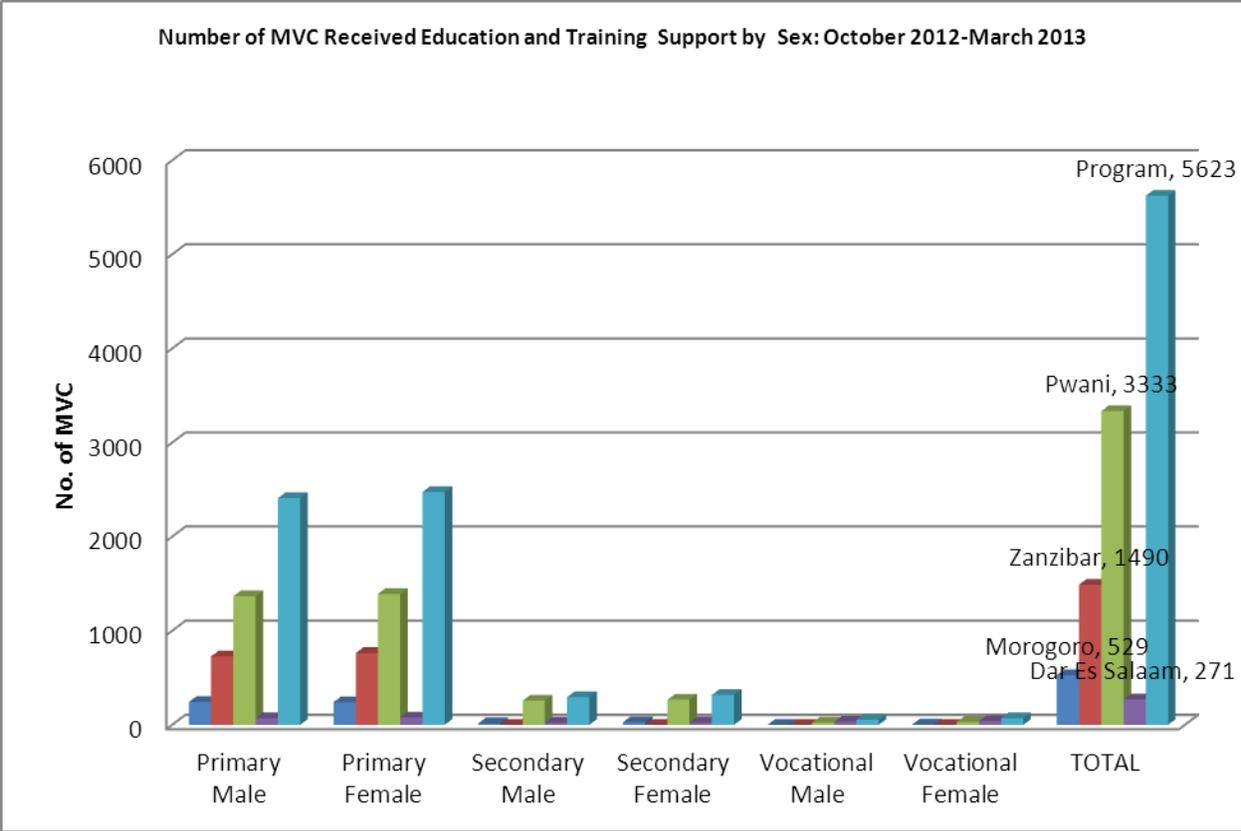
Source: Quarterly Report January – March 2013

Majority of the MVC served were between 6-14 age category - 33% male and 31% female, most of these are in school and took most of services delivered by the program while 18+ were fewer - 3% male and 2% female following graduation from the program as shown in the chart below.



3.1.1 Provision of education support and vocational training

Provision of education and training support to MVC is another program priority so as to prepare MVC to manage their future and contribute to National development once they graduate into adulthood. During this reporting period, a total of 1,955 new MVC were served with education support accumulating to 5623 (M 2758, F 2865) MVC who received education support during the last six months. Much of our support in this area was in terms of scholastic materials, counseling during school and home visits and advocacy to waive some of the fees imposed on students following delays of funds to pay for their school fees. Among those reached in this quarter, 68 of them were served through referrals. The chart below shows the number of MVC served by level of education, sex and region.



Through two MVCCs, 21 OVC (16 M, 5 F) were supported with school uniforms worth TZS 257,000 in Pemba. The same MVCCs were able to lobby for exemption of school fees worth TZS 52,000 for 26 OVC through negotiation with primary school management. Also, contributions worth TZS 247,000 from MVCCs supported 57(25M, 32F) OVC in Unguja with school uniforms and medical care.

3.1.2 Provide Nutritional Support

The program continued to support MVC and their households with food and nutritional support directly or through linkages with other MVC stakeholders. In this reporting period a total of 8782 (M 4,168,F 4,614) MVC were provided with food and nutritional support above last quarter by 60% (5,495 clients) while a total of 10,885 (5163 Male and 5722 Female) were supported during the last six month representing 55% of the annual target of 19,615 as summarized in table 13 below.

Table 13: Number of Client Served with Food & Nutrition Services: January-March 2013

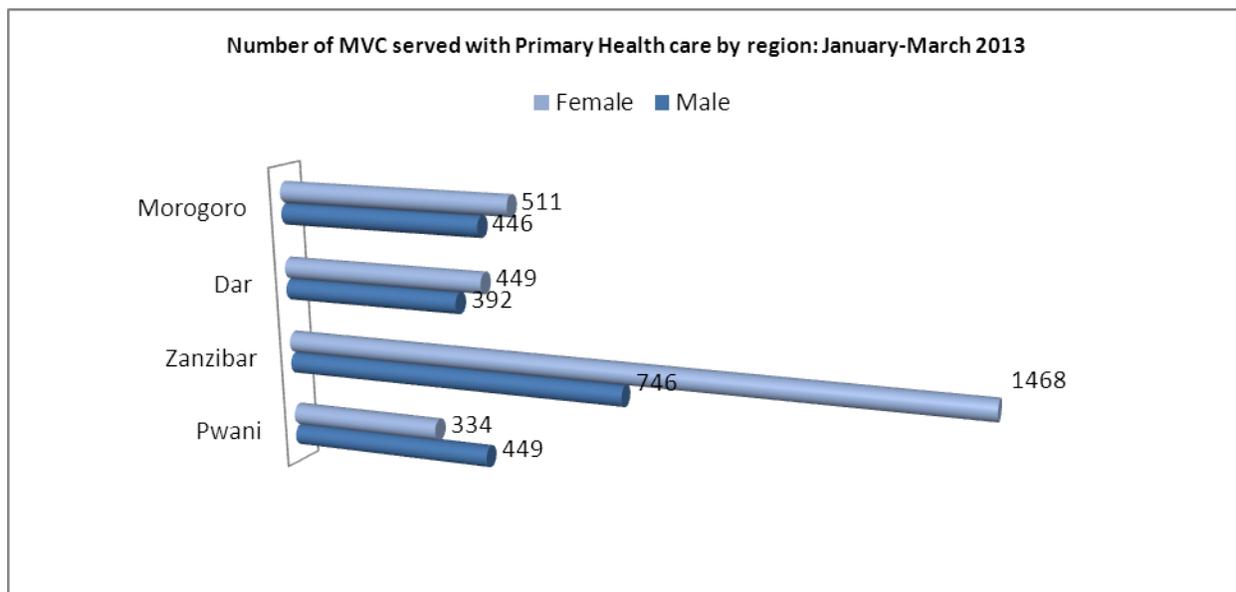
Region	Age Distribution of Client Served with Food/ Nutrition Services by Sex				TOTAL
	Male <18	Female < 18	Male 18+	Female 18+	
Dar es Salaam	124	129	6	29	288
Pwani	1963	2041	48	52	4104
Zanzibar	686	670	111	343	1810
Morogoro	1168	1298	62	52	2580
TOTAL	3,941	4,138	227	476	8,782

Source: Quarterly Report January – March 2013

Much of the services provided to eligible client were in form of counseling and onsite demonstration conducted through home visits and nutrition education sessions with rare support of food items or land for crops cultivation.

3.1.3 Support Access to Primary Health Care

The program has continued to make sure that MVC households get quality health care by all means possible as their basic right. A number of interventions were made through linkage and direct support provided by the program in collaboration with LGAs and Community volunteers and other stakeholders. During this reporting period, the program managed to serve a total of 4,795 MVC (M 2,033, F 2,762) through trainings, counseling and referrals to other service providers. Last quarter a total of 5,251 were served on the same. See the chart below for more details.

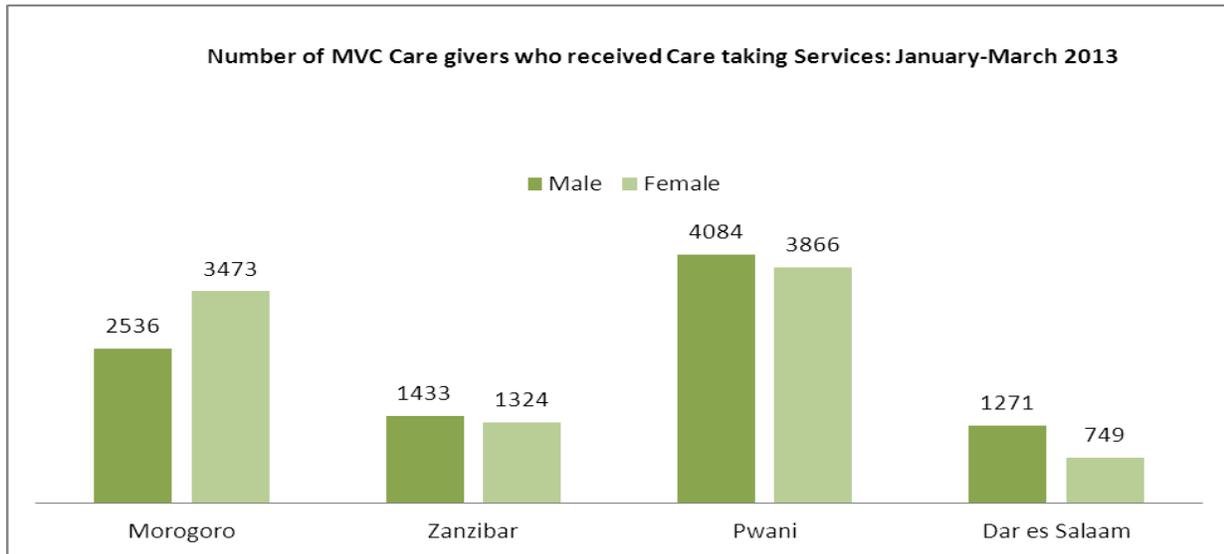


3.1.4 Child Protection

Protecting children is one of the important aspects of the program. To date the program has operationalized two child protection teams in Ilala and Kinondoni and it has yet to establish two as planned. The program has instituted different measures to ensure that MVC are protected as well as other children in our operation area. Per details under activity: 2. 4 and 4.3, 133 (M 15, F 118) abused children have been attended while 657 (M 323, F 334) have been oriented on how they can protect themselves against abuse.

3.1.5 Provide family based care/Psychosocial support

Provision of Psychosocial support intends to help MVC and their households to develop coping mechanism and ultimately build resilience. It also aims at increasing the proportion of MVC who have access to basic psychosocial interventions and services. Children clubs and home visits by community volunteers continue to be a major mechanism used by service providers for provision of psychosocial support. In the last reporting period a total of 15,463 (M 7995, F 7,468) were provided with PSS. During this reporting period there is an increase of MVC who have received PSS by 82 % (3,273) making a cumulative total of 18,736 (M 9324, F 9412).



3.1.6 Support shelter improvement

The program through MVCCs, Community volunteers and Community leaders has been advocating for community members to provide and/or improve shelter of MVC and their households. Community members and other stakeholders have been encouraged to contribute financial or in-kind services such as labor to support MVC households improve their state of shelter using locally available materials. During this reporting period households of 2,067 (M 1,100, F 967) MVC were served as compared to 2,022 (M 1,664 F 958) served last quarter. The program will continue to sensitize and mobilize community members to contribute in improving shelter for MVC households.

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

Whereas the program advocates for community and local government authorities support to children, it also understands the importance of empowering children to contribute to their own wellbeing. Due to these facts, the program continued to empower MVC to take active role in their own care, support and protection because it is essential for their self-esteem and for preparing them to manage the stress and challenges of day to day life. Through the use of age appropriate and gender sensitive life skills education and PSS activities, the program managed to build children strength, such as building their social relations, life coping skills, reducing self-stigma and how to deal with elements of discrimination. These have been observed through field visits when interacting with children themselves as well as feedback from their caregivers. Below are specific activities that were performed during this reporting period under this objective.

4.1: Establish and manage children clubs.

Children clubs continued to be an effective forum for the provision of psychosocial support service to MVC. Community volunteers when interacting with children during club sessions are able to identify children with psychosocial problems and develop appropriate interventions or refer them to the relevant support providers.

In order to strengthen the capacity of volunteers in establishing and managing children clubs, the program conducted training to 250 community volunteers (M 25, F 135)⁵. The training aimed at:



imparting knowledge to the participants on children club concepts and practices so as to help them understand the role of children clubs in meeting children's needs; Guide volunteers and focal persons on how to form children clubs, and build the capacity of volunteers on day to day running of children clubs and supporting children

experiencing problems. The same training will be conducted to Dar es Salaam volunteers in the coming quarter.

The trained volunteers are expected to establish and manage children club by using children club guidebook revised by the program. In this reporting period, 60 new children clubs with 1765 (M 872, F 893) participants were formed.

Thus far, the program has managed to facilitate establishment of 272 children clubs composed of 8624 (M 4260, F 4364) participants as summarized in table 14 below.

⁵ 78 (37 M, 41F), 59 (20M, 39F) and 123 (68M, 55F) volunteers from Morogoro, Zanzibar and Pwani Regions respectively

Table 14: Number of MVC participating in Children Clubs by Sex

Region	No. Clubs	Male Participants	Female Participants	Total Cumulative
Zanzibar	22	314	318	632
Morogoro	75	1326	1347	2673
Dar es salaam	38	526	538	1064
Pwani	137	2094	2161	4255
Program Total	272	4260	4364	8624

Source: *Quarterly Report January – March 2013*

The program made available assorted types of playing materials including footballs and netballs to nine children clubs in Bagamoyo District in order to complement community's efforts in supporting children clubs function and attract children to join and enjoy playing as they grow for their wellbeing.

4.2. Provide age and gender appropriate HIV prevention education

The Guidance for OVC programing (July 2012) and research work on children and HIV/AIDS suggests that education can significantly contribute to improvement in the lives of OVC and their families. Learning opportunities (both formal and informal) can provide students with chances to develop age-appropriate, gender-sensitive life skills and also offer sexuality education based interventions.

This program has continued to devise various approaches to make sure that MVC access useful information on youth reproductive health, HIV and AIDS prevention.

In this particular reporting period, the program made use of different forums including home visits, children clubs and school visits to provide age and gender appropriate education on HIV prevention. At least seven MVC (M 3, F 4) who are HIV+ were reached with HIV counseling through HBC Life program in Mkuranga District while 704 (M 375, F 329) MVC were given HIV/AIDS prevention education in Bagamoyo District.

MVC who received HIV/AIDS education are expected to change their risk behavior, protect themselves and others as they interact with other members of the community including their fellow adolescents who are at risk of contracting HIV. In Dar es Salaam 58 (M 27, F 31) MVC were reached out through children clubs and 79 older female MVC were visited at schools and provided with general health education on HIV prevention, sexual reproductive health and life skills.

Activity 4.3 – Provide counseling support to abused OVC/ who are victims of gender-based violence and training to increase community capacity to assist GBV victims.

As already reported in above, the program in collaboration with the district child protection teams collected data on child abuse and exploitation whereby a total of 133 (M 15, F 118) MVC were recorded in Dar es Salaam region. Most of these cases were recorded at Stakishari police post in Ilala Municipality and dealt with in collaboration with other stakeholders including DSWOs. Ilala child protection team is committed to address child abuse cases through increasing participation of Mitaa leaders, MVCCs and community members to detect, identify and report

such cases for proper action. Within the team, a proper police officer (Christina) has been assigned to deal with child abuse cases on day to day basis.

Christina is also the head of children and Gender Desk within Sitaki Shari Police Post, since she was assigned to the task, she has managed to change the general perception among community members and client on the way people view police officers following a national campaign to change the image of police through neighborhood watch system and become more user friendly to civilians. Once the child abuse cases is reported, she coordinates with DSWO and other stakeholders including Pamoja Tuwalee to ensure that the abused child is provided with services while ensuring the right action is being taken against the perpetrators.

In Kinondoni district, the program continued to raise awareness among stakeholders on preventing and responding to child abuse issues. The result of this effort has been vivid in some areas. For example, two volunteers and few members of MVCC in Mtongani Street jointly supported the guardian of a raped child to take up the case in collaboration with WAMATA/Pamoja Tuwalee staff and Kinondoni DSWO who referred the survivor to the hospital for PEP and reported the case at Kunduchi police station whereby the perpetrator was arrested. WAMATA and the volunteers are currently providing counseling to that child while the case proceedings continue.

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

Pamoja Tuwalee program has continued to conduct diverse interventions focusing on mitigating barriers that increase vulnerability to HIV and other problems that face MVC with disabilities. In addition to the identification process of the MVC with disabilities in the program, community volunteers with support from the program conducted several home visits to establish socio-economic condition affecting their wellbeing and provide information on their rights and HIV/AIDS protection messages. Through such visits, MVC guardians have also benefitted from such information.

During this reporting period a total of 54 (M 32, F 22) MVC in Zanzibar with their respective caretakers were provided with information on the rights to education, health, child protection and prevention against HIV and AIDS.

Partners in Dar es Salaam were able to visit 29 (M 12, F 17) MVC and information about their rights and HIV/AIDS was provided.

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

Birth certificate is one of child's basic legal rights which enable them access other essential services and opportunities, including health, education, legal services, and legal employment when they become adults. Pamoja Tuwalee program continues to advocate for MVC registration across program area.

During this quarter, the program continued with its efforts to negotiate with the government on fee reduction from TZS 10,000 to TZS 5,000 (6 US \$ to 3 US \$) so as to make registration cost

affordable to MVC as a temporary measure to fasten the process while the government works on the main strategy to provide free or subsidized birth certificates to children.

In the meantime, Pwani region managed to submit a list of 966 MVC who are eligible for birth registration to the government and obtained birth certificate registration forms to be filled-in with MVC particulars. Community volunteers were tasked to support caregivers in filling the forms and return to the program for submission to the government by next quarter.

On the same move, 150 MVC in Pemba were identified with no birth certificates. The process to obtain birth certificates by our partner organization in Pemba is underway. During this reporting period, registration fee amounting to TZS 145,000 (91 US\$) was paid for 29 MVC to obtain registration forms. Also, progress was made in Unguja whereby TZS 125,000 was paid to district registrar and obtain birth certificates for 5 OVC (M 2, F 3) at a cost of TZS 25,000 (16 US\$) each.

In Morogoro region (Morogoro Rural and Morogoro Districts), a total of 91 (M 38, F 53) got their birth certificates at a cost of TZS 248,000 (155 US\$). The program through local implementing partner managed to negotiate the fee reduction with both LGAs where registration fee for the under six age (< 6) was approved for TZS 2,000 (1 US\$) per OVC cumulating to TZS 44,000 (28 US\$) in favor of 22 MVC and TZS 5,000 (3US\$) per MVC aged above six years cumulating to TZS 204,000 (128 US\$) for the remaining 69 MVC.

In Bagamoyo district, a total of 56 MVC (M 24, F 32) got birth certificates following linkage with Bagamoyo Development Organization (BADO) initiated by the Pamoja Tuwalee staff at Kibaha regional office. Such collaboration is highly appreciated and will be nurtured in other program areas.

In Dar es Salaam region similar efforts with DSWOs and LGAs at ward and Mtaa level is underway, currently caretakers with help from community volunteers are filling-in the registration forms and taking photographs of respective MVC as part of the requirement before certificates are issued.

MEETINGS ATTENDED

Most Vulnerable Children Implementing Partners Group and Child Protection Working Group

The program continued to contribute towards MVC coordination efforts at national level through attending important meetings as well as providing inputs on relevant instruments. The program submitted monthly updates as part of sharing the program activities to all members of the MVC implementing partners group. Through the child protection working group, the program staff not only participated in the review of child protection training package but also provided inputs during the validation of that package at the meeting organized by the Department of Social Welfare in collaboration with UNICEF. The developed child protection training package is a

specific training for District Social Welfare Officers aiming at building their capacity to address Violence Against Children.

Police Partner Coordination Group

In this quarter, the program participated in all three monthly meetings organized by Tanzania Police Force (TPF) under the Ministry Home Affairs. The main focus has been supporting the TPF in its preparation of the Medium Term Expenditure Framework. The stakeholders' interest has been on how the police can ensure child protection issues are being integrated in MTEF. The plan includes establishment of 200 drop in Centres to track gender and child abuse cases at Wards and Shehia level; strengthening the capacity of police officers to respond to GBV and VAC cases among others.

Pamoja Tuwalee Implementing Partners

On quarterly basis the program join the other Pamoja Tuwalee Implementing Partners to share experiences and updates on the progress on implementation of the program. During this quarter, the major topics discussed included how can Pamoja Tuwalee program roll out the National Child Protection System within the NCPA II Framework. The discussion was led by UNICEF in which the partners had the opportunity to learn further the activities entailed and the minimum standard for establishment of District Child Protection Systems. Based on the importance of this aspect, the members requested further discussion to be informed in depth. Another topic of interest was the change that has been effected in the PEPFAR reporting system- PROMIS. Lastly the team had a presentation from TFNC and FANTA III project, that provided the opportunity to members to understand clearly the roles of NACs for all MVC households being supported by Pamoja Tuwalee partners.

One Stop Center Technical Working Group

This is a newly established group that has been established by the Child and Reproductive Health Section of the Ministry of Health and social welfare that aim at coordinating partners aiming at establishing one stop center at health facility. To date the members have synchronized the areas of operation. For example, before coordination meetings, MEWATA had planned to establish OSCs at Amana Hospital, Mwananyamala and Temeke Hospitals, however having discussed with us through this technical working group, MEWATA agreed to leave Amana Hospital to Pamoja Tuwalee program/FHI360. Members of the group include UNICEF, UNFPA, Save the Children, Marie Stops, MEWATA, PACT and government departments.

Monitoring and Evaluation working Group

During this period, our staff attended a two day meeting which was organized by the DSW in February 2013 as a follow up of the MVC M&E System Assessment & Strengthening Workshop conducted in September 2012. The purpose of the meeting was to share feedback on the findings from the twelve components assessed and develop priority action plan for each component towards development of a national MVC M&E System for NCPA II. The meeting was facilitated by MEASURE Evaluation and attended by participants from Line ministries: Education, Labour,

Health, Community Development & Home Affairs (Prisons) and DSW – the organizer; Implementing partners: Africare, DAI, FHI 360, BALM in Gilead, PASADA and MEASURE Evaluation; and UNICEF representing UN system.

The MVC M&E Technical Working Group contributed to roles and responsibilities of the National Implementing Partners Group (IPG) that coordinate and facilitate implementation of MVC activities.

CHALLENGES

- Some activities from last quarter could not be implemented according to the plan due to delays of fund

PLANNED ACTIVITIES

- Conduct supportive supervision in both program coverage areas
- Conduct care taking skills training for community volunteers
- Conduct second phase training to actors of one stop center which will include the SWO and police
- Engagement of new sub grantees in both Kibaha and Bagamoyo
- Conduct MVCC capacity building training in Dar es Salaam Region
- Convene semi -annual staff meeting
- Train MVC caretakers on livelihood
- Attend validation of OSC guidelines meeting
- Continue joint monitoring of program economic interventions with DAI – IMARISHA
- Continue participating in Police Partner Coordination Group Meeting

SUCCESS STORIES

SUCCESS STORY: ONE

Curbing Vulnerability through Income Generating Activities – A Learning Example from Lucy Nyambele

Lucy Nyambele (38 years old) lost her beloved husband (the late Moses Mafuru), in a car accident in 2007. She was left with five children, currently aged and occupied at: James (16 years old) - Form III, Aboubakary (14 years old) - Form I, Gillian (11 years old) - STD V, Abdulkadir (8 years old) –STD II, and Bahati (6 years old) – Preschool. Lucy was lucky to complete form four secondary education at Makongo Secondary school in 1995.

Following the death of her husband, Lucy and her children had no reliable means of living thus decided to move the whole family to her mother in Vikongoro – Chanika, Ilala district for survival. Lucy’s mother (Monica 67 years old) was engaged in small farming activities and she tried to support Lucy and her children through this activity though it wasn’t enough to meet diverse needs of herself and her children.



Two years later, Lucy decided to go to her aunt - Mariam (49 years old) who lives in Kinondoni district and an expert in arts and crafts activities to learn from her how to make necklaces and other small decorating objects using beads and sea shells as to boost her income.

“When I manage to pay school fees and meet required materials for my children, I feel happy” Says Lucy Nyambele., I’m grateful for the support

She worked with her for a couple of months until she could manage to produce quality products. Thereafter, Mariam helped Lucy to link with her customers so that she could easily make business, take new orders and grow faster. With money she earned out of this business, Lucy could slowly afford basic and education needs of her family in addition to

little support she used to get from her mother.

During MVC Identification process conducted by YAM with technical support from Pamoja Tuwalee/FHI 360 staff in Vikongoro Street in 2011, Lucy was lucky to be appointed by the

community members to join their MVCC and later, appointed to serve as community volunteer. This new role could not stop Lucy from doing her business, but rather triggered her curiosity to explore other opportunities of expanding her business while serving MVC and MVCC.

Through discussion with community resource person (CRP) based in Chanika, she was moved by the advantages of joining SILC group - one being direct connection to MVC support as compared to VICOBA where she had tried before. Given that situation and the need to grow her business, she decided to mobilize other members to form and join Chanika SILC group. Records show that, she was the first person to join the group and bought shares.

On 21st June 2012, Lucy took the first loan of TZS 30,000 (US \$ 19) which she spent on buying additional beads for making necklaces. She slowly expanded her business as she was able to purchase more materials and make more products to satisfy her customers. Her business trend shows that, before joining SILC group and getting loan, she could manage to make 3 necklaces per day each costing TZS 3,000 (US \$ 2) generating TZS 9,000 (US \$ 6) per day as gross income on average. Today, Lucy is able to produce 7 necklaces at TZS 21,000 (US \$ 13) per day and compounding to around TZS 600,000 (US \$ 375) per month on average depending on the market forces.

In addition to that, Lucy identified another business opportunity of buying and selling soap and washing powder within her neighborhood as to supplement her income. Out of this business, Lucy earns a profit TZS 10,000 (US \$ 6) from a sack of 25kgs which last for two weeks to get sold - off, suggesting an income of TZS 20,000 (US \$ 12) per month from this business window.

In 2012, her second born Aboubakar (14yrs) was selected to join Buyuni Government Secondary School for further education. On 3rd January 2013, Lucy took a loan of TZS 350,000 (US \$ 219) at an interest rate of 10% to pay for his school fees and buy other necessities for her child while her SILC group using OVC fund, made additional support of TZS 45,000 (US \$ 28) for buying exercise books and uniforms of the same child. Currently, Lucy is still living with her mother but she has already bought a land plot for TZS 800,000 (US \$ 500) in Chanika where she is committed to construct her own family house.

SUCCESS STORY: TWO

Attaining Family –Self Sufficiency through Petty Business - Life Experience from Bi Mafunda

Bi. Mafunda Juma (50 years old) is a widow of three children namely: Fahima Saleh Mohamed (16 years old) – Form two student, Abrahaman Saleh (12 years old) – STD. 1V student and Sulhia Saleh Mohamed (8 years old) - STD I student. Bi Mafunda like several women and men in Pemba had no opportunity to attend formal education but through survival rule, she had to struggle to make ends meet and keep her family in healthy and good condition through subsistence small hold farming following death of her beloved husband - the late Saleh Mohamed in 2005.



In 2010, Mafunda's three children were identified as MVC through the MVC identification process conducted by Pamoja Tuwalee/FHI 360 program in collaboration with Social Welfare Officers in Chake Chake district, Pemba and local Shehia leaders. Since that period, all three MVC and their mother were taken care by the program in order to ensure adequate and quality care and support delivery for their wellbeing. Bi Mafunda, felt the need to struggle more, as support provided by the program could not fully meet their needs and would not be there forever.

Bi Mafunda heard about SILC groups and the way they work in the communities during community sensitization meetings which were conducted by the program.

On June 3rd 2012, Bi Mafunda decided to join Tusaidiane SILC Group based in Wawi, Chake Chake where Bi Mafunda and her children stay. Bi Mafunda joined the group with just TZS 5,000 (US \$ 3) being value of five shares @ TZS 1,000 by then (Now TZS 2,000 per share) and slowly increased her savings to TZS 235,000 (US \$ 147) as of current. Her capital grew faster when she decided to take a loan of TZS 120,000 (US \$ 75) and invest in making and selling burns where she earns TZS 8,000 (US \$ 5) per week as net profit. In the past, before embarking on this business she could hardly earn TZS 2,000 (US \$ 1) per week as cash income obtained from other sources including selling of seasonal green vegetables.

During interview with Bi Mafunda, she further claimed that, she had already paid TZS 40,000 (US\$ 25) for school uniforms for her two children and is going to pay TZS 17,000 (US\$ 11) as school fees for Sulhia and Fahima when schools open, also use the remaining amount to buy school uniform for Abrahaman.

Bi Mafunda was lucky to attend home gardening training that complement her small business. Tusaidiane group consists of 30 caretakers who experience economic hardship with their families and strive to support their children with basic needs and other endeavors including education. Bi Mafunda dreams to upgrade her current muddy house into cement bricks and open a small shop

in the near future. *“Thanks Pamoja Tuwalee program and WAMATA Pemba for bringing me and my family where we are today”* she said.

SUCCESS STORY THREE

Helping Older MVC Live their Dreams through Public Private Partnership

Pamoja Tuwalee/FHI 360 Program strive to facilitate public and private companies/institutions to participate in care support and protection. It is in this spirit that the program in collaboration with her local implementing partner (YAM) in Ilala district identified vocational training opportunities for older MVC who were about to graduate from the program. Among these, are vehicle mechanics and tailoring offered by the private sector in the district.



With negotiation, Ukonga Vocational training center and Sly Tailor shop at Kariakoo, agreed to support some MVC with knowledge and skills through their training centers free of Charge.

Currently, Ukonga VTC is hosting four MVC (3M, 1F) and Sly Tailor Shop is also hosting four Female MVC, one being Halima Ally (Pictured above). *“We are three in our family... I live with my mother only, the rest of the siblings are neither in school nor working. I thank God that this program has availed an opportunity for me to get vocational skills. I pray and my dream when I complete, and if supported with a sewing machine, is to employ myself and therefore support my family”* Said Halima.

As part of their corporate social responsibilities, the two firms have committed to offer training opportunities to MVC who are linked to them by the program. In this quarter the tailoring center recruited two more and the manager is ready to support more. *“I have already informed YAM that, I am going to employ two out of the four older Female MVC once they complete the training... I wish I could have a bigger space so that I would employ all of them, but I am thinking of introducing work shift so that I can hire more staff in the future... However, I am ready to offer more training opportunities especially for MVC if resources allow”*. Said Kisama Ramadhani, owner of Sly Tailor shop. During interview with the two service providers, they recognized the fact that, MVC are among many children in Tanzania who missed the chance to pursue further education after completion of primary school. Helping those to help themselves in the future is a strategic decision that will bring ever lasting impact on their lives.



The VTC training is tailored for one year whereby, the four MVC are expected to join the private mechanics workshops upon graduation and slowly upgrade to higher technical grades as they gain experience and undertake relevant tests. **“We are keen to see that those who complete their training here get employment through networks and experience on the ground”** Said Samwel Wagunya, the VTC Principal. The program does promote inclusion of meaningful MVC support in their social responsibility strategies and action plans through identification, engaging and retaining public and individual private firms in a way to attain comprehensive care and support for MVC and their households.