

PamojaTuwalee



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FAMILY HEALTH INTERNATIONAL

PAMOJA TUWALEE PROGRAM – COAST ZONE

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Quarterly Performance Narrative Report

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CPWG	Child Protection Working Group
CRP	Community Resource Person
CSO	Civil Society Organization
DCDOs	District Community Development Officers
DCPT	District Child Protection Team
DED	District Executive Director
DIPG	District Implementing Partner Group
DMO	District Medical officer
DSW	Department of Social Welfare
DSWO	District Social Welfare Officers
GBV	Gender Based Violence
FHI 360	Family Health International
HACOCA	Huruma AIDS Concern and Care
HIV	Human Immune deficiency Virus
IPG	Implementing Partners Group
LGA	Local Government Authority
MCDGC	Ministry of Community Development Gender and Children
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
SILC	Savings and Internal Lending Communities
TASAF	Tanzania Social Action Fund
TZS	Tanzanian Shillings
UNICEF	United Nations International Children's Emergency Fund
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
WAMA	Wanawake na Maendeleo (Women and Development)
WAMATA	Walio Katika Mapambano ya Ukimwi Tanzania (Fight against HIV and AIDS)
YAM	Youth Alive Movement
ZAMWASO	Zanzibar Muslim Women Association to Support Orphans
ZCPA	Zanzibar Costed Plan of Action

EXECUTIVE SUMMARY

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

The program continues to succeed in mobilizing government stakeholders, community members and the private sector to support MVC and their caretakers. During this reporting period a total of TZS 25,199,600 (US \$ 15,750) were mobilized across the program's three regions and Zanzibar from non program sources, for a cumulative total of TZS 33,906,100 (US \$ 21,192) in this FY 2013. The resources mobilized were used to support 2,196 (Male 1,104 and Female 1,092) MVC. This has been achieved as a result of the investments made by the program in Local Government Authorities (LGAs), private sectors, target communities and their local structures through trainings, coaching, mentoring and lobbying.

To contribute to objective two, which aims to increase the capacity of households to protect, care for and meet the basic needs of MVC, more community members were sensitized to join SILC groups in addition to other economic strengthening initiatives implemented by the program. A total of 22 new SILC groups, composed of 532 (152 males and 380 females) were established. These new SILC groups generated total savings of TZS 28,738,900 (US \$ 17,962) and contributed TZS 2,232,250 (US \$ 1,395) towards the establishment of MVC funds. This makes a total of 238 SILC groups established to date composed of 6,333 (Male 1,453 and Female 4,880) with total savings of TZS 566,612,320 (US \$ 354,133) and MVC Fund TZS 36,815,250 (US \$ 23,010). As a result of SILCs and other economic strengthening support provided by the program, there is notable improvement in income generation in the MVC households. For example, about 614 MVC were supported by their caregivers with school and basic material support, something that could not be done when the program started.

Through objective three a total of 39,136 MVC (Male 20,146 and Female 18,990) received at least one core service during this reporting period, representing 63% of the annual target (62,002 MVC), and surpassing the number of MVC provided with services last quarter (32,682).

The program continues to protect and empower MVC through children clubs and community sensitization. To date about 373 children clubs have been established benefiting 11,812 children (5,761 males and 6,051 females) with life skills, HIV/AIDS information, self-protection and reliance and psychosocial support. Furthermore, the program has supported 100 out of 121 new Gender Based Violence (GBV) and Violence Against Children (VAC) cases through initial counseling, referral to health care and legal aid.

REGIONAL IMPLEMENTATION REPORT

INTRODUCTION

Pamoja Tuwalee is a five year program implemented from 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). It 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, and Unguja and Pemba in Zanzibar. The 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 the Indian Ocean on the East Coast and the regions of Iringa, Dodoma, Tanga and Lindi on the other sides in Tanzania mainland. Unguja and Pemba are islands of Tanzania Zanzibar, surrounded by the Indian Ocean. The program's target was to cover all 26 districts in the Coast zone. However, it was noted later that, PASADA who is a major partner and receives funds from USAID operates in Dar es Salaam. Hence, it was agreed that Temeke Municipal be taken care of by 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, this suggest an estimate of 4,582,488 children in the Coast zone.

HIV and AIDS prevalence is highest in Dar es Salaam at 6.9% compared to 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% prevalence². HIV/AIDS has multiple adverse effects on Tanzania's society in all socio-economic arenas leading to economic instability and leaving many children as orphans.

During this reporting period the program reached a total of 39,136 MVC (20,146 males and 18,990 females) with at least one core service, representing 63% of the annual target (62,002 MVC), and exceeding the 32,682 MVC reached last quarter by 6,454 MVC, which is equal to a

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

20% increase. To date, the program has enrolled 63,621 MVC of which 52,104 are still in the program.

Table 1: Program Geographical Coverage and MVC Reach

Region	Dar	Coast	Morogoro	Zanzibar	Total
Total # of Sub grantees per region	2	3	3	2	10
Total # districts	3	7	6	10	26
Total # of districts reached	2	7	6	10	25
Total # of wards in the covered region	60	114	177	509	860
# (%) wards covered 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	11,082	37,206	11,370	3,973	63,621
# (%) of MVC in the program: April– June 2013	10,697	27,713	9,721	3,973	52,104
FY 2013 targeted # of MVC	10,248	31,497	15,695	4,562	62,002
# (%) of MVC served: April to June 2013	10,697(104%)	15,972(51%)	8,494(54%)	3,973 (87%)	39,136 (63%)
MVC served: disaggregated by Sex: April – June 2013					
Male	5,426	8,353	4,270	2,097	20,146
Female	5,271	7,619	4,224	1,876	18,990
MVC served: disaggregated by Age: April – June 2013					
<6 years	1,347	2,050	339	447	4,183
6-14 years	5,412	10,693	5,098	2,480	23,683
15-17 years	2,406	2,684	2,924	814	8,828
18+ years	1,532	545	133	232	2,442

As of the end of this reporting period (June 2013) the program has enrolled a total of 63,621 MVC. This is higher than the 61,497 MVC recorded at the end of FY 2012 in all 25 districts, by an additional 2,124 MVC representing a 3.5% increase. In the Dar es Salaam region the program has already reached and exceeded its annual target of 10,248 for FY 2013 by 4%, reaching 10,697 MVC to date. The program is committed to increase the enrollment of additional MVC in the remaining regions and Zanzibar so as to reach the FY 2013 target of serving 62,002 MVC by end of this fiscal year.

PROGRAM ADMINISTRATION AND MANAGEMENT

Staffing

During this reporting period, the management tried to create conducive working environment for the staff at all levels in order to promote labor productivity and mitigate staff turnover despite of delays in fund disbursement. This was attained through sharing constant feedback with CSOs on the funding situation and encouraging them to mobilize additional resources from potential sources including LGAs, local communities and firms in order to complement program efforts and sustain service delivery to MVC and their caretakers. This resulted in uninterrupted services to MVC and high level of staff commitment as well as community members.

Funds Disbursed to Partners

The program continued to work closely with her partners. With funds disbursement, a number of capacity building activities were accomplished as stipulated under objective 1.4. A total of TZS 235,167,659 was disbursed to all 10 Sub grantees in coast zone as summarized in table 2 below.

Table 2: Fund Disbursed to Sub grantees and Expenditure from April to June 2013

Sub Grantee	Funds Disbursed (TZS)	Expenditure (TZS)
Faraja Trust Fund	16,311,000	19,363,500
Roman Catholic Dioceses of Mahenge	19,264,400	28,580,500
Huruma Aids Concern and Care (HACOCA)	15,825,000	20,547,950
Kifaru Community Development in Tanzania (KICODET)	21,305,912	24,747,275
Baraza la Misikiti Tanzania (BAMITA)	11,525,000	12,980,847
Jipeni Moyo Women and Community Organization (JIMOWACO)	29,849,130	26,413,769
Roman Catholic Archdiocese of Dar es Salaam (YAM and Mafia Parish)	15,798,992	24,215,240
Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	34,541,500	20,489,700
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	35,139,625	16,423,125
Zanzibar Muslim Women Association to Support Orphans (ZAMWASO)	35,607,100	14,799,300
Total	235,167,659	208,561,206

As portrayed in the table above, sub grantees expenditure was 70 percentages of the available funds which shows increased burn rate that resulted in close and regular coaching as well as mentoring by our grants team.

As indicated in the previous quarters, the program issued a termination notice to KICODET due to non-performance and non-adherence to the program policy and procedure. KICODET disputed the termination and took the matter to the arbitrator. The proceedings have started, the Award (judgment) is expected within three months. On the other side, the program has continued to deliver services to all MVC in the three districts that were served by KICODET in collaboration with the DSWOs, MVCC and volunteers. The process for recruitment of the new

sub grantees is at the final stage pending contract signing that could not be effected before due to funding delays. The work plan has been developed and concurrence from USAID has been acquired.

Planning and Budget meeting with new sub grantees: During this reporting period the program organised and facilitated a planning and budgeting meeting with two new sub grantees (PAYODE and CVM). The two implementing partners come on board following termination of KICODET effective April 30th 2013. Some of the topics discussed during this meeting were the program overview, Key Program Indicators and guidelines (Donor, National and Program) among others.

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.

The program continues to increase its efforts to strengthen the capacity of MVC households, community members and Local Government Authorities (LGA) to increase care, support and protection for MVC and their households. Efforts also aim to ensure the sustainability of service provision to MVC and their households during and after donor funding. Through various strategies, the program continued to strengthen the capacity of, Most Vulnerable Children Committees (MVCC), Community volunteers and Local Government Authority to be able to provide services according to the needs of MVC. Inter-sectorial coordination, community mobilization, capacity building and quality assurance are the strategies we are implementing to ensure sustainability of services. Below are specific activities for this reporting period.

Activity 1.1 Mobilize support for OVC through advocacy campaign

In this reporting period we have noted a positive response from the community, private sector and other stakeholders in giving support for MVC. This has been achieved as a result of the program's mobilization and advocacy campaign initiatives. Since WAMA could not deliver as expected in the previous quarters, the program used other strategies such call to councils through DIPs and community awareness through MVCCs to ensure community and private sector contributions to the wellbeing of MVC.

During this reporting period a total of TZS 25,199,600 (US \$ 15,750) was mobilized across three regions and Zanzibar for 2,196 (Male 1,104 and Female 1,092) MVC and their caretakers from different community groups i.e. the MVCCs, the community-led saving groups (SILC), religious institutions, individuals, and district councils. This is an increase of 75% from last quarter in which the contributions amounted to TZS 8,706,500. It is through these contributions that MVC received food, mattresses, mosquito nets, medical services as well as payment for school fees, school uniforms and scholastic materials. This bring a cumulative record of support worth TZS 33,906,100 (US \$ 21,192) given to 3,168 MVC (Male 1,566 and Female 1,602). This was achieved as a result of the investment made by the program to Local Government Authorities (LGAs), private sectors, target communities and their local structures through trainings, coaching, mentoring and lobbying.

Apart from monetary support, some village councils i.e. Mlingotini village at Bagamoyo, Mkerezange village at Mkuranga, Kimamba A village at Kilosa have given land for MVCCs to cultivate food for MVC, all at the size of half an acre each.

Following lobbying and advocacy efforts at District level through DIPGs and SMS Mtandao method to District Executive Directors done in the reporting period, there has been gradual increase in the allocation of resources budgeted for MVC and new plans to support MVC in the District Medium Expenditure Framework. However, most of the districts are at the final

adjustment on their general plans as they start the new financial year 2013/2014. In this reporting period we were able to get information from Ilala and Kinondoni municipal councils where TZS 30,000,000 and TZS 78,000,000 have been budgeted and approved respectively compared to lesser amount that was approved in the last financial year. I.e. TZS 15,000,000 in Ilala and TZS 32,000,000 in Kinondoni. The program expects to receive more information on budget allocation in the next quarter.

As more advocacy campaign work is underway, we see increasing understanding of community awareness of Pamoja Tuwalee philosophy of calling each and every one to be responsible in supporting MVC. In the course of implementation we have learnt that networking, collaboration and economic strengthening are good ingredient for the intended result (support for MVC) to happen.

Activity 1.2 Strengthen LGAs' Capacity to implement the NCPA II/ZCPA

The program continued with its efforts to strengthen the capacity of Local Government Authorities at different levels. After participating fully in the development and launching of NCPA II, the program made tireless efforts to distribute copies of NCPA II to all Pamoja Tuwalee operational districts. In this reporting period a total of 200 copies of NCPA II were distributed to District Executive Directors (DEDs), District Social Welfare Officers (DSWOs) of Morogoro, Coast and Dar es Salaam. Below are further details on the specific activities implemented during the reporting period.

1.2.1: Provide TA to LGAs during their annual planning and budgeting process and advocate for increased MVC support.

The program continues to participate in pre planning and planning sessions for the purpose of advocating increase of resources for MVC. Approved budgets (2013/2014) for Ilala and Kinondoni municipalities have shown allocation/improved allocation of MVC funds as stated under 1.1 above. Additionally, WAMATA participated in a Kinondoni Municipal Council stakeholders meeting that aimed to raise TZS 240 Million for building hostels to support MVC girls in Kinondoni district.

Though the budgeting sessions for the FY 2013/2014 concluded in this reporting period, most of the districts are still adjusting and realigning their budgets with the district demand and priorities. Hence, they were not able to share the confirmed budget allocated for MVC support versus the amount requested.

The program has also used other established forums such as District Implementing Partners Groups (DIPG) Meetings, heads of department forums to advocate for allocation of more resources to support MVC.

In Zanzibar, where Local Authority structural reforms are taking place, the program has continued to encourage the Department of Social Welfare in Unguja and Pemba to share sector plans and reports with respective districts as well as encourage districts to provide support to MVC whenever possible.

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

After participating in the official launching of the NCPA II in Dodoma last quarter, and distributing a few copies of the newly developed NCPA II, the program scaled up the exercise to the remaining districts during this reporting period. As already mentioned above, a total of 200 copies of NCPA II were distributed to District Executive Directors, District Social Welfare officers of Morogoro, Coast and Dar es Salaam. The distribution went hand in hand with discussion on its implementation. Based on that brief discussion between our Regional and CSOs program staff and DSWOs / DEDs, most of the districts requested a formal meeting to provide further opportunity to members of the District Senior Management Team to articulate the document and ultimately contribute in improving services to MVC by LGAs and its stakeholders. Following that request, the program is planning to conduct a series of NCPA II dissemination meetings in collaboration with the Department of Social Welfare of the Ministry of Health and Social Welfare at LGAs level to all Senior Management Team members.

In Dar es Salaam the program had a discussion on free medical services to MVC with Ilala Municipal Director. The director requested us to write a letter advocating for free medical treatment as stipulated in the NCPA II and he will present the same to the Municipal councillors. This was done and efforts are underway by Municipal Medical Officer and Social Welfare Officer to provide identity to MVC for accessing free medical services from the nearby government health facility.

During the planned dissemination of NCPA II meetings in the next quarter the program intends to commit more districts to come up with various activities to support MVC.

Furthermore, the program managed to coordinate with Ilala Community Development Officer and agreed to link MVC households with TASAF III that focuses on supporting low income families with entrepreneurship skills and funding for supporting themselves. Same efforts are underway in other districts where TASAF III is operating.

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

Lessons learned indicate that the establishment of District MVC funds is unrealistic as it conflicts with other initiatives for the same purpose. The program therefore opted to concentrate on facilitating Village/Mtaa//Shehia level MVC fund - section 1.3.4 of this report provides more details.

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

The program continued to strengthen the technical and managerial capacity of District Social Welfare Officers by engaging them in different program implementation activities as detailed below.

Regional and District Social Welfare Officers in Coast and Morogoro regions participated in joint supportive supervision with sub grantees program staff. In Zanzibar the local implementing partner in Pemba, namely WAMATA, had a series of meetings with all four Pemba District Social Welfare Officers. These meetings focused on the development of strategies to support the most vulnerable families identified.

DSWOs have played a key role in developing criteria of selection of MVC, and say that this demonstrates their involvement and increasing capacities to support MVCs.

1.2.5: Improving Program Performance and Quality Through Supportive supervision.

During this reporting period the program conducted program monitoring and supportive supervision visits that involved Country office, regional, DSWOs and sub grantees staff. The visits aimed at monitoring the progress of program implementation as well as mentoring different program implementers to improve the quality of care, support and protection provided to MVC and their households. The visiting team sampled some target groups of Community volunteers, MVCCs, SILC groups, MVC Households in all program intervention areas.

1.2.5.1: Joint supportive supervision with District Social Welfare Officers

This quarter the program conducted joint supportive supervision with District Social Welfare Officers to strengthen the capacity of LGAs staff to manage MVC interventions, as well as build a sense of ownership and ensure sustainability of service provision to MVC with or without donor funding.

During this reporting period sub grantees collaborated with DSWOs to conduct joint supportive supervision visits. Sites and findings are summarized below.

In Zanzibar six MVCCs in Wete, Chake Chake, Micheweni and Mkoani Districts were visited: The team also met with 14 MVC (Male 7 and Female 7) and their households. Four of these households were headed by children. Some findings from these visits include:

- Despite many MVCCs being supported in developing their workplans during their training, not all of them implement fully the work plan as indicated.
- Severe poverty among MVC families is a barrier to meeting their children's basic needs. Despite the program's and community members' support, they still cannot meet all of their needs. For example Mr Kombo Rashid during the visit expressed his disappointment of failure to pay TZS 8,000/= for his four children to access birth certificates. Micheweni District Social Welfare Officer promised to follow up and support Mr. Kombo.

In Dar es Salaam the program staff collaborated with the District Social Welfare Officers and the Child Protection Unit focal person to follow up on program issues as well as visiting some of the Mitaas in which reports of child abuse incidents are high. The Mitaas visited included Buguruni, Madenge, Gerezani and Kariakoo. It was further noted that cases of Violence Against Children (VAC), especially early pregnancies, early marriages, and rape are happening but not reported.

In Kinondoni, the program staff teamed up with the DSWOs for supportive supervision of MVCCs in Tandale, Mwananyamala, Manzase, Bunju, Tegeta and Kinondoni. Key messages delivered were improving collaboration with village authorities and performing their roles and responsibilities according to the developed MVCC plan.

In Coast, nine community volunteers, seven MVCC, three SILC Groups, 15 MVC households and 19 (Male 9 and Female 10) MVC were visited. It was noted that some of the MVC

households visited were food insecure, while in Kisarawe and Mafia some MVC were malnourished.

In Morogoro eight MVCC, 55 Children's clubs and SILC groups were visited. All the children clubs visited were observed using children's club guides to run their sessions. Currently a total of 304 MVC caretakers in Morogoro region are members of SILC groups.

Based on the above findings, below are some of the highlights on the program and DSWOs commitment in addressing the issues identified:

- Continue to provide mentorship to members of MVCCs on improving capacity to perform their roles and responsibilities as well as involve other stakeholders in addressing MVC household needs.
- Through trained community volunteers and district relevant personnel continue to provide nutritional education / counselling with special focus in Coast region.
- Through MVCCs, Community volunteers and focal person conduct awareness meeting on the importance of reporting child abuse and discuss with DSWOs on how to respond to the abuse cases and referrals.
- Follow up on the importance of villages to allocate 5% to 10% of village revenue to support MVC (advice provided by Coast Regional Social Welfare Officer during joint supportive supervision).

Activity 1.3 Strengthening MVCCs to Lead Community Support for OVC.

The National Coasted Plan of Action (NCPA II) states that MVCCs, as a subcommittee of the public and social welfare committee at the Village/Mtaa, are mainly responsible for: coordinating, supporting, monitoring and ensuring provision of care, support and protection of children; Provision of referrals of child protection issues to relevant child protection structure/organ and linking MVC to different service providers; Conducting awareness meetings and advocacy on issues of child rights, stigma reduction and above all resource mobilization and providing MVC with a link to other statutory committees and other implementing partners. Hence, strengthening the capacity of MVCCs to assume their roles and responsibilities as well as ensure ownership and sustainability of MVC support is of great importance. In complementing the government efforts to ensure the performance of MVCCs, the program conducted the following activities in this reporting period:

1.3.1: Develop and implement capacity-building plans for existing MVCCs.

The program continued to provide mentoring and coaching to members of the already trained 460 MVCCs and followed up on the implementation of their planned activities. The focus of the mentoring was mostly on child protection issues and mobilization of resources. This has been done specifically during supportive supervision visit by Pamoja Tuwalee staff from Country and Regional offices, sub grantees, DSWO and volunteers as elaborated under 1.2.5. Below are the

highlights of some of the support provided by MVCCs to MVCs as a result of the program's capacity building efforts.

In Morogoro, MVCCs (Mawasiliano, Uponera, Nawenge and Matumbara) from Ulanga District contributed 189 Kgs of Maize worth TZS 94,000. Makanga MVCC harvested two hectares of beans worth TZS 600,000 while Mbagula MVCC harvested three hectares of cassava worth TZS 400,000. The total contribution of these MVCCs to MVCs is TZS 1,094,000/ (US\$ 684), and a total of 94 (Male 51 and Female 43) MVC benefitted with food support. The aforementioned MVCCs are committed to continuing support to the MVC in need of services in their village.

Also, Madizini MVCC - Mvomero planned to cultivate two hectares of vegetables that upon harvest would support MVC in need, while 27 MVCC (17 Mvomero, 10 Kilosa) developed village action plans that stipulate clear strategies to support MVC and their households.

In Dar es Salaam most community volunteers who are members of MVCC continued to mentor non-trained MVCC members, in collaboration with sub grantees, to effectively perform their



roles and responsibilities while waiting for their training scheduled for early next quarter. A total of 920 (380 Ilala, 540 Kinondoni) MVCC members will be trained using

the MVCC national training guide.

1.3.2: Advocating for membership of community volunteers in MVCCs.

A lesson that has been learned in this program is that MVCCs with volunteers as its members are more active than those that have no volunteers. Volunteers who are members of MVCC facilitate sharing of program information with MVCCs as well as inform the program of the achievements and challenges of MVCCs. Based on this lesson learned, the program will continue to advocate for volunteers to be part of the MVCCs where the opportunities arise.

The majority of the existing volunteers (831) have become members of MVCCs. In this reporting period the number of volunteers who are MVCC members increased from 727 (88 %) last quarter to 755 (91%) this quarter. . The increase is associated with the recruitment of new

volunteers. Table 3 below summarizes the number of volunteers who are MVCC members by district and by sub grantee.

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

Sub Grantee	District	# Volunteers			# Volunteer who are MVCC members				
		Male	Female	Total	Male	Female	Total	% June	% March
RC Mahenge	Ulanga	28	37	65	26	30	56	86	94
	Kilombero	28	22	50	21	18	39	78	78
HACOCA	Mvomero	10	22	32	10	22	32	100	100
	Kilosa	14	19	33	14	19	33	100	91
FARAJA TRUST	Morogoro (U)	7	19	26	7	19	26	100	81
	Morogoro (R)	22	13	35	22	13	35	100	48
Total	Morogoro Reg.	109	132	241	100	121	221	92	85
KICODET	Kibaha TC	19	26	45	19	26	45	100	100
	Kibaha (R)	22	23	45	22	21	43	96	96
	Bagamoyo	47	38	85	41	38	79	93	80
BAMITA	Kisarawe	29	22	51	28	22	50	98	100
JIMOWACO	Mkuranga	56	39	95	56	38	94	99	100
	Rufiji	8	32	40	8	27	35	88	88
Archdiocese of Dar es Salaam	Mafia	13	10	23	13	10	23	100	100
Total	Pwani Region	194	190	384	187	182	369	96	94
WAMATA Dar	Kinondoni	32	49	81	24	35	59	73	73
Archdiocese of Dar es Salaam	Ilala	21	48	69	16	34	50	72	72
Total	Dar es Salaam Reg.	53	97	150	40	69	109	73	73
WAMATA Pemba	Pemba	10	16	26	10	16	26	100	96
ZAMWASO	Unguja	14	16	30	14	16	30	100	100
Total	Zanzibar	24	32	56	24	32	56	100	98
Grand Total	Coast Zone	380	451	831	351	404	755	91	88

Source: Regional Quarterly Reports April -June 2013

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

MVCCs are tasked with the role of coordinating, supporting, monitoring and ensuring provision of care, support and protection of children at the Mtaa/Village level. According to the MVC guidelines, the identification of MVC must be done simultaneously with the creation of MVCC.

In intervention areas where the program has facilitated an MVC identification exercise, it has also supported the creation of MVCCs.

During this reporting period no new MVCCs were formed. The focus has been to strengthen the capacity of the existing 460 MVCCs to implement their work plans and to further internalize their roles and responsibilities. In the coming quarter, the program plans to conduct an MVC identification exercise in Ulanga, Kilombero and Morogoro Rural districts in Morogoro region and Rufiji District in Coast Region to reach more MVC. The exercise that will entail creation of more MVCCs.

1.3.4: Supporting MVCCs in Establishing Village / Shehia-level funds to support OVC

Based on the fact that resources for supporting MVC are scarce, the program has always been in the forefront exploring mechanism to leverage resources. Lessons learned indicate that SILC and village/Shehia funds play an important role in addressing the immediate and long term support needs of MVC. During this reporting period the program facilitated the establishment of 20 new village funds making a total of 428 to date. Also, the program continued to realize the impact of previous efforts on the same as summarized below.

- In Morogoro a total of six new MVC funds were established making a total of 71 MVC funds. The newly established MVC funds raised a total of TZS 269,000 making a total of TZS 3,058,850 (US \$ 1,912) cumulative from last reporting period in Morogoro region. Recognizing the role played by MVCCs in establishing these funds, the Mvomero District Council has promised to contribute TZS 2,300,000 (US \$1,438) to three MVCCs (Wami Sokoine, Wami- Dakawa and Mugudeni) that are showing commitment in implementing their action plans.
- The MVCCs in Coast region continued to mobilize resources and raise awareness to of community members and the business community to contribute to MVC support. During this reporting period, 14 MVC funds were established in Mafia and Mkuranga. In Mafia, the newly established funds contributed a total of TZS 520,000.

Out of TZS 4,416,000 (US\$ 2,760) MVC funds contributed in Coast region during this reporting period, TZS 3,856,000 (US \$2,410) came from Bagamoyo district council. This major contribution from Bagamoyo has been associated with a more understanding of MVCC members and other community members including the private sector as a result of continuous capacity strengthening through the Quality Improvement (QI) program that is being implemented in partnership with URC and the Bagamoyo district. Through four MVCC/QI teams from four different wards in Bagamoyo, a total of 15 (male 11 and female 4) MVC were supported with Community Health Fund (CHF) amounting to TZS 200,000, while 19 (Male 9 and Female 10) received school fees support amounting to TZS 300,000 and seven houses of MVC families have been rehabilitated.

- In Zanzibar the focus has been to continue to encourage MVCCs to solicit more funds for the 13 established MVC funds. As a result of these efforts, a total of TZS 517,500 (US \$ 323) was contributed in which 88 (Male 36 and Female 52) MVC accessed different services. About 48 % (TZS 248,500) of the support provided was directed to education. Other support includes food (11), casual clothes (10%) and cultivation of MVC farm (31%).

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

The program has developed different strategies that aim to strengthen the economic status of most of its beneficiaries and other key community stakeholders who are compounded with severe poverty. Some of the developed strategies include the establishment of saving and loan scheme famously known as SILC and organizing entrepreneurship, home gardening and local poultry keeping training. In all activities implemented by the program, where applicable, MVCC members have been included.

To date the program has managed to establish a total of 238 SILC groups with 6,333 (Male 1453 and Female 4880) members. MVCC members form 6.5% (411) of the composition. Others include: Older MVC Adolescent 140 (2.2%), MVC household members 1699 (27%), volunteers 150 (2.4%) and other community members are 3943 (62 %). Total savings is TZS 566, 612,320, (US\$354,133 while MVC support fund is TZS 36,815,250/ (US\$23,010). These funds are help

During supportive supervision conducted by the program headquarters, regional and sub grantees staff, it was learned that SILC groups and joint capacity building activities that have a composition of different players including community program volunteers, MVCC members and MVC caregivers have not only supported the community members in economic strengthening arena but also have created synergy among those members in carrying out the responsibility to care, support and protection of MVC. The program will continue to encourage more MVCC members, volunteers and MVC caretakers to join SILC groups as well as engage them in different economic activities.

Activity 1.4: Strengthen the capacity of Local CSO Partners to Support MVC Services

To enable sub grantees to provide high quality care to MVC, Pamoja Tuwalee/FHI 360 has continued with its commitment to support capacity building initiatives. We aim at seeing sub grantees at the phasing out of the program are able to demonstrate their analytical and adaptive capacities on effective leadership, strategic planning, management and governance, enhanced accountability as well as the capacity for resource mobilization. Capacity building is built by providing effective support that employs a contextualized, coordinated, demand-driven and comprehensive approach that goes beyond developing individual skills to building key organizational capacities.

1.4.1: Development and implementation of capacity-building plans for local CSO partners

During this reporting period, the program continued to build on the findings of the organization, management and technical capacity assessment conducted in the last reporting period and the subsequent action plans developed by each individual sub grantees . To that effect, below are the main activities that were carried out:

- 1) Revision of capacity building action plans: it was important to revise the plans because some of the interventions were not carried out on time due to funding constraints and therefore reviewing the plans would make them more realistic and time bound to reflect the current situation.
- 2) As some of the sub grantees opted to review their vision and mission statements to reflect the current organization purposes, during this reporting period, sub grantees project management reported to be sharing these suggested significant changes with the respective organizations top leadership for further review and approval.
- 3) Although most sub grantees had human resource and financial manuals, during the assessment it was learned that most of them had gaps and therefore they called for review of the documents. In this regard, sub grantees have reviewed their documents and emailed to the capacity building officer for review and technical input.

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

As indicated in the last reporting quarter, the program has created a systematic approach for monitoring capacity building results and progress that includes indicators used to track progress based on the organizational functions to be improved. Building on that, this reporting period a number of approaches were employed to assist sub grantees in moving to a higher functioning status. These approaches were mentoring, follow up visits and online support. Mentoring and follow up visits were used to provide a special and tailor-made hands-on support in various areas. Follow up visits to sub grantees by Pamoja Tuwalee staff presented an opportunity for sub grantees to seek further clarifications on issues that might have remained blurred after the assessment and planning.

Using the online support mechanism, sub grantees sent their reviewed human resources and financial manuals through emails for further review and guidance from the program staff. This substituted presence of facilitators in their offices which was not possible given the constraints of time. The approach has been convenient and less costly. In other instances, communication continued through phone calls to check on the progress of implementation of agreed issues. Likewise, sub grantees were free to call the capacity building officer and seek on-spot advice over capacity building issues. This approach was helpful in giving immediate support to sub grantees on emerging issues.

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

The program, in collaboration with Department of Social Welfare and URC, has completed all the necessary preparations for the establishment of QI teams in two Wards of Dar es Salaam. This was planned to take place in this reporting period, but due to funds delays and conflicting priorities, it has been re-scheduled for the next fiscal year. However, the program has been following up 135 MVCCs in Bagamoyo trained as QI teams. During monitoring visits conducted in partnership with DSWO, District Community Development Officer and District Education Officer, QI teams were challenged to become innovative by exploring more sources of funds. Twenty six percent of QI teams improved their MVC funds after being dormant for too long. The revived MVCC/QI teams include those from Masuguru Village - Kiwangwa ward, Mtambani village in Bwilingu ward, Vigwaza in Vigwaza ward and Kimarang'ombe village in Magomeni ward. As a result of that support about TZS 3,856,000 (US \$2,410) were raised by the MVCC/QI team equal to 87% of the MVCC contributions in Bagamoyo district council for this reporting period.

Activity 1.5 Facilitate Meaningful Participation of the Business Community in MVC Support.

In the last quarterly report, we indicated that the program had engaged into initial stages of PPP where meetings with Songas Limited and Vodacom Tanzania were initiated. In this reporting period, concept notes were developed and shared with both companies. Furthermore, discussions were held with Songas Limited to the level of developing the budget and agreeing on the areas of support. This has granted us space to move to the next stage of drafting an agreement document, which is underway. Meanwhile, we are following up with Vodacom Tanzania so that we can move to the next stage with them.

Sub grantees have continued with their efforts to identify and engage other private partners at the district and community levels to support MVC. In this reporting period, a total of TZS 13,549,300 (US \$ 8468.31) were realized to support 892 (Male 455 and F437) MVC (see appendix VIII for more details). Although there are no formal agreements at this level, religious institutions have repeatedly come out as leading institutions in MVC support.

Activity 1.6 Improve Coordination Among and Across Sectors and Zones.

To compliment services for MVC, the program continued to advocate for improving networking, linkages and collaboration among stakeholders. Through established District Implementing Partners Group (DIPG) forums, the program managed to bring together various stakeholders for the purpose of sharing experiences and strategies to improve service provision to MVC and their households. During this reporting period, the DIPG members both in Ilala and Kinondoni Municipalities used the opportunity to deliberate further on the need to create synergies in addressing issues related to protection of children from abuse, neglect and exploitation that seem

to be high in Dar es Salaam. On challenges, documentation of reported cases against child protection was highlighted as a major challenge that needs immediate attention. Recommendations were made on how to improve that including sharing major planned activities for each CSO/government sectors. In addition, the program continued to explore opportunities at different levels and advocate working as a team for the purpose of improving care, support and protection for MVC.

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

Provision of comprehensive care, support and protection requires identification of all potential stakeholders within the intervention area. The program has played a leading role in developing MVC inventory template and shared with DSWOs in all districts where DIPG forums have been established. During this reporting period different stakeholders continued to compile their information and submit to DSWO. The program plans to facilitate sharing of final MVC inventory template in the subsequent quarters.

In Mafia where DIPG forum has not yet been established, the program in collaboration with District Community Development Officer (DCDO) and DSWO managed to identify a total of 16 stakeholders as potential members of DIPG. Some of them include World Wildlife Fund (WWF), Action Aid Tanzania, CARITAS Tanzania, RC Miburani, Mafia Youth Development (MAFYODEN), Chama cha Viziwi Tanzania (CHAVITA) and Mafia Youth Development Organization (MYDEO). Next quarter the program will support the Mafia district council in establishing the DIPG forum.

1.6.2: Support coordination and networking through DIPGs at the district/zonal level.

Currently the program has facilitated establishment of 12 DIPG forums and during this reporting period the following four zones / districts held their meetings: Pemba in Zanzibar, Kinondoni and Ilala in Dar es Salaam and Mkuranga in Pwani. Other districts did not meet due to conflicting schedule as most of the DSWOs were busy with final touches on their approved MTEF.

The DIPG forum in Pemba was attended by officers from Department of Social Welfare (DSW), Police officers, Director of Public Prosecution (DPP) representatives, Media, Representative of One Stop Center at Mnazi Mmoja Referral Hospital, and WAMATA. All of them were able to share their implementation reports as well as plans for the coming three months. They also shared their roles and responsibilities regarding child protection. Representative of DPP office discussed their role of opening cases related to child abuse and called on immediate measures by institution including maintaining evidence.

In Mkuranga DIPG meeting participants were shocked by increasing rate of violence against children cases and involvement of MVC in child labor especially in fishing areas such as Kisiju. The discussion revealed that there is less effort by stakeholders to rescue children as well as low

response from MVC themselves and their caretakers. The meeting agreed to use police force to intervene while counseling the MVC involved and their households.

1.6.3: Coordination among implementing partners across zones.

A lesson learned through this program is that regular meetings of implementing partners at zonal and district levels help improve program performance as members learn from each other and also services of different stakeholders are delivered in a more coordinated way avoiding duplication of efforts. The program has been advocating for implementing partners at the regional level to conduct such meetings. Unfortunately, due to delay of funds from the donor, this was not implemented. Regional partners' meetings will continue as planned in the coming quarter.

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.

Objective two contributes to the achievement of the overall program goal through strengthening of the MVC households' capacity for them to be able to provide sustainable and quality care, support and protection to their children. Some community members and specifically caretakers, were facilitated with various trainings. The trainings have been designed to address skills gaps following an earlier assessment by the program. Such gaps include inadequate caretaking skills, livelihood skills, savings behavior, poverty, lack of appropriate and affordable credit facilities.

In this reporting period, the program continues to track changes attributed to the capacity building efforts. We see increasing improvement of the life of MVC due to better quality service delivery particularly on the area of psychosocial support, strengthened economic status, food and nutrition. The following activities were conducted under this objective:

2.1 Training of household caretakers in caretaking skills, PSS and reducing stigma/discrimination

Through the volunteer household visits and other household monitoring activities sub-grantees are seeing an improvement in the ability of caregivers to meet the basic needs of their children, particularly in the area of education. Also, the program continues to register positive outcomes as a result of activities under this section conducted in the last quarters. Some of the good results include increased care and support to MVC and their households through own initiatives and that of community efforts such as MVC funds and group solidarity particularly among women.

In this reporting period, we have seen good results compared to the previous quarter. More caretakers (295) are now able to meet some basic needs of their MVC that were not able to meet when the program started. There is an increase of 3% compared to last quarter. The table below

shows details of caretakers contributions per region. Most of the basic needs met by the caretakers include education, health care, psychosocial care, food and nutrition.

Table 4: Summary of MVC caregivers who supported their MVC

Region	# of Village	# of MVC caregivers	Total value (TZS)	Number of MVC Supported		
Dar	12	80	4,261,000	45	52	97
Morogoro	0	0	0	0	0	0
Coast	40	113	1,515,500	147	163	310
Zanzibar	7	102	2,634,200	98	109	207
Total	59	295	8,410,700	290	324	614

Source: Regional Quarterly Reports April – June 2013

Education support ranks highest among other services provided by caretakers. That is a relief to the program and other community members supporting MVC - it is the main basic need which was also highlighted to be of higher priority during the households' status and needs assessment for MVC conducted by the program in the first year of its implementation.

The achievement is mainly attributed to the program efforts on increased number of discussions, formal and informal trainings, mentoring and coaching and advice that MVC caregivers have been receiving from volunteers, program staff and other community members including MVCCs.

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

This program has significantly invested on economic strengthening through introduction of sequenced interventions to MVC caregivers. These interventions are effective for building sustainable livelihoods and resilience. Savings and credit initiatives, basic business skills linked to entrepreneurship, other livelihood skills i.e. home gardening and local chicken production are some of the direct interventions in place.

In implementing economic strengthening activities, Technical Assistance has been sought from DAI IMARISHA, particularly on the area of savings and credit. In addition linkages to other potential entities like Tanzania Agriculture Production Program (TAPP) and NAFKA have been deployed for the MVC households to access benefits of those programs.

The previous quarter report indicates very clear on the progress that has been reached on this area where the cumulative amount of savings through SILC groups was TZS 379,794,370 (US \$ 237,371) and TZS 17,693,500 (US \$ 11,058) contributed to support MVC. We also saw various efforts capitalized on the existing opportunities like VICOBA, TASAFF III and expansion of petty business.

This reporting period a total 8,527 MVC households: Zanzibar (700), Dar es salaam (2,135), Morogoro (1,152), Coast (4,540) have accessed one or more economic strengthening services provided by the program (Appendix V). In addition to that 207 MVC caretakers composed of MVCC members, volunteers, older MVC and MVC household members joined and benefited from SILC groups: Morogoro (105), Dar es salaam (23), Coast (68), and Zanzibar (11) as summarized in table 5 below

Table 5: MVC Households provided with economic strengthening support per Region

Region	Number of MVC Households that have been provided support during the reporting period by type of support							Loan/Capital for starting business	Total
	Assessment of Economic Strengthening needs	Small Business Development	Training on Business Skills	Local chicken keeping	Small gardening and agricultures	Link to Job Opportunities	SILC or any other lending Mechanism		
Dar es salaam	1261	24	231	1	15	2	601	0	2135
Morogoro	515	0	0	149	23	2	463	0	1152
Coast	70	231	901	824	261	1	2160	92	4540
Zanzibar	0	103	0	123	90	0	384	0	700
Total	1846	358	1132	1097	389	5	3608	92	8527

Source: Regional Quarterly Reports April – June 2013

This reporting period the cumulative amount of saving through SILC initiatives has increased from TZS 379, 794,370 (US\$ 237,371) to TZS 566,612,320 (US\$ 354, 133), an increase of 49% - TZS 186,817,950 (US\$ \$116, 761) as a result of savings by the existing and new groups. SILC groups have provided opportunity for MVC caregivers and other community members to access loans at affordable conditions. Following this, a lot has been learnt when we (DAI IMARISHA and Pamoja Tuwalee program/FHI 360) were doing joint monitoring, coaching and mentoring to some of the SILC groups. For example we have seen MVC caregivers expanding or establishing their petty business; those at rural settings improving agricultural production through purchase of agricultural inputs leading to increased purchasing power to some of the MVC caregivers. This is evidenced by the recorded number of 295 MVC caregivers able to support 614 (Male 290 and Female 324) MVC - (Dar (97), Coast (310) and Zanzibar (107)) with support worth TZS 8,410,700 (US\$ 5,257). Most of the support was on scholastic materials, school uniforms, schools fees and food.



Imelda Ndongole (33yrs) is a member of Tushangilie SILC group, at Mlimba B village, Mlimba Ward Kilombero District. She is a widow with four children. "Sometimes back, I was engaged on horticultural (tomatoes)but because of unpredictable weather, I was running on loss. I decided to shift to another petty business where I buy maize grain and sell at a little higher price, here at the milling machine. SILC group has boosted my self-esteem and confidence if I may say it. At the beginning I had no culture of saving. But now through SILC I am able to buy shares, access loan to increase my business capital. I have managed to get a loan totaling TZS 200,000. I have injected all this money to my business. When I sell three to four buckets of maize I am able to earn a margin profit ranging between TZS 3,000 to TZS 4,000. I use the profit to purchase family needs including supporting the education of my children. Moreover I am now planning to buy iron sheet for mv house".



Honesta Nyamali (35yrs) is a single mother of three children and foster additional three children left by her late sister. She is residing at Makanga Village, Vigoe Ward at Ulanga District. She is a member of Dunduliza SILC group. This is what she said" Before Pamoja Tuwalee came, I was involved in small holder agriculture (maize, beans, banana and tomatoes) and I made local brew. Since I had no enough capital to purchase required agricultural inputs, I found myself harvesting very little that was consumed for food. When SILC came, I joined, and since then I have managed to access loan twice. I am now investing on horticulture-tomatoes. Recently I secured a loan of TZS 70,000 and I have used the fund to buy agricultural inputs (fertilizer, pesticides etc.). I have already realized a profit of TZS 150,000 which has helped me to purchase some of the needed items to support the family including food and I'm left with capital".

During this reporting time a total of 22 new SILC groups were formed: Morogoro (11), Coast (4), DSM (6) and Zanzibar (1) as detailed below.

Table 6: Summary of New SILC groups established

Region	# of Groups	Group Members			Member category					Total Savings	Contributions for OVC fund
		Male	Female	Total	MVC	MVC HH members	MVCC members	Other community members	Volunteers		
Morogoro	11	78	173	251	2	56	17	146	30	5,893,200	1,291,350
Coast	4	31	45	76	0	44	20	8	4	5,555,200	109,200
Dar es Salaam	6	37	137	174	0	18	9	143	4	16,345,000	754,100
Zanzibar	1	6	25	31	0	10	0	20	1	945,500	77,600
Total	22	152	380	532	2	128	46	317	39	28,738,900	2,232,250

Source: Regional Quarterly Reports April –June 2013

Table 7: Summary of cumulative composition and financial status of SILC groups

Region	# of Groups	Group Members			Member Category					Total savings	Contributions for OVC funds
		Male	Female	Total	MVC	MVC HH members	MVCC members	Other community members	Volunteers		
Zanzibar	33	173	778	951	32	264	51	581	23	90,508,100	2,161,400
Dar es salaam	65	275	1568	1843	1	488	94	1240	20	209,441,550	11,574,700
Morogoro	67	470	1186	1656	12	355	159	1058	76	154,490,720	8,747,100
Coast	73	535	1348	1883	95	592	107	1064	31	112,171,950	14,332,050
Total Program	238	1453	4880	6333	140	1699	411	3943	150	566,612,320	36,815,250

Source: Regional Quarterly Reports April-June 2013

Through the program, MVC caregivers have advantage of enjoying other services offered by other institutions within their areas. In this reporting period 405 (Male 21 and Female 384) MVC

caretakers from Bagamoyo District got savings and credit orientation from Village Community Bank (VICOBA). At the same time, Tanzania Social Action Fund (TASAF) has started verification of vulnerable households in its third phase where Kibaha and Bagamoyo are pilot districts. Communication and collaboration has been going on between program staff and TASAF III officials at Kibaha to make sure that our beneficiaries are benefiting from this TASAF III program. Majority of the MVC caregivers and other community members participating in SILC have testified that the initiative responds to most of their challenges in relation to savings and access to loans. However, there are those extremely poor MVC caregivers, who do not have the means at all to join SILC groups and therefore an alternative intervention is required. To address this situation, the program, is looking on the existing opportunities such as TASAF III in Kibaha and Bagamoyo where these extremely poor MVC households can be absorbed in their program for “cash transfer”.

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

The program continues to track results of the trainings conducted in the past on Local chicken, and Home gardening. The identified best practices will be adopted and scaled up to benefit a larger number of beneficiaries.

2.2.1.1: Home gardening and Local chicken production.

Lessons learned in the last quarters, shows that MVC caretakers with less income are able to generate income gradually through home gardening and chicken production. Based on that, the program decided to scale up this intervention. During this reporting period, a total of 1,486 MVC households received economic strengthening support through formal training on basic entrepreneurship skills, cascading of knowledge by earlier trained community members to their colleagues and education during volunteer home visits. These 1486 MVC households were in: Dar es Salaam 16; Morogoro 172; Coast 1085; and Zanzibar 213.

Most beneficiaries have started to realize results, particularly on local chicken. Increasing number of MVC caretakers testify that, now they can do some of the few things that they could not do before for example paying school fee for their children and meeting health care costs. For example Bi Halima and Bi Kombo who are both MVC caretakers spent TZS 20,000 and TZS 60,000 respectively for medical treatment of children and for construction part of the house respectively as a result of local chicken production – although this is a trivial amount, still it is a forward for the beneficiaries and it has raised their hope that they can undertake some economic activities that make a difference in their lives. .

The long dry spell and water scarcity in some places affected the implementation of home gardening. However, some of the trainees at Mikerese village at Kisiju ward, Mkuranga District, formed a group of 20 and they secured land under the support of village government. They planted water melon. They have harvested once and got the profit of TZS 500,000. They have



Hadija Muhsini is an MVC caretaker from Kalole village, at Kisiju ward, Mkuranga District. She was trained on home gardening in 2012. Hadija says, “The training helped me to improve my home gardening skills. I have planted different types of vegetable like okra, green beans, spinach, *matembele*, *mnavu* and legumes. I have started to harvest vegetable and sell at the market and home delivery which enables me to earn more than TZS 6,000 per week. Also through weekly earning I am able to participate in SILC where I took loan of TZS 80,000 for starting another small business of making liquid detergent. The profit helps to support my three children (Male1 and Female 2).

cleared the farm and hope to plant again. They are looking forward for establishment of SILC in their area where they expect to

use it to expand their capital as well as savings. Based on these success stories, the program continues to work closely with the community resource persons and government extension officers to see more MVC caregivers and surrounding community members benefiting from this program.

2.2.2 Other Support services provided to MVC households

There are other non-economic strengthening services that are provided to MVC households through program local implementing partners and community volunteers. These include: health care, food and nutrition services, psychosocial care, MVC care taking skills, legal and shelter. During this reporting period, provision of these services was as summarized in the table below.

Table 8: Summary of non-Economic Strengthening services provided to MVC households

Region	Number of care takers supported during the reporting period by type of support provided					
	Health care	Psychosocial Care	Care taking skills	Food and Nutrition education	Legal	Shelter
Dar	606	2203	304	663	16	120
Morogoro	0	588	180	231	0	9
Coast	2121	2938	1889	2725	14	533
Zanzibar	662	1279	765	564	4	14
Total	3,389	7,008	3,138	4,183	34	676

Source: Regional Quarterly Reports April –June 2013

2.2.3 Regular CRPs meetings.

To ensure continuity and establishment of more SILC groups, the program supports and encourages CRPs to meet on regular basis to share experience and exchange different techniques in managing and supporting SILC groups. In this reporting quarter, four CRPs: (Zanzibar 2, Dar 1 and Morogoro 1) meetings took place. In Zanzibar, the 12 CRPs met in Pemba and 8 in Unguja. They discussed issues of SILC management and the challenges they are facing. One of the issues was how to ensure that SILC members that access loan have a means to pay back. They all agreed that the few SILC members who have not been trained on entrepreneurship skills should be assisted to get the same.

In Dar es Salaam, CRPs discussed on the need for SILC groups to replenish share books from their own sources which is more sustainable. The program continues to use CRPs to establish more SILC groups particularly where they have not been established. CRPs are also expected to mobilize more MVC caregivers to join SILC groups. More emphasis is on negotiating the value of a share that is affordable to some of the MVC caregivers that shy away because of their poverty status.

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

The program is keenly supporting interventions that affect positively the status of MVC household food security and nutrition. These will remain to be among the priorities of the program throughout the time of implementation. The program has therefore continued to unleash opportunities around small scale agriculture, home gardening, local chicken production and other petty businesses that can be useful to MVC households in relation to food security and nutrition as stipulated in 2.2.1.1

In doing so, a monitoring and backstop support of those who were trained on local chicken and home gardening is being done by our local implementing partners. In some cases, the district council extension officers have been used to support MVC households on the same. During this reporting period 10,756 households were supported as shown on a table below. This is an increase of 19% (1,719households) compared to previous quarter.

Moreover, linkages to other institutions that deal with nutrition are underway i.e. discussions have been with “Mwanzo Bora project” in Morogoro to work with RC Mahenge targeting the same beneficiaries on their nutrition program. TAPP is another opportunity that already HACOCA at Kilosa and Mvomero is using to benefit the MVC caregivers - Kimamba “A” MVCC at Kimamba village, Kilosa District has been linked with TAPP initiative and now they have a vegetable garden that benefits MVC at that area (See more details on Kimamba A in the annexed success story). FARAJA Trust in Morogoro rural and Morogoro Urban has just entered into agreement with TAPP so we expect to see more MVC caretakers benefiting from this partnership.

Table 9: Number of eligible clients who received food and nutrition services

REGION	MALE <18	FEMALE <18	MALE + 18	FEMALE +18	TOTAL
Morogoro	410	642	37	16	1105
Pwani	3188	2981	142	112	6423
Dar es salaam	286	343	3	5	637
Zanzibar	1106	1069	165	251	2591
Total	4990	5035	347	384	10,756

Source: Regional Quarterly Reports April –June 2013

In efforts to ensure access to food security and nutrition to MVC household, the program accomplished the following:.

In Morogoro, HACOCA linked 100 MVC households: 61 MVC (Male 21 and Female 40) from Kimamba and Mabwrebwere wards in Kilosa District; and 39 MVC (Male 9 and Female 30) from Mvomero District Council with TAPP project. As a result, caregivers have been oriented on good agricultural practices and the importance of food security and nutrition in the household. The training also focused on food preservation methods as a means of sustaining household food availability throughout the year.

Food insecurity is among major problems in MVC households in Coast region. The program address this challenge through trained community volunteers on caretaking skills in which food and nutrition is one of core topic that helped to reach many households with education messages on local chicken rearing, importance of establishing home gardening, farming and utilization of local food available in communities, and need for balanced diet. Through linkage and home visits nutrition education and counseling was provided to 3035 caretakers in the region.

In Dar es Salaam, through home visits by volunteers and program staff MVC caretakers were oriented on preparation of nutritious food for their families. YAM in this reporting period managed to sensitize community members in Mtakuja (Vingunguti), Mwembe Madafu (Ukongu) and Kariakoo who provided direct food support worth TZS 1,931,000 (us \$ 1207) to 159 (Male 79 and Female 80) MVC. In addition volunteers and program staff continued to provide knowledge and skills on , food security and nutrition to 329 MVC households.

Activity 2.4 Support training on social, legal rights and establishment of community protection structures.

Pamoja Tuwalee program /FHI 360 continued to fulfill its commitment of addressing issues of Gender Based Violence (GBV) and Violence Against Children (VAC) through its comprehensive intervention strategies. Violence against children is not only a humanitarian concern, but it also affects children's health, confidence and self-esteem.

During this reporting period, the program joined hands with other stakeholders in improving the capacity of existing structures to prevent, protect, care and support victims of GBV and VAC. While in last quarter about 133 (Male 15 and 118 Female) cases were reported and dealt with, during this quarter a total of 121 cases of VAC were reported. As a result of the increasing number of reported cases, stakeholders have taken steps through the district child protection teams especially in Dar es Salaam and DIPG to discuss concrete strategies in helping these children and taking the abuse cases forward. Currently, the program implementing partners in Dar es Salaam are working very closely with the police, DSWOs and the DPP office to ensure adequate responses to VAC survivors and prevention of VAC.

The program continues to play an important role at community, district and at national level in contributing to protection of children and addressing GBV. In this reporting period, the program worked with the Ministries of Health and Social Welfare (Department of Social Welfare) and Home Affairs (Police Gender Section) to develop and improve strategies to respond to the cases of GBV and VAC. Furthermore, the program participated in finalization of the National One Stop Center Guideline which will be officially launched in the upcoming quarter under Ministry of Health and Social Welfare (Department of Children and Reproductive Health). The program was also engaged in development of Police Gender Based Violence and Child Abuse Strategic Plan that will cover the period of three years up to 2016.

2.4.1 Facilitate utilization of Child Helpline

Child Helpline is one of the effective strategies that provide the opportunity to children who are victims of violence, neglect and abuse to report and receive support accordingly. Tanzania is at the infant stage of operationalizing the child help line.

Pamoja Tuwalee/FHI 360 is committed to contribute towards operationalization of child helpline with the understanding that, once in operation, many children whose rights will be violated have the opportunity to report and receive the required support. Spearheaded by the Ministry of Community Development Gender and Children (MCDGC) in collaboration with C-SEMA project, the National Child Helpline (116) will be piloted in six districts nationwide, including Ilala and Kinondoni municipalities where Pamoja Tuwalee Program operates. The service mainly covers districts where Child Protection teams have been formed. It is our expectation that this will add value on the current Pamoja Tuwalee/FHI 360 and government initiatives in supporting

victims of Gender Based Violence and Violence Against Children and strengthening child protection structure at the community level, as well as the ongoing efforts to establish One Stop Center.

2.4.2 Pilot One Stop Center in Ilala District

As part of its commitment to establish One Stop Center (OSC) for responding to GBV and VAC cases at Amana Hospital, the program continued to work very closely with the Ministry of Health and Social Welfare (MHSW) - Child and Reproductive Health Department to finalize the national guidelines for establishment and managing One Stop Center. To that end, the program staff participated in validation workshop that aimed at reviewing and endorsing the guidelines.

The program staff continued to participate in the follow on meetings that aimed at creating synergies between the developed guidelines and the guidelines developed by the police on the same subject matter. It was finally resolved that once the guideline under the MHSW has been finalized, the Ministry of Home Affairs (Police Gender Section) will adopt it. To date, the MHSW through its Children and Reproductive Health section has acquired a clearance for conducting facility based assessment for the health facilities that aim at establishing one stop center. The plan is underway for the program to facilitate that exercise at Amana Hospital.

Though OSC has not been operationalized, Amana Hospital staff has informally reported that they have improved the services in handling child abuse cases following the training to its staff that was supported by Pamoja Tuwalee program/FHI 360 as well as learning from exchange visit to Mnazi Mmoja OSC in Zanzibar last reporting period.

2.4.3 Pilot protection to children living on the street:

In the last quarter, the program set a scene that input planning of interventions on protecting the street children especially street children beggars. To start with, the program had planned to disseminate the report on the rapid assessment on the children begging in the street with their guardians in this reporting period; however due to funds delays this activity was scheduled to the upcoming quarter.

As noted in the last reporting period, UNICEF is also supporting street children work in Dar es Salaam though focusing on those staying in the street without any guardians unlike those begging with their guardians. Based on that, FHI 360 agreed with UNICEF to join efforts in supporting both children categories i.e. those begging with their guardians or those children without guardian care spending their time in the street. We have developed a concept note for joint interventions for children living and working on the streets. The interventions will be implemented by Dogodogo Center and KIWOHEDE – local NGOs with experience in working with children on the streets.

The local implementing partner in Dar es Salaam, WAMATA continued to provide life skills training to street children. The organization managed to provide 14 male street children with entrepreneurship and communication skills. Also, 13 boys and 1 girl were supported with immediate needs including education, health and food support.

2.4.4 Facilitate establishment of Community Child Protection structures

Pamoja Tuwalee program/FHI 360 is committed to inform community members and MVC caretakers about children's rights and how to protect, care and support children who are victims of violence. In line with this, the program is committed to contribute to the national efforts of strengthening the child protection systems as stipulated in the NCPA II and the National plan to respond to violence against children in Tanzania of 2011. Based on that understanding two staff participated in a five-day training of Gender and Child Desk police officers and partners. The training aimed at providing the participants with skills on how to handle the GBV and VAC cases. Participants were also oriented on how to use the Gender and Child Desk training manual, the Standard Operating Procedures (SOP) and Law of the Child Act.

Child Protection Teams in Ilala and Kinondoni are linked to Gender and Child Desk activities for effective coordination of child protection efforts at the district level. Pamoja Tuwalee/FHI 360 plans to train 20 police officers and 20 Social Welfare Officers in quarter four to increase the number of skilled staff to respond to GBV and VAC issues. The expected trainees will also contribute to effectiveness of Amana Hospital OSC.

Activity 2.5 – Support training on REPSSI's "Journey of Life" curriculum and activities toolkit.

As indicated in the previous quarters, the program has more than seven program staff at headquarters, regional and sub grantees levels. Out of four regional technical officers, three are REPSSI Master Trainers on the journey of life and have conducted several trainings to the sub grantee staff on this intervention and other REPSSI interventions that address the psychosocial needs of children as well as the interventions that empower the community members to develop the action plan to support their families.

The trained staff continues to use the skills and knowledge gained from both training and practical experience to enrich the program activities at community level. Using the skills gained on how to empower community members to plan for the MVC care and support, the OVC focal persons and community volunteers work well with MVCCs to develop the action plan for supporting MVC.

2.6: Facilitate access to community health insurance for MVC households

Health status of MVC and their caregivers is paramount. The program has been working on the best mechanism to ensure MVC households access quality health care services. Negotiation is on-going with the National Health Insurance Fund (NHIF) to subsidize the cost: In Dar es Salaam, WAMATA in collaboration with the DSWOs are negotiating with the Health Department - National Health Insurance Fund specifically the District Medical Officer (DMO) for health insurance to 1,728 MVC. Through program negotiation, Ilala Municipal is in the process of amending the by-laws to accommodate the provision of health services to MVC.

In Coast region different stakeholders have continued to contribute to program efforts of ensuring MVC and their households have access to health services through provision of CHF - in Bagamoyo, through quality improvement program, village councils provide funds from their village revenue to support MVC with CHF. Through networking with KKKT church and Compassion, a total of 94 (Male 50 and Female 44) MVC were supported with CHF cards.

2.7 Link OVC caretakers to comprehensive health and PSS along the continuum of care

The program continued to collaborate and network with other stakeholders towards provision of comprehensive package to MVC. Building on existing strengths and opportunities, different forum including community volunteers and DIPGs, the program has enhanced referral and linkages of MVC for different services. During the reporting period, the program referred a total of 863 (Male 549 and Female 314) MVC to other service providers as summarized in the table below.

Table 10: Summary of Referral Services Provided to OVC by Type and Region

Region	Food and Nutrition	Education	Health	Spiritual	Legal	Shelter	Total
Morogoro	25	36	0	0	0	9	70
Coast	5	4	16	6	19	533	583
Dar	0	0	8	0	16	120	144
Zanzibar	34	1	13	0	4	14	66
Total program	64	41	37	6	39	676	863

Source: Regional Quarterly Reports April-June 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.

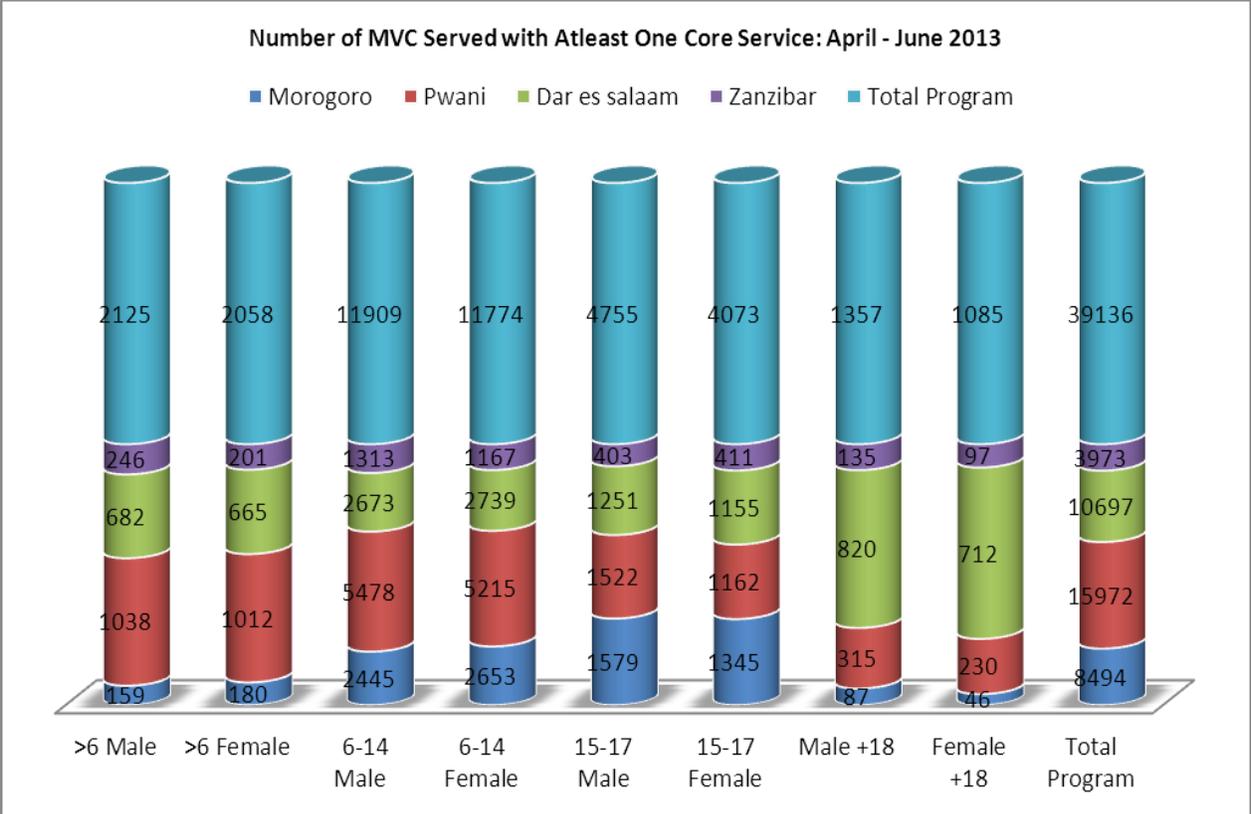
The program is committed to building the capacity of partner CSOs, LGAs, MVC households and their respective communities across twenty five Districts for the purpose of engaging them in the provision of continuum - comprehensive care and support for MVC and their caregivers.

During this reporting period, we continued to strengthen district-level referral networks through established DIPGs so as to ensure continuum - comprehensive care and support for MVC and their caregivers. This entails creating a linkage between MVC households, community members and other service providers such as schools, health care facilities, charitable groups and individuals to address age-appropriate diverse needs of male and female MVC and their caretakers. Given the higher vulnerability of girls and women, the program and other stakeholders put special attention to this category that has historically been constrained by social and cultural barriers that prevent them from participation and accessing development opportunities.

At local level, community volunteers in collaboration with MVCC members and other solidarity groups such as SILC and women groups have played a noble role in delivering basic services to MVC and their households as described below:

3.1 Continue to provide the core, age-appropriate service package to OVC and expand coverage as needed in program districts.

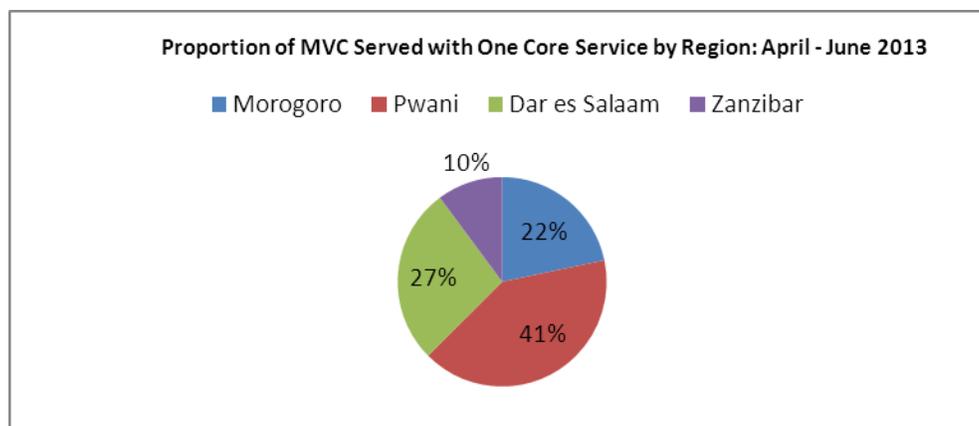
The program is committed to providing core services as described in the project design and NCPA II focusing on sex and age- appropriate service delivery model to ensure that MVC receive quality and comprehensive. This direct support is administered by our local implementing partners in collaboration with community volunteers, MVCC members and/or linkages with other service providers. A total of 39,136 (Male 20,146 and Female 18,990) MVC received at least one core service during this reporting period representing 63% of the annual target (62,002 MVC) and above 32,682 MVC reached last quarter by 6,454 MVC equal to 20% increase as illustrated in the chart below.



As a result of KICODET termination in Bagamoyo, Kibaha Rural and Kibaha Urban district councils, there was less performance on children that received a minimum of one core services than expected in those three districts. This is due to the fact that KICODET could not reveal the reports provided by the community volunteers on the services provided in the month of April 2013. This has resulted in low performance of Coast region (56% achievement out of the region target for FY 2013), affecting the whole program performance as Coast region serves 53% of our total target. The program is working hard to address the situation and expect to have all relevant information in the upcoming quarter.

MVC whose age ranges from 6–14 followed by 15–17 age received most of the services offered by the program mainly in terms of education support and PSS. The MVC < 6 age are mainly connected to caretakers and received services through caretakers’ reach out and direct health care services including health referrals facilitated by the program and immunization services provided by the government. Most of the + 18 age MVC accessed training support to acquire skills that would enable them to undertake productive activities and support themselves as they graduate from the program.

In terms of proportional MVC served, Coast region occupy 41% of all MVC who received at least one core service followed by Dar es Salaam (27%), Morogoro (22%) and Zanzibar (10%) as illustrated in the chart below.



Until end of June 2013, the program had a total of 52,104 (Male 27,055 and Female 25,049) MVC current in the program out of whom Coast region had 27,713 MVC representing 53% followed by Dar es Salaam 10,697 (20%), Morogoro 9,721 (19%) and Zanzibar 3,973 (8%). The program intends to enroll and serve more MVC next quarter to reach the target of 62,000 MVC set for FY 2013.

3.1.1 Provision of education support and vocational training

Provision of education and training support to MVC is meant to help them acquire knowledge and skills and manage themselves as they interact with social and physical environment and more important be able to realize their potentials. During this reporting period, a total of 5,767 (Male 3,019 and Female 2,748) MVC received education and vocational training support above last quarter figure (1,955) by 3,812 MVC equal to 195% - almost twice as much.

The Majority of MVC supported on education were at primary school level – 5,037 (87%), these were given scholastic materials and school uniforms while those at secondary schools and vocational training centers were assisted with school fees and scholastic materials as well as education counseling as summarized in the table below.

Table 11: Number of MVC provided with Education and Training Support by Region

Region	Primary		Secondary		Vocational Training		Total
	Male	Female	Male	Female	Male	Female	
Coast	1437	1420	319	182	18	35	3411
Dar es Salaam	192	81	16	11	5	13	318
Morogoro	37	35	12	10	0	1	95
Zanzibar	923	912	52	42	8	6	1943
Total Program	2589	2448	399	245	31	55	5767

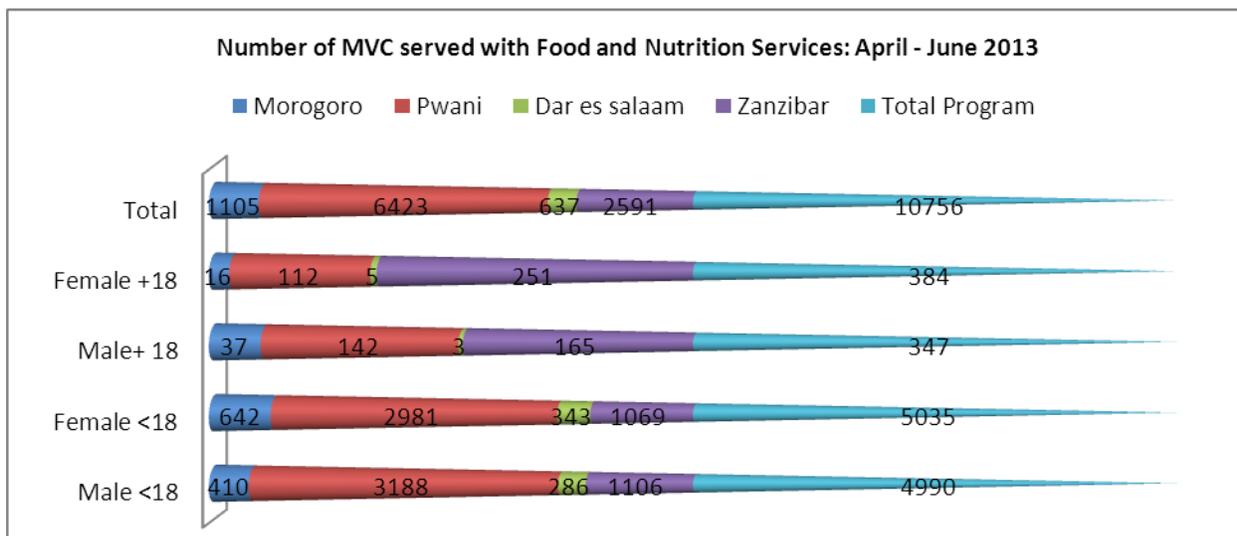
Source: Regional Quarterly Reports April - June 2013

In the provision of education and vocational training support, the program efforts were complimented by support extended to MVC by SILC MVC Funds, MVCCs, TACAIDS, individuals and other community solidarity groups in a way to support the government and the program efforts to ensure MVC get their right to education.

3.1.2 Provide Food and Nutritional Support

Healthy MVC and their caretakers need to be appropriately fed through own production and/or access to other sources including market and donations. To ensure this, interventions conducted by the program include nutrition education and counseling to MVC and their caretakers through home visits and at schools, mobilizing food resources from good Samaritans and referrals.

A total of 10,756 (Male 5,337 and Female 5,419) MVC were served with food and nutrition support during this reporting period. This is above last quarter (8,782) by 1,974 MVC equal to 22% and slightly below semi-annual reach (10,885) by 1% as illustrated in the chart below.

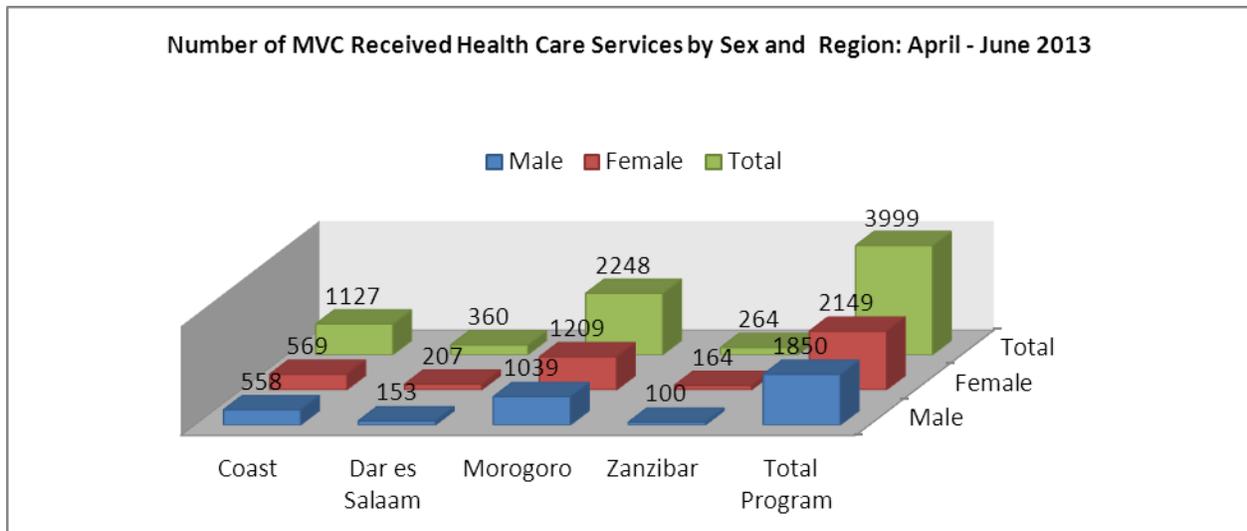


3.1.3 Support Access to Primary Health Care

The program promotes MVC and access to preventive health care services. Through volunteers, the program discharges referrals to MVC and their caretakers with the focus of keeping them healthy and productive to participate in daily activities and other development endeavors including education and production. The program managed to actively participate in the national immunization campaign for the under 5 children launched by the First Lady Mama Salma Kikwete on



April 22nd 2013 at Mlandizi ward in Coast region. We mobilized community members including caretakers to send their children to clinics to get Vitamin ‘‘A’’ and vaccination against recommended diseases such as diarrhea, polio, measles and tetanus. The theme of this year’s campaign is **“OKOA MAISHA, KINGA ULEMAVU, TOA CHANJO”** (*Save lives, Prevent disabilities, Vaccinate*). Same mobilization efforts were conducted in all districts of Dar es Salaam (two) and Morogoro (six) regions, also, other interventions such as WASH and health counseling were covered. A total of 3,999 (Male 1,850 and Female 2,149) MVC were served with one or more type of health care related support during this reporting period.



The trend of MVC receiving health care services vary with time and demand based on the assessment of the program through community volunteers and OVC focal persons who closely interact with MVC and their caregivers on regular basis.

3.1.4 Child Protection

Child protection remains one of the core program interventions in efforts to ensure that all children including MVC are free from abuse, neglect and exploitation across 25 districts where this program is operational. To date, the program has operationalized two child protection teams in Ilala and Kinondoni Municipalities. The initial plan was to establish other four comprehensive child protection teams in Morogoro and Coast regions, however the program decided to concentrate on the two municipalities as its life span remains with less than two years and yet the establishment need not only a huge fund resources but also competent human resource in the relevant thematic area and time .

While we concentrate on establishing a comprehensive child protection system in the two Municipalities, the program continue to work with stakeholders in all the districts to ensure children are protected from all sorts of abuse. This is done through awareness rising to the

MVCC members, community volunteers and other service providers to ensure they understand basics on preventing, responding and existing referral networks for supporting the victims.

During this reporting period, Morogoro, Coast and Dar es Salaam regions reported on GBV and VAC cases whereby a total of 121 cases were reported as detailed in table below.

Table 12: Number of GBV and VAC cases reported by Region and Type

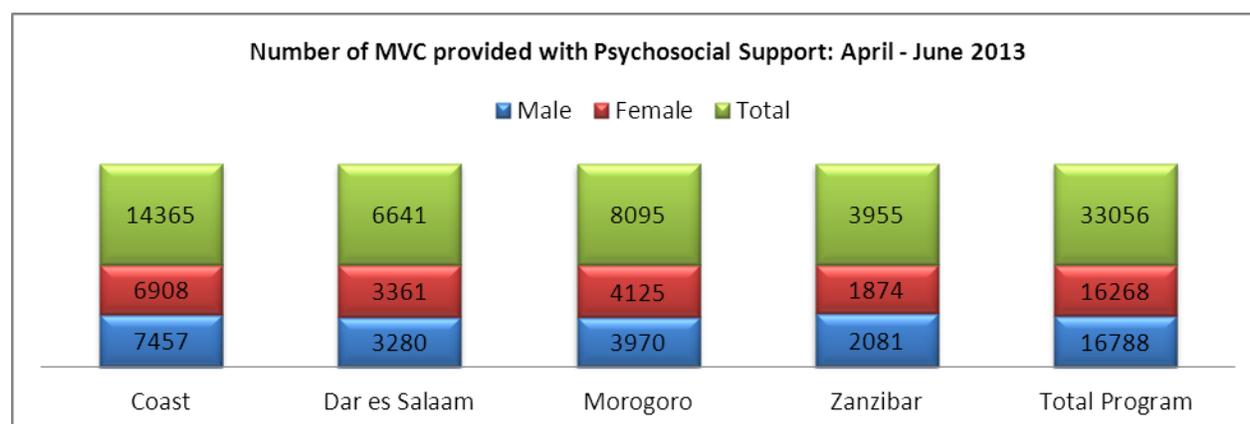
Region	Type of Abuse					Total
	Early Pregnancy	Sexual Abuse	Physical Abuse	Child labor	Child Neglect	
Morogoro	1	1	1	3	0	6
Coast	1	1	2	0	11	15
Dar es Salaam	0	32	24	0	44	100
Total Program	2	34	27	3	55	121

Source: Regional Quarterly Reports: April-June 2013

In Dar es Salaam, a follow up was made to understand the status of 133 (male 15 and Female 118) GBV and VAC cases reported last quarter. Official records show that 90 cases were closed out of which nine (7%) perpetrators were sentenced to jail, 15 (11%) paid fine and 66 (50%) cases had no sufficient evidence, 38 (28%) cases are still in court while five (4%) cases are under investigation.

3.1.5 Provide family based care/Psychosocial support

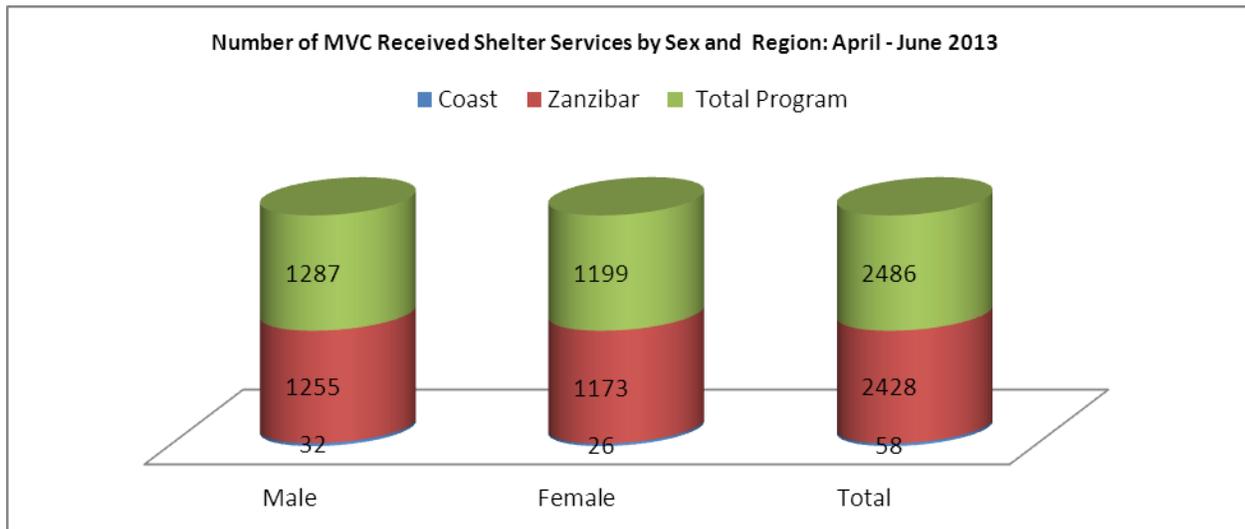
The program considers provision of psychosocial support (PSS) as the primary step towards helping MVC and their households develop ways and means of building resilience and access other basic and secondary needs with confidence and dignity. The program through community volunteer networks and referrals managed to reach a total of 33,056 (Male 16,788 and Female 16,268) MVC through home visits and children club sessions across all four regions as illustrated in the chart below. This represents 114% increase over 15,463 MVC reported last quarter.



3.1.6 Support Shelter Improvement

Shelter is one of the intervention focus in most rural and semi-urban areas across the program catchment area. Informed by prior supportive supervisions and CSOs field visits, efforts were made to sensitize community structures such as MVCCs, individuals and community groups to support poor MVC households improve their shelter condition and provide clothing to the needy MVC.

A good number of MVC households were reached out through community volunteers educating and showing MVC households how best they could change their shelter from dilapidated condition to a better one. The program has been encouraging those MVC households with support from the community members to use locally available building materials and labor resources from able bodied persons within their Villages/ Shehia. Data from Zanzibar and Coast shows that, a total of 2,486 (Male 1,287 and Female 1,199) MVC were served during this period connoting an increase of 419 (20%) over 2,067 MVC served last quarter.



In Coast region a total of seven houses owned by seven MVC households with 14 MVC members (Male 8 and Female 6) were repaired through Mtambani and Dunda MVCCs support worthy TZS 97,000 (US\$ 61) while 44 MVC (Male 24 and Female 20) received casual clothes worthy TZS 660,000 (US \$ 413) through linkage with four organized community groups in Bagamoyo district.

In Zanzibar, 8 (Male 4 and Female 4) MVC received casual clothes worthy TZS 240,000 (US \$ 150) donated by Chachani MVCC in Chakechake district while 10 (Male 5 and Female 5) MVC received clothes worthy TZS 75,000 (US \$ 47) from a generous business man based in Chakechake district. Efforts to explore with TASAF III in Pemba on the possibility of including MVC households in their beneficiaries group were made and further follow ups shall be conducted by our implementing partner on regular basis so as to leverage program resources from government funded initiatives.

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

Pamoja Tuwalee/FHI 360 believes that MVC are not only the recipients of services but they have capacity to take an active role in their own care, support and protection. Through that recognition, the program has designed interventions that strengthen and empower MVC to withstand and challenge their situations. Program staff facilitates engagement of MVC in children clubs and empowers volunteers with skills to facilitate and manage club activities. In addition, the volunteers and caretakers are empowered to listen, talk and provide the opportunity to children to make decision regarding their own lives. In this quarter, the following activities were implemented:

4.1.1 Establish and manage children clubs

Pamoja Tuwalee program promotes participation of MVC in club activities. Children meet on the weekly basis under the supervision of the trained volunteers, and receive age and gender appropriate information about health topics including; HIV prevention, life skills and resilience skills children rights, gender based violence issues. The clubs are composed by a maximum of 40 children male and female. This has been achieved through mobilisation of children to form and join children club. Using 250 trained volunteers on establishing and managing children clubs, a total of 103 new children clubs were formed with 3,056 (Male 1485 and Female 1571) members (see appendix VI for more details). This makes a total of 373 children clubs with 11,812 (Male 5761 and Female 6051) children - an increase of 28% from last quarter.

The table below shows the cumulative number of children clubs and the members in the program

Table 13: Number of new and cumulative children clubs

Region	# of clubs in reported quarter II		Cumulative # of clubs – quarter III	# of children participating in the clubs during the reporting period		
	# of clubs	club members		Male	Female	Total
Morogoro	75	2673	84	1287	1454	2741
Coast	137	4255	215	3355	3462	6817
Dar es Salaam	38	1064	42	578	590	1168
Zanzibar	22	632	34	541	545	1086
TOTAL	272	3056	373	5761	6051	11812

Source: Regional Quarterly Reports April-July 2013

4.1.2 Strengthening the management of Children clubs

As part of supportive supervision activities, the teams from the program country office visited five children clubs in Coast and Zanzibar (Unguja). Among others, the team aimed at enhancing the capacity of the children club attendants, listening to children views about their participation in the clubs and making meaningful recommendations for future improvements. Children who were interviewed demonstrated a high level of cognitive capacity growth, confidence and self-esteem, and more importantly, they have good understanding about their rights and responsibilities. Following revision made in the children club guidelines in the last reporting quarters that include more information on self-protection from abuses, the children demonstrated clearly their understanding of child abuse and where to report the incidence of violence in case they happen to be victims or their fellows.

Apart from the program headquarters staff visit, the implementing partners continued to provide support to the children club attendants in all 25 districts.

Playing is one of the key components for children during the children clubs sessions. In the previous quarters the program had provided playing materials, however during the supportive supervision, it was noted that some of them need to be replaced. The program will facilitate the existing and new formed children clubs with playing materials in the next fiscal year.



One of the children club attendants demonstrating how to express feelings through dino picture

4.2 Provide age and gender appropriate HIV prevention and education

Children clubs are used as a platform for reaching children with information on Sexual and Reproductive Health, malaria, life skills and HIV and AIDS. A total of 1,028 children were reached during this reporting period. This included 36 (Male 10 and Female 16); 907 (Male 445 and Female 462); and 85 (M46 and F 39) for Dar es Salaam, Bagamoyo and Morogoro respectively. The program provided relevant information to youth through other different forums. For example in Coast region, a total of 300 copies of “SI MCHEZO” magazines produced by Femina HIP were distributed in six districts. SI MCHEZO magazines target adolescents and inform them on how to prevent HIV.

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

The program is committed to ensure the psychosocial wellbeing needs of the MVC are met. Realizing the psychological problems resulting from abuses, the program put emphases on addressing this need to the victims of GBV and VAC, in additional to other services provided direct or through referral system. The program also seeks to strengthen the community capacity to prevent, respond to and care for the victims of violence through coordinated and responsive community based system. During this quarter, community volunteers, MVC family members, ward and village executive officers, teachers and police, are reported to have jointly supported about 121 victims of GBV and VAC in Morogoro, Coast and Dar es Salaam making a cumulative total of 254 children supported from last reporting quarter.

Out of 121 GBV and VAC cases reported, 110 (91%) received counseling services in line with other immediate care relevant to their needs. In Dar es Salaam, sixty-one (61) cases were reported to police, 83 cases were referred for support to the Department of Social Welfare. In Coast region, 15 cases were reported to the village authorities by teachers and volunteers, and 11 cases were dealt with through collaboration between MVCC, community volunteers, village authorities and social welfare officers.

Activity 4.4: Provide disabled OVC with accurate and appropriate information about their rights and HIV/AIDS

The program recognises that MVC and children with disabilities in particular are likely to face more challenges compared to other groups of children within their societies. Without support, these challenges may hinder their participation in social services and development activities. During the reporting period, volunteers continued to provide non-material support to children with disabilities and their caretakers through home visits reaching a total of 595 disabled children as per table below.

Table 14: Summary of MVC with disabilities reached

Region	Type of Disabilities										Total
	Mental	Albinism	Deafness	Blindness	Disabling of links	Dumb	Deformity of the foot	Mobility impairment	Speech	Physical	
Morogoro	19	5	1	0	3	1	3	0	0	0	32
Coast	65	41	22	59	0	75	0	0	0	67	329
Dar es Salaam	48	5	29	22	0	0	0	0	0	59	163
Zanzibar	14	3	5	2	0	0	0	46	1	0	71
Total	146	54	57	83	3	76	3	46	1	126	595

Source: Regional Quarterly Reports April – June 2013

All 595 children with disability were reached as well as 281 caretakers. The key focus was to address barriers that limit children with disabilities from enjoying their rights, and encourage caretakers to fulfil their caretaking responsibilities including taking care of the special needs of these children. In addition, 46 children with vision disabilities were referred to Tanzania Labour for Blind for visual aid by JIMOWACO in Coast region.

4.5 Support mobile registration to provide MVC with birth certificates

In Tanzania, birth certificates are required to acquire citizenship, which is fundamental for accessing education, property inheritance and employment. Unfortunately not every child automatically accesses birth certificate after birth, although the Law of Child Act provides directives³. Pamoja Tuwalee continues to collaborate with the government and other service providers to ensure that MVC have access to this important service while advocating at National level for subsidized or free birth certificates for all MVC.

Enhancing Inter-sectoral Coordination and Collaboration During this reporting period, Pamoja Tuwalee/FHI 360 collaborated with non-governmental agencies and government institutions including Police; Department of Social Welfare; Children & Reproductive Health; and UN agencies in spearheading children issues including those of child protection, establishment of one stop center, monitoring and evaluation and general OVC issues as detailed below:

³ Section 6 (3); The Law of Child Act, 2009

Police-partner coordination group on GBV and CP: In this reporting quarter the program actively participated in government-led (Police) meetings that focused at improving national guidelines in response to Child abuse cases and protection systems. The guidelines will be used to scale up gender based violence and violence against children responses to other regions based on lessons drawn from six districts under the pilot program.

Most Vulnerable Children IPG and Child Protection Working Group: As reported in the previous reports, the program has continued to attend the monthly MVC IPG and child protection working group meetings for the purpose of sharing experiences as well as progress made by each MVC implementing partner. Further, the program shared its monthly updates for all three months. These meetings, coordinated by the government, are organized in order to improve coordination of interventions on care, support and protection to MVC.

Monitoring and Evaluation Working Group: our staff participated in the M&E Technical Working Group activities organized by DSW in collaboration with other implementing partners. In this quarter, the major activity of this group was development of the draft Monitoring and Evaluation Plan for NCPA II.

One Stop Center Technical Working Group: Following the workshop on validating the OSC guidelines, all the follow on meetings were done to finalize the guidelines and define the next steps. FHI 360 continues to be an active member of this working group and have participated in all three organized meetings by the secretariat during this reporting period.

Pamoja Tuwalee Implementing Partners: On quarterly basis the program joins the other Pamoja Tuwalee Implementing Partners to share experiences and updates on the progress on implementation of the program. The focus during this reporting period was the continuation of child protection system strengthening discussion, upcoming Pamoja Tuwalee evaluation and receiving feedback from our donor on the quarterly report submitted for quarter two of 2013.

MONITORING

The program continues to monitor very closely the implementation of its activities. Based on that, the program staff at headquarters and regional office meet on regular basis to review its progress on the planned activities. From the discussion and the feedback provided, adjustments are made accordingly.

Supportive supervision is a main activity done by the program as part of monitoring its implementation status at all levels. This quarter, program staff conducted joint supportive supervision across all 25 districts in May 2013. This supervision aimed at monitoring the program implementation and provide on-site support to LGAs and partners in order to improve program performance.

CHALLENGES

As it was reported in the last reporting period, some planned activities for this reporting period could not be performed due to delayed funding. This includes dissemination of street children

beggars report, caretaking skills for caretakers and training for Social Welfare Officers and police on GBV and VAC among others. These activities will be implemented in the next quarter.

PRIORITY ACTIVITIES FOR NEXT QUARTER

- Conduct supportive supervision in all 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
- Conduct MVCC capacity building training in Dar es Salaam Region
- Train MVC caretakers on livelihood
- Dissemination of NCPA II in 15 districts
- Facilitate identification of MVC in Ulanga and Rufiji districts
- Disseminate street children beggars report
- Develop National Plan and Budget for FY 2014.

SUCCESS STORIES

1. HELPING CHILDREN BUILD CULTURE OF SAVING AT EARLY AGES

Saving is meant to forgo current consumption for future investment. In a poor community, this has been difficult because of inadequate income to meet daily basic needs. Amani Children SILC group in Kisarawe district in Coast region has shown the community that it is possible to save even if one has no enough to spend since saving is a practice that can be nurtured as one grows. For years, active- poor women in Chole village have been involved in savings and lending activities through small groups of likeminded persons called “Upatu” or “vijumbe”- a replica of the conversional merry-go-round model.

During their weekly meetings, women were accompanied by their children who slowly started to imitate what their mothers and guardians were doing but they could not be helped to realize the game until Pamoja Tuwalee program came on board in 2011 and introduced the idea of forming SILC groups as to encourage caretakers and other members of Chole village to save, borrow and invest while setting aside a certain amount for MVC fund. This kind of savings and credit scheme was positively received by women of Chole village who requested the project to help them facilitate children SILC group for two reasons: firstly, children will have control over their savings and decision on the use; secondly, children shall build the culture of saving and investing in child-friendly projects such as local chicken rearing and marketing of their products, in this case eggs.



For the group to take off and encourage children to participate in weekly meetings and buy shares, women agreed to support their children by providing initial money and save into their SILC group on their behalf and support running of their projects while they are in schools until they are able to manage themselves. The value of one share was as low as TZS 200 (US \$ 0.13) in order to help their children to save easily. The group has 30 (Male 15 and Female 15) children with a capital of TZS 909,000 (US \$ 568) raised since December 2012 when it was established by the program Community Resource Person (CRP). Group records show that, a total of TZS 770,000 (US \$ 481) has been loaned out to Amani SILC Group members through their mothers and guardians at the interest rate of 5%.

One of the loan beneficiaries is Mama Richard –a guardian of Richard (12 years boy) schooling at Chole Sangula Primary School, she had this to say,”...*I have accessed loan two times with a total amount of TZS 60,000 (US\$38) that helped me to expand my food business (making “chapatis”) and enabled me to pay back the loan and school fees for Richard’s brother”.*

Generally, children themselves enjoy being part of SILC initiative since they acquire leadership skills, develop saving culture and through their group, their parents/guardians can now access loan and pay for their education while meeting other needs of their families.

2. INVESTING IN MVCC; A MEANS TOWARDS SUSTAINABLE MVC CARE, SUPPORT AND PROTECTION, KIMAMBA “A” MVCC STORY

Most Vulnerable Children Committee (MVCC) is a significant structure within the domain of MVC program in Tanzania. The structure is designed purposely to support and link the targeted community i.e. MVC and their caregivers with any other program that surface to support MVC at that particular area. In the long run, the MVCC aim at ensuring availability of services to MVC in a sustainably manner. Without strengthening the capacity of these committees on how to fulfil their roles and responsibilities, not much can be realized. It is through this understanding that FHI 360 through its Pamoja Tuwalee program continue to empower the MVCCs through different strategies including training.

Last year, the program conducted a refresher training to 460 out of 1312 MVCCs. The training emphasised on their roles and responsibilities, identification of the areas that needs improvement and setting strategies to address the identified challenges Kimamba “A” MVCC members were part of the refresher training and one of their commitment/plan was to establish a garden project that will not only generate income for MVC support but also be consumed among the MVC families.



MVCC members preparing their action plan during the refresher

As part of supportive supervision to the MVCCs; Pamoja Tuwalee headquarters team, Huruma AIDS Concern and Care (HACOCA)- one of Pamoja Tuwalee/FHI360 partner in Morogoro together with the District Social welfare Officer- Kilosa, visited Kimamba 'A' MVCC to see the progress made after the training; the visiting team noted good steps that were taken by the MVCC members after the training. This includes acquisition of half acre of land, preparation of the garden and were looking forward for cultivation.



However, the MVCC members indicated that they had no enough skills on gardening.

Based on that, HACOCA linked them with Tanzania Agricultural Productivity Program (TAPP) experts, in which all members and some of the MVC caregivers were imparted with skills on how to prepare and manage vegetable garden. As indicated on the photo, the given space is filled with various vegetables including Chinese spinach, amaranth and sweet potatoes. To date some MVC have started to access vegetables from this garden and the plan is to sell other to the community members. The profit will be used to support MVC in Kimamba "A" village.

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