

Pamoja Tuwalee



PAMOJA TUWALEE PROGRAM/FHI360 – COAST ZONE

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

Quarterly Performance Narrative Report

October to December 2013

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
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 II	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
SILC	Savings and Internal Lending Communities
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
WAMA	Wanawake na Maendeleo (Women and Development)
WAMATA	Walio Katika Mapambano ya Ukimwi Tanzania (Fight against HIV and AIDS)
YAM	Youth Alive Movement
ZAMWASO	Zanzibar Muslim Women Association to Support Orphans
ZCPA	Zanzibar Costed Plan of Action

EXECUTIVE SUMMARY

Pamoja Tuwalee Program is a five year (June 2010 to May 2015) USAID funded program in Coast, Central, Lake, Northern and Southern Zones implemented by four partners. FHI360 implements this program in Coast Zone comprised of Dar es Salaam, Morogoro and Pwani regions in the mainland and Zanzibar. We work with ten Local Civil Society Organizations (CSOs), twenty five Local Government Authorities (LGAs) and community members. Pamoja Tuwalee program/FHI360 goal is to improve the quality of life and well-being of Orphans and Vulnerable Children (OVC) and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection.

This report covers the first quarter of FY 2014 that builds on the progress made in the past three years of the program. It narrates the implementation of the planned activities, achievements, challenges and lessons learnt.

During this reporting period, as a roadmap to achieve objective one, we continued to advocate for MVC support to the LGAs and community members. Building on the previous efforts, in this quarter we were invited to participate in the LGAs planning meetings in which we advocated for implementation of the MVC plan developed during NCPA II dissemination. Through continuous community sensitization, TZS 21,052,000 (US\$ 13,158) was contributed for 719 MVC support. As a result of economic strengthening support to the MVC households, they raised a total of TZS 7,188,800 (US\$ 4,493) for their children during this reporting period. We further supported our implementing partners to implement their capacity building plans developed in the last year. All these aim at ensuring the LGAs and community members slowly take over MVC support as the program approach the end of its life time.

Under objective two, we facilitated establishment of 22 new Saving and Internal Lending Communities (SILC) groups composed of 529 (133 male and 396 female) with TZS 15,867,300 (US \$ 9,917 and contribution of TZS 753,800 (US \$ 471) for MVC Fund. To date the program has supported formation of 289 SILC groups with TZS 716,211,850 (US \$ 447,632) savings and TZS 46,970,350 (US \$ 29,356) MVC funds. Through these groups more than 7,611 (Male 1,645 and 5,966 Female) members have benefitted.

Under objective three, the program continued to provide at least one core service to MVC while building the capacity of caretakers to meet the MVC needs. In this quarter, 51,747 (26,304 Male and 25,443 Female) MVC received at least one core service representing 79% of FY 2014 target. This makes a total of 77,117 MVC reached by the program to date.

As part of our commitment under objective four, in December 2013 we made remarkable national contribution in establishing one stop center model for addressing child abuse and GBV cases in Dar es Salaam. The center was launched by the Ilala District Commissioner and marked by key government officials and USAID representative. Since the launch, a total 67 cases have been reported and served.

We also facilitated establishment of five children clubs, making a total of 398 clubs with 12,704 (6,182 Male and 6,522 Female) children receiving different services including psychosocial support, youth reproductive health and HIV prevention.

PROGRAM IMPLEMENTATION REPORT

INTRODUCTION

Pamoja Tuwalee is a five year program beginning June 2010 to May 2015. The program is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The program is implemented by four partners in five zones namely: Coast, Central, Lake, Northern and Southern. FHI 360 covers the Coast zone which includes Dar es Salaam, Morogoro and Pwani 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.

Coast zone is bordered by Indian Ocean on the East Coast and regions of Iringa, Dodoma, Tanga and Lindi on the other sides in mainland Tanzania. Unguja and Pemba are islands, surrounded by the Indian Ocean. The program target was to cover all 26 districts in the zone. However, it was noted that PASADA who is a major partner and that receives funds from USAID operates in Temeke district in Dar es Salaam region thus it was decided to leave Temeke district with her and Pamoja Tuwalee/FHI 360 to cover the remaining Ilala and Kinondoni districts 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 Coast zone is estimated at 8,985,270¹. Dar es Salaam has the highest number of people (4,364,541) followed by Morogoro (2,218,492), Zanzibar islands (1,303,569) and Coast region (1,098,668). With the estimated proportion of children (0-18years) being 51% of the general population, this suggest an estimate of 4,582,488 children in the Coast zone.

HIV and AIDS prevalence is highest in Dar es Salaam recorded at 6.9%². which is above the National prevalence of (5%). Next on the list is 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 multiplier adverse effects to the Tanzania society in all socio-economic arenas leading to economic instability and leaving many children as orphans.

During this reporting period, the program provided at least one core service to 51,747 (Male 26,304 and Female 25,443) MVC representing 79% of the FY 2014 target of 65,781 and 81% of

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

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

64,014 MVC current in the program. Through direct support, home visits, referral and linkages, the program is committed to serve all MVC current in the program and those who will be identified in the subsequent period in order to ensure 100% coverage and hit the target as planned.

Table 1: Program Geographical Coverage and MVC Reach

Region	DSM	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	13,265	8,799	3,182	30,169
5 years targeted # of MVC	5,001	28,405	6,272	3,605	43,283
# of MVC Ever enrolled	12,591	41,175	15,625	7,726	77,117
# of MVC Current: Oct – Dec 2013	12,477	29,670	14,141	7,726	64,014
# of MVC served: Oct to Dec 2013	7,363	22,655	14,003	7,726	51,747
MVC served: sex disaggregation: October – December 2013					
Male	3,736	11,523	7,028	4,017	26,304
Female	3,627	11,132	6,975	3,709	25,443
MVC served: age disaggregation: October – December 2013					
<6 years	964	2,967	1,043	1,295	6,269
6-14 years	4,344	14,142	8,913	4,978	32,377
15-17 years	1,671	4,894	3,601	1,247	11,413
18+ years	384	652	446	206	1,688

Source: Quarterly Report: October – December 2013

PROGRAM ADMINISTRATION AND MANAGEMENT

Staffing

During this reporting period, the program recruited a new staff for the position of Technical Officer-Monitoring and Evaluation. The recruitment of this officer is in response to the recommendations made from FHI360 headquarters during the Program and Technical Assessment conducted in the second quarter of FY 2013.

Funds Disbursed to Partners

The program continued to work closely with its CSO partners in building their capacity to implement their plans. A total of **TZS 242,630,862³** was disbursed to nine Sub grantees in Coast zone as detailed in table 2 below.

Table 2: Sub grantees Funds Disbursements and Expenditures Status - October to December 2013

Sub Grantee	Disbursements (Tzs)	Expenditure (Tzs)
Faraja Trust Fund	19,657,900.00	19,630,300.00
Roman Catholic Dioceses of Mahenge	13,664,000.00	14,115,315.00
Huruma Aids Concern and Care (HACOCA)	17,995,950.00	16,341,337.00
Centrally Controlled Funds ⁴	15,422,000.00	12,564,600.00
Baraza la Misikiti Tanzania (BAMITA)	19,180,000.00	16,782,000.00
Jipeni Moyo Women and Community Organization (JIMOWACO)	42,055,600.00	38,541,261.00
Roman Catholic Archdiocese of Dar es Salaam (YAM and Mafia Parish)	20,046,996.00	25,878,834.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	31,754,500.00	31,389,900.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	17,570,000.00	16,488,000.00
Zanzibar Muslim Women Association to Support Orphans (ZAMWASO)	18,850,400.00	19,367,400.00

³ The total fund disbursement figure is generated from reviewed and approved Sub Grantees requests.

⁴ There is no implementing partner for Kibaha and Bagamoyo; therefore funds are channeled through Program Regional Office as centrally controlled for furtherance of Program implementation in the respective areas.

Balance from Previous Quarter	26,433,516.00	0
Program Total Disbursements/Expenditures	242,630,862.00	211,098,947.00

As indicated in table above, total funds transferred to sub grantees outstrip expenditures for this reporting period. The subgrantees' spending capacity for the period was 87% which represents an increase of 12% in the burn rate from the minimum set standard of 75%. This is attributable to regular follow ups and pre-planning of activities for the respective period.

A total of TZS 15,422,000 was disbursed through centrally control mechanism. This follows termination of the contract with KICODET which was implementing the program in the districts of Bagamoyo, Kibaha Urban and Kibaha Rural. While the program works on engaging a new subgrantee to replace KICODET, the implementation of activities in these districts runs smoothly through our program staff, DSWOs of the three districts, MVCCs and community volunteers.

Planning and Budget meeting with sub grantees

During this reporting period, the program organized, facilitated and coordinated planning and budgeting meeting with all coast zone sub grantees. The planning meeting involved all Project coordinators, OVC focal persons and Accountants. The core objectives and deliverables of the meeting were to: develop subgrantees' work-plans and budget for FY2014; review program performance and setting strategies and approaches for further improvements; orientation on gender equity and child safeguarding; orientation on revised M&E tools including data verification tools.

ACTIVITIES ACCOMPLISHED

OBJECTIVE ONE: 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.

In this quarter, the program continued to strengthen the capacity of its key players in resource mobilization, coordination, partnership and use of the national tools such as MVC NCPA II, the Law of the Child Act to advocate for MVC needs. All these are essential in strengthening a system that can sustainably meet children needs. Below are the specific activities implemented under this objective.

1.1 Mobilise support for OVC through advocacy campaign

Through observation, the program continues to realise the positive outcome in supporting MVC and their households provided by different stakeholders. The realised outcome is the result of continued advocacy campaign spearheaded by the program by targeting the private sector, LGAs and community at large. The program recorded about TZS 11,378,700 (US\$ 7,112) contributed by private partners to support 528MVC (258 Male and 270 Female). Details of the contribution are provided under the later part of this report.

1.2 Strengthen LGAs to implement the NCPA II/ZCPZ

During this reporting period, the program, continued to strengthen the capacity of LGAs in managing and coordinating MVC interventions, advocate for increased commitment of LGAs to plan and budget for MVC. This was done through program staff participating in LGAs pre-planning (departments' meetings) and actual planning sessions, a series of sensitization and mobilization meetings to different LGAs forums, training of LGA staff in different aspects related to MVC, involvement of LGAs staff in joint supportive supervision. The following specific activities were undertaken:

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

The program in Morogoro region had a meeting with District Social Welfare Officers (DSWOs) to discuss and agree on priority activities that should be incorporated into comprehensive district plan. The forum was also used to share program priorities for FY 2014 which included: school fees for secondary school MVC, startup kits to MVC who successfully complete vocational training, economic strengthening, MVC and their households' access to health services through Community Health Fund (CHF) and MVC birth certificates. The program will continue to follow up with the districts to ensure the proposed activities for MVC support are reflected in the coming Medium Expenditure Framework (MTEF).

In Dar es Salaam, the program participated in health sector pre planning sessions in both Ilala and Kinondoni Municipalities. The program used that opportunity to advocate for health care to MVC by proposing to the Municipalities to consider providing TIKA (Tiba kwa Kadi) health insurance services to MVC. The two municipalities have agreed to speed up the process to enable the operation of TIKA by June 2014.

In Pwani, the program participated in Mkuranga District Planning and Budgeting sessions. The program emphasized for LGA to plan and budget for education and health support. The program also shared the number of MVC (350) who are in secondary school and requires support. The council promised to consider that in their final MTEF.

1.2.2 Support Districts to translate the NCPA/ZCPA into District action plan

During FY 2013, the program made deliberate efforts to create awareness of NCPA II to 14 District Councils. During the meeting each district made commitments to implement NCPA guideline. During this reporting period, the program continued to monitor implementation of LGAs' commitments as well as lobby for its inclusion in Comprehensive District plan so that they become more practical as some of them require financial resources. Based on the plans developed, the DSWOs have defined activities that they are advocating for during these planning sessions as elaborated in the previous part of this report. .

1.2.3 Provide TA to District Social Welfare Officers to implement MVC Care and Support

Throughout the implementation, the program has been engaging DSWOs in various program activities that aim at strengthening their capacity to manage MVC programming.

During this reporting period five DSWOs in Pwani were trained as Trainer of Trainers (TOT) and in turn they facilitated community volunteers training on care taking skills. During the training, the program senior technical officers and the DSW national facilitators followed up and supported the DSWOs. Each DSWO was joined either by a program senior staff or a national facilitator. After the training the senior staff and the national facilitator provided feedback that aimed at improving the DSWOs' capacity. Through this process most of the DSWOs we work with have gained confidence and are now able to do the training that initially had to be done by the national facilitators and the program staff.

In addition to training, we conduct supportive supervision to ensure DSWOs internalize the process and are able to continue monitoring the MVC activities in their respective districts after the program phase out. More details about supportive supervision are covered under 1.2.4 below.

1.2.4 Improving Program Performance and Quality through Program Monitoring and Supportive Supervision.

The program has been conducting field visits as one of the strategy to monitor program implementation as well as ensure quality of services provided to MVC and their households. Though program staff conduct supportive supervision on monthly basis, one a quarter they are joined by the DSWOs. During this reporting period, the program in collaboration with DSWOs conducted supportive supervision at the community level. The team visited community volunteers, MVCCs and SILC groups. While the team noted different efforts made in different areas such as increased commitment of community members, MVCCs and SILC groups to support MVC; MVCC implementing well their work plans following the trainings in the previous quarters; increased awareness among caretakers on food and nutrition for their children and increased caretakers' capacity to meet their children needs. Some of the challenges highlighted during the supportive supervision were:

- In Mafia, the visiting team was informed about two households in Kinondoni village where family members including MVC suffer from frequent Malaria attacks; the team visited those households in which they noted that the problem was partly associated with lack of treated mosquito nets and incompliance with medication. The household's members were referred to the district hospital and also supported with treated mosquito nets.
- In Kisarawe, six wards were visited, in which the main issue identified was the MVC who were suspended from attending school because of delayed payment of school fees that were committed by the program. The visiting team together with community volunteers visited the three secondary school management and after discussions, it was agreed that our implementing partner in Kisarawe (BAMITA) write a letter of commitment to pay the fees upon receiving funds. Children were thereafter accepted to continue with classes.
- In Morogoro, the key issue was the low membership of MVC caretakers in SILC groups - 5% (437) caretakers out of 9141 members. It was advised to motivate and encourage more MVC caretakers to join SILC groups. It is expected that, the number of MVC caretakers in Morogoro will increase from next quarter.

1.3 Strengthening MVCC to lead Community Support for OVC

Most Vulnerable Children Committees remain a key body at the community level for coordinating care, support and protection of MVC. Therefore, continues capacity building is of great importance for MVCC to be able to perform their roles and responsibilities as stipulated in the NCPA II.

1.3.1 Develop and Implement capacity building plans for existing MVCCs

One of the program focus has been to strengthening the capacity of MVCCs through following up coaching and mentoring them on how to implement effectively. This is mainly done through supportive supervision as indicated under 1.2 above. Since its inception, the program has supported and worked with 627 MVCCs with estimated number of members 6,270. The program has built the capacity of these MVCCs either through initial training during their establishment (167MVCCs) or refresher trainings (460 MVCCs).

1.3.2 Advocate for membership of current community volunteers on MVCC

Based on past experience in which MVCCs with program volunteers who are members seem to be more active in facilitating linkages between the programs and other stakeholders, the program continued to promote this practice. Currently 89% of 1107 current volunteers are members of MVCC. Compared to last quarter there is a slight decrease in percentage from 92%. This is mainly attributed to newly recruited 273 volunteers who are not members of MVCC. While we

encourage members of the community to select volunteers who are already members of the MVCCs, still we respect their decision when they think other person is well positioned to provide services to MVC than MVCC members, hence this result.

Table 3: Current status of volunteers in the program disaggregated by District and Sex

District	# of volunteers			# and % of volunteers who are MVCC members			
	Male	Female	Total	Male	Female	Total	%
Morogoro							
Ulanga	56	52	108	56	44	100	93
Kilombero	33	30	63	26	21	47	75
Mvomero	10	22	32	10	23	33	103
Kilosa	14	19	33	14	19	33	100
Morogoro Urban	7	19	26	7	19	26	100
Morogoro Rural	24	33	57	24	33	57	100
Sub total	144	175	319	137	159	296	93
Pwani							
Kibaha Town Council	27	36	63	27	36	63	100
Kibaha Rural	40	32	72	40	32	72	100
Bagamoyo	62	53	115	56	51	107	93
Kisarawe	32	27	59	28	26	54	92
Mkuranga	64	44	108	64	44	108	100
Rufiji	27	45	72	27	45	72	100
Mafia	12	11	23	12	11	23	100
Sub total	264	248	512	254	245	499	97
Dar es Salaam							
Kinondoni	33	48	81	24	35	59	73
Ilala	21	48	69	19	40	59	86
Sub total	54	96	150	43	75	118	79
Zanzibar							
Pemba	22	34	56	13	19	32	57
Unguja	27	43	70	14	26	40	57
Sub total	49	77	126	27	45	72	57
Grand Total	511	596	1107	461	524	985	89

Source: Quarterly Report: October – December 2013

1.3.4 Support creation of MVCC where they do not exist

According to the MVC guidelines, MVCCs are established as a subcommittee of the public and social welfare committees. In general MVCC are responsible for coordinating, supporting, monitoring and ensuring provision of care, support and protection of children at the Mtaa/Village level. Facilitating creation of MVCCs is an activity conducted following identification of MVC. The program has always facilitated both exercises as per MVC guidelines.

During this reporting period, the program has not facilitated formation of new MVCCs. However, our emphasis has been on strengthening the capacity of 627 MVCCs trained by the program. We use the national guidelines to follow up on the implementation of commitments made during their formation and subsequent trainings. In the later part of FY 2014, we plan to provide refresher training to about 225 MVCCs through DSWOs.

1.3.5 Support Local Authorities to develop village level fund to support OVC

Empowering community to mobilize resources for support of MVC within their localities is one of the strategies to ensure community ownership and sustainability of services to MVC. Through establishment of Village MVC fund MVCC and other community members are increasingly able to meet different needs of needy children in their midst. Currently the program has facilitated establishment of 438 MVC funds. In this reporting period a total of 719 (285 Male and 434 Female) were supported through MVC funds. The support provided was worth of TZS 1,730,700 (US \$ 1,082). The support included school fees, scholastic materials, food and nutrition, health care and shelter improvement.

Table 4: Summary of MVC supported through village MVC Funds Oct- Dec 2013

Region	Total Value (TZS)	Number of MVC supported		
		Male	Female	Total
Dar es Salaam	295,000	29	44	73
Morogoro	952,100	128	195	323
Pwani	483,600	128	195	323
Total Program	1,730,700	285	434	719

Source: Quarterly Report: October – December 2013

1.3.6 Support savings, income-generation and food security activities among MVCC

Though MVCC members and other community members such as program volunteers are committed to support MVC, some of them have no reliable means of income to sustain their

families. Based on that, the program has been encouraging its key program implementers to engage in different economic strengthening activities including SILC to reduce their economic vulnerabilities. Such category of implementers is the MVCCs. Once they are part of the SILC groups, they have access to different trainings including entrepreneurship skills. To date MVCC members are occupying 5% (405) of the group composition representing 15% of the estimated number of MVCC (6,270) members that we work with in the program. The program will continue to encourage more MVCC members to join SILC groups.

1.4. Strengthen Local CSO Partners to Support MVC Services.

One of the Pamoja Tuwalee commitments is strengthen sub grantees' institutional capacity, leadership and management particularly focusing on project management and execution, organizational systems and structures, grants management and reporting. During this reporting period, the program continued to support the CSO partners to implement their organization capacity development plans as stipulated in last quarterly report.

1.4.1 Develop and implement capacity building plans for local CSOs

In this reporting period, the program conducted coaching and mentoring to ZAMWASO and WAMATA Pemba management and finance staff. The focus was on updating of human resource, financial management and procurement policies and procedures manuals.

1.4.2 Assist high-functioning CSOs to graduate to self-sustaining status

Currently, the program using the developed indicators has identified two relatively high-performing CSOs - FARAJA and HACOCA. Preparations are underway to support them in developing business plans which will include mapping of potential donors within the community and communication guidance on how to approach prospective funders and access funding beyond Pamoja Tuwalee program.

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

Based on the fact that resources for support of MVC are scarce, the program was designed to engage the public and private partners (PPP) to compliment the program efforts in MVC care. Using developed advocacy messages, the program continued to identify private entities and individuals ready to support MVC and their households. The type of support comes in different forms such as health services through Community Health Funds (CHF), School fees for secondary and vocational schools, access to birth registration and scholastic materials. The table below summarizes the value of support provided and number of beneficiaries supported through PPP per region.

Table 5: Summary of MVC supported through PPP during this quarter

Region	Total value (TZS) equivalent	Number of MVC Supported		
		Male	Female	Total
Morogoro	627,000	12	9	21
Pwani	8,736,700	211	225	436
Dar es salaam	2,015,000	35	36	71
Total	11,378,700	258	270	528

Source: Quarterly Report: October – December 2013

1.6 Improve Coordination Among and Across Sectors and Zones

The program has made a commitment to promote coordination, collaboration, linkages and partnership among MVC and non MVC implementing partners. The established 17 District Implementing Partner Groups (DIPG) have facilitated provision of comprehensive services to MVC and their households through linkages and referrals at different levels. Throughout program implementation, the program will continue to build a sense of ownership for LGAs to own DIPG.

1.6.1 Mapping Government and donor activities in Program coverage area

As part of strengthening the capacity of LGAs to manage OVC intervention, the program has supported development of MVC IPs inventory. During this reporting period the program supported DSWOs to review/refine the inventory in some of the districts. The exercise will be completed next quarter. This will be shared with respective stakeholders including program staff during DIPG sessions so that the same is utilized to broaden referrals and linkages.

1.6.2 Conduct Annual Planning Meeting with Implementing Partners and share experiences on good practices

Annual planning meeting facilitate sub grantee plan and budget for the next financial year as well as share experiences and best practices that are key in improving program performance. During this reporting period the program organised and conducted planning meeting for FY 2014. Apart from planning and budgeting, the followings key issues were covered.

- Program Achievements and Challenges
- Orientation to sub grantees staff on FHI360 Data Verification Tool (DVT) that will be used quarterly to ensure data quality.

- Feedback on Data Quality Assessment (DQA) conducted by Measure Evaluation in Morogoro and Zanzibar
- Orientation on Child Safeguarding Policy and its implementation
- Sharing indicators for FY 2014
- Orientation on Gender Equality

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

Pamoja Tuwalee program/FHI360 uses empowerment approach to enhance the capacity of MVC households and communities by building on their strengths and capabilities to support, care and protect MVC. The program promotes engagement of MVC households in economic activities to achieve sustainable support and care for MVC. Household income security contributes to the caretakers' capacity to provide services to MVC such as: food, education, health care and shelter.

In the reporting quarter, the program continued to follow up the output of capacity building for community volunteers, MVCC members and Community Resource Persons (CRPs) done in the previous quarters. The following are specific activities undertaken:

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

During this reporting period, community volunteers continued to visit MVC caretakers, MVCCs and children through home visits. The visits aimed at transferring caretaking skills and encouraging them to take up their responsibilities despite the challenges they face. Current the program has 30,668 (12,666 Male and 18002 Female) MVC caregivers.

The program trained a total of 236 volunteers; 130 and 106 for Morogoro and Pwani respectively on caretaking skills. The activity was supported by 11 government Social Welfare Officers at national and district levels. The training aimed at strengthening community volunteers' capacity to provide quality and comprehensive care, support and protection to MVC and their households. Facilitators with support from focal persons oriented volunteers on program reporting tools and MVC data collection forms, including monthly services form and referrals. During training sessions, participants were also oriented on their job aid, which they recommended to be more useful during visits to MVC households. Trainees are expected to utilise the knowledge obtained in their daily work with caretakers, through home visits and other avenues.

Also, during the reporting quarter trained volunteers and program staff transferred the knowledge on MVC care, support and protection to about 23,371 caretakers. The main themes covered were psychosocial support, food and nutrition, health care and child protection. Feedback from volunteers and program staff during supportive supervision shows that, the capacity of caretakers

to deliver quality care, support and protection to their children specifically parenting skills and handling children with emotional problems has improved slightly.

Activity 2.2 Provide training and other support to increase savings and improve livelihood for MVC households

One of the program aims is to see MVC households are actively engaged in economic empowerment activities and opportunities that improve their economic status. This include: gaining skills and capacity to establish and manage their financial resources. Since its commencement, the program in collaboration with DAI-IMARISHA has been working to empower CRPs on economic strengthening and establishing SILC groups, and encouraging participation of MVC household members in SILC initiatives. This includes; building entrepreneurship skills, facilitating the establishment of savings and credit schemes

Besides the benefits gained from their SILC group membership, MVC household enjoyed the fruits of other economic activities in forms of training in small business, SILC and other livelihoods as shown in table 6 below. The total number of 9,829 households benefited from these initiatives.

Table 6: MVC Households provided with economic strengthening support Oct – Dec 2013

Region	Number of MVC households supported during the reporting period							Total
	Assessment of economic strengthening needs	Small business development	Training on business skills	Small gardening and agriculture	Local chicken keeping	Link to job opportunities	SILC or any other lending mechanism	
Morogoro	5	108	122	434	58	0	471	1,198
Pwani	1,038	399	279	1,213	213	18	1,848	5,008
Dar es Salaam	1,293	118	177	135	1	0	1,816	3,540
Zanzibar	0	15	0	13	15	0	40	83
Total	2,336	640	578	1,795	287	18	4,175	9,829

Source: Regional quarterly reports October – December 2013

In this quarter, Community Resource Persons (CRP) continued to educate and mobilize community members and MVC caretakers to join SILC groups. 22 new SILC groups were formed (4 in Pwani, 13 in Morogoro, 2 in Zanzibar, 3 in Dar es Salaam), composed of 529 (133

male and 396 female) members with a total saving of TZS 15,867,300 (US\$9,917), out of which TZS 753,800 (US\$ 471) was MVC fund contribution as detailed below.

Table 7: Summary of New SILC groups reported this quarter

Region	Number # of Groups	Sex			Member category					Total Savings	Contribution for OVC fund
		Male	Female	Total	MVC	MVC HH	MVCC	Volunteers	Community members		
Zanzibar	2	17	43	60	0	2	0	0	58	1,371,000	55,600
Pwani	4	41	81	122	11	76	3	4	28	2,834,800	81,100
Dar es Salaam	3	6	70	76	0	19	3	3	51	2,580,000	148,500
Morogoro	13	69	202	271	0	31	16	21	203	9,081,500	468,600
Total	22	133	396	529	11	128	22	28	340	15,867,300	753,800

Source: Regional quarterly reports October– December 2013

To date, the contribution made through 289 SILC groups is TZS 716,211,850 (US\$ 447,632) and TZS 46,970,350 (US\$ 29,356) as their contributions to MVC funds. Table 8 presents detailed information about SILC groups and categories of members as well as savings per region.

Table 8: Summary of composition and financial status of SILC groups as of Dec 2013

Region	# of Groups	Sex			Member category					Total Savings	Contribution for OVC fund
		M	F	Total	MVC	MVC HH	MVCC	Volunteer	community member		
Zanzibar	35	190	821	1011	32	266	51	581	81	51,613,400	1,021,700
Pwani	84	605	1594	2199	172	930	129	124	844	124,205,850	19,999,100
Dar es Salaam	75	307	1759	2066	01	528	91	397	1049	351,408,700	13,099,050
Morogoro	95	543	1792	2335	12	436	134	71	1682	188,983,900	12,850,500
Total	289	1645	5966	7611	217	2160	405	1173	3656	716,211,850	46,970,350

Source: Regional quarterly reports October – December 2013

The Pamoja participated in a joint study that aimed at assessing the effectiveness of different savings group models implemented by Pamoja Tuwalee partners. The study covered Kagera,

Mara, Arusha and Tanga regions and was coordinated by DAI IMARISHA. The study will continue in other program areas in the next quarter including Morogoro and Unga under Pamoja Tuwalee program/FHI 360. The findings will be shared with partners thereafter.

Following the program empowerment to MVC caretakers in increasing their capacity to generate income, caretakers are increasingly meeting the needs of their children that have financial implications. During this reporting period 189 caretakers in SILC groups met some needs of their 446 children (207 male and 239 female) through income from their economic ventures. The support given was in terms of education, health and food worth TZS 7,188,800 (US\$4,493). Education support was the highest indicating the importance attached by caretakers to it as a key developmental need. The table below indicates the number of caretakers who supported their children during this reporting period.

Table 9: Summary MVC caretakers who supported their children through IGA

Region	# of villages	# of caregivers who supported MVC	Total value (TZS) equivalent	Number of MVC Supported		
				Male	Female	Total
Morogoro	03	3	80,400	3	1	4
Pwani	34	76	2,028,400	89	96	185
Zanzibar	05	31	1,750,000	34	44	78
Dar es Salaam	07	79	3,330,000	81	98	179
Total Program	49	189	7,188,800	207	239	446

Source: Regional quarterly reports October - December 2013

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

The program in collaboration with DAI IMARISHA and DSWOs empowers CRPs on economic strengthening, specifically on establishment and running of SILC groups. Trained CRPs use the acquired skills to mobilize community members and MVC caretakers to form SILC groups. In FY2014, the plan is to train 303 CRPs who are expected to form about 606 groups. The aim is to ensure 10% of the expected members are MVC caretakers.

One of the program exit strategy in FY 2014 is to start the handover of SILC groups to LGAs (Community Development Department) for recognition, capacity building and for sustainability purposes. This would further enhance SILC groups' and they can easily access loan

opportunities. In Pwani region, one SILC group was linked with the District Community Development Department (DCD) for a 5 day soap making training, and 30 members (9 Male and 21 Females) benefitted. After the training, group members contributed a total of TZS 250,000 as a startup capital soap making business. In addition, one SILC group was referred to DCD for registration. The group is in the process of opening a bank account and refining their constitution as one of the requirements for full registration.

2.2.2: Regular CRPs meetings

On a quarterly basis, CRPs meet to discuss and share best practices, lessons learnt and challenges. This was not done in this quarter instead, MVC focal through supportive supervision visited CRPs for coaching on proper record keeping, and encouraged them to meet at village/street levels. They also attended SILC group meetings to assess the progress and provided technical support when needed.

2.2.3: Conduct joint market assessment

For the past period of program implementation, SILC group members and other program beneficiaries have been reporting the challenges on the market for their products, backed by poor negotiation skills and market price which reduces the value of their products. The program in collaboration with DAI-IMARISHA will conduct a joint market assessment to identify marketing opportunities.

2.2.4: Training on entrepreneurship skills and provision of startup kits to MVC caretakers.

In Quarter II, the program will train 606 caretakers to build their capacity on entrepreneurship with mainly targeting female caretakers who represent a larger number of both the caretakers and SILC group members. The training will be facilitated by the DSWOs and CRPs trained on entrepreneurship skills as reported under sub-section 2.2.1 above. Some caretakers who portray business acumen and yet are very poor will be assisted with startup kits to establish small business.

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

In FY2014, the program in collaboration with FANTA III plans to train 50 regional facilitators as trainers on Nutrition Assessment Counseling and Support (NACs) and household food security. These will roll out the training to volunteers who will work directly with MVC households. The trained volunteers will impart the knowledge to MVC household members, conduct nutrition assessment and counseling, and facilitate access to food support through referral and linkages. Also, FANTA intends to develop standardized NACs tools to be used for volunteers' capacity

building on food security and nutrition. In this quarter, a total of 5,417 (1,707 Morogoro, 2,371 Pwani, 472 Zanzibar and 867 Dar es Salaam) MVC households received nutrition counseling and education.

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

In order to ensure that MVC realize their full potential, the program incorporates child protection interventions within its range of services. This aims at ensuring that a mechanism is in place to prevent, care and respond to the immediate and long term protection needs of these children, including the victims of violence, neglect, abuse and exploitation. This responsibility rests with the government, communities and households through a coordinated child protection system. The program trains frontline public sector staff in health, social welfare and police, to ensure effectiveness of the service provision system for the victims of child abuse and GBV.

Through its implementing partners, the program promotes adaptation of child safeguarding institutional policies, encouraging them to recognize and report suspects of child abuse and violence. This is supported by a code of practices that clearly state the responsibility of every individual to report incidences of abuse, violence, neglect or exploitation to children among the staff or any other program support groups. It also facilitates coordination and multi-sectoral child protection system where stakeholders at various levels discuss issues related to protection of children. The following are specific activities executed during the reporting period:

2.4.1: Facilitate utilization of Child Helpline

Child Helpline is one of the strategies to facilitate child protection through referral networks and ensuring timely provision of services to children who need special protection interventions. It is meant to enable children and community members to have easy access to information and support, thus expands the scope and opportunity for and access to reporting the incidences of child abuse. Since child helpline inception, the program has been raising awareness to volunteers and children through children clubs especially in Dar es Salaam to ensure children or other people use the child helpline center to report cases.

2.4.2: Pilot One Stop Center in Ilala District

Objective 5.2.4 of NCPA II urges for stakeholders in MVC “*To ensure that cases of violence, abuse, neglect and exploitation are responded to in an effective, well-coordinated manner by the appropriate agencies*”. In fulfillment of program commitments and achieving this objective, Pamoja Tuwalee program/FHI360 has been working with other stakeholders to establish a pilot One Stop Centre (OSC) in Dar es Salaam. The initiative builds on other child protection interventions, specifically bridging the gaps in addressing VAC (and GBV) as identified in the 2011 study on Violence Against Children (VAC) in Tanzania.



District Commissioner for Ilala together with USAID representative on official launch of OSC at Amana Hospital in December 2013.

The center was officially launched on 5th December 2013 at Amana hospital by Ilala District Commissioner. He was accompanied by Head of the Police Gender and Children Desk and Dar es Salaam Regional Medical Officer and Amana referral hospital management members. Representatives from the Ministry of Health and Social Welfare, USAID, UNICEF and various civil society organizations and local government officials also participated in the event, which formed part of the country's 16 Days of Activism against

Gender-Based Violence at national and regional levels. The center will provide comprehensive care and support for survivors of GBV and VAC, including access to legal, clinical and counseling services under one roof; by police officers, clinicians and social workers as well as referrals to magistrates and child protection teams as appropriate.

Since its establishment, the OSC services providers have supported 65 cases as indicated in table 10.

Table 10: Number and type of cases reported at Amana OSC

Type of case	Sex		Age group	
	Male	Female	<18 yrs	>18 yrs
Sexual Violence - Raped	0	34	30	04
- Sodomized	11	02	12	01
Neglect	01	02	03	-
Physical violence	0	12	01	11
Emotional abuse – mostly violence experienced in the family		03		03
Total cases by sex and age group	12	53	46	19

Source: OSC report

The table above illustrates the majority of the victims of abuse and violence are children, in particular female. Child abuse cases were 46 (more than 70%) of the victims supported, and out of these, 35(76%) were females. There has been a strong collaboration among the police, health facility staff and social workers since the launch of the center. The key challenges encountered include: high cost of support to the victims and understaffing (social workers) which has been temporarily addressed by Pamoja Tuwalee FHI360, in collaboration with Amana hospital management. To date Amana hospital has been responsible for the cost related to victims' medical care worth TZS 1,260,000 (US\$ 788).

2.4.3: Pilot protection of children living on the streets

Pamoja Tuwalee/FHI360 has planned to implement interventions on Children Living and Working on the Streets (CLWS). The intervention is backed by the findings from the assessment on children and caretakers begging on the streets of Dar es Salaam. The intervention aims to enhance the social-economic and legal protection of CLWS. In this reporting period, the program was working with the Eastern and Southern African Regional Team and prospective partners for finalization of sub-granting requirements as per FHI360 and donor guidelines. The program plans to start the implementation in quarter II of FY2014.

2.4.4: Strengthening community child protection structures

The program is committed to supporting national efforts of strengthening the child protection systems. The establishment of Child Protection teams at the district level in Ilala and Kinondoni – Dar es Salaam region was part of these efforts. In addition to that, the program encourages front line staff in the public sector, to support MVCCs and families in their roles to safeguard children.

The program continues to work with the children protection teams in both districts in addressing child protection issues. This initiative has been complemented by establishment of OSC in which the team link easily and victims receive services accordingly.

2.4.5: Child protection

In addition to child protection activities reported above, the program has been working closely with other partners including: Ministry of Community Development Gender and Children (MCDGC), Police, CSOs, LGAs – particularly DSWOs, and Ministry of Health and Social Welfare – Department of Social Welfare (DSW) in planning and implementation of national government initiatives towards strengthening child protection mechanisms.

In this quarter, one program staff attended a nine-day Training of Trainers on child protection. The participants included Social Welfare Officers, representatives from Police Gender and Children Desk unit, LGAs and Pamoja Tuwalee partners. The training was meant to build the capacity of

about 30 people, who will train Child Protection Teams and other structures about child protection nationwide. Participants were oriented on the contents of child protection training manual in line with the Law of the Child Act 2009 (LCA), Child Protection Regulations and Juvenile Court Rules. The knowledge acquired will be used to orient partner organizations on GBV and Child abuse issues in quarter II.

Also, the program participated in 16 days of activism for GBV national and regional events. These included the national GBV and VAC stakeholders review meeting, launching of a 3 year Police Gender and Children Desk National Plan 2013/2016, and launch of OSC as explained under section 2.4.2. The events involved all GBV and VAC stakeholders. .

2.4.6: Child safeguarding action plan implementation

The program encourages every sub grantee to adopt child safeguarding practices within their policies. In the reporting period, the program through annual planning sessions with sub grantees oriented the staff in a set of self-declaration child safeguarding code of conduct. Follow up will be made in the subsequent quarters to ensure the adaptation and implementation at sub-grantee level.

2.5: Facilitate access to community health insurance for MVC households

For easy access to and affordability to health care, the program promotes MVC households access to health care services, through respective LGAs.

During this quarter, the program continued to encourage LGAs, MVCCs and village authorities to budget for MVC support, including facilitation of CHF/TIKA for health services. Also it encouraged referrals and linkages to health service providers.

In Bagamoyo 8 MVCCs and 5 village committees used their revenue to support 145 MVC (62 Male and 83 female) with CHF. The cost of CHF amounted to TZS 1,450,000 (\$ 906). In Morogoro region, a list of 2,440 MVC and their household members was submitted to LGAs to be considered for CHF in the MTEF. As already reported above, in Dar es Salaam region, program staff participated in two council planning sessions and used that opportunity to advocate for support on CHF for MVC. Council senior management members (through DSWOs) promised to include the issue in their FY2014/15 plans. Pamoja Tuwalee Program team at the regional level will follow up on the remaining procedures before the official launching of TIKA. In both Kinondoni and Ilala districts the by-laws to support this have been amended accordingly.

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

PSS is part of a comprehensive set of services that the program provides to MVC and their caretakers to enhance their wellbeing and build resilience. The program through volunteers and program staff continued to provide PSS and health care through regular home visits and linkages

and referrals to other basic services. A total of 9,441 (2,324 Morogoro, 2,887 Pwani, 1,337 Zanzibar and 2,893 Dar es Salaam) caretakers received PSS while 4,170 caretakers received health care services through home visits conducted by volunteers and referrals..

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

The program facilitates the MVC households to access comprehensive, high quality, age appropriate and gender services in a sustainable way. While we provide direct services to MVC and their households, we mainly focus on empowering the local communities and MVC households to care for and support program initiatives in delivering sustainable and comprehensive services to MVC. We further facilitate community members, LGAs and other stakeholders to create linkages and referrals that will ensure continuum of care TO MVC and caretakers.

As we move closer to program phase-out, our focus is increasingly centered on strengthening coordination at all levels to ensure continuity of MVC access to services. This includes coaching and mentoring the community volunteers to ensure MVCC members are meeting and implementing their plans. Further, we facilitate LGAs to ensure service providers meet quarterly for planning linkages/networking, coordinating and ensuring MVC receive comprehensive and quality services.

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 provided at least one core service to 51,747 MVC (26,304 Male and 25,443 Female) as summarized below.

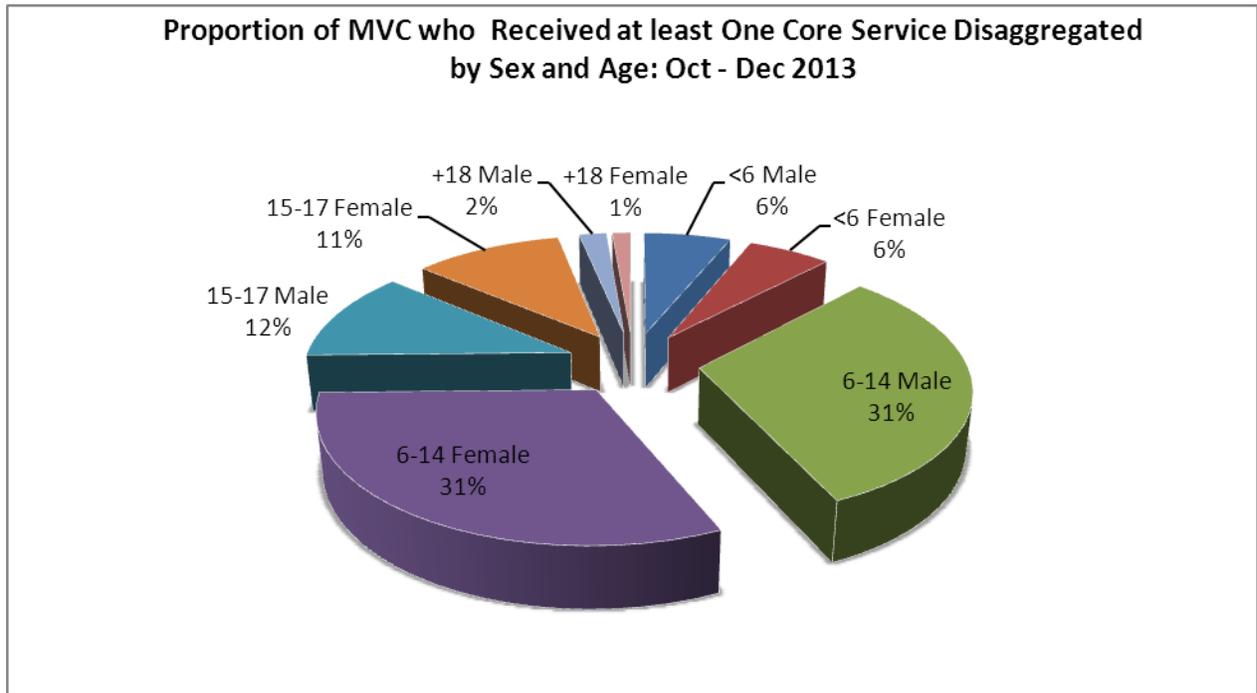
Table 11: Summary of MVC Served Oct-Dec 2013

Region	< 6		6 - 14		15 - 17		+ 18		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Morogoro	499	544	4,375	4,538	1,900	1,701	254	192	14,003
Pwani	1,522	1,445	7,056	7,086	2,526	2,368	419	233	22,655
D' Salaam	505	459	2,138	2,206	889	782	204	180	7,363
Zanzibar	674	621	2,577	2,401	636	611	130	76	7,726
TOTAL	3,200	3,069	16,146	16,231	5,951	5,462	1,007	681	51,747

Source: Quarterly Report October – December 2013

Based on the table above, overall percentage of male MVC served was 51% higher than female counterparts who are recorded at 49%. Such variation reflects proportional percentage of MVC

current in the program: Male 33,049 (52%) and Female 30,965 (48%). MVC disaggregation by sex and age is illustrated in the chart below.



As depicted in the chart above, majority of MVC served were between 6 – 14 age category who form 62% followed by 15 – 17 age group composed of 23%. The services provided includes: education, food and nutrition, primary health care, legal support, shelter services and psychosocial support. Many of these are in primary schools and a few of them are in secondary schools and vocational training centers pursuing their education and training goals.

MVC aged below 6 years formed 12% of all MVC served and these received most of the core services through their caretakers and referrals to health care centers. Some of these were vaccinated against cholera and measles and were provided with Vitamin A supplement. Those above 18 years of age formed 3% of all MVC served, these are older MVC and were served with economic strengthening services and vocational training skills to prepare them as they are about to graduate from the program.

3.1.1 Provision of education support and vocational training

Promoting access to education and vocational training is one of the program’s focus areas for FY 2014. The aim is to ensure that MVC are accessing formal education and training opportunities in order to interact well with their socio-economic environment and realize their future potentials.

The program through community volunteers, community resource persons and field staff has continuously mobilized and sensitized community members to meet education needs of MVC. Apart from contributing to education support, the program creates linkages with appropriate

service providers to ensure MVC access education support. Through our advocacy LGAs have been setting aside budget for MVC and support with their education needs while Savings and Internal Lending Communities (SILC) groups and community MVC Funds provide some financial and material support to students.

During this reporting period, a total of 8,657 MVC (4,420 Male and 4,237 Female) received education and training support in coastal zone as summarized in table 4 below.

Table 12: Number of MVC supported in education and vocational training

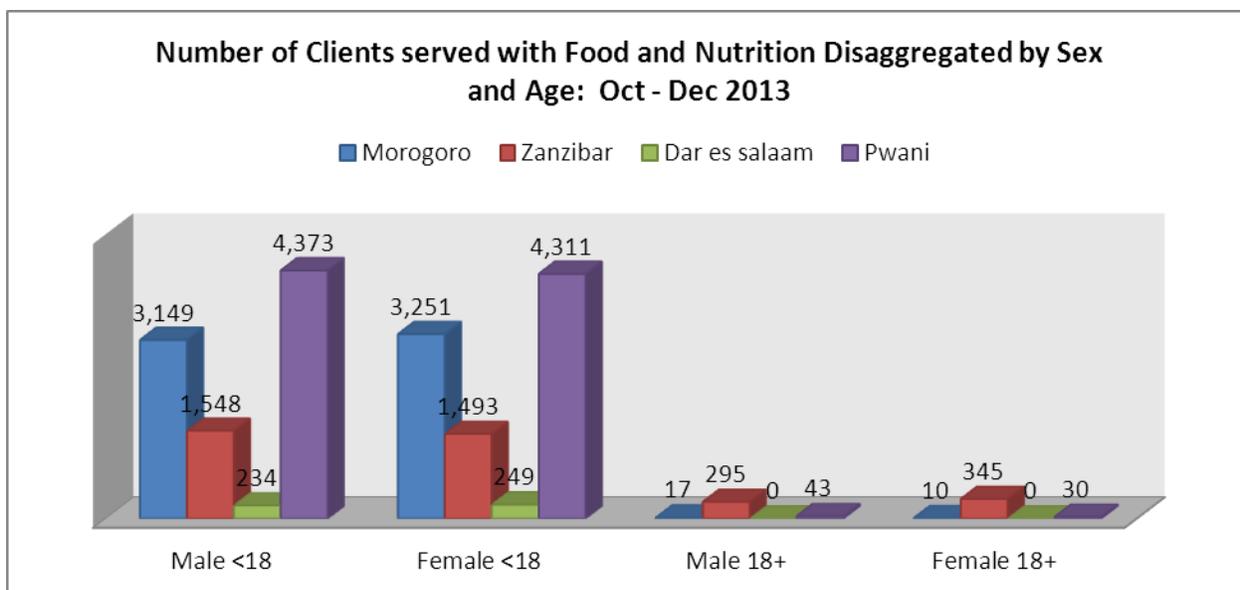
Region	Primary Education		Secondary Education		Vocational Training		Total
	Male	Female	Male	Female	Male	Female	
Morogoro	36	102	5	3	0	0	146
Zanzibar	1,283	1,204	91	88	0	0	2,666
D' Salaam	49	51	14	16	0	0	130
Pwani	2,624	2,559	308	204	10	10	5,715
Total	3,992	3,916	418	311	10	10	8,657

Source: Quarterly Report October – December 2013

In FY 2014 the program plans for educational support to at least 32,156 MVC through financial/material support and school visits to follow up on their education progress and conduct age-appropriate counseling. The low achievement (27%) on education support during this period is because this quarter some students complete standard VII and form IV and others go on leave.

3.1.2 Provide Nutritional Support

In this quarter, nutritional counseling was rendered to MVC and caretakers by trained community volunteers while. Also, some households were trained on home gardening and rearing of local chicken. A few MVC were linked with other service providers including MVCCs and SILC groups for direct food support. A total of 19,348 (9,659 Male and 9,689 Female) were provided with food and nutrition services as illustrated in the chart below.



As reflected on the chart above, Pwani region had a larger number of MVC served followed by Morogoro and Zanzibar while Dar es Salaam had the least. . The variation is mostly due to the different proportions of MVC served in each region. On age basis, the majority of MVC aged below 18 years received nutritional services in terms of education sessions during school visits and other support interventions than older MVC due to high nutrition demand to mitigate their vulnerability.

Through linkages and MVCC contributions, a total of 554 MVC were supported with food worth TZS 7,140 (US\$4,463) and land allocation for production of food for MVC as detailed below.

Table 13: Summary of food support to MVC – October to December 2013

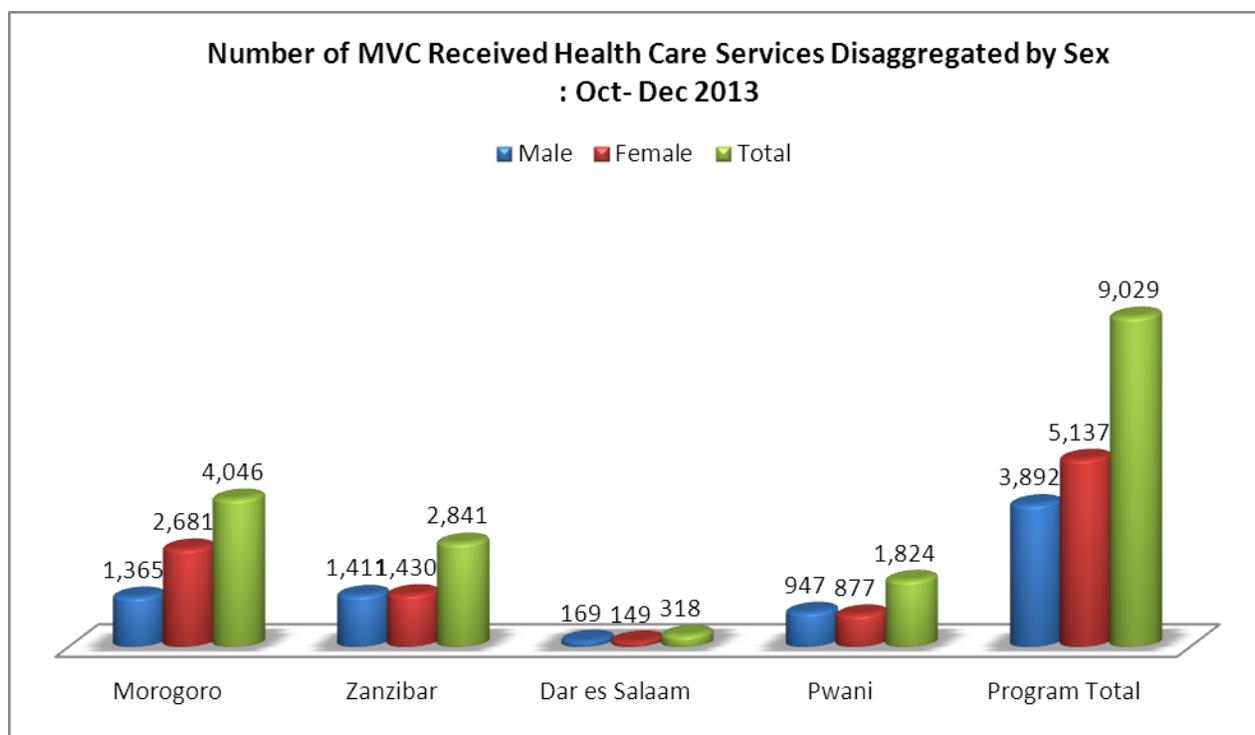
District/Zone	Source of support	Type of support	Cash equivalent in TZS	# supported	
				Male	Female
Ulanga	MVCCs	Food stuff	474,100	84	88
Unguja	Social Reality Tours	Food stuff	60,000	6	7
Kinondoni	Turkish Community	Food stuff	900,000	70	80
Kinondoni	Community Foundation for Children and Older People		190,000	5	5
Bagamoyo	District council	Food stuff	3,790,000	57	68
Kisarawe	Village government	4.5 acres of land for food crop production for MVC			
Kisarawe	Good Samaritan	Food stuff	640,000	5	5

Mkuranga	Kuwait Islamic Foundation		789,000	31	28
Mafia	Umoja wa Wanawake Tanzania	Food stuff	297,000	5	10
Total			7,140,100	263	291

Source: Quarterly Report October – December 2013

3.1.3 Support Access to Primary Health Care

Primary health care is one of program interventions whereby we assist MVC and their household members to access to primary health care. This is done through health education, counseling and linkages. During this reporting period, a total of 9,029 MVC (3,892 Male and 5,137 Female) received primary health care services representing 146% of annual target (6,204 MVC). The surpassing of target attributable to increased awareness and changing health-seeking behavior among MVC caretakers as summarized in the chart below.



The majority of MVC served were female at 57% which is higher than 43% for males. This is a result of sensitization meetings conducted by the program through community volunteers and caretakers to ensure that both male and female MVC receive age and sex appropriate health care services. Also, The program continued to promote collaboration and linkages with other service

providers in order to achieve comprehensive and continuous service delivery even beyond the program phase out. Reported health support during the quarter include:

- In Bagamoyo the District council supported 106 (50 Male and 56 Female) MVC from 4 villages of Dunda, Pongwemsungura, Msoga and Kiromo in renewal of their community health fund (CHF) cards for TZS 1,060,000.
- In Mafia, the District hospital facilitated vaccination of 57 MVC (31 Male and 26 Female) against cholera and measles and Vitamin A supplements.
- Financial support of TZS 80,000 for malaria treatment was provided to 20 (12 male and 8 female) MVC by Mwembeni and Matema MVCCs in Kilombero district.
- In Zanzibar, 4 (2 Male and 2 Female) MVC were referred to Kilombero and Dimani health facilities for medical care while 8 (3 Male and 5Female) MVC were given financial support for medical care totaling TZS 160,000 by Dimani and Kilombero MVCCs. worth
- In collaboration with Red Cross 148 (74 Male and 74 Female) under-five MVC in Kinondoni District were vaccinated against polio.
- In Ilala district, the program conducted WASH training to 77 households with 170 (95 Male and 75 Female) MVC during community volunteers' home visits.

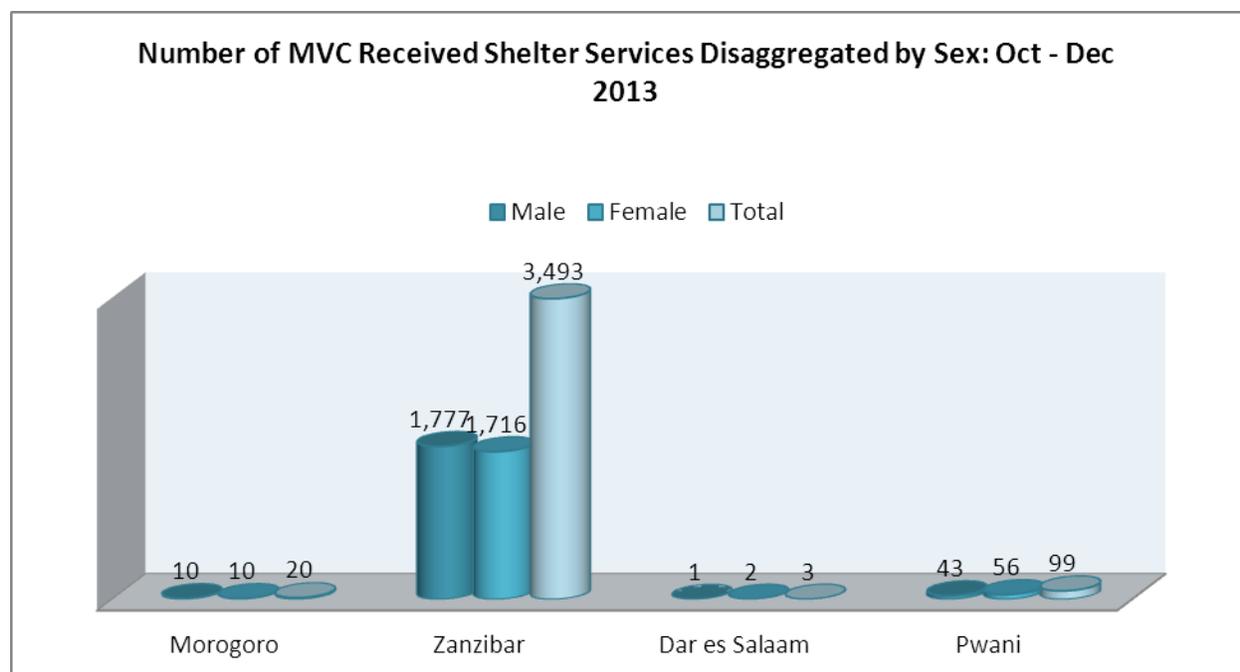
3.1.4 Provide family based care/psychosocial support

The program use children clubs and schools as avenue where children can access life skills, play and interact with one another so as to build confidence and gain resilience to life shocks. During this reporting period, a total of 51,747 (26,304 Male and 25,443 Female) received psychosocial support (PSS) either through volunteers' home visits or by attending children clubs.

3.1.5 Support shelter improvement

Shelter improvement is one of the priority needs of MVC households for safe and healthy living. The program has addressed this by conducting community sensitization meetings, creating linkages with other stakeholders and delivering shelter counseling through trained community volunteers to the MVC households. The program encourages MVC households to improve their shelter using own resources and family/community labor before sourcing out external help.

During this reporting period, a total of 3,615 (1,831 Male and 1,784 Female) MVC received different types of shelter services/products equivalent to 145% of the annual target of 2,500.



Unlike Zanzibar, other operational areas as depicted in the chart above had fewer numbers of MVC households that received shelter support. Most of the MVC households in Zanzibar benefited from counseling on shelter improvement conducted by community volunteers. The program will sensitize the remaining regions to reach more MVC households with shelter services and engage other community members/firms to support program efforts. About 108 (45 male and 58 female) benefitted from shelter support other than counseling as tabled below.

Table 14: Non counseling shelter support to MVC – October to December 2013

District/Zone	Source of support	Type of support	Equivalent TZS	Beneficiary MVC	
				Male	Female
Mkuranga	Kuwait Islamic Foundation and Tanzania Red Cross Society	House rehabilitation, clothes, shoes and mattresses	1,250,000	38	46
Mafia	Various individuals	Clothes	297,000	6	9
Kinondoni	Kunduchi Roman Catholic Church	Iron sheet and timber	180,000	1	1
Zanzibar	Uweleni MVCC		125,000	0	2
Total			1,852,000	45	58

OBJECTIVE FOUR: Empower OVC, particularly females; contribute to their own wellbeing by improving their resilience, as well as their livelihood and self-care skills.

Pamoja Tuwalee program use a combination of age-appropriate and gender sensitive life skills education and psychosocial support to empower MVC to respond to their needs. Through trainings, meetings and children clubs, we provide them with life skills including livelihood, HIV/AIDS prevention and reproductive health. 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. All these aim at allowing MVC to realize their potentials, develop coping mechanism and build self- esteem.

4.1. Establish and manage children clubs

The program use children clubs as a vehicle to reach a large number of children with psychosocial support and life skills. Based on our past experience, we updated children clubs guidelines to encompass all major components for both the younger children from the age of six and youth of up to 18 years. The guideline includes 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.

In this reporting period, the program established five new children clubs (3 in Kisarawe, 1 in Mafia and 1 in Ilala) benefiting 161 (77 males and 84 females) children. This makes a total of 398 children clubs that have benefited about 12,709 (6,182 Male and 6,527 Female) children. In Zanzibar, the program conducted refresher training to 59 (20 male and 39 female) children club

attendants to ensure they utilize the children clubs guidelines accordingly.



Based on the revision made on the children club guideline and learning from the past, children clubs are formed with specific consideration on gender and age differences. Through observation, it was learnt that girls who attend children clubs are fewer than boys. Based on that, we purposely encourage girls to attend and we create a balance between boys and girls for each club to promote

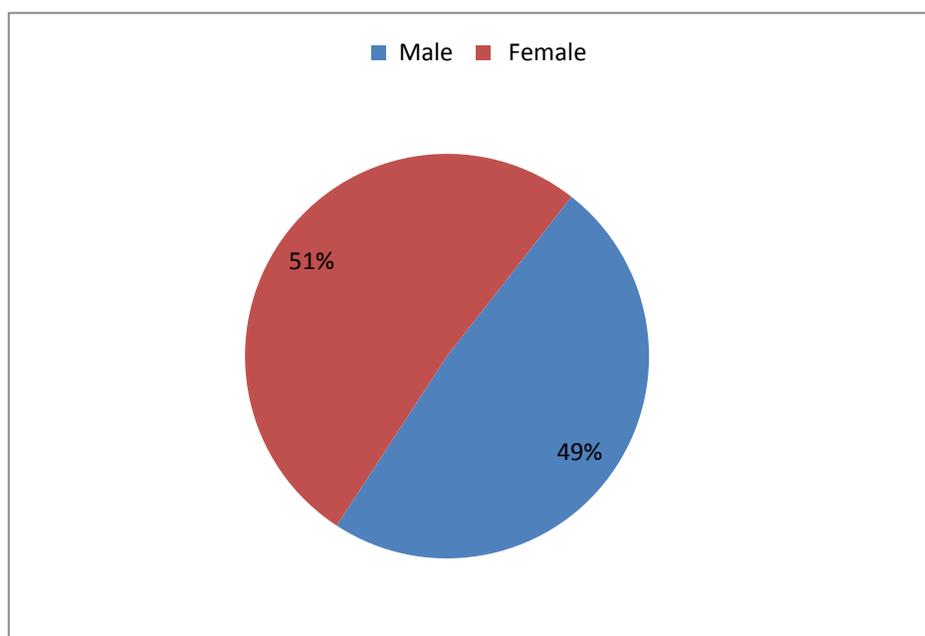
learning from each other. The participation of both boys and girls remain at i.e. 49% boys and 51% girls. The table and pie chart below provides further details.

Table 15: Summary of participants in children clubs as of December 2013

Region	Number of Club	Number of children registered into children clubs						Grand Total
		Most Vulnerable Children			Other Children			
		Male	Female	Total	Male	Female	Total	
Morogoro	82	1329	1445	2774	0	0	0	2774
Pwani	238	3498	3686	7184	345	336	681	7865
Zanzibar	36	471	438	909	69	100	169	1073
Dar es Salaam	42	470	522	992	0	0	0	992
Total Program	398	5768	6091	11859	414	436	850	12709

Source October to December 2013 Quaterly report

Proportion of children attending children clubs by sex



Pamoja Tuwalee program/FHI 360 children club attendants are selected by community members and children under the staff and DSWOs guidance. Most of the attendants are community volunteers and MVCC members. This is purposely done to ensure continuity of the clubs beyond the program life time.

Apart from trainings for the children club attendants, we also conduct joint supportive supervision with the LGA social welfare officers to provide technical support to the team. We further mobilize the community to provide materials and support needed by the clubs. While in the last reporting period 17 children clubs were supported by LGAs with playing materials, in this this reporting period, five children clubs in Dar es Salaam were provided with stationaries and sports gears.

4.2 Provide age and gender appropriate HIV prevention and education

Gender, HIV prevention and education are an integral part of Pamoja Tuwalee program/FHI360. This is necessary because older MVC/ adolescent are at higher risk of contracting HIV/AIDS since they may have shorter relationships with more partners or engage in other risky behaviour⁵. They can also be affected negatively by GBV directly or indirectly. The Demographic Health survey 2010 indicated that all categories of youth (15-19) had minimal understanding about HIV. It is in line with this fact that our program provides age and gender appropriate HIV prevention and education. The program mainly uses children clubs as a platform in which boys and girls share, learn and gain new coping skills. In some sensitive session, girls and boys meet separately for them to discuss freely then reconvene and share their discussions.

During this reporting period, a total of 1,821 (967 male and 854 female) youth received education on HIV prevention through children club meetings. On the other hand, children e continued to read and discuss issues with regard to their growth and changes for both boys and girls (i.e. becoming a young man and becoming a young woman) distributed by the program last quarter. Both booklets for boys and girls have vital information including those related to physical/body changes. . The sessions in the booklet are linked with the risk of HIV during adolescent stage and how they can prevent themselves from HIV infection. In addition, SI MCHEZO Magazine and Zinduka booklets that address youth reproductive health and HIV prevention have been instrumental to the program during this reporting period.

4.3 Support Victims of Gender Based Violence

Pamoja Tuwalee program/ FHI 360 is committed to contribute to the national efforts in fighting GBV and VAC. This quarter we participated fully in the 16 days Activist Against GBV and VAC. As already elaborated in the earlier part of this report, the 16 day event went hand in with launching of

⁵ Tanzania Demographic Health Survey 2010, Dar es Salaam, Tanzania: NBS and ICF Marco

the police action plan for preventing and responding to GBV and child abuse cases and launching of Amana Hospital One Stop Center for addressing GBV and VAC

At the community level, we work with volunteers, MVCC members and the community members to ensure all have basic understanding of GBV and violence against children and are in a position to identify and report the cases and support survivors. In this quarter, the OVC focal persons oriented volunteers through monthly meetings on the importance of identifying and dealing with abuses that might be facing MVC due to their vulnerability. As a result of this, we are increasingly recording more cases reported and victims receiving services than in previous years. For example, Dar es Salaam reported 56 (15 male and 41 female) child abuse cases in this quarter unlike in the first year where we could not trace the trend.

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

During this reporting period, the program continued with its efforts to ensure more children with disability are identified and supported not only by the program but also by the community members and through referrals. As a result, there was an improvement in the identification of disabled children whereby a total of 440 (256 male and 184 female) were identified per details below. These children received information on HIV prevention through volunteers' home visit in addition to other direct services. Caretakers of these children are provided with psychosocial support to ensure they understand their role, develop coping mechanism and continuously support their children.

Table 16: Number of MVC with disability identified during, October to Dec 2013

region	Male <6	Female <6	Male 6-14	Female 6-14	Male 15-17	Female 15-17	Male 18+	Female 18+	TOTAL
Zanzibar	13	7	54	25	12	7	3	4	125
Dar es Salaam	3	2	31	31	9	9	7	2	94
Pwani	15	16	87	65	20	13	2	3	221
Total	31	25	172	121	41	29	12	9	440

4.5 Support mobile registration to provide MVC with birth certificates

The program could not achieve much in terms of facilitating MVC with birth registration due to some required processes in the government. However, our effort has been advocating for MVC to receive birth certificates free of charge or at subsidized amount. Last year about 3,200 MVC from Dar es Salaam received birth certificates at the subsidized rate of TZS 5,000 (US\$ 3) instead of TZS 20,000. Since then, we have continued to advocate for free certificates to MVC. As a result of this coupled with other stakeholders' advice, RITA is now preparing a new strategy to enable more people obtain birth certificates. FHI360 was the only NGO selected to represent all NGOs in the new

strategy development due to our strong advocacy on the issue of birth registration to MVC. Our proposal for issuing free birth certificates to MVC has been incorporated in the final version of RITA strategy which is expected to be approved by the central government. Though thus far we have not achieved our target of reaching 7,000 for last year and 11, 000 for this year, to us, this is a major achievement because the strategy will benefit many MVC beyond our operation regions i.e. in the whole country, and for a longer term.

4.6: Support MVC membership on MVCCs

The program continues to promote participation of children/MVC in its intervention. While we provide opportunities for them to contribute to their own wellbeing through children clubs and other setups, we also facilitate community members to realize this right for children. In areas where we have facilitated formation of MVCCs, we ensured the MVC are given opportunity to participate in the planning and implementation where applicable. To date we are working with 1240 MVCCs and out of 10 MVCC members, two (1 male and 1 female) are MVC giving a total of 2480 MVC who are part of the MVCCs.

ENHANCING INTER-SECTORAL COORDINATION AND COLLABORATION

University Research Center (URC) USAID- ASSIT Project workshop

Given our major contribution on MVC issues in Tanzania, we were the only USAID funded partner invited to participate in (URC) USAID- ASSIT organized workshop in Cape Town South Africa. This was a three day workshop that aimed at exploring ways to Strengthen Child-Caregiver Relationships: Linking Evidence and Practice”. We were given an opportunity to present our program experience under a session on ‘culturally relevant and competent parenting intervention’. Participants commended Pamoja Tuwalee program/FHI 360 works in providing parenting skills to caregivers and being sensitive in handling cultural issues.

Psychosocial Support Technical Working Group

As part of this technical working group, in this quarter, we were invited by the Ministry of Health and Social Welfare to participate in reviewing the psychosocial support guidelines. The guideline was developed as a result of the government efforts in standardizing various tools used by different stakeholders in addressing the psychological wellbeing of children. The process of developing this guideline started in 2012 with the help of consultant and REPSI.

Police-Partner Coordination Group on GBV and Child Protection

The program continued to participate in this important forum that brings together different stakeholders addressing the issues of child abuse and GBV. The forum is chaired by the Ministry of Home Affairs - Police Department and involves other government departments, UN, International

and national NGOs addressing child abuses and GBV. The focus of the meetings conducted in this reporting period was preparation of the launch of the Police and Gender Desk to mark the 16th days of fighting GBV.

Most Vulnerable Children Implementing Partners' Group

This is a national forum that was formed to provide a platform for MVC service providers to meet, share experience and deliberate on issues related to MVC. The forum further monitors the implementation of the NCPA II. In this reporting period, we participated in all convened meetings and shared the monthly updates. Based on our program involvement in supporting the government to implement NCPA II, the group members requested us to share our experience in disseminating the NCPA II to the LGAs that we are working with. We did the presentation in the monthly meeting of November 2013 in which we shared our experience and lessons learned. The presentation was commended by all participants and the Assistant Commissioner urged other partners to learn from FHI360 especially on spearheading the collaboration with the DSW in not only rolling out the NCPA II but also in implementation of the programs.

PROGRAM MONITORING

During this reporting period, the following activities were undertaken to enhance program monitoring:

- Trained new community volunteers in Zanzibar, Morogoro and Pwani regions on MVC data collection and reporting following MVC identification exercise conducted last year. The trained volunteers were able to provide quality services to MVC and their caretakers and produce quality data for program use.
- Field staff were trained on the application of Data Verification Tool (DVT) and Monitoring and Evaluation System Assessment Tool (SAT) during Sub grantees' Planning meeting held in Morogoro. Actual data verification will be conducted from the third quarter of this FY 2014 and will cover all program sites following hiring of additional M&E manpower in the program.
- Participated in the Mid-Term Evaluation involving Pamoja Tuwalee/FHI 360 HQ and Zanzibar as selected sites for data collection exercise. Preliminary feedback indicated a number of strengths in Pamoja Tuwalee program/FHI 360 interventions with some recommendations to improve on a few areas for better results and sustainability.

The program is committed to work on these recommendations and address DQA issues from next quarter in order to attain high quality performance and meet stakeholders' expectations including government, donors, children and the communities we serve.

A number of planned meetings for National Monitoring and Evaluation Technical Group could not be held due to participants' busy schedule during the year end period, thus we are committed

to actively participate in the FY 2014 as per activity calendar to be shared by the Department of Social Welfare (DSW).

PRIORITY ACTIVITIES FOR QUARTER II

- Sensitize journalists on MVC care and support
- Train CRPs and caretakers on entrepreneurship skills and SILC initiatives
- Use different communication strategies to influence response to MVC needs
- Follow up the activities done by Police Gender and Children Desk officers trained in 2013 and strategies to strengthen child protection teams in two districts of Kinondoni and Ilala .
- Facilitate stakeholders workshop for sharing progress and challenges on the operation of OSC
- Commence implementation of emergency and long-term care solutions for Children Living and Working on the Streets of Dar es salaam
- Orient Pamoja Tuwalee/FHI360 partners on Child protection, GBV and VAC, and facilitate the adaptation of child safeguarding staff code of conduct by subgrantees.
- Conduct quarterly data verification exercise in all three regions and Zanzibar.
- Monitoring and Evaluation capacity building workshop in partnership with MEASURE

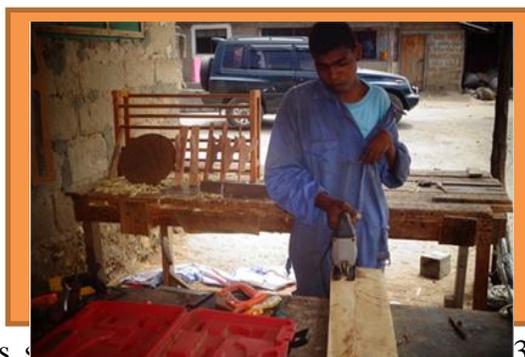
"DISABILITY IS NOT INABILITY"

Haji Ali Makame, 17 years old lives in Nyerere shehia in urban district in Unguja with her 45 years old mother (Ms Mwanjia Mohamed) and his 14 years old sister (Nassra Ali Makame). Haji became disabled following paralysis attack which affected his left hand in 1998 due to a prolonged severe Malaria episode. Haji's father died of Asthma in 1999 when Haji was three years old and her sister was three months old.

Haji's mother also takes care of her two nieces - Udhaifa Kassim (7 years old) and Rukaija Kassim (5 years old) both schooling at Nyerere primary school class three and nursery class respectively.

As a widow, Haji's mother ended up working as a house maid with a low wage of TZS 20,000 (US\$ 13) per month which could not suffice the needs of her family. Both Haji and her sister were enrolled in the Pamoja Tuwalee program in 2011. Same year Haji sat for form II examination but he did not pass. Given Haji's multiple vulnerability, in 2012, the program gave him another opportunity to explore practical skills. During our program staff visit, he was asked how he got into carpentry work, he said

'Wakati nasoma Mwanakwerekwe Secondary School nilikuwa napita kwenye shehia moja wanapotengeneza viti, meza, vitanda na vingine, nilitamani nami siku moja kufanya kazi kama hiyo pamoja na ulemavu wangu, hivyo mradi ulipo nipa nafasi ya kuchagua, ilikuwa rahisi, nikaomba kusomea ufundi' Literal translation“ While attending Mwanakwerekwe Secondary School, I used to pass by one shehia's carpentry workshop pausing for some time admiring the carpenters and their furniture, wishing one day I too become a carpenter despite my condition”.



Haji enrolled into one year training at Yasini's carpentry training center in Nyerere Shehia. Upon his successful completion of the training, Haji and his colleagues received start-up kits in addition to the training fees paid by the program during his training.

With his start-up kit and material support from good Samaritans, he managed to open a small carpentry workshop for different types of furniture such as cupboards, beds, tables, dressing tables, stools, shoe racks, dress hangers and curtain poles. Haji earns a profit of about TZS 250,000 (US \$ 156) per month. On average Haji saves TZS 20,000 (US \$ 13) per month after catering for his basic needs and that of his family.

Haji “my dream is to expand my workshop and train other young boys on vocational skills like me to fight poverty. Nashukuru sana **ZAMWASO and Pamoja Tuwalee, sasa naweza pamoja na ulemavu wangu...** (I'm grateful to ZAMWASO and Pamoja Tuwalee, **now I am able** despite my disability”.

"SUPPORTING DISABLED MVC REALIZE THEIR POTENTIALS"

Shida Mpotwile, 11 years old girl lives with her parents at Mkula village in Kilombero district, Morogoro region. Her parents are peasants living on subsistence farming. Shida was born with deformity on her foot and cannot walk.

At the age of 7, Shida did not enrol to primary school because of her disability and her family poverty.

During MVC identification exercise in 2012, Shida was identified as MVC and enrolled into the program.



During our community volunteer's home visits, Shida expressed her dream to go to school. Here is what she said. *"...Nami ningependa sana kwenda shuleni kama wenzangu, nikawaone walimu na nijifunze ila kwa hali yangu siwezi, namwomba Mungu nani nipate elimu siku moja'* literal meaning that 'I would like to go to like my contemporaries, meet teachers and learn like my colleagues, but I cannot due to my condition. I pray to God that one day I have access to education'".

To assist Shida pursue her dream, the program linked her with CARITAS Ifakara for support with a tricycle. The latter through ACCESS program honoured the request and donated to Shida a tricycle worth TZS 450,000 (US \$ 281).

The program followed up on Shida's enrolment at Mkula Primary School. After several consultations with Mkula head teacher and completion of the entailed logistics, finally Shida enrolled for primary education and she is now in standard one. Shida is very happy as her dream has come true.

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