

PamoiaTuwalee



**USAID**  
FROM THE AMERICAN PEOPLE

**fhi360**  
THE SCIENCE OF IMPROVING LIVES



**FAMILY HEALTH INTERNATIONAL**  
**PAMOJA TUWALEE PROGRAM - COAST ZONE**  
**Cooperative Agreement No. 621-A-00-10-00027-00**  
**Quarterly Performance Narrative Report**  
**July to September 2013**

**Submitted to: Elizabeth Lema**

**USAID Tanzania**

**For further information contact:**

**Priskila Gobba**  
**Off Haile Selassie Road Ali Bin Said**  
**Street Plot No. 8/10 Oysterbay**  
**Tel: 255 754 783445**  
**Dar es Salaam, Tanzania**

## Contents

ACRONYMS .....	iii
EXECUTIVE SUMMARY .....	v
PROGRAM IMPLEMENTATION REPORT .....	1
<b>INTRODUCTION.....</b>	<b>1</b>
<b>PROGRAM ADMINISTRATION AND MANAGEMENT.....</b>	<b>4</b>
ACTIVITIES ACCOMPLISHED.....	5
<b>OBJECTIVE ONE.....</b>	<b>5</b>
<b>OBJECTIVE TWO.....</b>	<b>15</b>
<b>OBJECTIVE THREE.....</b>	<b>266</b>
<b>OBJECTIVE FOUR. ....</b>	<b>33</b>
<b>ENHANCING INTER-SECTORAL COORDINATION AND COLLABORATION.....</b>	<b>37</b>
<b>PROGRAM MONITORING.....</b>	<b>39</b>
<b>PRIORITY ACTIVITIES FOR NEXT QUARTER.....</b>	<b>39</b>
SUCCESS STORIES.....	40
LIST OF TABLES.....	43
LIST OF APPENDIXES.....	44

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CPWG	Child Protection Working Group
CRP	Community Resource Person
CSO	Civil Society Organization
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
PSS	Psychosocial Support
QI	Quality Improvement
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
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**

Family Health International (FHI 360) is implementing a five year Pamoja Tuwalee program funded by USAID in Coast zone - Tanzania comprised of Dar es Salaam, Morogoro and Pwani regions in the mainland and Zanzibar through partnership with ten Local Civil Society Organizations (CSOs) and 25 Local Government Authorities (LGAs). FHI 360 is among the four Pamoja Tuwalee program Implementing Partners since 2010. The other partners are in Central, Lake, Northern and Southern Zones of Tanzania.

The goal of this program is to improve the quality of life and wellbeing of Most Vulnerable Children (MVC) and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection.

This report covers the annual period of October 2012 to September 2013 and fourth quarter starting July to September 2013. The report narrates on implementation of the planned activities, achievements and lessons learnt for replication and improvement in the next period.

Among other activities, objective one was realized through the dissemination of the MVC National Costed Plan of Action II (NCPA II) to 15 Local Government Authorities (LGAs). On dissemination we reminded them on their role to support and coordinate service delivery through activating District Implementing Partners Groups (DIPGs) and Child Protection Teams. Communities were sensitized to support MVC and their caretakers, as a result during the year TZS 83,908,208 (US \$52,442) was contributed for support to 3,532 (1,721 male and 1,811 female) MVC. The fund was used for paying MVC school fees, scholastic materials, food and nutrition support.

Under objective two, the program facilitated the establishment of 27 new Saving and Internal Lending Credit (SILC) groups composed of 590 members (90 male and 500 female), which saved TZS 26,890,350 (US \$ 16,806) and contributed TZS 3,866,500 (US \$ 2,417) to MVC Fund. By September 2013, a total of 265 SILC groups had been formed with participation of 6,663 (1,499 males and 5,164 females) members. These groups have saved TZS 584,439,820 (US \$ 365,274) and contributed TZS 40,203,750 (US \$ 25,127) to MVC Funds.

Under objective three, the program provided at least one core service to 53,530 (27,561 male and 25,969 female) MVC. This represents a 37% increase above the 39,136 MVC supported last quarter. This makes a total of 61,548 (31,422 Male and 30,126 Female) MVC served between October 2012 to September 2013, representing 99% of the annual target (62,000).

Through objective four, child abuse and GBV cases were reported and provided with PSS, health care and legal advice in Morogoro, Coast and Dar es Salaam regions whereby 36 (male 12 and female 24) new cases were reported, for a total of 204 (40 male and 164 female) cases reported to date.

The program implementation in FY 2013 was successful as all the key targets were surpassed due to concerted efforts, strengthened monitoring and field supportive supervision, in addition to increased commitment by local communities in responding to MVC needs.

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

Coastal zone is bordered by the Indian Ocean on the East Coast and regions of Iringa, Dodoma, Tanga and Lindi on the other sides in mainland Tanzania. Unguja and Pemba are islands, surrounded by the Indian Ocean. The program target was to cover all 26 districts in the Coast zone, however we noted that PASADA<sup>1</sup> was implementing the OVC program in Temeke Municipal Dar es Salaam region thus it was decided to leave Temeke Municipal to her while we cover the remaining Ilala and Kinondoni Municipalities in order to avoid overlapping and double counting of results.

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 Coastal zone is calculated at 8,985,270<sup>2</sup>. 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 above National prevalence (5.6%) recorded at 6.9%<sup>3</sup>. This is seconded by Coast region with a prevalence rate of 5.9%, followed by Morogoro 3.8% and Zanzibar being the least with 1% prevalence. 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.

---

<sup>1</sup> PASADA is a faith based organization implementing OVC and other HIV related program with funding from USAID

<sup>2</sup> 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.

<sup>3</sup> Tanzania Commission for AIDS (TACAIDS) Dar es Salaam, Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Ministry of Finance Dar es Salaam, Office of Chief Government Statistician (OCGS) Zanzibar and ICF International Calverton, Maryland USA: March 2013

In this reporting period, the program reached a total of 53,530 (27,561 Males and 25,969 Female) MVC with at least one core service. This represents a 37% increase over the 39,136 (20,146 male and 18,990 female) MVC reached last quarter, and 85% of the MVC (62,740) in the program as of the end of September 2013. During this Annual Progress Report (APR), a total of 61,548 MVC (31,422 male and 30,126 female) received at least one core service. This represents a 37% increase over the previous Annual Progress Report in which of 44,887 MVC received services and 99% achievement against FY 2013 target of 62,000 MVC.

**Table 1: Program Geographical Coverage and MVC Reach**

Region	Dar es Salaam	Pwani	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%)	97 (85%)	105 (59%)	198 (39%)	490 (49%)
Total # of villages in the region	273	621	895	NA	1789
# (%) villages covered by the program	92 (34%)	432 (72%)	566 (65%)	NA	2,175 (122%)
5 years targeted # of Households	2500	7101	1568	901	12,070
# (%) of households reached	4,923 (197%)	13,265(187%)	8,799 (561%)	3,182 (353%)	30,169 (250%)
5 years targeted # of MVC	5,001	28,405	6,272	3,605	43,283
# of MVC Ever enrolled	11,072	38,494	11,370	3,973	64,909
# of MVC Current: July – September 2013	11,572	29,669	13,773	7,726	62,740
# of MVC served: October 2012 to September 2013	11,762	28,076	13,881	7,829	61,548

# of MVC served: July to September 2013	7,441	25,327	13,036	7,726	53,530
<b>MVC served: sex disaggregation: July – September 2013</b>					
Male	3,786	13,272	6,486	4,017	27,561
Female	3,655	12,055	6,550	3,709	25,969
<b>MVC served: age disaggregation: July – September 2013</b>					
<6 years	1,142	3,498	917	1,295	6,852
6-14 years	4,520	15,755	8,332	4,978	33,585
15-17 years	1,386	5,474	3,411	1,247	11,518
18+ years	393	600	376	206	1,572

**Source: Quarterly Report: July – September 2013**

## PROGRAM ADMINISTRATION AND MANAGEMENT

### Staffing

During this reporting period, the program lost the Senior Technical Officer- Public and Private Partnership/Economic strengthening, the process is underway for replacement. We also conducted interviews for the Technical Officer M&E position. The successful candidate was identified and the hiring process is under way.

### Funds Disbursed to Partners

The program continued to work closely with its partners to build their capacity to implement their plans. This includes provision of technical, organization and management guidance as well as disbursement of funds. A total of **TZS 131,054,366** was disbursed to all 10 Sub grantees in the coast zone as summarized in table 2 below:

**Table 2: Fund Disbursed to Sub grantees and Expenditure from July to September 2013**

Sub Grantee	Funds Disbursed (TZS)	Expenditure (TZS)
Faraja Trust Fund	16,571,000.00	16,149,500.00
Roman Catholic Diocese of Mahenge	19,364,400.00	14,728,100.00
Huruma AIDS Concern and Care (HACOCA)	16,185,000.00	17,778,050.00
Deloitte- Pwani (Centrally controlled amount for Bagamoyo, Kibaha Rural and Urban districts)	17,008,875.00	18,948,600.00
Baraza la Misikiti Tanzania (BAMITA)	11,000,000.00	17,081,050.00
Jipeni Moyo Women and Community Organization (JIMOWACO)	0	20,785,900.00
Roman Catholic Archdiocese of Dar es Salaam (YAM and Mafia Parish)	0	19,299,849.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	0	17,561,575.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	36,929,991.00	37,469,817.00
Zanzibar Muslim Women Association to Support Orphans (ZAMWASO)	13,995,100.00	21,149,200.00
<b>Total</b>	<b>131,054,366.00</b>	<b>200,951,641.00</b>

**Source: Grants Records: July – September 2013**

As indicated in table 2 above, total funds transferred to Sub grantees is less than the total funds that was spent during the quarter, this is due to the fact that Sub grantees had a balance amounting to TZS 90,947,241 that was carried forward from the previous quarter. The mentioned balance and the amount transferred make the total of TZS 222,001,607 which accommodated the aforementioned July - September 2013 expenditure.

## **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.**

Based on the lessons learned in year one and two of the program implementation, the program continued to strengthen the capacity of community members and Local Government Authorities to increase and improve care, support and protection of MVC. Strengthening the capacity of community members and LGAs is significant in developing sustainable mechanism for provision of services to MVC. During FY 2013, the program strengthened the capacity of community volunteers, Most Vulnerable Children Committees (MVCC), LGAs (specifically Social Welfare Officers) to be able to respond to the needs of MVC in efficient manner. The capacity building activities include trainings, awareness raising, supportive supervision, coaching and mentoring. Parallel with that, the program maintained its strategy of sensitizing and mobilizing resources from the private sector, communities and individuals through its advocacy campaign. Below are details of specific activities conducted during this reporting period:

### **1.1 Mobilize support for OVC through advocacy campaign.**

Despite WAMA's contract coming to an end, the program continued to use other existing structures to mobilize resources for MVC support and their families such as DIPGs, MVCCs and SILC groups. As a result of this effort, the program continued to recognize and document the impact as follows:

#### **1.1.1 Use different communication strategies to influence response to MVC needs**

By the end of this reporting period, LGAs, MVC caretakers, SILC group members, MVCC and other private companies and individuals contributed about TZS 83,908,208 (US \$52,442) for MVC support and their households. The amount contributed supported a total of 3,532 (1,721 male and 1,811 female). Out of this contributions, TZS 50, 498, 200 (US\$ 31,561) came from LGAs to cater for education needs of MVC. These funds were used to provide MVC with school fees, school uniforms, shoes, scholastic materials, food support and health services.

#### **1.1.2 Provide advocacy training to local CSO partners, region program staff and district Social Welfare Officers**

In scaling up its advocacy campaign, the program organized and conducted a one day orientation on advocacy campaign, strategies and materials in collaboration with WAMA Foundation.

The orientation aimed to review 10 advocacy messages developed by WAMA targeting the government, the private sector and the community. These advocacy messages provide information on the roles and responsibilities of the LGAs, private institutions and other community members in care, support and protection of MVC. The 32 (13 male and 19 female) participants were comprised of

Social Welfare Officers, FHI360 regional technical officers and MVC focal persons from Dar-es-Salaam, Morogoro, Pwani Regions and Zanzibar. The major outcome of this meeting was the commitment and action plan for advocating for MVC activities in the LGAs by the DSWOs from all the districts in the participating regions.

## **1.2 Strengthen LGAs to implement the NCPA II/ZCPA**

To ensure sustainable and comprehensive care, support and protection to MVC and their households, the program continued to work closely with both central and LGAs Government.

In this FY 2013, the program continued to facilitate DIPGs forums in collaboration with different LGAs and other stakeholders. During this reporting period, five districts of Mkuranga in Pwani, Ilala and Kinondoni in Dar es Salaam and Kilosa and Kilombero in Morogoro conducted DIPG meetings. It is through these forums that different issues concerning MVC are discussed as well as facilitation of referrals and linkages.

In addition, following participating in development and launching of NCPA II, the program organized and conducted a series of dissemination meetings to 14 LGAs in Dar es Salaam, Morogoro and Pwani regions. The dissemination targeted the Council Management Team (CMT) members, Child Protection (CP) members and District Security committee. The meetings aimed to develop a common understanding of NCPA II as well as explore district strategies to implement it. Over 600 copies were distributed to participants to guide them on the implementation. Other specific activities performed include:

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

Participating in LGAs pre and planning session has remained one of the major strategies to advocate for MVC budget increase in the LGAs' MTEF. In the approved LGAs' MTEF there is a notable increase in planning and budgeting for MVC.

During this reporting period, the program continued lobbying to ensure the LGAs increase resources for MVC. Apart from the advocacy done during the dissemination of MVC NCPA II, the program continued to advocate for the use of MVC allocated funds accordingly, unlike in the previous years where some LGAs budgeted for MVC but used the MVC funds for other activities. For example, during this reporting period the LGAs contributed a total of TZS 50,498,200 (US\$ 31,561) to provide education support. Of this amount, TZS 21,000,000 (US \$ 13,125) came from Ilala Municipal Council- Dar es Salaam reaching 400 MVC with scholastic materials, followed by Morogoro Rural District Council which supported 209 (Male 83 and Female 126) MVC with school fees worth 4,160,000 (US \$ 2,600) in seventeen (17) wards and Bagamoyo District Council through TASAF III supported 102 (Male 41 and Female 61) MVC students with school fees worth TZS 1,928,200 (US \$ 1,205).

In Zanzibar where structural adjustment reforms are going on, LGAs do not have the capacity to plan and execute funds for support of MVC. The Department of Social Welfare is mainly responsible for

planning and budgeting. The program will continue to lobby to DSW Zanzibar so that Pamoja Tuwalee Program staff can participate in the planning session at DSW.

### **1.2.2 Support districts to translate the NCPA/ZCPA into District action plans**

The dissemination meetings organized and conducted by the program in 14 districts in Pwani and Morogoro region resulted in LGAs further commitments to implement NCPA II. The program continued to guide LGAs on planning and budgeting for MVC through budgeting and planning session and other MVC forums. Specifically the program will continue to follow up and provide technical support on commitments made by district council during dissemination meetings of NCPAII.

During this quarter, the program continued to work closely with the LGAs and slowly letting them coordinate MVC activities in their districts. For example all the DIPGs conducted in this FY 2013 have been prepared by LGAs. This includes preparation of the agenda and inviting the participants.

### **1.2.3 Support the development of 15 District MVC support funds by 2015**

Lessons learned suggest that facilitating the establishment of District MVC support funds duplicates efforts and conflicts with other government established structures. The program therefore decided to concentrate on supporting the establishment of village/Shehia MVC funds. More details are provided under section 1.3.4.

### **1.2.4 Provide TA to District Social Welfare Officers to implement MVC Care and Support**

During the course of implementation, the program has been involving DSWOs in various activities such as trainings, supportive supervision, mentoring and coaching of MVCC and volunteers. The technical support provided focused on strengthening DSWOs capacity to manage MVC programming. During this reporting period the DSWOs participated in the following activities:

- **Orientation on Advocacy Campaign.** All DSWOs in the Pamoja Tuwalee Program intervention areas attended a one day orientation workshop on advocacy strategies, messages and materials conducted by WAMA foundation in collaboration with the Program. The workshop aimed to review and refining the developed advocacy messages. All DSWO showed their commitment by participating in the development of district work plans to implement the campaign in their districts.
- **Quarterly Supportive Supervision Visits.** On a quarterly basis, the program staff and the DSWOs conduct joint supportive supervision to MVCCs, Community volunteers and CRPs. These joint supervision visits will help ensure that the DSWOs understand the nature of the program support to MVC and slowly take over. Following this initiative, DSWOs are becoming actively involved in monitoring the MVC work with or without the program staff. In line with that some LGAs are now budgeting for DSWOs supportive supervision unlike in the previous years. For example both Kisarawe and Kibaha Town councils in Pwani have budgeted TZS 5,000,000 (US\$ 3,126) each for DSWOs supportive supervision.

- **MVC Identification Exercise.** District Social Welfare officers were trained as ward facilitators during a MVC identification exercise in Pwani region. The 50 trained ward facilitators ultimately facilitated MVC identification process that resulted in the identification of 1871 MVC. The District Social Welfare Officer in Dar es Salaam participated fully in the selection of 60 (30 Male and 30 Female) MVC who are sponsored by International Youth Foundation (IYF) to pursue different courses at Vocational Education Training (VETA) Center.

### **1.2.5 Improving Program Performance and Quality through Program Monitoring and Supportive Supervision**

The main objective of conducting program monitoring and supportive supervision visits to IPs is to monitor progress in program implementation and identify opportunities to enhance the technical quality of interventions and activities. Building on the findings of supportive supervision organized by country officer in the last quarter, and with technical support from FHI360 Headquarter, the program has finally completed reviewing the supportive supervision tools and shared them with the regional team. During this reporting period, all country and regional staff have been oriented on the revised tools and plans are underway to orient the program’s local implementing partners. Meanwhile, the regional team, sub grantees and DSWOs were able to organize and conduct joint supportive supervision in some selected areas as indicated below:

#### **1.2.5.1 Joint supportive supervision with District Social Welfare Officer**

Supportive supervision visits this quarter focused on MVCCs in Pemba, Morogoro Rural, Mafia district council Ilala and Kinondoni Municipal. During these visits the team followed up on issues identified during supervision in the previous quarter, such as the fact that none of the MVCCs had updated their MVC register on time, among others. . Below is a summary of some of the issues identified and the recommendations provided:

	<b>Finding</b>	<b>Recommendations</b>
	MVCCs are not able to meet regularly	MVCC are supposed to meet on monthly basis. The visiting staff led by DSWOs encouraged the MVCC to meet on monthly basis and that was also communicated to Village/street executive officers to ensure the meeting happens

<ul style="list-style-type: none"> <li>• It was found that, most of the MVCC members lack knowledge on updating of the MVC register</li> <li>• Some MVCC members are new after some of existing members left due to different reasons including migration and/or death. The new members are not conversant on important roles though they have been informed by their fellows</li> <li>• Some of the planned activities are non-implementable without additional resources</li> <li>• Improper MVC register</li> </ul>	<ul style="list-style-type: none"> <li>• ,The program has planned to support the districts in conducting a refresher training to most of the MVCCs which were formed before the program started. This is planned in FY 2014.</li> <li>• During the refresher training the program, in collaboration with DSWOs, will assist the MVCCs to ensure they have realistic plans depending on the availability of resources in their village/street.</li> <li>• The training will also include proper MVC register information</li> </ul>
<p>Some MVCCs failed to open bank accounts</p>	<p>Direct support on the entire process of opening the bank account for some of the MVCCs who had problems on that were supported. Example in Morogoro , Tungi ward with DSWO support opened the account within short period</p>

### 1.3 Strengthening MVCC to Lead Community Support for OVC

Most Vulnerable Children Committee (MVCC) is the government established structure responsible for leading, coordinating and leveraging the care, support and protection for MVC at village/Shehia level. The NCPA II states that MVCC is a subcommittee of the public and social welfare committees/Social Service committees. The MVCC is the entry point for any implementing partner working within the mtaa or village level. The MVCC play the vital role of ensuring that MVC issues are included within the village plans. The committees will also be responsible for the overall implementation of child protection interventions. Strengthening the capacity of MVCC to assume their roles has been a program priority. The following are specific activities conducted during this reporting period.

#### 1.3.1 Develop and Implement capacity-building plans for existing MVCC

In this FY 2013, the program continued to work with the 460 MVCCs that received refresher trainings in FY 2012. During this quarter, the program facilitated the identification of MVC in 57 village/streets in Morogoro and Pwani as well conducted refresher training to all Dar es Salaam MVCCs as they were trained in FY 2011. All members of the new MVCC formed were trained on their roles and responsibilities while the program, together with DSWOs, continued to build their capacity through supportive supervision

### 1.3.2 Advocate for membership of current community volunteers on MVCC

Previous experience indicates that having community volunteers as MVCC members benefit both the committee and the program. Volunteers use their expertise to facilitate linkages among stakeholders as well as sharing program activities and reports. Community volunteers have been facilitating sharing of reports and strategies to improve services provided to MVC and their households. Throughout program implementation, the program has been applying that lesson by encouraging more community volunteers to become MVCC members. During this reporting period the numbers of community volunteers who became members of MVCC have increased from 755 to 767 this quarter which is 92% of all volunteers. The program will continue to encourage and lobby the remaining volunteers to become MVCC members. Table 3 below shows the number of volunteer who have become MVCC members by District and Sex during this reporting period

**Table 3: Current Status of Volunteers in the Program during July-September 2013 desegregated by District and Sex**

Sub Grantee	District	# Volunteers			# MVCC members			Change of % September
		Male	Female	Total	Male	Female	Total	
RC Mahange	Ulanga	28	37	65	26	36	62	95
	Kilombero	28	22	50	21	18	39	78
HACOCA	Mvomero	10	23	33	10	23	33	100
	Kilosa	14	19	33	14	19	33	100
FARAJA TRUST	Morogoro (U)	7	19	26	7	19	26	100
	Morogoro (R)	22	13	35	22	13	35	100
<b>Sub Total</b>	<b>Morogoro Region</b>	<b>109</b>	<b>133</b>	<b>242</b>	<b>100</b>	<b>128</b>	<b>228</b>	<b>94</b>
KICODET	Kibaha TC	19	26	45	19	26	45	100
	Kibaha (R)	22	22	44	22	22	44	100
	Bagamoyo	47	38	85	41	38	79	93
BAMITA	Kisarawe	29	25	54	29	25	54	100
JIMOWACO	Mkuranga	56	39	95	56	38	94	99
	Rufiji	8	32	40	8	27	35	88
RC Archdiocese of Dar es Salaam - Mafia Parish	Mafia	12	11	23	12	11	23	100
<b>Sub Total</b>	<b>Pwani Region</b>	<b>193</b>	<b>193</b>	<b>386</b>	<b>187</b>	<b>187</b>	<b>374</b>	<b>97</b>
WAMATA Dar	Kinondoni	33	48	81	24	35	59	73
RC Archdiocese of Dar es Salaam - YAM	Ilala	21	48	69	16	34	50	72
<b>Sub Total</b>	<b>Dar es Salaam Region</b>	<b>54</b>	<b>96</b>	<b>150</b>	<b>40</b>	<b>69</b>	<b>109</b>	<b>73</b>

WAMATA								
Pemba	Pemba	10	16	26	10	16	26	100
ZAMWASO	Unguja	14	16	30	14	16	30	100
<b>Sub Total</b>	<b>Zanzibar</b>	<b>24</b>	<b>32</b>	<b>56</b>	<b>24</b>	<b>32</b>	<b>56</b>	<b>100</b>
<b>Grand Total</b>		<b>380</b>	<b>454</b>	<b>834</b>	<b>351</b>	<b>416</b>	<b>767</b>	<b>92</b>

Source: Regional quarterly report: July to September 2013

### 1.3.3 Support creation of MVCC where they do not exist

The Ministry of Health and Social Welfare has set clear guidance on the identification of MVC procedure as well as facilitating formation of MVCCs. Our program adheres to the government established system and uses the national guidelines in identifying the MVC. In addition to the MVCC established in the past quarters, in this quarter, the program collaborated with the department of social welfare to facilitate formation of 57 new MVCC (31 Ulanga) and (26 Rufiji) MVCC. MVCC members received a total of five days training on their roles and responsibilities through practical learning and class. Parallel with formation of MVCC, the program managed to identify a total of 3354 (1483 Ulanga) and (1871 Rufiji) children as MVC.

### 1.3.4 Support Local Authorities to develop village level fund to support OVC

MVC care, support and protection initiatives are threatened by scarce financial resources. Thus, empowering community members to raise funds to support MVC is vital. The experience of SILC groups and Village MVC funds provide the evidence whereby MVC needs such as food, school needs and health costs are met.

During this quarter the program facilitated formation of eight new MVC funds making a total of 436 MVC funds established to date. The table below provides summary information of MVC supported by MVC funds during the period of July to September 2013.

**Table 4: Summary of MVC supported by MVCC villages during July-September 2013**

Region	Total Value(TZS) equivalent	Number of MVC supported		
		Male	Female	Total
Morogoro	689,000	223	195	418
Pwani	1,235,800	157	185	342
Zanzibar	1,360,700	107	126	233
Dart es salaam	119,000	12	14	26
<b>Total</b>	<b>3,404,500</b>	<b>499</b>	<b>520</b>	<b>1019</b>

Below are some of examples on how MVC funds support children. While new MVC funds are established, the program continues to documents its progress.

- In Rufiji –Pwani, village authorities of Mbwara and Tawi agreed to contribute 100,000/= each every month to MVC funds while other 14 village authorities of (Golani Nyanda, katundu Nyandumbi Kungurwe Kitundu Kiwiri Mkongo kusini Mkongo Kaskazini Ruwe Ngorongo Mashariki Nyangwai Kipei) committed to contribute 10% of village revenue for MVC every month.
- Total MVC funds mobilized in Pwani Region during this reporting period amounted to TZS 10,969,700 (US\$ 6, 856,)
- In Zanzibar 14 (5 Unguja and 9 Pemba) MVCCs used a total of TZS 1,360,000 to support 233 (117 male and 126 female) with education, food and shelter support.
- In Morogoro RC Mahenge supported five MVCC and their villages to establish MVC fund and a total of TZS 184,500 was raised. Cumulatively 48 MVCCs managed to establish MVC fund and a total of TZS 6,249,650 (US\$ 3,906) have been contributed and used to support MVC in their respective villages
- MVCC in Kwa Kopa (in Mwananyamala ward) has paid 160,000/= school fees to 7 (4M, F3) MVC while two male MVC from Kondo (kunduchi) have been supported with 40,000/= for paying school fees by their MVCC. One male MVC from Msisiri B was supported with TZS 20, 000/= by the MVCC for buying one pair of shoes. MVCC in Tegeta provided their children club with 2 football balls, exercise books and pens worthy 80,000 TZS.

### **1.3.5 Support savings, income-generation and food security activities among MVCC**

Since MVCC members are also poor, linking them to ES and foods security interventions contributes to improve their quality of life and increases their motivation to participate in the MVCC. Having their basic needs met would allow them to concentrate better on their MVCC responsibilities. In recognizing the contributions made by MVCC members, the program provide the opportunity to them to ensure they benefit from the interventions for further support to their families and MVC. Some members of MVCCs have been invited to take part in SILC, and other entrepreneurship and trainings such as poultry, bee keeping, and urban gardens.

At the end of this reporting period the program had successfully facilitated the formation of 27 new SILC groups with 590 (90 Males and 500 Female) members. Total savings of new established groups is TZS 26,890,350 (US \$ 16806) while MVC funds amounted to 3,866,500(2416). To date total savings of all 265 SILC groups is TZS 584,439,820 (US \$ 365,274) and TZS 40,203,750(US \$ 25,343) for MVC funds. MVCCs members form 6% of the SILC group members

### **1.5 Facilitate the Meaningful Participation of the Business Community in MVC Support**

The private sector continues untapped in efforts to improve the quality of life of MVC and their households. In partnership with WAMA, the program plans to effectively engage this sector in identifying opportunities to participate and contribute to the wellbeing of MVC.

Despite WAMA's contract coming to an end, the program, through local implementing partners has defined the advocacy campaign according to their context by continuing to identify and engage potential partners. This is done using the potential partners' inventory which is available at District Planning Officers (DPLO) office. Through this initiative sub grantees were able to engage several private sector businesses that supported MVC, though at a small scale. The support provided ranges from supporting Community Health Funds (CHF) cards for MVC and their households, facilitating birth registration, school fees for secondary and vocational schools etc. The major institution supporting MVC are religious institutions, vocational education schools, tailored mart and individuals.

**Table 5: Summary of MVC supported through PPT during July-September 2013**

Region	Total value (TZS) equivalent	Number of MVC Supported		
		Male	Female	Total
Morogoro	650,000	9	7	16
Pwani	1,194,800	157	185	342
Zanzibar	1,334,000	54	54	108
Dar es salaam	1,431,500	69	76	145
<b>Total</b>	<b>4,610,300</b>	<b>289</b>	<b>322</b>	<b>611</b>

#### **1.4. Strengthen Local CSO Partners to Support MVC Services.**

The program strengthens sub grantees capacity in the areas of leadership and management particularly on project management and execution, organizational systems and structures, grants management and reporting. This aims to increase organizational and institutional capacity to provide sustainable quality service delivery to MVC. To achieve this, capacity building activities in support of each organization have been envisaged in 4 steps over the life of the program: 1) an initial dialogue with the leadership to secure commitment and support; 2) an organizational review to identify and prioritize areas in need of improvement and develop a capacity building work plan; 3) implementation of training, coaching and mentoring to strengthen priority areas; and 4) long term follow up to ensure sustained improvements.

##### **1.4.1 Develop and implement capacity building plans for local CSOs**

Sub grantees continued with the implementation of their capacity building plans. After reviews of their vision and mission statements and procedure documents, as captured in previous reports, in this reporting period sub grantees moved a step ahead by sharing changes with their organizations' board members for their approval. The sharing was done through board meetings and different members forums.

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

Through coaching and mentoring, the program has continued to provide hands on support to managers and staff as they utilize new skills to impart changes in their organizations.

### **Activity 1.6 Improve Coordination Among and Across Sectors and Zones**

The program has made the commitment to improve coordination, collaboration, linkages and partnerships at different levels. Through the established District Implementing Partners Group, the programs continued to ensure that comprehensive care, support and protection services are provided to MVC. Parallel with that identification of potential partners at National and district levels continues for the purpose of complimenting efforts as well as facilitate referrals and linkages. Government agencies, community, Civil Society Organizations and Private sectors are the major groups to achieve desired goal.

#### **Activity 1.6.2 Mapping Government and donor activities in Program coverage area**

During this reporting period the program continued to support LGAs in reviewing the stakeholder's inventory that aims to ensure comprehensive care and support to MVC and their households. The review of the inventory aim to update the list by identifying new service providers and delete inactive ones. In some districts the list has already been reviewed and upon completion the list will be shared with wider stakeholders including community volunteers to facilitate referrals and linkages.

#### **Activity 1.6.3 Support Coordination and Networking through DIPGs at the district /zonal level**

District Implementing Partners Group (DIPG) meetings continue to be an effective forum for stakeholders to share experiences as well as improve coordination and networks for provision of comprehensive care and support services to MVC and their households. To date, the program has facilitated 17 DIPG (2 in Zanzibar and 15 in the mainland). Plans are underway to facilitate the establishment of another two DIPG in Pwani region (Mafia and Bagamoyo). The DIPGs have created the opportunity for our partners to not only assist the districts to coordinate these meetings/partner activities but also are benefiting from other partners' meeting organized in specific areas. For example during this reporting period our program staff in Mkuranga participated in Behavioral Change Communication Alliance meeting that was organized by Tanzania Communication Capacity Program (TCCP). The objective of the meeting was to share experiences among implementers of health related programs in the District. Major youth problems such as unemployment, HIV/AIDS and drugs were discussed. A call was made for each program to mainstream youth interventions such as life skills, entrepreneurship and business skills and link the youth with financial Institutions to access loans with small interest.

**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**

Lack of access to affordable means of income earning constrains majority of the economically weak households, including those caring for the MVC. This adversely affects their capacity to protect and meet the basic necessities of these children including: proper nutrition and shelter, access to education, health care and their ability to overcome stand life-threatening risks. To address this challenge, the program works to enhance the household economic and social protection capacity as a strategy to minimize vulnerability of the households and MVC they care for. The program supports skill-based capacity building activities that target MVC household members, including: caretaking and entrepreneurship skills, income generation and savings.. In line with addressing challenges related to economic and caretaking, the program works to stimulate community-based system that is responsive to the needs of children in need of special protection, and supportive to the victims of violence.

This reporting period was marked by capacity building for volunteers and caretakers on income earning and livelihood skills, household nutritional counseling, food security, promotion of social and legal rights to children victims of violence, including access to basic services, and sensitization of communities and families to protect and support MVC.

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

Building the capacity of household caretakers is very crucial to empower them to provide appropriate care, support and protection to their children. To ensure this, the program conducts capacity building activities for volunteers and MVC households.

In this reporting quarter, the program continued to provide basic skills training to volunteers in addition to supportive supervision, mentoring and coaching done by our local implementing partners. In Zanzibar and Pwani region, a total of 137 community volunteers (61 male and 66 female) received training on the roles of families, government, communities and stakeholders in caring MVC; Psychosocial support; child protection; life skills, health and nutrition; HIV and AIDS and strengthening the economic status of MVC households and legal rights of children. Volunteers use the knowledge acquired to capacitate caretakers and MVC mainly through regular home visits.

In this reporting period, a total of 32,800 caretakers were reached. While all the caretakers improved their caretaking skills, 1739 were able to meet physical needs (that could be quantified in terms of money) of their MVC within their households. The number of caretakers able to support their MVC increased from 295 last quarters to 1739 this quarter, and the number of MVC who benefitted from the training their caretakers participate in increased from 614 previously reported to 1,201 this reporting period. The table below provides the details about caretakers supported MVC during this quarter.

Since most of our services for MVC and their caretakers at the household level are provided through community volunteers, we ensure they are motivated in addition to different trainings we provide. During this reporting period we distributed about 257 bicycles to community volunteers. The event for handling the bicycles was officiated by the Regional Commissioner Hon. John Bendera and other top political and government officials in the regions and volunteers. The bicycles support community volunteers in overseeing, coordinating, and leveraging care and support for the most vulnerable children and their households at the Village level. These bicycles are critical as the most vulnerable children are often located in households scattered in villages/Mtaa.



*Morogoro Regional Commissioner Hon. John Bendera handing over bicycle to one of the volunteers during the event in August 2013*

## **2.2 Provide training and other support to increase savings and improve livelihood for MVC households.**

One of the program desires is to see MVC households actively engaged in economic strengthening opportunities including gaining skills and capacity to establish and manage financial resources in order to minimize their economic vulnerability and meet their basic necessities. Based on the lessons learned, the program came up with a number of interventions focusing on building entrepreneurship skills, savings and credit schemes suitable for individual household needs and capacity. The purpose is to build resilience and livelihood capacities for MVC through households and community-based saving and lending groups.

To date, the program has observed some good changes in the lives of MVC household members.

**Table 6: Summary of MVC caretakers supporting their children as a result of SILC**

Region	# of Village	# of MVC caregivers who supported MVC	Total value (TZS) equivalent	Number of MVC Supported		
				Male	Female	Total
Morogoro	52	1599	2,896,500	465	429	894
Pwani	21	78	2,457,900	85	97	182
Zanzibar	10	62	3,601,008	59	66	125
Dar es salaam	Not recorded					
<b>Total</b>	<b>83</b>	<b>1739</b>	<b>8,955,408</b>	<b>609</b>	<b>592</b>	<b>1201</b>

In addition to their participation in SILC groups, household members are engaged in other livelihoods (as shown in table below) that provide a wider choice based on their needs. The number of households that received support increased from 8,527 in quarter three to 12,639 this quarter. These are distributed as follows: Morogoro (3,708), Pwani 96,351), Zanzibar (1,173) and Dar es Salaam (1,407) in quarter four. This increase had significant contribution to increased support for MVC.

**Table 7: MVC Households provided with ES Support during July-September 2013**

Region	Number of MVC households that have been provided support during the reporting period by type of support							
	Assessment of economic strengthening needs	Small Business development	Training on business skills	small gardening and agricultures	Local chicken keeping	Link to job opportunities	SILC or any other lending mechanism	Total
Morogoro	2,895	47	16	132	74	-	544	<b>3,708</b>
Pwani	248	576	355	2,512	86	84	2,571	<b>6,351</b>
Zanzibar	-	0	7	523	282	-	361	<b>1,173</b>
Dar Es salaam	60	8	24	364	-	-	951	<b>1,407</b>
<b>Total</b>	<b>3,203</b>	<b>631</b>	<b>402</b>	<b>3,531</b>	<b>442</b>	<b>84</b>	<b>4,427</b>	<b>12,639</b>

Source: Regional quarterly reports July – September 2013

As a result of sensitization done by volunteers, MVC care continued to be owned by community members. In the reporting period, 27 new SILC groups were formed comprised of 532 members (male 152 and female 380) including 130 MVC and households and 46 MVCC members. The newly formed groups generated a savings worth of TZS 28,738,900 (US\$ 17,962) and contribution to MVC funds worth TZS 2,232,250 (US\$ 1,395). Detailed information about newly formed groups is as illustrated in the table below:

**Table 8: Summary of New SILC groups with member category and contributions**

Region	# of Groups	Sex			Member category				Total Savings	Contribution for OVC fund	
		M	F	Total	MVC	MVCC	Volunteer	Community member			
Morogoro	14	55	272	327	2	95	8	8	0	9,903,850	541,800
Pwani	7	21	125	146	0	107	4	4	32	9,055,500	2,895,500
Zanzibar	0	0	0	0	0	0	0	0	0	-	-
Dar es salaam	6	14	103	117	0	20	5	0	95	7,931,000	429,200
<b>Total</b>	<b>27</b>	<b>90</b>	<b>500</b>	<b>590</b>	<b>2</b>	<b>222</b>	<b>17</b>	<b>12</b>	<b>127</b>	<b>26,890,350</b>	<b>3,866,500</b>

*Source: Regional quarterly reports July – September 2013*

The number of SILC groups therefore rose from 238 in quarter 3 to 265 this quarter with a total of 6,663 members (1,499 male and 5,164 female). Cumulative contribution made through 265 SILC groups is TZS 584,439,820 (US\$ 365,275) and TZS 40,203,750 (US\$ 25,127) contributions for MVC funds. The table below Table presents the detailed information about SILC groups and categories of members as well as savings per region.

**Table 9: SILC groups, category of members and savings per region.**

Region	Number of Groups	Sex			Member category					Total Savings	Contribution for OVC fund
		M	F	Total	MVC	MVC HH	MVCC	Volunteer	Community member		
Morogoro	81	476	1217	1693	20	376	161	1037	99	164,434,570	9,295,900
Pwani	80	556	1473	2029	95	694	114	1063	63	124,227,450	17,527,550
Zanzibar	33	173	778	951	32	264	51	581	23	90,508,100	2,161,400
Dar es salaam	71	294	1696	1990	1	512	99	1240	138	217,372,550	12,003,900
<b>Total</b>	<b>265</b>	<b>1499</b>	<b>5164</b>	<b>6663</b>	<b>148</b>	<b>1846</b>	<b>425</b>	<b>3921</b>	<b>323</b>	<b>584,439,820</b>	<b>40,203,750</b>

*Source: Regional quarterly reports July – September 2013*

To ensure the lessons are documented, the Pamoja Tuwalee /FHI360 joined hands with other program partners in the initial stages of a study to assess the effectiveness of different savings group models implemented by Pamoja Tuwalee partner organizations. The activities included review of the data collection tools and pre-test. The field work is expected to start in late November through December 2013.

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

Entrepreneurship skills are important for SILC group members to become more efficient in managing their business in a sustainable manner. The program promotes this in line with establishment of SILC groups and small income earning schemes. In the reporting period, the program in collaboration with Kisarawe District Council (Pwani region) conducted 5-day training on beekeeping and entrepreneurship skill to 45 caretakers (22 male and 25 female). During the training, participants were oriented on how to explore the markets for products, coping with price changes, product quality and business innovation.

In Morogoro region, 94 MVC caretakers (35male and 59 female) were trained in home gardening and local chicken rearing. The training was provided to two different groups. The goal was to improve the economic status of MVC households by empowering caretakers to use improved techniques in establishing home gardens, chicken rearing and treatment as well as record keeping. The training on home gardening involved 39 caretakers and covered: food and nutrition, soil, water, fertilizer and technique for developing modern garden, whereas the group trained on chicken rearing were oriented on different types of rearing, chicken feeding, production and record keeping. At the end of the training, caretakers developed action plans showing how the acquired knowledge would be scaled up to their neighborhoods (for gardening group) and at least other five caretakers (for chicken rearing).



*Facilitators demonstrating how to prepare garden field and chicken vaccine during practical training sessions on home gardening and local chicken rearing in Morogoro region*

### **2.2.2: Regular CRPs meetings.**

Community Resource Persons are responsible for establishing SILC groups and ensuring continuity, proper documentation and provide supports needed to the groups. Based on their role, the program in addition to the trainings encourages them to meet on quarterly basis. During the meetings, they discuss and share their best practices, experiences and challenges.

In the reporting period, CRP meeting was conducted in Morogoro involving 14 CRPs (8 male and 6 female). Drawing lessons from the previous reports, key points of discussion was about management of SILC groups (record keeping and calculating value of share) and motivation to CRPs. Following the support from focal persons during their field support supervision, there was a notable improvement in the reports for this quarter, data for SILC groups have been well kept (as shown in table 8 and 9 on contributions of SILC groups to support MVC), and challenges faced were resolved.

In Dar es Salaam, Pwani and Zanzibar, CRP meetings could not be done as planned due to funding problems; instead, MVC focal persons through field visits followed up with CRP on the progress of SILC groups especially on the utilization of MVC support funds, and supported volunteers in program data collection and reporting.

### **2.2.3: Other support services provided to MVC households**

Besides participation of MVC households in SILC groups, there are other non-financial service provided to MVC and their household in form of health care services, PSS, capacity building in caretaking skills, food and nutrition, protection and legal services as shown in table the table below In Pwani region, TASAF III, SONGAS Company and caretakers through VIKOBA provided dairy

goats, chicken and clothing materials worth TZS 3,283,200 (US\$ 2,052) to 133 MVC (55 male and 78 female).

**Table: 10 Summary of MVC caretakers provided with Non-economic Strengthening support during July - September 2013**

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	Protection
Morogoro	-	2,343	87	1,992	-	11
Pwani	4,002	3,980	2,687	4,508	560	118
Zanzibar	964	2,610	1,882	1,271	5	143
Dar es Salaam	968	2,067	957	1,512	1	132
<b>Total</b>	<b>5,934</b>	<b>11,000</b>	<b>5,613</b>	<b>9,283</b>	<b>566</b>	<b>404</b>

Source: Regional quarterly reports July – September 2013

### 2.3 Support training and linkages to improve MVC households' food security and nutrition

The program takes into consideration the importance of food and nutrition components in its interventions, as it contributes to good health and child development. . The program aims at enhancing household capacity to do self-nutrition assessment and grow sufficient food to meet their needs. The program use volunteers trained in nutrition and food counseling to facilitated nutrition assessment, counseling and referrals/linkages for support.

In Mkuranga - Pwani region, the program was represented in launching of Mkuranga District Nutrition Committee in July 2013. The event was attended by other members of the NGO network in the district, including 5 selected organizations working with HIV and/ or MVC program. The roles of the committee include: Promotion and coordination of implementation and monitoring of nutrition activities across sectors; identify stakeholders dealing with food and nutrition in the district and provide technical support to address nutritional challenges; and work with Village health workers to disseminate information on nutrition to community members.

Another event in Mkuranga was the Orange Fleshed Sweet Potato Campaign in which two program staff participated. The campaign aimed to sensitize local government authorities and the community to cultivate orange fleshed sweet potatoes, which are rich in vitamin “A”, energy and are easy to store. In this campaign, every household was advised to cultivate 1-2 acres of the crop and the Kibaha Research Institute will provide enough seeds to stakeholders and communities.

Pamoja Tuwalee FHI360 will explore the possibility of utilizing these opportunities. The information will be shared with volunteers to link program beneficiaries with the responsible bodies upon

availability of seeds. Program team in the region will involve nutritionists to educate volunteers during monthly meeting on the importance of these orange flesh sweet potatoes.

### **2.3.1: Training on households' nutritional assessment, counseling and promotion of households food security**

While the program waits to implement the intensive nutrition assessment and counseling support (NACs) in FY 2014, we continued to take part in NACs based on the skills acquired by some program staff in the past.

In Ilala Municipality, Dar es Salaam region, the MVC focal person for WAMATA participated in a study tour that took place in Ethiopia about improving nutritional status and economic strengthening at house hold level through, urban gardening and SILC group. The knowledge acquired from the study was shared during volunteers meetings. By the end of quarter 4, twenty-one (21) female headed household and MVC caretakers had started putting the skills into practice, and by the end of October 2013, ten (1 male and 9 female) MVC caretakers had established their own gardens.

In Mkuranga - Pwani region, five caretakers who were trained on households' nutritional assessment, counseling and promotion of households' food security were visited and 2 (both females) have made progress in vegetable gardening and able to sustain their household nutritional needs and provide scholastic materials including school fees for 3 MVC (2 males and 1 female), worth TZS 1,070,000 (US\$ 669).

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

Pamoja Tuwalee/FHI 360 employs a holistic approach through which meeting the basic needs goes hand in hand with social and legal protection. Guided by the international and national instruments on protection of the rights of the children, the program works to ensure that MVC, regardless of their social-economic status, age and sex differences, enjoy equal rights just as any other children in the society where they live. The program promotes child safeguarding institutional environment and community based child protection structure. It also facilitates coordination and multi-spectral child protection system where stakeholders at various levels take responsibility to protect the rights of MVC.

During the reporting period, the program participated in and /organized various activities geared to ensure prevention, protection, care and support for victims of gender based Violence and child abuse, with particular attention to children without proper care arrangements. Specific activities were:

#### **2.4.1: Facilitate utilization of Child helpline**

Child Helpline is one of the strategies to increase access to services and information among victims of child abuse and community members. The program is committed to contribute to the operationalization of the services in line with other efforts to prevent and respond to child abuses,. It expands the scope and opportunity for reporting the incidences among children and any other member of the community.

Since its official launch in June 2013, this service has been publicized by the Ministry of Community Development Gender and Children (MCDGC) and C- SEMA-a leading partners through media, educating people on its importance and how to use 116 line for reporting the incidences of abuse. For Pamoja Tuwalee FHI360, the information has been passed on through monthly volunteers meetings to create awareness on the availability of this service

#### **2.4.2: Pilot One Stop Center in Ilala District**

In order to ensure reliable, comprehensive and sustainable services to GBV survivors and victims of VAC, the program has been spearheading the piloting of One Stop Center at Amana Hospital- Ilala Municipal. The program worked to ensure that services are aligned and resources are leveraged to address child protection needs.

Besides the contribution made by Pamoja Tuwalee/FHI360 in efforts to establish one stop center by providing office furniture and computer, and participation in development of National OSC operationalization guidelines; the program has trained government officials including police officers and clinical staff from Amana hospital. During the reporting period, 27 (21 female and 6 male) police officers were trained on effective handling of child abuse cases. Participants were engaged in practical learning sessions on techniques in communicating with children and ensuring child-friendly environment when dealing with incidences of child abuse.

As reported in previous quarter, OSC has not been formally operationalized but the plan is underway for the program to facilitate official launching at Amana Hospital. During the reporting period, Pamoja Tuwalee/FHI360 held a meeting with GBV national Coordinator and Amana hospital management in the course of planning for official launching of OSC. The purpose was to agree on the model of operation taking into consideration the role of police, health staff and Social Welfare Officers. It was also reported that Amana hospital has been receiving and handling child abuse cases, with an average of 15 cases reported per day and supported through formal child protection system. This result is closely connected with Pamoja Tuwalee program/FHI 360 supports that include: the training of health sector staff; established and capacity building of child protection team and learning exchange visit to Mnazi Mmoja OSC in Zanzibar.



#### **2.4.3: Pilot protection of children living on the streets**

The program has been working to initiate a joint intervention to support and protect Children Living and Working on the Streets (CLWS) especially street children beggars. In this reporting period, the program held a meeting to disseminate the report on the rapid assessment on the children begging in the street with their guardians reaching directly 58 people including five children beggars and eight

guardians. The meeting involved senior government officials from UNICEF, USAID, DSW, MOCDGC, Dar es Salaam regional secretariat members and municipal representatives. At the end of the meeting, participants came up with recommendations to address the problem of children working on the streets, focusing on prevention, control and reintegration. The inputs have been incorporated in a one year plan for the project on CLWS to be implemented in FY14 for Dar es Salaam region.

During the last quarter, Pamoja Tuwalee/FHI360, in collaboration with UNICEF, identified two local NGOs (KIWOHEDE and Dogodogo center) to work on CLWS project. The program's finance and grants team conducted a pre-award assessment of these organizations focusing on their ability to manage resources and their structural capacities to run the project activities. The assessment finding indicated some gaps that needed to be addressed in line with other USAID requirements. This was followed by a three day capacity building training on grants and financial management rules and regulations. The training involved 6 staff (3 from KIWOHEDE and 3 from Dogodogo center from finance and technical sections. The process is underway to engage these partners ready for the implementation in FY 2014.

In line with this, WAMATA has taken some initiatives to support CLWS through individual efforts. The organization conducted life skills sessions that benefited 13 male and 1 female children. In addition to life skills education, they received support in form of education, health and economic support.



*One of the guardians (left) narrating her life experience as a beggar*

#### **2.4.4: Facilitate establishment of community child Protection structures**

Pamoja Tuwalee program/FHI 360 is committed to promoting the rights of children and sensitize communities to take responsibility for protection, care and support of MVC including children victims of any violence within their localities. The program is committed to supporting national efforts of strengthening the child protection systems at the district level in Ilala and Kinondoni – Dar es Salaam region as part of the pilot districts national wide.

The program has been working with the district Child Protection team in Ilala and Kinondoni to spearhead child protection activities in the district. Through OSC initiative (activity: 2.4.2) and a

project on CLWS, the program will strengthen the capacity of the district teams for effective coordination and ensure that their work on protecting children trickle down to the Ward and street levels

#### **2.4.5: Child safe guarding action plan implementation**

Since FY 2012 the program has made a commitment to promote work and community environments that protect children and especially the Most Vulnerable Children (MVC) from any form of abuse. This is a key responsibility for every staff member in any organization who works in contact with children, either directly or indirectly. In this reporting period, Pamoja Tuwalee/FHI360 developed a child safeguarding code of conduct to guide the behavior, conducts and practices for its employees and implementing partners. Pamoja Tuwalee/FHI360 staff members including implementing partners will adopt the guideline to commit one-self and put it into practice. It is also an obligation for management to ensure that internal policies adhere to this as guided by NCPA II and other Children's rights instruments.

#### **2.5: Facilitate access to community health insurance for MVC households**

For easy access to and affordability, the program promotes MVC households access to health care services, through utilization of either TIKA (Tiba kwa Kadi) or Community Health Funds (CHF) cards for health insurance mainly monitored at the LGAs.

In Zanzibar, the government system promotes health services for all citizens and provides health services through health facilities scattered nearly in every shehias. The program links the needy MVC to nearby health facilities.

In Morogoro region, Implementing Partners continued to work closely with LGAs to facilitate provision of Community Health Fund (CHF) cards to MVC. A list of 2440 MVC and their household's members was submitted to LGAs and are waiting for the process. By the end of this quarter, total of 200 (110 male and 90 females) MVC had been supported with CHF cards in this region

in the program in Dar es salaam is still working together with respective Municipal councils through social Welfare Officers to negotiate with the Health Departments, to support 3456 (1728 Kinondoni and 1728 Ilala) MVC. An additional target of 2800 (1400 Kinondoni and 1400 Ilala) has been given for FY 2014. In both districts the Municipal Councils members have proposed and amended bylaws to facilitate the provision of this service to MVC, currently waiting for respective DMOs to finalize the procedures and identify specific facilities to offer the services.

In Pwani region, the program continued to sensitize communities and MVCC to link MVC households to stakeholders in their villages for support and enrolment of MVC in CHF scheme. 24 MVC (10 males and 14 females) received CHF in Bagamoyo. This makes up a total of 387 (198 male and 189 female) MVC supported with CHF through village authorities, individuals and other stakeholders in this region. A total of TZS 640,000 (US\$ 400) was contributed for this purpose.

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

The MVC caretakers have diverse needs that cannot be met by one single entity. Based on this understanding, the program strives to build strong networks and referrals to ensure both MVC and their caretakers are receiving comprehensive services along continuum of care. During this reporting period, a good number of caretakers were provided with PSS and health services through referrals and our community volunteers. For example in Morogoro region about 2343 MVC caretakers received PSS through community volunteers while in Dar es Salaam 648 caregivers received health care education and 3508 received PSS.

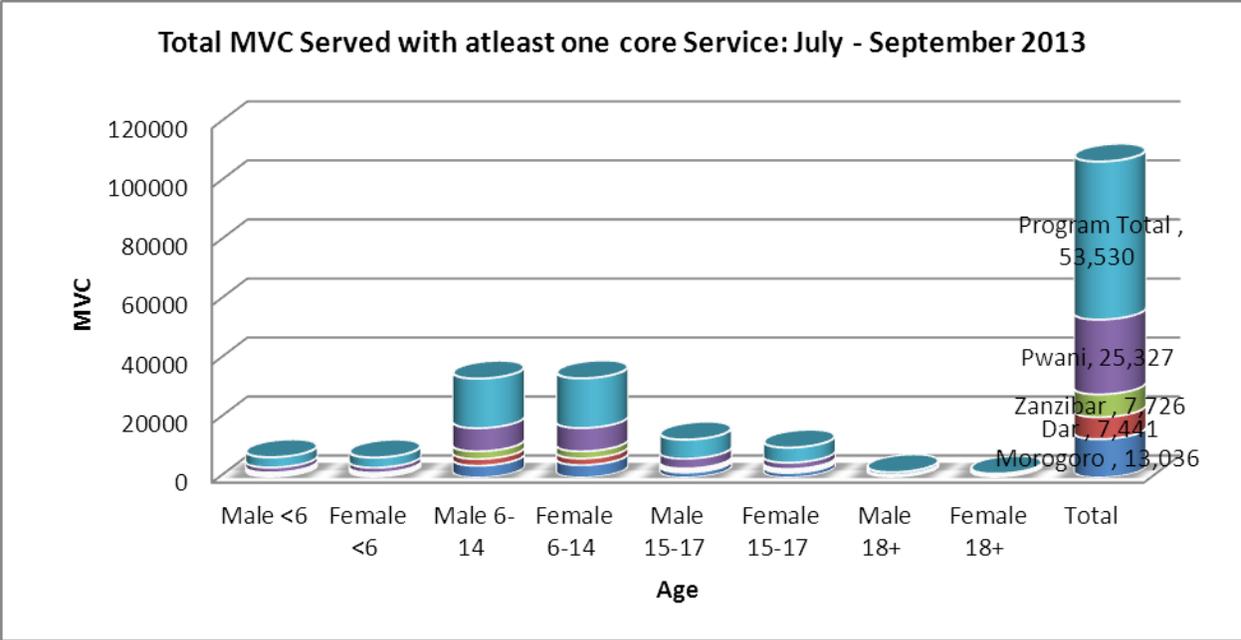
### **OBJECTIVE 3: Increase OVC household access to comprehensive, high-quality, age-appropriate and gender-sensitive services by creating integrated community-level referral networks that strengthen the continuum of care.**

Provision of core care services to MVC remains one of the key program interventions through immediate and long term strategies. We seek to empower local communities and MVC households to care for and support program initiatives in delivering sustainable and comprehensive services to MVC through own involvement, creating linkages and reinforcing existing referral networks with relevant stakeholders.

During this reporting period, the program continued to provide basic services to MVC and their households through direct and/or linkages and referrals in order to ensure adequate and comprehensive service delivery as described under the following activities below.

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

During this reporting period, the program managed to reach a total of 53,530 MVC composed of Male 27,561 and Female 25,969 with at least one core service above. A total of 39,136 (Male 20,146 and Female 18,990) MVC were reached during last quarter. This is equivalent to 37% increase and 86% achievement against annual target of 62,000 MVC as shown in the chart below. For the whole of FY 2013, the program served up to 61,548 MVC composed of Male 31,422 and Female 30,126 representing 99% of the FY 2013 target as summarized below.



The program’s greatest MVC geographical coverage is in the Pwani and Morogoro regions due to their large size and MVC caseload, followed by Dar es Salaam and Zanzibar. Based on that, the program has larger workforces. For example, in Pwani, the program has more than 380 staff compared to Dar es Salaam (about 150) and Zanzibar (about 56). This helps ensure quality service provision.

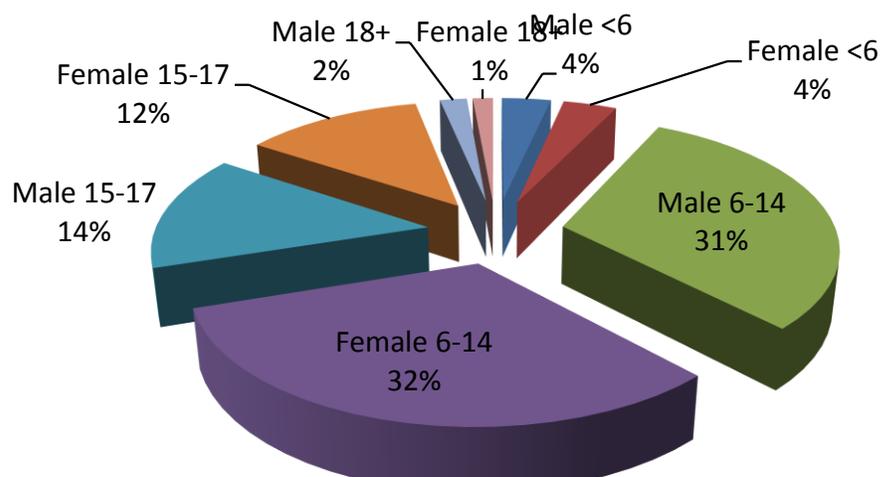
**Table 11: Summary of MVC Served with at least One Core Service during October 2012 – Sept. 2013**

Region	Male <6	Female <6	Male 6-14	Female 6-14	Male 15-17	Female 15-17	Male 18+	Female 18+	Total
Morogoro	476	520	4,260	4,459	1,989	1,720	261	196	13,881
Dar	950	947	3,314	3,285	1,133	1,086	555	492	11,762
Zanzibar	674	621	2,591	2,436	645	615	145	102	7,829
Pwani	1,927	1,949	8,261	8,286	3,422	2,847	819	565	28,076
<b>Program Total</b>	<b>4,027</b>	<b>4,037</b>	<b>18,426</b>	<b>18,466</b>	<b>7,189</b>	<b>6,268</b>	<b>1,780</b>	<b>1,355</b>	<b>61,548</b>

**Source: Quarterly Report July – September 2013**

Such achievement was largely attributed to program commitment, community involvement across the program catchment area, referral and networks with other stakeholders. During service delivery, the program had focused on MVC needs based on their age cohort and sex variations to ensure they receive appropriate services as per program design and NCPA II as illustrated in the chart below.

**Proportion of MVC who Received at least One Core Service During FY 2**



Based on the pie chart above, Female MVC (32%) aged 6 – 14 received bulk of the program services followed by Male (31%) counterparts. Male MVC (14%) aged 15 -17 and corresponding Female MVC (12%) were the second on the list. Services provided to this category were in form of psychosocial support- mainly through children clubs, education support, shelter, health and nutrition counseling among others. In addition, the children in this category are in primary school and some are in secondary schools. The 18+ age group (Male 2% and Female 1%) were provided with economic strengthening services and vocational trainings as part of preparing them to graduate from the program. Children under six (< 6) age (4% each sex) were provided with age appropriate services through their caregivers in form of health, nutrition support/counseling and early childhood development as they prepare to join primary education.

### **3.1.1 Provision of education support and vocational training**

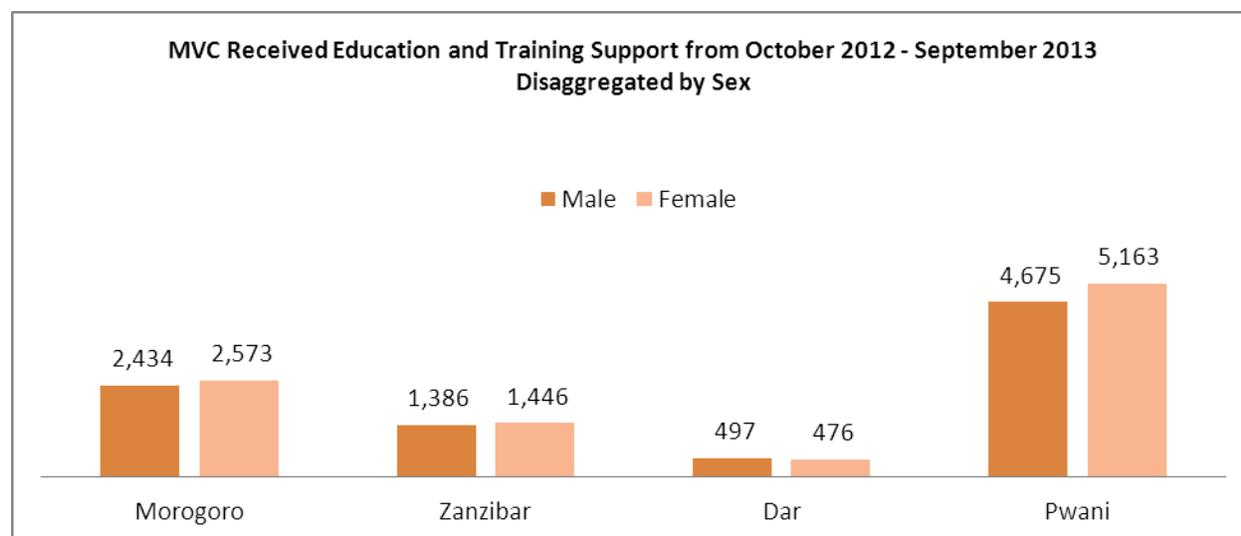
The program considers education and training support as a strategic need for MVC that will enable them realize their future potentials. Such support is provided in form of counseling, material provision and paying school fees through direct support by the program and soliciting additional resources from within community structures such as SILC groups, MVCC – MVC funds and village /Mitaa councils. Furthermore, LGAs played a major role in meeting basic needs of MVC students through the education budget allocated in their MTEF. During this reporting period a total of 11,261 (Male 5,620 and Female 5,641) MVC were served with one or more of education support making 100% increase compared to 5,623 (Male 2,758 and Female 2, 865) MVC reported last quarter. Although vocational training is important for the vulnerable adolescents, the program is not able to reach a large number due to limited resources.

**Table 12: Number of MVC who Received Education and Training support from July – Sept. 2013**

Region	Primary		Secondary		Vocational Training		Total
	Male	Female	Male	Female	Male	Female	
<b>Morogoro</b>	717	770	151	197	1	0	1,836
<b>Zanzibar</b>	1,284	1,317	45	49	4	9	2,708
<b>Dar</b>	54	53	164	170	0	0	441
<b>Pwani</b>	2,906	2,839	283	224	11	13	6,276
<b>Total</b>	<b>4,961</b>	<b>4,979</b>	<b>643</b>	<b>640</b>	<b>16</b>	<b>22</b>	<b>11,261</b>

**Source: Quarterly Report July – September 2013**

During FY 2013, the program had a target of reaching out 7,600 MVC with Education and training support. Until end of this year, a total of 18,650 (Male 8,992 and Female 9,658) were reached out making 245% achievement (2.5 times) over the annual target due to concerted efforts by community members and households in complimenting the program efforts. The chart below shows number of male and female MVC who were served by the program in each region.



Program records shows that, a total of TZS 73,908,200, (US\$ 46,192,625) was spent on education and training support. Out of the stated amount, TZS 23, 410,000 (US \$ 14,706) was made available from SILCs, MVCC and good Samaritans. Such money was spent on buying scholastic materials, school uniforms, pay school fees and few number of MVC were given bus fare based on their specific needs. As detailed under 1.2.1, out of TZS 73,908,200, (US\$ 46,192,625), TZS 50, 498, 200 (US\$ 31,561) was LGAs contributions to education support.

### 3.1.2 Provide Nutritional Support

The program continued to support MVC and their households with food and nutritional support/ counseling through direct support and/or linkages with other MVC stakeholders. In this reporting period, a total of 29,376 (Male 14,722 and Female 14,654) were provided with food and nutrition services/counseling far above 8,782 (Male 4,168 and Female 4,614) MVC reported last quarter. In the FY 2013, a total of 31,855 (Male 15,811 and Female 16,044) were reached with food and nutrition services/counseling surpassing the target by 62% of the annual target (19,615 MVC) as summarized in table 5 below.

**Table 13: Number of Client Served with Food & Nutrition Services: Oct 2012 - Sept 2013 by Region**

Region	Male <18	Female <18	Male 18+	Female 18+	Total
Morogoro	3,663	3,772	89	68	7,592
Zanzibar	1,453	1,369	257	445	3,524
Dar	1,830	2,439	34	36	4,339
Pwani	8,215	7,701	270	214	16,400
<b>Program Total</b>	<b>15,161</b>	<b>15,281</b>	<b>650</b>	<b>763</b>	<b>31,855</b>

**Source: Quarterly Report July – September 2013**

The majority of clients, received nutrition counseling and education while few of them were trained on home gardening and recommended crop husbandry techniques during home visits and site demonstrations. This support was mainly done by community volunteers and LGAs extension officers as elaborated below.

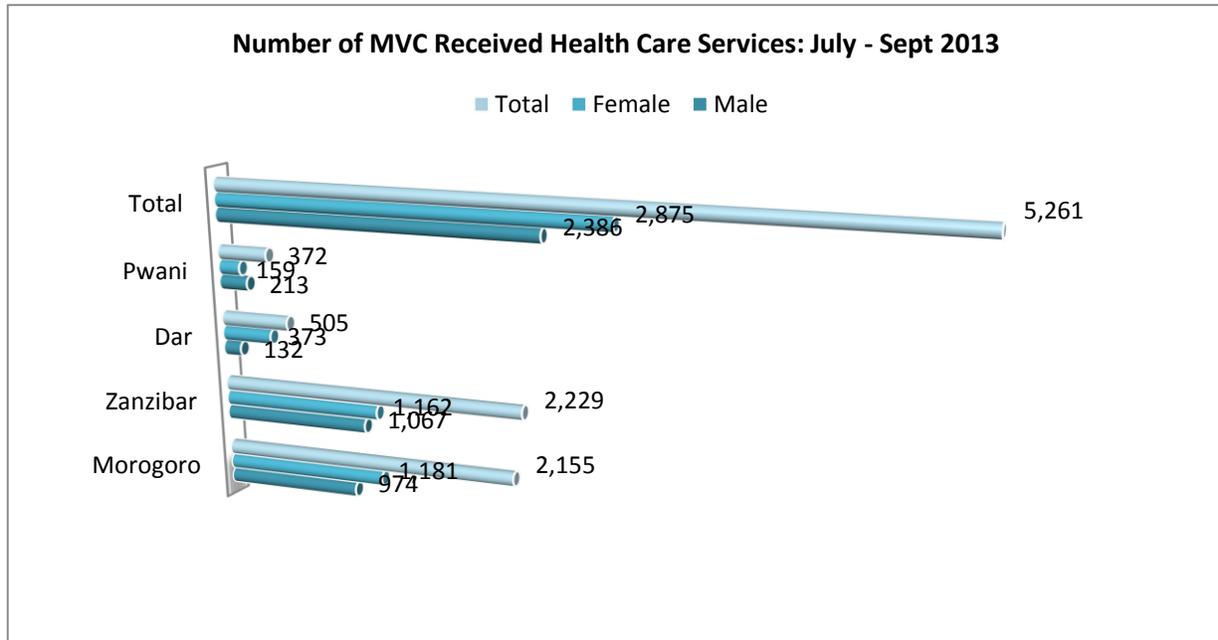
A limited number of most needy MVC and their households received food through organized local donations by good Samaritans, MVCCs and women groups. A vivid example include that of Kambini, Mjini Ole, Sizini, Tibirinzi, Kichungwani, Uweleni and Changaweni MVCCs in Pemba which provided rice and sugar items to 109 (Male 50 and Female 59) MVC worth TZS 482,000 (US \$ 302). In unguja, a total of 93 (Male 49 and Female 44) MVC were supported with pigeon peas, Rice, edible oil and Soya beans worth TZS 912,000 (US\$ 570) donated by the private sector through linkage facilitated by Pandamaji, Donge Mchangani, Kombeni, Nyerere and Mzuri MVCCs.

In Morogoro, a total of 341 (Male 188 and Female 153) MVC were supported with maize (1,480Kgs), Paddy (1,400Kgs) and assorted green vegetables – all worth TZS 1,246,000 (US\$ 779) by ten MVCCs in Ulanga (6 MVCCs) and Kilombero (4 MVCCs) districts. In Morogoro Municipal Council, Kilosa and Mvomero districts, the program collaborated with Mwanzo Bora and TAPP project respectively in order to reach out as many households as possible with nutrition and food trainings and support

### 3.1.3 Support Access to Primary Health Care

The program continued to facilitate access to primary health care services to MVC and their households across districts through direct support by community volunteers and/or referrals to other

service providers. During this reporting period, a total of 5,261 (Male 2,386 and Female 2,875) received one or more of primary health care services above 3,999 (male 1,880 and Female 2,119) MVC reported last quarter. This is equal to 32% increase and 175% achievement against 3,000 MVC annual targets for FY 2013 as summarized in the chart below.



In Dar es Salaam, 7 (Male 2 and Female 5) MVC in Mabibo ward in Kinondoni Municipal were referred to Mabibo health center for medical treatment while 498 (Male 132 and Female 366) MVC caretakers were sensitized on the importance of sending their children to clinics and vaccination, WASH best practices and sleeping under mosquito bed nets.

In Coast region, emphasis was put on water and sanitation education and sensitized MVC caretakers to take their children to clinics for vitamin A and Cholera vaccination. In Mafia district, a total of 200 MVC (Male 105 and Female 95) received mosquito bed nets worth TZS 1,600,000 (US \$ 1,000) donated by Mafia District Council. At least 144 (Male 84 and Female 60) MVC were vaccinated.

In Mkuranga district, a total of 14 (Male 5 and Female 9) MVC LWHA (HIV+) received water guard under HBC LIFE program in order to purify their portable water while 2 (Male 1 and Female 1) MVC were supported with mosquito bed nets by a Good Samaritan in Hoyoyo village.

In Bagamoyo district, a male MVC with disability was referred to Muhimbili Medical Centre (MMC) for further medical checkup through financial support worth TZS 100,000 (US \$ 63) donated by Msinune MVCC while 14 (Male 9 and Female 5) MVC in Majani Mapana village were supported with health care services worth TZS 30,000 (US \$ 19) through MVC fund. Similar initiatives happened in Morogoro region and Zanzibar where emphasis was put on preventive health education to mitigate diseases outbreak including diarrhea and cholera.

### 3.1.4 Child Protection

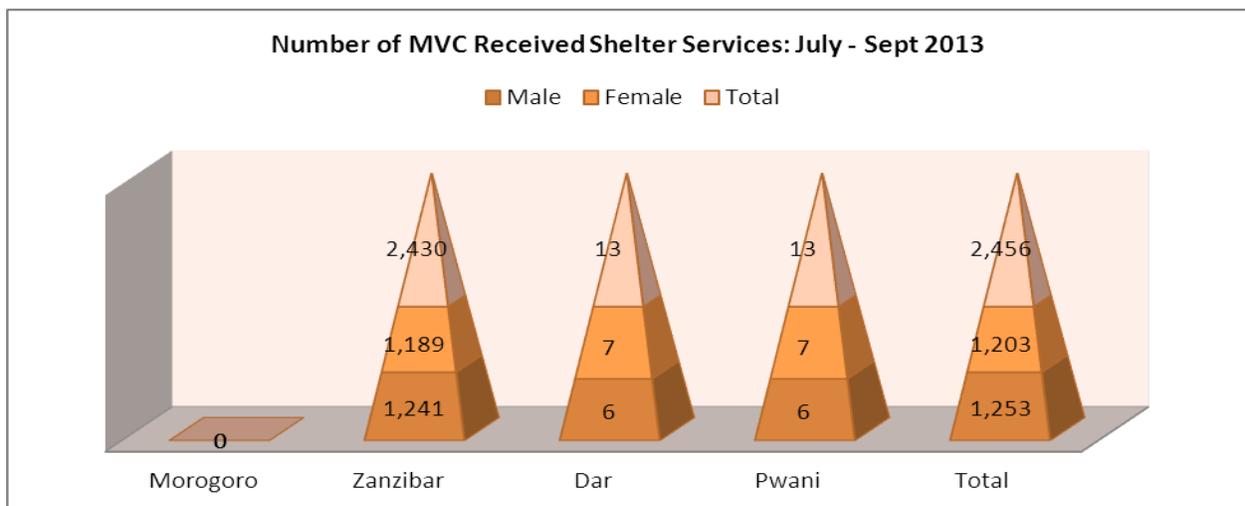
The program plays an important role in ensuring the MVC in the program catchment areas are protected from abuse, neglect and exploitation. We address both violence against children and GBV. During this reporting period a total of 204 benefited from our interventions. Activity 4.2 has more details on the specific activities implemented.

### 3.1.5 Provide family based care/Psychosocial support

Psychosocial support (PSS) remains one of the core services provided by the program to MVC. These services aim to build resilience and coping mechanisms in children. The program addresses the psychological wellbeing of MVC mainly through children clubs and home visits. During this reporting period, a total of 61,548 (Male 31,422 and Female 30,126) MVC received PSS through community volunteers' home visits, children clubs and other contacts. The program provide PSS to children under five mainly through the support provided to their caretakers on caretaking skills in which PSS is one of the main components. For example 1,359 (Male 639 and Female 720) MVC caretakers in Unguja and 1,251 (Male 280 and Female 971) in Pemba were provided with PSS and parenting education by volunteers in Zanzibar.

### 3.1.6 Support shelter improvement

The program continues e to advocate for better shelter for MVC and their household members as one of its implementation focus. As a result of such efforts, many stakeholders including private sectors, good Samaritans and community structures such as MVCC and SILC Groups have taken up initiatives to support MVC with one or more of shelter services as summarized in the chart below. During this reporting period a total of 2,456 (Male 1,253 and Female 1,203) MVC households were reached out with shelter services above 2,067 (Male 1,100 and Female 967) MVC households served last quarter. The program will continue to sensitize and mobilize community members to contribute in improving shelter for MVC households.



Furthermore, in Morogoro region, the program managed to mobilize 14 SILC groups and 10 MVCCs to support MVC who are in need of the support through MVC fund.

In Zanzibar, about 46 (Male 22 and Female 24) MVC were supported with shelter services including building materials for Mr. Salum Ali Khamis who takes care of 8 (Male 3 and Female 5) MVC. The support provided amounted to TZS 720,000 (US \$ 450) and was raised by different stakeholders including MVCCs and private sectors.

In Dar es Salaam, nine MVC caretakers for 13 (Male 6 and Female 7) MVC were among the 90 members of Amani, Weama and Tumaini SILC groups in Mwananyamala ward in Kinondoni Municipal which were linked with Bunju Ward Office in order to acquire construction plots in Magwepande area at the cost of TZS 1,200,000 (US \$ 750) per plot for building their houses payable in three years period by installment.

Since majority of the members cannot afford to get a huge sum amount for buying the plots, their respective SILC groups will solicit additional loan fund and lend to their members for similar purpose.

In Coast region, 13 MVC (Male 6 and Female 7) were supported with shelter services worth TZS 10,000,000 (US \$ 6,313) including cost of building a three bed room house for a female terminally-ill caretaker living with a female MVC in Ruvu Darajani in Bagamoyo district. Cost of building was born by an investor while locally available building materials such as sands and labor were mobilized by community members through Ruvu MVCC. In Mkuranga district, Kimbwanindi MVCC supported rehabilitation of ten (10) houses in favor of 10 MVC (Male 5 and Female 5) and Ngarambe MVCC paid TZS 40,000 (US \$ 25) to the land lord in favor of two MVC (Male and Female) as house rent during rehabilitation.

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

Pamoja Tuwalee program continue to use a combination of age-appropriate and gender sensitive life skills education and psychosocial to empower MVC. We build on children's strengths to increase self-esteem, reduce self-stigma and the impact of discrimination and improve social and coping skills. This enables the children to handle stress and challenges of everyday life. The program further provides the opportunity for children to learn how to stay healthy through education on hygiene, nutrition, HIV prevention among others. Children clubs is a main platform the program use to deliver these services in addition to other direct services. The program also provides specific services to MVC with special needs such as children with disability, children affected by GBV and VAC and those who are in need of birth registration. Below are details on what has been done under this objective during this quarter.

**4.1. Establish and manage children clubs**

Children clubs continue to be a major forum in which the program provides varies support directly to children. The program has children club guidelines which comprise sessions on personal coping

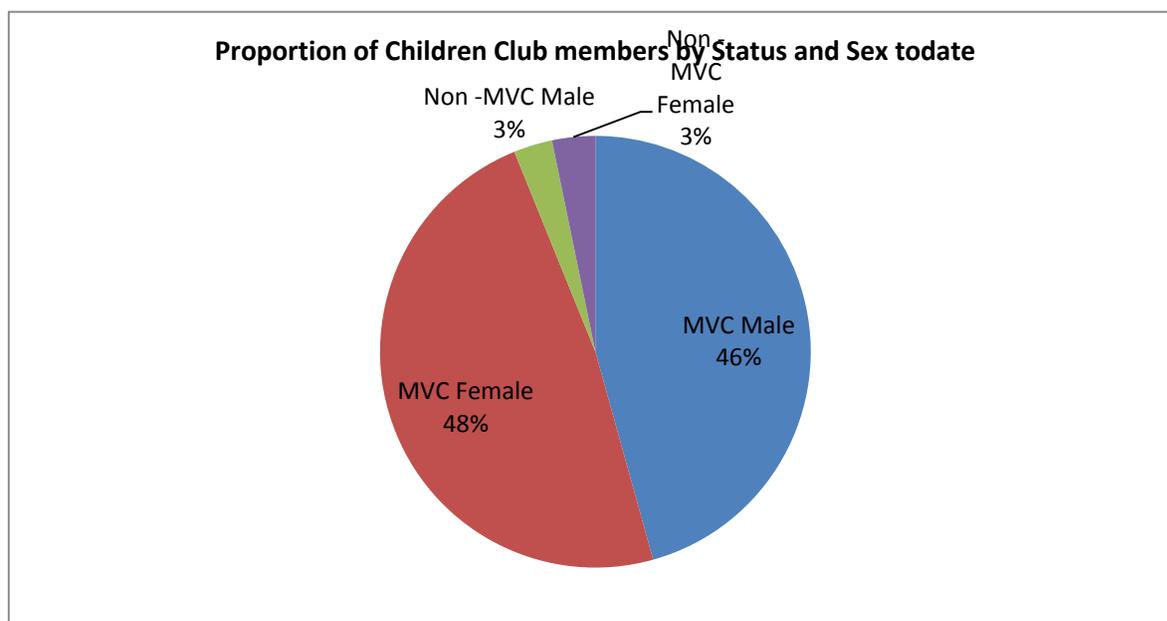
mechanism; how to realize your potentials and dreams; building confidence; protecting yourself, your rights and responsibilities; reproductive health for older MVC and HIV/AIDS information.

During this quarter, the program established 19 children clubs (1 from Kilosa district- Morogoro region, 1 from Ilala Municipal- Dar es Salaam region and 17 from five districts of Pwani region benefiting about 520 (249 males and 244 females). This makes a total of 393 children clubs that benefit about 12319 (5985 Males and 6334 Females) children. The program children clubs are gender and age sensitive; we deliberately encourage both girls and boys to participate. To date the participation of boys and girls are identical. i.e 49% boys and 51% girls. The table and pie chart below shows further details.

**Table 14: Summary of Children participating in children clubs until September 2013**

Region	Number of Clubs	Number of children registered into Children clubs during this reporting period						Total
		Most Vulnerable Children			Other Children			
		Male	Female	Total	Male	Female	Total	
Morogoro	82	1319	1445	2764	0	0	0	2764
Pwani	234	3382	3547	6929	289	304	593	7522
Zanzibar	36	471	438	909	69	95	164	1073
Dar es salaam	41	455	505	960	0	0	0	960
Total Program	393	5627	5935	11562	358	399	757	12319

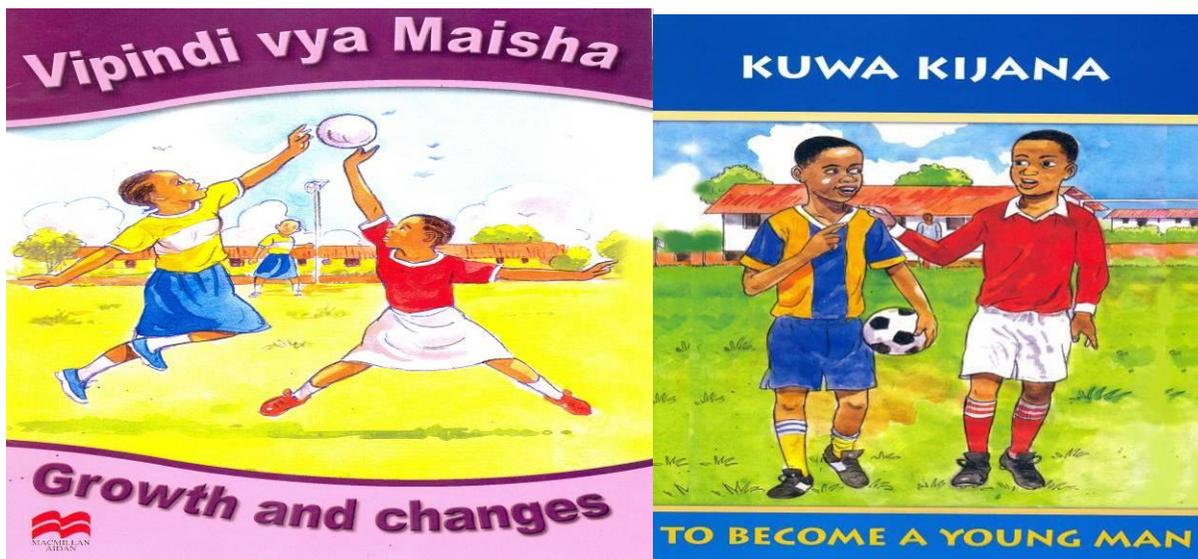
Source July-September 2013 Quarterly report.



For sustainability reasons, the program encourages LGAs and community members to support the children clubs in their villages/streets by establishing them and/or providing necessary materials. This is mainly done by the program staff and volunteers through meetings with LGAs staff, MVCC members and villages/street government authorities. As a result of these efforts, the community members slowly continue to take leadership in supporting the clubs. For example during this quarter, the district council of Mafia provided playing materials to all 17 children clubs formed by the program in its district. The materials included 17 footballs for boys, 17 netballs for girls, five jumping ropes, five reams and boxes of crayon for drawing during the sessions.

#### **4.2 Provide age and gender appropriate HIV prevention and education**

The program mainly use children club as a platform for educating MVC boys and girls on Sexual and Reproductive Health, malaria, life skills and HIV prevention among others. During this reporting period, in addition to the use of children clubs to pass on the information, we partnered with Growth and Know organization to ensure the older girls and boys in our program gets the best knowledge on HIV prevention and Reproductive health. We received about 1,000 copies of boys entitled growth and changes for boys and 1,000 copies of growth and change for girls. The booklets have been distributed and discussed during the children clubs. To create more opportunity to more children, we also distributed the same booklets to some teachers/ matrons in primary schools in the districts we are operating.



Both booklet for boys and girls have great information including those related to physical/body changes of both female and male, i.e. becoming a younger man and becoming a younger woman. The sessions in the booklet are linked with the risk of HIV during adolescent stage and how they can prevent themselves from HIV infection

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

Pamoja Tuwalee program/ FHI 360 continue to strengthen the community members especially volunteers and MVCCs to ensure cases related to child abuse, neglect and exploitation are identified, reported and victims are receiving services. During this reporting period about 32 cases of child abuses have been dealt with in Morogoro region and Pwani. This includes 10 cases of early pregnancies to girls, 14 cases of child labor, one case of sexual abuses and seven cases of child neglect and physical abuses. Most of these cases were reported by community volunteers and MVCCs. The program staff are following up with DSWOs to ensure the rights and welfare of those children are protected at the same times action to the perpetrators are being taken

In Dar es Salaam where the program facilitated establishment of District Child Protection Teams in Ilala and Kinondoni Municipalities, we also continue to enhance coordination of service providers to prevent and respond to GBV and VAC. Through the established teams, the program has recorded a total of 204 (40 males and 164 females) MVC cases of abuses and exploitation. Out of 204 cases, 133 (15 males and 118 females) were reported by the program volunteers and were taken to DSWOs and police for further investigation. The police have been receptive and taking responsibilities following the trainings they have undergone and strong partnership that has been built among the team members/institutions. The high reporting of the incidences is associated with the trust the community members has built on how the police, DSWOs , hospital staff and other government officials are positively and quickly responding to child abuses and GBV.

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

Through supportive supervision and home visits, the program has learnt that providing information on rights and HIV/AIDS to MVC with disability is important but do not address other important needs of these children. From its second year, the program has been deliberately facilitating identification of MVC with disability and recording their specific disability and providing support where applicable. In this reporting period a total of 125 (82 males and 43 females) have been identified in Zanzibar following the verification exercise making a total of 765 in the program. The program has supported some of them with direct support (psychosocial support, education on their rights and HIV information and education support for school going) though more efforts is needed to meet their diversified needs. Since the program cannot meet most of their special needs, we refer them to the relevant institutions for further support. Example, in the last reporting period, 46 children with vision disabilities were referred to Tanzania Labour for Blind for visual aid in Coast region. In line with direct support and referrals, their caretakers/households are visited regularly and provided with psychosocial support and are given the priority in other program support such as those related to income generating activities trainings and support. The table below shows details on the type of disabilities facing MVC.

**Table 15: Number of MVC reported to have any disabilities during October 2012 - September 2013**

District	Type of Disability					TOTAL
	Mental	Physical				
		Albinis	Deafnes	Blindnes	Other	

		m	s	s		
<b>Morogoro</b>	61	14	8	52	86	243
<b>Pwani</b>	106	36	50	83	184	452
Zanzibar	37	3	18	6	60	124
<b>Total Dar es Salaam</b>	82	48	71	53	105	363
<b>Total program</b>	286	101	147	194	435	1182

#### **4.5 Support mobile registration to provide MVC with birth certificates**

Having birth certificate is the right for every human being including children. In Tanzania for a person to access certain services such as high education, property inheritance, employment and others, one require to have a birth certificate. It is in this understanding that the program continues to advocate for the MVC to access birth certificates.

In the past financial year, the program negotiated with Registration Insolvency and Trusteeship Agency (RITA) to provide birth certificates to MVC free of charge or at a subsidize costs. To start with, RITA subsidized the costs of one certificate for MVC from TZS 10,000 to TZS 5000 (US \$ 6 to US \$ 3) in which a total of 3,200 from Dar es Salaam received their certificates at that subsidized amount. Process from other regions for the same exercise is underway; however it takes time due to long procedure undertaken at the LGAs before approval. In this reporting period, Morogoro and Pwani regions have collected all relevant documentations for about 2996 MVC and submitted the same to RITA, the program will continue to make a follow up in the next quarters.

#### **4.6: Support MVC membership on MVCCs**

The program continues to advocate for children participation in MVCCs to ensure issues of their concerns are well noted by MVCC members. In each MVCC formed, the program ensures both male and female MVC are represented. During this reporting period, a total 57 MVCC were formed in Rufiji and Ulanga districts. Out of 10 members of each MVCC, two of them are MVC representatives.

### **ENHANCING INTER-SECTORAL COORDINATION AND COLLABORATION**

The program continued to play an active role in enhancing coordination and collaboration with the government and other children stakeholders. During this reporting period, the program participated in different forums as indicated below

### **Police-Partner Coordination Group on GBV and Child Protection**

This forum is instrumental in coordinating the efforts of different stakeholders addressing the issues of child abuse and GBV. The program staff participated in all organized meetings. The focus during this ending quarter was to work with the Ministry of Home Affairs – police department to develop a joint three year action plan on gender and children Desk that will ensure issues of violence against children and GBV are addressed. The planned activities intends to strengthen Police response to GBV and child abuse in 6 regions including Dar es salaam, focusing on creating the infrastructure for the units, building the capacity of desk officers and ensuring critical linkages with other services provider to meet the needs of victims/survivors.

### **Most Vulnerable Children Implementing Partners’ Group**

This is a national forum that comprises different government departments and non-government organizations addressing the needs of vulnerable children. It is chaired by the Department of Social Welfare of the Ministry of Health and Social Welfare. This forum was formed in order to improve coordination of interventions on care, support and protection of MVC and contribute to national efforts in formulating the guidelines, policies and regulations. During this reporting period, our program shared the monthly updates, participated actively in reviewing the child adoption regulations and also participated in the monthly meetings.

### **USG OVC implementing Partners Group**

This forum brings together partners funded by any USG agency such as USAID and CDC. During this reporting period, this forum met with the USAID OVC technical team from Washington. The objectives of their visit included sharing the Global PEPFAR OVC Support Updates, learning from the OVC implementers in Tanzania and providing guidance on OVC trends globally. Our program made two presentations: Local Capacity Building Model for OVC support and Child Protection Interventions. Apart from general comments from the technical team, we received complements on the initiatives undertaken in addressing child protection issues in Tanzania. ‘I’m very much impressed by your organization innovation in addressing child protection issues, especially your initiative on establishing one stop center’ said one of the OVC technical Team during break time.

### **National Child Protection Advisory Committee**

This committee was formed early 2013 after launching of NCPA II with the purpose of providing technical guidance on the implementation of the nation child protection under the NCPA II. Pamoja Tuwalee program/FHI 360 was appointed to represent other Pamoja Tuwalee partners in this committee. During this quarter the main focus was to provide guidance to partners who plan to scale up establishment of child protection system in the districts.

### **Ministry of Health and Social Welfare**

Pamoja Tuwalee/FHI 360 participated in a workshop organized by the Ministry of Health and social Welfare (Reproductive and Child Health sector). The forums aimed at developing and improving

national level strategies to respond to the cases of Gender Based Violence and Violence against Children. Service providers in health and justice systems were encouraged to take effective measures for appropriate handling of child abuse cases as per professional conducts. This would encourage reporting, minimizing vulnerability among children and preventing the victims from further harm.

### **Constitutional forum meeting for TCRF members**

This meeting was organized by Tanzania Child Rights Forum for organizations working with and for children and in child rights advocates. It was meant to review the draft constitution in view of children's rights and recognize the contributions of forum members to the on-going constitution reform sessions. The members urged the Constitution Review Commission to reconsider the children Right to name, education, information and the age of a child. These areas have been interfered by cultural values and contradictions that emerge from existing policies such as education policy, law of marriage act, and in the course of their implementation.

### **PROGRAM MONITORING**

Monitoring and Evaluation is an integral part of the Pamoja Tuwalee program/FHI 360. The program M &E system ensures quality data collection, verification, analysis and use and enforces measure of program outputs, outcomes and impact. Given its important, we continue to build the staff's capacity to be able to monitor the program implementation.

During this reporting period, the program conducted two M&E trainings namely: data management and data quality in order to improve the staff's knowledge and skills in data collection, analysis, reporting and use.

As an active member of the Monitoring and Evaluation technical working groups, we continued to participate in all organized meetings. The major activities in this FY 2013 includes: Review of the Monitoring and Evaluation System Assessment Findings shared by MEASURE Evaluation; Development of performance indicators and Monitoring and Evaluation Plan for NCPA II and the Logical Framework.

During Planning meeting, our regional teams were oriented on the newly developed Data Verification Tool (DVT) and Monitoring and Evaluation System Assessment Tool (SAT). Same orientation will be conducted during planning meeting with sub grantees in early November this year.

During this reporting period, our program went through a Mini – DQA exercise conducted by MEASURE Evaluation at the national level, Morogoro and Zanzibar. Preliminary findings rated us as good performer in terms of M&E system and data quality with few recommendations for improvement.

### **PRIORITY ACTIVITIES FOR NEXT QUARTER**

- Support sub grantees to review and develop the work plan for FY 2014
- 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
- Participate in the Midterm Evaluation- USAID lead
- Participate in the assessment of Saving Groups in Pamoja Tuwalee Program
- Participate in a 16 days of activism national level event – for advocacy to support the Police force initiative to prevent, respond to and support victims of violence against children and GBV

## SUCCESS STORIES

### “MY HOUSE BEFORE AND AFTER SILC...”

Bi Amina Bundala is a 42 year old woman living at Shakani Shehia in West District of Unguja in Zanzibar. She lives with her three children - Edward John Masanja (17), Juma Salehe Othman (4) and Amina Saleh Othman (13). Bi Amina was divorced by her husband six years ago and was left in a very hard economic condition to support herself and her children.

After the divorce Bi Amina decided to intensify her subsistence farming and small business to earn higher income to support her family with basic needs. Her quest to prosper was further intensified by her dream to own a decent house and this made her to work even harder.



**Before Joining SILC GROUP: July 2012**



**After Joined SILC Group: July 2013**

In July 2012, Bi Amina heard about the Savings and Internal Lending Communities (SILC) initiative promoted by Pamoja Tuwalee Program in Shakani Shehia during a community sensitization meeting conducted by Bi Aziza - the Community Resource Person (CRP). From this meeting, Bi Amina was inspired by the way SILC groups operate compared to other savings and lending groups as she could accumulate capital, do business, care for her three children and benefit from the collective profit upon graduation.

“I really trust Bi Aziza as she has always been supportive to me. She encourages me to work hard to improve my living condition. When she advised me to join SILC group, I trusted it would result into something worthwhile” said Bi Amina.

In July 2012, Bi Amina decided to join Mwanzo Mgumu SILC group run under the facilitation of Pamoja Tuwalee Program. After faring well as a member, she took a loan to boost her petty business. “I started to borrow from the group and invest into my diverse businesses of buying and selling clothes, keeping local chicken and selling vegetables and other crops in order to diversify my income sources and earn more money to meet basic needs of my family and continue with construction of my house”.

Bi Amina, could not easily ascertain her income levels and cash flow during interview with the program Focal Person as she rarely keeps records of her business transactions as is the case with most small entrepreneurs. However, she recalled some key figures and historic events such as “when I joined SILC group, my new house was at foundation stage but following rapid business expansion fuelled by SILC, I managed to buy building blocks and put up the structure out of the earned profit. Also, I roofed my house with corrugated iron sheets using TZS 680,000 (US \$ 425) being the share-out amount which I got from my group on graduation”. She further added that “this process was not easy but with self-determination, I made it... I will encourage other people to join SILC groups and I never regret the decision I made one year ago since now I reap the fruits of my efforts”.



Ms Amine Amanita (41) from Ulongoni Street, Gongo la mboto ward became a widow after her husband – Mohammed Ally Timba died in 2009. Currently, she lives with her 3 children - Halima Ally Timba (18), Habiba Ally Timba (15) and Farida Ally Timba (11). As in many African families, the deceased husband was the bread winner; following his death Amine had no means to earn a living other support than selling cassava and snacks.

This activity could at best help her afford one meal a day and she could hardly manage to provide her daughters with their basic needs including enough food, education and health care.



Through Pamoja Tuwalee program, in 2011 Amine was identified as MVC caregiver and registered by Mr. Matimbwa (Ulongoni community volunteer) to receive services offered by the program.

To help her build resilience and strengthen her economic status, Mr. Matimbwa convinced her to join SILC group so that she could interact with other members, learn about doing business and generate income through establishment of promising Income Generating Activities (IGAs).

In October 2011, Amine joined Umoja SILC Group, after a while she borrowed TZS 50,000 ( US \$ 31) from her accumulated savings with which she started food vending (Mama Lishe) in front of her house as she could not afford to rent a business premise. The first loan round went on successfully and after full repayment she decided to take a second loan of TZS 250,000 (US \$ 156) in order to expand her business to meet the increasing demand.

Again, she managed to do business and pay back the loan per schedule. After six months, she took another loan worth TZS 500,000 (US \$ 313) and bought a sewing machine for her daughter Halima Ally Temba who has recently graduated from tailoring course at Ukonga VETA under the sponsorship of Pamoja Tuwalee Program/FHI 360.

“... Now I am seeing hope for my life and the life of my daughters...” says Amine. She keeps on encouraging other MVC caregivers to join SILC Groups.

## **LIST OF TABLES**

Table 1: Program Geographical Coverage and MVC Reach

Table 2: Funds Disbursed to Sub grantees and Expenditure

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

Table 4: Summary of MVC supported by MVCC village

Table 5: Summary of MVC supported through Public Private Partnership

Table 6: Summary of MVC caregivers (financially) who supported their children

Table 7: MVC Households provided with economic strengthening support by region

Table 8: Summary of New SILC groups established

Table 9: Summary of cumulative composition and financial status of SILC groups

Table 10: Summary of caretakers provided with Non-Economic strengthening support

Table 11: Summary of MVC served with at least One Core Service

Table 12: Number of MVC provided with Education and Training Support by Region

Table 13: Number of eligible clients who receives food and nutrition services (pg. 25)

Table 14: Summary of children participating in children clubs

Table 15: Summary of MVC reported to have any type of with disabilities

## **LIST OF APPENDIXES**

### **JULY TO SEPTEMBER QUARTERLY 2013**

Appendix I: Number of MVC served with a minimum of one core service per ward during July - September 2013 ( page: 1-12)

Appendix II : Number of MVC served with a minimum of one core service per ward during October 2012-September 2013 ( page: 13-24)

Appendix III : Number of eligible client who received food and or other nutrition service during July-September 2013 ( page:25-35)

Appendix IV : Number of eligible client who received food and or other nutrition services during October 2012-September 2013 ( page: 36-46)

Appendix V : Number of MVC provided with education support during July-September 2013( page: 47-60)

Appendix VI : Number of MVC provided with education support during October 2012- September 2013 (page: 60-69)

Appendix VII : Number of MVC Caretakers provided with Economic strengthening support during July –September 2013 (page: 69-81)

Appendix VIII: Number of new children clubs established during July-September 2013(page: 82-83)

Appendix IX : Status of existing children clubs until September 2013 (page: 84-100)

Appendix X : Number of MVC supported through public private partnership during July-September 2013 (page: 101-104)

Appendix XI :Number of MVCC that has supported MVC through their established MVC fund during July-September 2013( pg105-109)

Appendix XII : Details of MVC caregiver who supported MVC during July-September 2013( page: 109-122)

Appendix XIII: Number of new SILC group established during July-September 2013 (page: 123-125)