

Pamoja Tuwalee



**PAMOJA TUWALEE PROGRAM/FHI360 - COAST ZONE
Cooperative Agreement No. 621-A-00-10-00027-00
Quarterly Performance Narrative Report
January to March 2014**

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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 AIDS)	Walio Katika Mapambano ya Ukimwi Tanzania (Fight against HIV and
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 USAID funded program that runs from June 2010 to May 2015. The program covers five zones of Coast, Central, Lake, Northern and Southern and is implemented by four partners with FHI360 covering in the Coast Zone i.e. Dar es Salaam, Morogoro and Pwani regions in the mainland and Zanzibar. In implementation, we partner with nine Local Civil Society Organizations (CSOs), twenty five Local Government Authorities (LGAs) and community members. The Program 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 second quarter of FY 2014 and it narrates the implementation of the planned activities, achievements, challenges and lessons learnt.

During this reporting period, we continued to advocate for wide spread MVC support to the LGAs and community members. Deliberate efforts were made on advocacy campaign to reach the public and private institutions and communities with a call for increased support to MVC. A total of TZS 17,937,000 (US\$ 11,211) was contributed for support to 1427 MVC. Economic strengthening to MVC households, they raised 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, new 5 Savings and Internal Lending Communities (SILC) groups were established making a cumulative total of 294 SILC groups with savings of TZS 726,906,850 (US\$454,317) and TZS 48,358,450 (US\$ 30,224) contributions to MVC funds. These groups directly benefit 7,792 (Male 1,669 and 6,091 Female) members and their families.

Under objective three, the program continued to provide at least one core service to MVC while building the capacity of households to meet their needs. In this quarter, 52,742 (26,738 Male and 26,004 Female) MVC received at least one core service representing 79% of FY 2014 target and makes a total of 78,754 MVC reached todate.

Under objective four, we trained Social Welfare Officers on GBV and VAC per national guideline. These will turn serve better the victims and survivors of GBV and VAC. Also, we continued to follow up operations at Amana One Stop Center (OSC) for GBV and VAC while raising awareness among other stakeholders and communities on the services at OSC so that they can refer cases.

PROGRAM IMPLEMENTATION REPORT

INTRODUCTION

Pamoja Tuwalee is a five year program started 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. FHI360 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 with her and Pamoja Tuwalee/FHI360 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 Pwani and ten (10) in Zanzibar.

The current population in Coast zone is estimated at 8, 985,270. 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) of 51% of the general population, this suggests 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 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 adverse multiplier 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 managed reach a total of 52,742 (26,738 Male and 26,004 Female) MVC with one core service which is 80% of a quarterly target of 65,781. Children have been reached through direct support, referral and linkages.

Table 1: Program Geographical Coverage and MVC Reach

Region	DSM	Pwani	Morogoro	Zanzibar	Total
Total # of Sub grantees per region	2	2	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	12,653	42,382	15,993	7,726	78,754
# of MVC Current: Jan – March 2014	11,761	30,643	14,644	8253	65,301
# of MVC served: Jan March 2014	7,122	23,467	13,900	8,253	52,742
MVC served: sex disaggregation: January – March 2014					
Male	3,465	11,937	7,004	4,332	26,738
Female	3,657	11,530	6,896	3921	26,004
MVC served: age disaggregation: January – March 2014					
<1 year	10	75	16	27	128
1 - 4 years	486	1920	757	960	4123
5 - 9 years	1,710	6,381	3,192	2,704	13,987
10 - 14 years	2,871	10,263	6,260	3,154	22,548
15 - 17 years	1,612	4,186	3,053	1181	10,032
18+ years	433	642	622	227	1,924

Source: Program Quarterly Reports

PROGRAM MANAGEMENT AND ADMINISTRATION

Staffing

In this reporting period, the program recruited 2 new staff: A senior Technical Officer on Economic strengthening and public private partnership; and Monitoring and Evaluation technical officer. The former is a replacement while the latter is a new position to reinforce the program M&E function per recommendation from earlier Program Technical Quality Assessment exercise. The program experienced departure of three staff: M&E senior technical officer; Child protection senior technical officer; and regional technical officer for Morogoro. All of them resigned on their own accord. Efforts are underway to fill the resulting vacant positions.

Key program visitors

During this quarter, the program was honoured by a visit from the USAID General Counsel



Doug Kramer. The Counsel visited program intervention in Morogoro. The Counsel was accompanied by USAID Regional Legal Advisor Hellen Pataki. This was a one day visit to Nguvu Kazi SILC group and MVC households. Prior to visiting the group the Counsel made a courtesy call to the Regional Commissioner during which the latter acknowledged and expressed appreciation and satisfaction of the support they receive from the American

people through USAID and FHI360 Pamoja Tuwalee program. Thereafter the counsel visited Nguvu Kazi SILC group whereby group members were able to share their progress report, their achievements and some of the experienced challenges. They also shared the change that SILC has brought about in their incomes and consequently family life. During the discussion with group members the Counsel congratulated them on the great job they are doing to support MVC and their households and urged them to continue with the same spirit. He also mentioned the visit has enlightened him on how USG money is spend in supporting Most Vulnerable Children and their households in Tanzania.

He later visited one household with an orphaned HIV+ female MVC whereby the caretaker (MVC's aunt) and MVC herself expressed their appreciation for the support they get from the program. A total of TZS 75,000/= was collected on the spot to support that households.

Sub awardees

The program continued to work with nine CSOs as local implementing partners (sub grantees). The partner who was terminated in 2013 was not replaced by a new one per initial plan. This was because the earmarked prospective partner, PAYODE was disqualified after termination of another contract with Deloitte. Since there were no other promising partner within the three districts, the program decided to extend the coverage districts for WAMATA Dar es Salaam (implementing partner for Kinondoni district) as it has branches in both Kibaha and Bagamoyo districts. This was shared with the respective district councils who concurred and promised cooperation.

Funds Disbursement to implementing partners

Through Deloitte Consulting, our partner on grants management, a total of **TZS 259,697,250** was transferred to Pamoja Tuwalee Sub Awardees for the quarter of January to March 2014 making a cumulative disbursement of **TZS 2,401,091,816**. The program continued to work closely with its CSO partners in building their capacity to implement their plans. Below are detailed disbursements to nine implementing CSOs.

Table 2: Funds Disbursements to Sub grantees and Expenditures Status 31 March 2014

Sub Grantee	Disbursements Jan – Mar 2014 (TZS)	Cumulative Disbursement to 31 March 2014 (TZS)	Cumulative liquidation to 31 March 2014 (TZS)
Faraja Trust Fund	22,016,950	172,873,850	167,375,180
Roman Catholic Dioceses of Mahenge	43,630,000	252,745,800	244,038,045
Huruma Aids Concern and Care (HACOCA)	13,000,000	171,414,950	167,678,360
Baraza la Misikiti Tanzania (BAMITA)	15,031,000	171,644,273	162,859,969
Jipeni Moyo Women and Community Organization (JIMOWACO)	26,270,700	311,297,760	310,017,641
Kifarur Community Development in Tanzania (KICODET) ¹	31,000,000	340,301,337	339,708,491

¹ KICODET was terminated in April 2013. Her coverage districts of Kibaha town council, Kibaha district council and Bagamoyo are now covered by WAMATA

Roman Catholic Archdiocese of Dar es Salaam	33,092,900	314,568,321	307,461,771
Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	28,539,000	278,467,700	270,436,075
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	21,060,000	175,903,125	171,225,125
Zanzibar Muslim Women Association to Support Orphans (ZAMWASO)	26,056,700	211,874,700	204,908,948
TOTAL	259,697,250	2,401,091,816	2,347,516,563

Source: Deloitte Quarterly Report March 2014

OBJECTIVE 1: Increase the capacity of communities and local governments to meet the needs of OVC and their households in an innovative, efficient and sustainable manner by enhancing their competencies to provide support and by improving communication, coordination and collaboration across sectors.

During this reporting period, the program continued strengthening the capacity of key stakeholders on resource mobilization, coordination and collaboration with other stakeholders as well as the use of National guidelines such as MVC National Costed Plan of Action (NCPA II) and the Law of the Child Act (2009) in program implementation. Below are specific activities for this quarter.

1.1 Mobilise support for OVC through advocacy campaign

1.1.1 Use different communication strategies to influence response to MVC needs

One of program strategies to increase community support and protection of vulnerable children and families is advocacy campaign. In this FY 2014, to scale up MVC support advocacy coverage the program planned to use Tanzania Broadcasting Cooperation (TBC₁) Television which is widely viewed by 84% of the population. The TBC₁ TV airs different programs including an innovative and popular MAISHA Plus² reality show which aims to

² Maisha Plus live show entertains, informs, educates and sets a trend in young people to take charge in developmental issues as it creates an environment for the youth to show their abilities and skills in day to day life.

empower the unprivileged young people and women to discover their talents and subsequently build on them to realize their full potential.

The program decided to use MAISHA Plus reality show to reach individuals, community; public and private institutions with information on the magnitude of MVC needs and facilitate

them to identify their roles and responsibilities in care, support and protection of MVC.



Among program objectives in participating in Maisha plus reality show were as follows: to increase awareness on MVC support to a wider community; to increase knowledge of public, government and private institutions on the needs of MVC and various ways of supporting them; and to promote direct support to MVC or MVC funds from the contestants and community members. The following were accomplished through the show:

Trained 18 (10 Male and 8 Female) Maisha plus contestants for three days on issues related to MVC support so that in turn they would raise awareness on the same to wider community especially public and private institutions. The main topics covered included: needs and welfare of MVC; roles of parents/guardians; roles of community members, government and private sectors in the absence or inability of parents/guardians; children protection, importance of protecting children from abuse, neglect and exploitation and how can youth be ambassadors in protecting children in their respective areas; youth reproductive health and HIV/AIDS education; food and nutrition for most vulnerable children; what the community can do to support MVC; and resource mobilization for MVC support.

Mobilized resources for MVC from different companies/institutions using the trained Maisha plus contestants who together with the program staff visited pre- selected and informed companies/institutions and oriented them on the needs of MVC, and how they can support MVC through their Cooperate Social Responsibility (CSR).

The visited entities were: Zanzibar Social Security Fund (ZSSF), ZANTEL, ZANZIBAR FASHION and MAJI TU Ltd, and Oceanic View Hotel which collectively provided/pledged assorted material and financial support worth TZS 14, 000,000 (US\$ 8,750) and promised to consider to continue to support through their CSR.

Mobilized resources from the community members in four shehias through the trained Maisha Plus contestants who reached communities in four shehias of Donge Mchangani, Donge Mnyimbi, Donge Vijibweni and Chaani to raise awareness on MVC needs. Although only TZS 83,900 (US\$54.31) was contributed from all 4 four shehias, community members committed to ensure MVC needs are met through: protection against abuse/violence, counselling and support so that they do not end up in the streets; contribution of food for MVC during harvest; and contribution of TZS 1,000 to shehia MVC fund during and after program life. The team also visited MVCC and MVC households in the four Shehias and shared knowledge and experience about the program and conducted community-wide mobilization to fully engage them in MVC support for sustainability.

Awareness raising to wide community members both in Zanzibar and Tanzania Mainland through TBC television all activities conducted in Zanzibar (reported above) were aired in the TBC television for more than 60 minutes during the week of 17 March 2014. We have received oral feedback from viewers on the key messages we provided and their importance and have documentary on the same for wider sharing.

1.1.2 Provide MVC sensitization training to journalists

Advocacy has always targeted wider audience; hence the need for using media is crucial. Journalists have an important role for wide spread campaign. During this reporting quarter,



the programs conducted one day sensitization training to journalists from various media groups working within our operational areas. There were 15 participants from Radio stations, TVs and magazines/newspaper. The aim of the workshop was to sensitize journalists to write and air out information regarding MVC needs as a means of advocating for support to this needy group. The topics which were covered are:

- MVC Needs and Corporate Social Responsibility - the role of Media
- Media Resource Mobilization and Key Messages
- Program Success Stories and Impact
- Opportunities and Challenges in Awareness Raising
- Commitments/Way Forward

The program has experienced some results of the training: In Morogoro, local radio channels such as Abood, Pambazuko and Ulanga FM broadcasting messages which call for unified community response to support MVC; in Pwani, articles were published in two newspapers

(Daily and RAIA Tanzania) aimed at sensitizing communities and LGAs to budget and support MVC.

The program is expecting community members to understand their role in supporting MVC and will increase support to MVC after hearing advocacy messages that come out through these media.

Some of TZS 17,937,000 contributions for 1427 MVC support recorded under section 1.5 of this report is attributable to the advocacy efforts reported above.

1.2. Strengthen LGAs to implement the NCPA II/ZCPA

Throughout program implementation, the program has retained its strategy of strengthening the capacity of LGAs to manage and coordinate MVC Programmes. This involves facilitating LGAs capacity to plan and budget for MVC. To be able to realise this, program staff have been participating in LGAs pre and planning sessions, Council Management Team (CMT) meeting, full Council and other forums at the council level. Other strategy used includes involvement of LGAs staff in joint supportive supervision and trainings. The following are activities undertaken for this quarter.

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

Previous years' experience shows that participating in LGAs pre and planning meeting has resulted into improved planning and budgeting among LGAs. During this reporting period program staff participated in Mkuranga planning session and advocated to the Council to support 350 MVC with school fees. In Kisarawe a total of TZS 10,000,000 (\$6,250) out of TZS 14,500,000 budgeted was approved and used to pay school fees for 100 MVC.

In Dar es Salaam, Ilala Municipal Council allocated a total of TZS 58,000,000 (\$36,250) for MVC support. Though not used to date the Department of Social Welfare (DSW) has planned to use 26 Million for identification exercise in two wards of Segerea and Tabata and 6 Million for stakeholders meeting that aims at facilitating establishment of Municipal MVC fund. Kinondoni Municipal council allocated TZS 30,000,000 (\$18,750) Million for MVC support.

During FY 2013/2014 Ulanga District Council budgeted a total of TZS 23,000,000 (\$ 14,375) while Kilombero District Council budgeted TZS 6,000,000.00. With exception of Zanzibar, program staff participated in all other districts pre and planning session as well as share Pamoja Tuwalee work plans for FY 2014. Meanwhile, the program staffs continue to follow up on the actual amount spent for FY 2013/2014 and to advocate for increased budget allocation for 2014/2015.

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

During FY 2014, the program disseminated the National Costed Plan of Action (NCPA II) to all district councils within its operational area. During these dissemination meetings, each council made commitments on implementation of NCPA II. In this reporting period, the program through local sub grantees followed up on the implementation of the commitments made by LGAs and it was realized that:

- The LGAs have not yet approved the commitments made to implement NCPA II, as the approval process is still on going. We will continue to follow up and campaign for its approval and implementation.
- In Kilosa the District Social Welfare Officer in collaboration with sub grantee staff conducted a series of meetings to disseminate NCPA II to other implementing partners including TASAF, NGOs and other local communities to ensure that service provision is in accordance with the directives stipulated in the NCPA II. The aim was to share key issues within the guideline and ensure each partner is following it in supporting children.

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

Technical Assistance to social welfare officers is mostly provided through involving them as participants in various trainings to sub grantee staff; facilitators in trainings to volunteers and other community level groups (e.g. MVCCs, Community resource persons on savings and credit groups); as well as coaching and mentoring.

During this reporting period, the program organised and conducted GBV and VAC training to Dar es Salaam region Social Welfare Officers (SWOs). The training aimed at improving SWOs' skills in the management of GBV and VAC cases including linking with relevant service providers in particular Amana One Stop Centre. A total of 27 (18 Kinondoni and 9 Ilala) DSWO officers participated. The following were the specific objectives of the training.

- Strengthen SWO understanding on GBV/VAC issues
- Facilitate DSW to apply the basic concepts and principles needed for the care of GBV and VAC survivors and victims.
- Advocate for the roles of SWOs in prevention of GBV and VAC at different levels of intervention.
- To promote effective referral system in management of GBV and VAC cases.

Content of the training included:

- ✓ Concepts of GBV and VAC;

- ✓ Policies, laws and human rights concern of GBV & VAC;
- ✓ Link of poverty, HIV, GBV and VAC;
- ✓ Legal and cultural context of GBV and VAC in Tanzania;
- ✓ Power and Gender equality in relation to GBV and VAC;
- ✓ Basic interpersonal communication, communicating with children who have experienced abuse and violence, behaviour change communication (BCC) and advocacy;
- ✓ Emotional support to providers of GBV and VAC services;
- ✓ Principles and procedures for management of GBV and VAC survivors including History taking and Assessment of GBV and VAC survivors;
- ✓ Social welfare as an expert witness in the court of law;
- ✓ Psychosocial care and support to GBV and VAC survivors;
- ✓ Safety plan for survivors of GBV and VAC, Addressing issues of potential GBV and VAC perpetrators;
- ✓ Practice of GBV and VAC Prevention;
- ✓ Multi sectoral approach in prevention of GBV and VAC; and
- ✓ Monitoring and Evaluation of GBV and VAC services.

At the end of the workshop participants developed individual action plans that will guide them in responding to GBV and VAC issues.

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

Conducting field visits is one of the strategies to monitor program implementation as well as the quality of services provided. The supportive supervision is conducted at different levels by sub grantees staff, regional team and PT headquarter staff. Once every quarter sub grantee in collaboration with LGAs staff – District Social Welfare Officer, conduct joint supportive supervision aimed at enhancing their capacity to perform their coordination role as well as monitor the quality of services provided to MVC and their households. The following supervisory activities were undertaken during this reporting period:

- RC Mahenge sub grantees staff conducted field visits to volunteers and MVCC members that aimed at building their capacities in addressing the needs of MVC. Volunteers and MVCC members from the following areas were visited: Ketaketa, Ilonga, Mwaya, Ruaha, Mahenge, Kichangani, Lupiro, Iragua, Itete, Mtimbira, Malinyi, Milola, Minepa, Ifakara, Mang’ula, Kisawasawa, Mbingu, Mchombe, Chita and Mlimba. Other issues discussed include establishment and strengthening of MVC fund and food storage.
- In Zanzibar WAMATA and ZAMWASO staff conducted supportive supervision to SILC groups and MVC households and caretakers engaged in home gardening/poultry

keeping. A total of 18 SILC groups from Mkoani, Wete, North B and West District were visited. 2 SILC groups completed their first round and started the second cycle while 2 new SILC groups were established in Kombeni West District. Also, the staff managed to visit a total of 638 MVC households accommodating 1709 (784 male and 925 female) MVC. One of the major observations was a huge number of MVC with no birth certificates. Caretakers were urged to collaborate with MVCC and DSW to find possible solution to solve the birth certificate problem. During these visits to MVC households, caretakers were encouraged to join SILC groups.

The supportive supervision conducted during this quarter focused on following up on MVC caretakers trained on different areas such as home gardening and poultry keeping. It was noted that over 50% of the caretakers trained on poultry keeping in Zanzibar are progressing well and they can meet different needs of their children. The remaining 50% could not perform due to various social and economic reasons. Few could afford the need for a spacious well ventilated hut for chickens due to limited resources including funds and safe space. Theft has been a pull back and therefore most of them maintain keeping the chicken in house or in a small hut attached to main residence for security reasons. These limit them from keeping a large number of chickens and also make the chicken prone to diseases.

Annual disease outbreak has also been affecting the poultry keepers, the incorporated extension workers have had limited support to poultry keepers and the fact that they keep the birds on a free range, it becomes difficult to treat and protect them from contact to other birds hence affected by outbreaks.

The focus is to continue supporting the progressive ones and advise them to seek technical support from extension officers while also encouraging the caretakers within the same neighbourhood to find ways of cooperation so that they can build a good hut and keep their birds together and meet the costs.

- In Pwani supportive supervision was conducted in all districts except Mafia and Rufiji. A total of 5 SILC groups, 15 MVCCs and 20 households were reached. Below are the findings and recommendations.

Key area	Finding	Recommendation
SILC groups	<p>* Small number of care takers in all groups</p> <p>*Some SILC groups were found keeping a huge amount of money instead of using to support children – for example, Mwongozo group in Masaki, Kisarawe had TZS 210,000 while Matumaini group in Kiparang’anda, Mkuranga had TZS 193,900 cash in hand.</p> <p>* 2 Groups were found with problem of record keeping</p>	<p>*CRPs and volunteers were urged to put more efforts in sensitizing care takers to join SILC groups.</p> <p>*The group members were advised to use collected funds to support most in need MVC as that is the intended purpose.</p> <p>*CRPs and volunteers were reminded to visit the groups frequently and provide technical support.</p>
MVCC	<p>*8 MVCCs visited do not meet regularly and MVC register were not up-dated.</p> <p>*3 MVCCs of Mkenge and Msinune in Bagamoyo districts have established a pineapple farm for MVC and village authorities supported them with TZS 500,000 each for seeds and cost for cleaning farms.</p>	<p>*MVCC advised to meet regularly and up-date MVC registers after every 6 months per national guideline.</p> <p>*Encouraged to establish small business activities for improving their economic status.</p>
MVC Households	<p>Out of 20 households visited in Kisiju, Mkuranga only 2 were found to be engaged in home gardening.</p>	<p>*Encourage to join SILC group or VICOBA or HISA in places where SILC is not yet established.</p> <p>*Advised to engage themselves in backyard gardening and local chicken keeping in order to meet the MVC nutritional needs as well as generate income by selling the surplus.</p>

Source: Pwani Region quarterly Report January – March, 2014

1.3 Strengthening MVCC to lead Community Support for OVC

Per the National Costed Plan of Action (NCPA II), MVCC is the structure that is responsible for coordinating MVCC at the village level. Hence, strengthening its capacity is of great importance. The program has used different strategies to enhance the capacity of MVCCs to manage MVC activities at the village/shehia level. These include pre-service and in-service training as well as mentoring and coaching during supportive supervision. Currently, the program has strengthened the capacity of 627 MVCCs through refresher training or pre-training during their establishment in FY 2012 and 2013. Below are details on activities undertaken this quarter.

1.3.1 Develop and Implement capacity building plans for MVCCs

The program continued to strengthen the capacity of MVCC through coaching and mentoring by sub grantee staffs during field visits. Based on the large number of MVCCs in need of capacity building, the plan was to use 15 District Social Welfare Officers from the mainland to train 150 MVCCs. However, most of the targeted DSWOs were not available due to other LGAs assignment. The training was postponed until next quarter.

1.3.2 Advocate for membership of current community volunteers on MVCC

Throughout program implementation we have advocated for community volunteers to become MVCC members. This is based on the fact that having a volunteer in the MVCC creates effective linkage with DSWOs, Village Authorities and community at large as well as facilitates MVCC to be more active in performing their roles and responsibilities. The program will keep on encouraging village authorities to promote this until all volunteers become MVCC members. At the end of this reporting quarter, volunteer membership in MVCC was 1016 (90%), an increase of 32% from 767 reported last quarter. The overall lower percentage from 93% to 90% is due to increase in the total number of volunteers.

Table 3: Current status of volunteer membership in MVCCs

District	# of Volunteers			# and % of Volunteers who are MVCC members			
	Male	Female	Total	Male	Female	Total	%
Morogoro							
Morogoro Rural	24	33	57	24	33	57	100%
Morogoro Municipal	7	19	26	7	19	26	100%
Mvomero	19	31	50	19	31	50	100%
Kilosa	15	25	40	15	25	40	100%
Kilombero	33	30	63	26	21	47	75%
Ulanga	55	52	107	55	44	99	93%
Subtotal	153	190	343	146	173	319	93%
Dar es salaam							
Kinondoni	33	48	81	24	35	59	73%
Ilala	21	48	69	19	40	59	86%
Subtotal	54	96	150	43	75	118	79%
Zanzibar							
Pemba	22	34	56	14	20	34	61%
Unguja	28	43	71	14	26	40	56%
Subtotal	50	77	127	28	46	74	58%
Pwani							
Bagamoyo	62	53	115	56	51	107	93%
Kisarawe	32	27	59	32	27	59	100%
Mafia	12	11	23	12	11	23	100%
Kibaha DC	40	32	72	40	32	72	100%
Kibaha TC	28	36	64	28	36	64	100%
Rufiji	27	45	72	27	45	72	100%
Mkuranga	64	44	108	64	44	108	100%

Subtotal	265	248	513	259	246	505	98%
Grand Total	522	611	1133	476	540	1016	90%

Source: Quarterly Report: January-March 2014

As indicated on the table above, 10 out of 17 districts/zones are at 100% volunteer membership in MVCC, however, in Unguja and Pemba it is relatively low at 56% and 61% respectively. This is mainly attributable to the fact that in Zanzibar the program works with 74 shehias/MVCCs and there is one volunteer in each MVCC. However, some shehias have more than one volunteer and these cannot be all accommodated as per the structure limited membership.

1.3.3 Support creation of MVCCs where they do not exist

During this reporting period the program did not plan to form new MVCCs as the focus was on strengthening the capacity of the existing ones.

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

The use of community structures to mobilise funds for OVC support has increasingly proved successful. The program has been advocating and facilitating establishment of OVC funds at the village level. Although the amounts contributed are not much, still they benefit MVC with emergency needs. Also, it is a reflection of community sense of ownership of MVC support. During this reporting period a total of TZS 5,018,780 (\$3,136) was contributed as OVC funds and a total of 617 (294 Male and 323 Female) MVC benefitted – last quarter the contributions for the same totalled TZS 1,730,700 (US\$ 1,082). The support to MVC through these funds included: scholastic materials, school fees, Community health insurance and birth certificates.

Table 4: MVC supported through OVC Fund

Region	Total Value(TZS) equivalent	Number of MVC supported		
		Male	Female	Total
Morogoro	217,180	30	40	70
Dar es salaam	613,600	50	57	107
Zanzibar	1,227,000	51	59	110
Pwani	2,961,000	163	167	330
Total	5,018,780	294	323	617

Source: Quarterly Report January-March 2014

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

SILC is one of the vehicles deployed by the program as a strategy of addressing economic status and food security among MVC households and community at large. MVCCs as a body

that coordinates and spearhead MVC support at community level can perform their roles and responsibilities better when they have sound income. It is in this context that they are encouraged to join SILC groups in which they can save and borrow capital to start or expand income-generating ventures and food security activities. In this reporting period, the MVCC membership remained at 5% (405) reached last quarter as no new MVCC members joined SILC. The program will continue to encourage MVCCs to join SILC.

1.4 Strengthen Local CSO Partners to Support MVC Services

The program has continued with efforts to strengthen capacity of sub grantees in the areas of leadership and management particularly focusing on project management and execution, organizational systems and structures, grants management and reporting in order to increase organizational and institutional capacity to provide sustainable and quality services to MVC.

1.4.1 Develop and implement capacity-building plans for local CSO partners

In this reporting period, the program implemented the following towards CSO capacity building:

- Support CSOs under Pamoja Tuwalee FHI360 to strengthen human resource management systems: eight CSOs were facilitated to assess their human resource management and this identified: the need for review of the organogram; development or update of job descriptions for all staff; and need to conduct job evaluation.
- Supported and facilitated the development of human resource manuals so that these organizations have standardized human resource management practices. In addition, the project worked with sub grantees to develop a performance management system.
- Facilitated governance workshop for HACOCA. The workshop entailed procedures for developing governing document, relating the structure of the organization with the need for accountability, criteria for identification and selection of board members and formulating priority action plan for improving governance practices in the organization. This exercise continues with other organizations in the next reporting quarter.

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

In this reporting period, the program continued to employ coaching and mentoring in leadership and financial and grants management to provide hands on support to CSO managers and staff as they utilize new skills to address existing challenges.

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

The identification of business community and engaging them in supporting MVC is a continuous process. During this quarter, the program identified more business people committed to support MVC. This is mainly attributable to the advocacy campaign conducted by the program as reported under section 1.2 above. The program will continue to identify and engage more business people as one of the strategies to create sustainable community support to MVC.

1.5.1 Establish and support PPP that benefit MVC and their households

During this reporting period there is an increase of 58% in the amount contributed by Public Private Partners from TZS 11,378,700 last reporting period to TZS 17, 937,000. The improvement is also noted on the number of MVC support whereby a total of 1,427 MVC were supported compared to 528 reported last quarter.

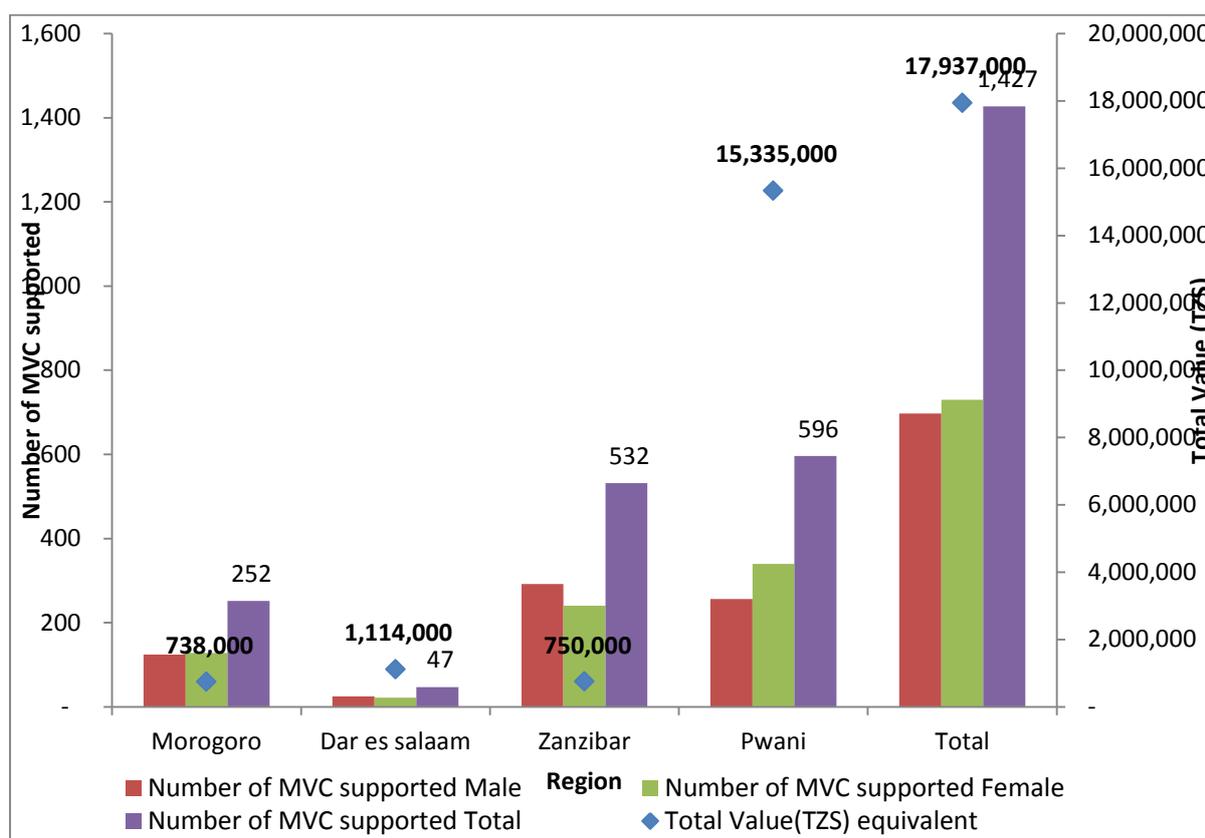
Table 5: Summary of MVC supported through PPF during this quarter

Region	Total Value(TZS) equivalent	Number of MVC supported		
		Male	Female	Total
Morogoro	738,000	124	128	252
Dar es salaam	1,114,000	25	22	47
Zanzibar	750,000	292	240	532
Pwani	15,335,000	256	340	596
Total	17,937,000	697	730	1,427

Source: Quarterly Report - January to March 2014

Among new private partners identified/engaged this quarter were: Ocean Group of Hotels; Zantel; Zan Bottling; Zanzibar Social Security Fund (ZSSF); Zanzibar Fashion; TASAF III, Well drillers, CAMFED; and Compassion. These contributed support and some made commitment to support MVC. Others contacted for discussion on different strategies to support MVC through their Cooperate Social Responsibility were: Victoria and Mwanamboka Petrol Stations; Twiga Cement; PUMA Tanzania. Outcome of the discussion will be reported in the subsequent periods.

MVC Supported through PPP January – March 2014 versus October – December 2013.



1.6 Improve Coordination Among and Across Sectors and Zones

The program facilitates establishment of 17 (15 Mainland and 2 Zanzibar) District Implementing Partners Group (DIPG) forum. The established DIPG forum has played a great role in coordinating MVC and non MVC implementing Partners as well as facilitates linkages and referrals. During this period only one DIPG forum was held. The program has continued to advocate for LGAs to own the forum by in cooperating in their District comprehensive plan. At the community level, linkage was made with several entities and resulted in support to MVC and their households including:

1.7 Sensitize communities/ villages to establishing Food storage

Food shortage has been earmarked as one of challenges facing MVC households. Program through community volunteers in collaboration with MVCCs continued to sensitize and increase awareness to communities on establishment of food storage to address the problem of food shortage among MVC households. During this quarter 4 MVCCs were allocated with 14 acres of land for MVC crops. Mloganzira and Mango in Kisarawe district MVCC cultivated maize (2acres) and sweet potatoes (2acres) respectively while Mkenge and

Msinune MVCC in Bagamoyo district provided 5 acres of land each by village authorities for cultivate pineapples for MVC support, each MVCC provided by village authority TZS 500,000 (\$ 313) for buying seeds and cost for cleaning thus make a total TZS 1,000,000 (\$ 625). In Zanzibar, 2 MVCC in Mzuri (South District) and Dimani (West District) continued farming for MVC in the MVC support farms.

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

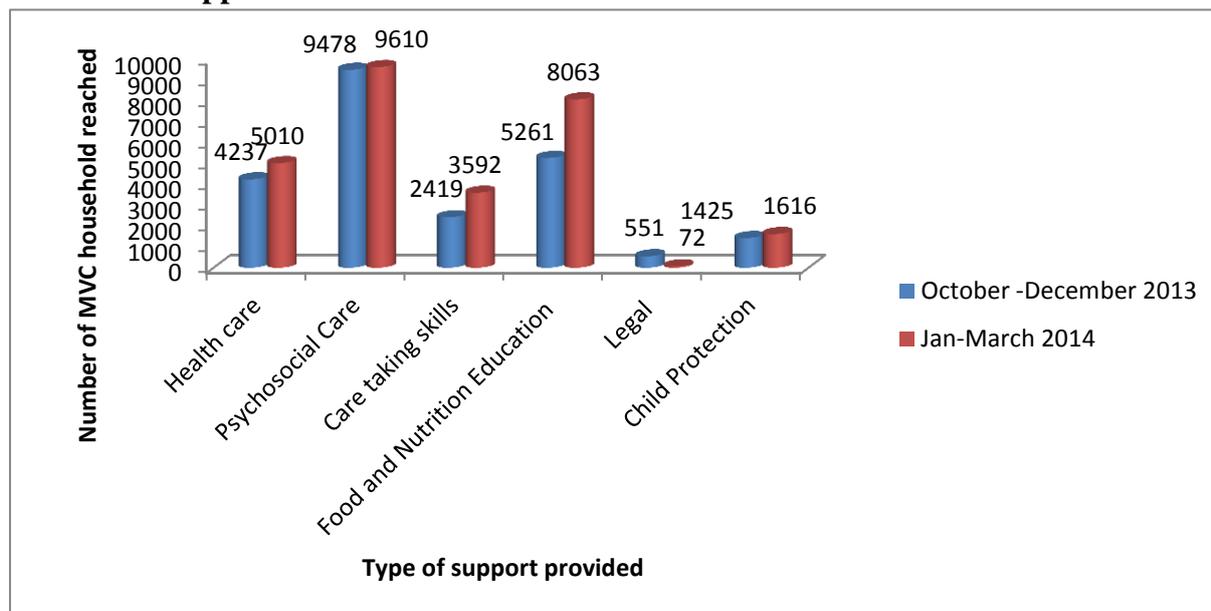
Pamoja Tuwalee program/FHI360 under this objective focuses on reducing MVC household vulnerability, through improving economic status of the caregivers to meet the needs of their children in a sustainable way. The program provides MVC households with various economic strengthening opportunities including training in basic business skills, and specific IGA's. During this reporting period the program continued to link household with different stakeholders who provide economic strengthening support in program catchment areas including Local Government Authorities (LGAs) through the Department of Community Development (DCD); TASAF III, and Compassion. In pursuing this objective, the program undertook the following this quarter:

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

Through community volunteers, the program provides education and counseling on different areas aimed at strengthening caretakers' capacities to provide comprehensive and quality care support and protection to children. The areas covered include MVC care taking skills, psychosocial and stigma reduction.

During this reporting period, there was an increase of 20% (27,963) in the number of caretakers equipped with different skills compared to 23,371 reached in quarter one. The increased number of caretakers reached is partly attributable to 236 new volunteers trained last quarter who through home visits utilized the acquired knowledge to train caretakers. The skills covered include: healthcare, PSS, nutrition education, MVC care taking skills, legal and child protection.

Caretakers supported with various skills



Source: Program Quarterly Reports

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

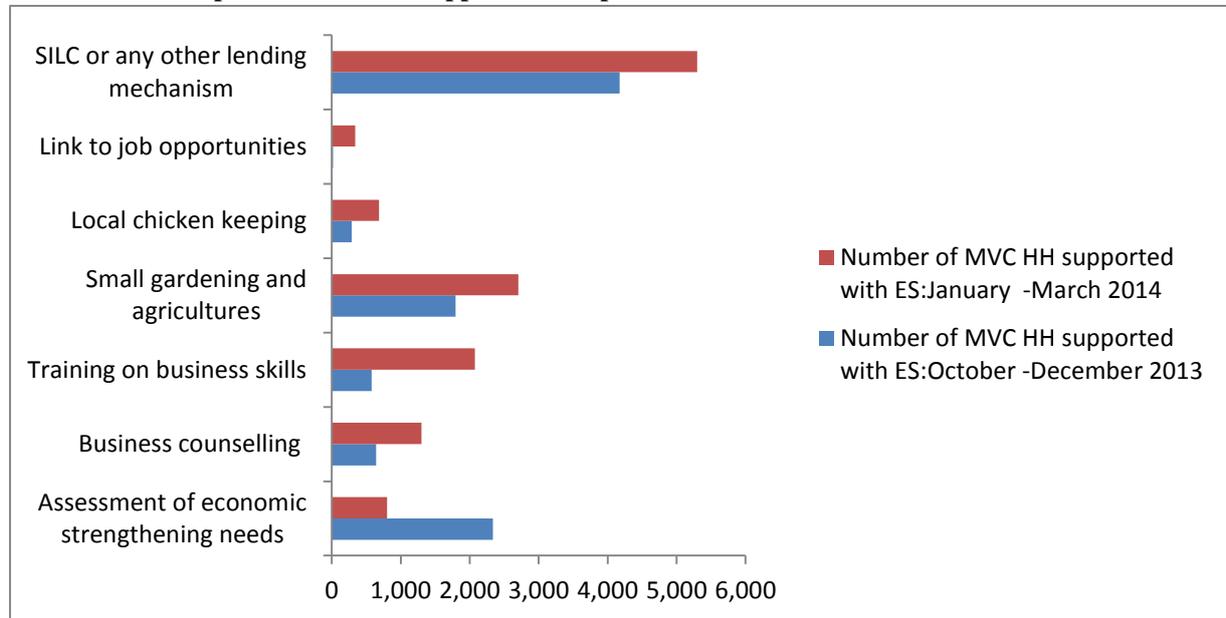
The program is committed to economically empower the MVC households so that they meet their children and households needs in a sustainable manner. To pursue this, we offer a range of economic strengthening trainings and support to OVC caretakers to increase their capacity to establish and manage small businesses. During the last quarter, the program trained caretakers on home gardening and also local poultry keeping and encouraged them to engage in the activities. Program continued to monitor several capacity building activities conducted in previous years such as SILC training, local chicken rearing, home gardening and entrepreneurship skills through home visits and SILC group meetings by volunteers and CRPs respectively.

In Pwani region the program collaborated with TASAF III, Compassion and the LGA – Community Development Officer who provided economic strengthening support to a total of 210 MVC households. The support included soft loans and training on dairy goat and poultry keeping .The support amounted to TZS 14,069,000 (\$ 8,793). With the support given, the caretakers are expected to improve their household income and meet MVC needs. The figure below shows the trend of economic strengthening support during the first half of FY 2014.

Also, through community volunteers and CRPs, the program reached a total of 13,207 caretakers with training on business skills, small business development, and assessment of

economic strengthening needs, local chicken keeping, small gardening and agriculture as per chart below. Caretakers are expected to use the gained knowledge in improving their IGAs and subsequently provide quality and comprehensive care, support and protection to their children.

MVC households provided with ES support for the period of Oct-Dec 2013 and Jan- March 2014



Source: Program Quarterly Reports

The program aims at increasing the number of caretakers who engage with SILC groups. Through expansion of their business caretakers have increased their savings and are able to meet the needs of their children. Most of the caregivers are supporting their children with scholastic materials. CRPs continue to train more caregivers on SILC and encourage those who have not joined SILC groups to do so.

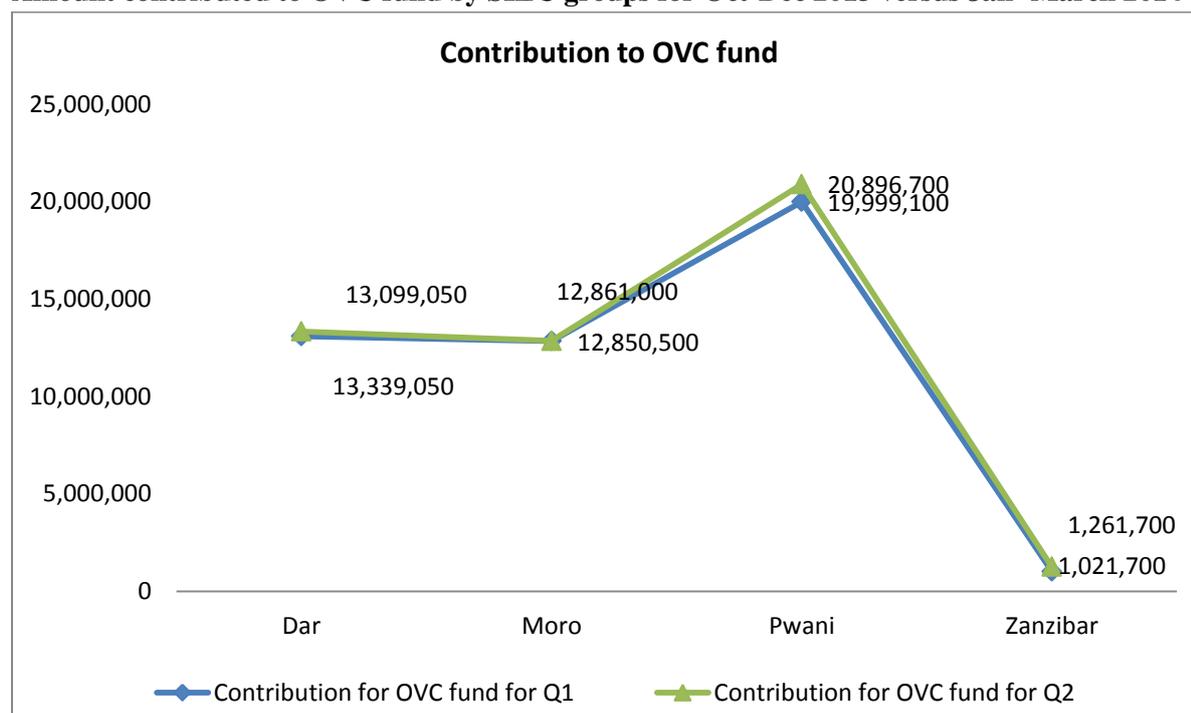


MVC in Mahenge receiving educational support from SILC group OVC fund

The communities have continued to play their role in supporting the MVC.

During this reporting period MVC through OVC fund from 294 SILC groups received education support in terms of scholastic materials. For the elderly caretakers who are challenged to meet the needs of vulnerable children under their custodian, their children get support through OVC fund from SILC groups. The caretaker membership in SILC groups remained with a minimal increase of 0.9% this quarter. The program intends to address this by training new CRPs who in turn will form SILC groups with purposeful higher percentage of MVC caretakers.

Amount contributed to OVC fund by SILC groups for Oct-Dec 2013 versus Jan- March 2014



Source: Program Quarterly Reports

For the reported period there is increase in both total member contribution to SILC groups as well as contribution to OVC fund. The number of new SILC groups has increased from 289 last quarter to 294 while member, cumulative group savings increased to TZS 726,906,850 (US\$ 454,317) – 1.5% and contribution to OVC fund increased to TZS 48,358,450 (US\$30,224) – 3% against TZS 716,211,850 and TZS 46,970,350 respectively.

Table 6: Summary of composition and financial status of SILC group as of March 2014

Region	# of Groups	Sex			Member category					Total Savings	Contribution for OVC
		M	F	Total	MVC	MVC HH	MVCC	Volunteer member	Member		
Zanzibar	37	195	861	1096	32	271	51	582	120	54,913,400	1,261,700

Pwani	85	613	162 8	2241	172	951	129	125	864	126,116,850	20,896,700
Dar es Salaam	76	309	178 7	2088	01	530	91	398	1072	356,304,700	13,339,050
Morogoro	96	552	181 5	2367	12	438	134	72	1711	189,571,900	12,861,000
Total	294	1669	609 1	7792	217	2190	405	1177	3767	726,906,850	48,358,450

Source: Regional quarterly reports January – March 2014

2.2.1 Training on entrepreneurship skills and SILC initiative to Community Resource Persons and DSWOs.

Community Resource Persons (CRPs) who were trained last quarter continued to use the same to facilitate formation and strengthening of SILC. Through technical support provided by CRPs, caregivers are mobilized to form SILC groups and are encouraged to start IGA's. The CRPs provide technical support to SILC groups including proper record keeping, how to track and ascertain accuracy of records in individual passbooks, loans and cash management.

2.2.2 Regular CRPs meetings.

CRPs at local level have continued to meet regularly, for sharing experience. During the meetings they discuss issues regarding routine operations of SILC groups, progress of their respective groups, share successes and challenges. Together they strategize on how to support the SILC groups better. Usually the support offered by CRPs to the groups include: checking records on ledger books and passbook, guiding on proper adherence to SILC requirements, and emphasizing the need to use all MVC support funds from SILC groups.

2.2.3 Conduct joint market assessment

The program in collaboration with DAI IMARISHA plans to conduct a joint market assessment to identify marketing opportunities, to address the challenge expressed by the caretakers in accessing markets and fair prices for their products. Meanwhile, the program explores opportunities to link SILC groups with potential markets. During this reporting period in Morogoro caregivers engaged in soap making were linked with potential customer.

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

One of the program goals is to ensure that MVC care takers are economically empowered and meet the basics of their children. In attaining this, the program is committed to offer a range of trainings on entrepreneurship skills and support to OVC care takers with start-up kits for IGAs. During this quarter 20 females care takers in section 2.2.1 above who received

entrepreneurship skills training for improving their business were provided with capital worth TZS 2,000,000 (\$ 1250).

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

During this reporting period there was an increase of 2,802 (53%) in the number of MVC households provided with food and nutrition education support compared to those served in the previous quarter. Volunteers continue to provide nutritional education and encouraged caretakers to prepare nutritional food for their children using locally available foodstuffs such as traditional vegetables, fruits as well as cereals - sorghum, wheat, and millet. A total of 8063 care takers (Morogoro 2,212; Pwani 4226; Dar es Salaam 553 and Zanzibar 1,052) were reached. In Pwani 20 (12 male and 8 female) volunteers attended one day training on how to produce Orange Fleshed Sweet Potatoes (OFSP) and after the training volunteers were given OFSP cuttings for reproduction and later will distribute to MVC households.

In Ngerengere and Tawa wards in Morogoro Rural, 230 MVC households were linked to TASAF III program for food and nutritional support. They were supported with dairy cows and goats; and bee keeping. The program will continue to link MVC households with other identified stakeholders in order to improve food security at household level for improved nutritional status of MVC.

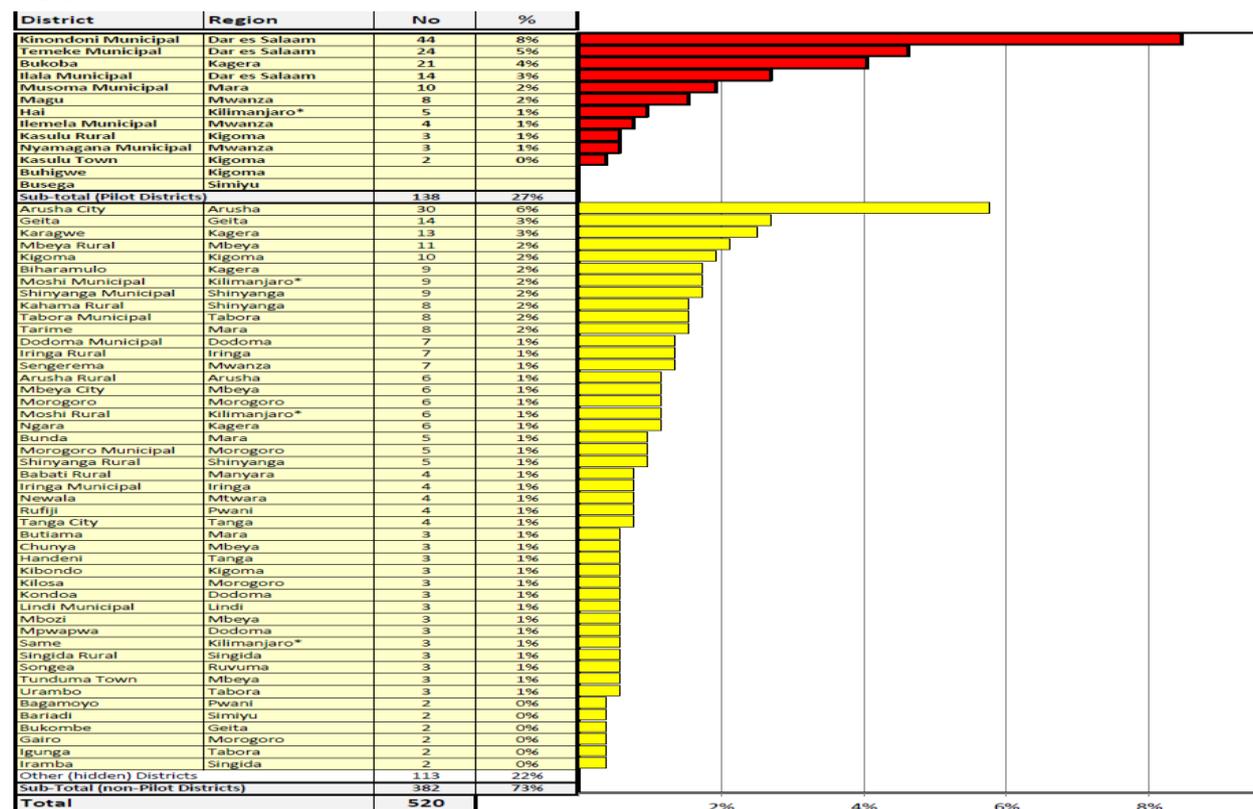
In Bagamoyo district, MVC and care takers were linked to TASAF III program for ES support. A total of 176 care takers (67 male and 112 female) with a total of 354 (154males and 201females) MVC received support of cash amounting to TZS 9,659,000 (\$ 6,037) through TASAF III program. The amount given varied from TZS 12,000 to TZS 34,000 per household depending on the number of MVC the household has. Also, in Dunda ward community volunteer linked 20 female caretakers to the District Community Development Officer for low interest loans. The women were granted a loan of TZS 2,000,000 (\$ 1250). In Msoga Compassion supported 9 (1male and 8 female) caretakers with dairy goats worth TZS 2,250,000 (US\$ 1,406) for improving their household income and nutrition in general.

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

The program works with different stakeholders including public and private institutions and communities in addressing issues of Gender Based Violence and Violence against Children. These include Ministry of Home Affairs – Police Gender and Children Desk section, Ministry of Health and Social Welfare – Reproductive and Child Health section and DSW. Pamoja Tuwalee program spearhead this intervention as part of other interventions to prevent, protect, care and support victims and survivors of GBV and VAC. Below are some of implementation details for this quarter:

2.4.1 Facilitate utilization of Child helpline

Pamoja Tuwalee program through our partner in Kinondoni municipal council WAMATA, continue to work with C-SEMA as part of its contribution to facilitate utilization of child helpline no 116. Based on that, the program oriented children in Kinondoni through children clubs to ensure that children have opportunities to report cases on abuse, neglect and exploitation in case of no help from the adults. As reflected in the chart below, it is evident that children in Kinondoni district are using 116 than other districts. We strongly believe the program has contributed to that though we have not conducted an evaluation on this. The program plans to replicate these efforts in Ilala district to increase children access to this service.



Source: CSema Report 2014

2.4.2 Piloting One Stop Center (OSC) services in Ilala District

Since its establishment in December 2013 to date, OSC at Amana hospital has been receiving cases of GBV and VAC. The focus has been on provision of medical care, legal (Police) and counselling services. The total number of clients served by the center has reached 112, including 73 cases of sexual abuse, 9 neglect, 19 physical violence, 8 emotional abuse and harassment. Out of these, 69 cases (62%) involved children.

To ensure quality services and their alignment with the national guidelines, the program provides training to the staff serving at Amana OSC. In the reporting period, 20 health facility staff from Amana hospital and 27 Social Welfare Officers were trained on prevention and effective management of GBV and VAC case. This was done in collaboration with the Ministry of Health and Social Welfare, Reproductive and Child Health section. The objectives of the training were to:



SWOs in practical session during the training in February, 2014

- Provide participants with skills and techniques on dealing with GBV and VAC cases;
- Help participants to better understand their roles in prevention of GBV and VAC at different levels of intervention;
- Promote effective referral system in management of GBV and VAC cases.

Staff from FHI 360 continued to provide technical guidance to social workers and police staff on how best they can improve reporting and documentation of stories from clients to inform future programming and planning. These will be shared in OSC stakeholders' meeting to be held in quarter three.

Despite the progress made, the experience shows that there is no adequate follow up for the cases attended at OSC, following challenges related to transport and communication facilities as well as poor coordination among police posts in Dar es Salaam. This limits the effectiveness of the services intended for clients. The program plans to meet with the other stakeholders and together strategize on how to address the challenges.

2.4.3 Pilot protection of children living on the street

Children living on the streets is observed as an increasing problem within a number of regional towns in Tanzania including Dar es Salaam which is the largest city in the country. Based on the findings of assessment on children and caretakers begging on the streets of Dar es Salaam, Pamoja Tuwalee program decided to undertake pilot an intervention aimed at enhancing the social-economic and legal protection of Children Living and Working on the Streets (CLWS).

Towards the end of this reporting period, the program finalized the engagement of KIWOHEDE as a local implementing partner on street children intervention in Dar es Salaam, effective April, 2014. KIWOHEDE will work closely with the respective District Social Welfare Officer and Pamoja Tuwalee senior technical officer on Child Protection. The project will link with Amana OSC for referral of abused CLWS.

In a meeting organized by UNICEF and other organizations working with street children in Dar es Salaam region including FHI 360, partners were informed about the availability of OSC services and were encouraged to make use of the services to support CLWS in the incidences of abuse and violence which are common among this category of children.

2.4.4 Strengthening Community Child Protection structures

Pamoja Tuwalee program/FHI 360 is committed to ensure that community members and MVC caretakers are aware of the rights of the children and means of protecting them. The program through its implementing partners in Dar es Salaam worked with child protection teams in Ilala and Kinondoni in collaboration with the Police Gender and Children Desks at the district levels, to ensure that victims of abuse receive the necessary support. In the reporting quarter, a total of 189 cases of GBV and VAC were attended by Police, SWOs and legal service providers. These include abandonment cases (89= 47% out of 189), followed by physical abuse and neglect that carries 32 =17% out of 189.

Also, WAMATA in Kinondoni, community volunteers trained 87 MVC caretakers on the social and legal rights, to help them understand steps to be taken when they come across any child abuse and GBV incidence. In Ilala, the Archdiocese educated the community members about the legal rights and the availability of Gender and Children's desk services at police stations where one can report if any rights of a child is violated. The program will continue to raise awareness of community members on child protection issues, with emphasis on reporting abuse cases and safeguarding children against abuse.

2.5 Facilitate access to community health insurance for MVC households

The health status of MVC and their caregivers is one of the focus of the program, thus the program has been working to support MVC households access health care services.

In this quarter, the program continued to advocate to the district councils, MVCCs and Village authorities to support MVC with health insurance. As a result 97 (51 males and 46 female) MVC in Bagamoyo and Ulanga districts were supported with health insurance worth TZS 287,000 (US\$179).

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

Supporting MVC caretakers with comprehensive health and psychosocial services is important for care takers wellbeing and also to help them to care and protect their children. Through linkages and home visits 14,620 caretakers were reached- 5010 with health services and 9610 with PSS. This is an increase of 55% from 9,441 reached last quarter. Again this is attributable to increased number of community volunteers trained. Psychosocial support provided to MVC caretakers built resilience and coping mechanisms towards the challenges they encounter.

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.

Despite the program emphases on building the capacity of the MVC caretakers, the community members such as MVCCs, volunteers and CRPs and the LGAs to enhance sustainable care, support and protection to MVC; provision of direct services remains an important aspect of our program.

As we move closer to the program phase out, the program continues to identify different opportunities that will ensure the MVC under the program continue to receive services. This includes increasing involvement of the media (see activity 1.1.4) so that they can advocate further to the community members, public and private partners to play their role in supporting MVC. We also continue to increase the capacity of MVC caretakers providing sustainable care, support and protection to their children as described under 2.2.

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.

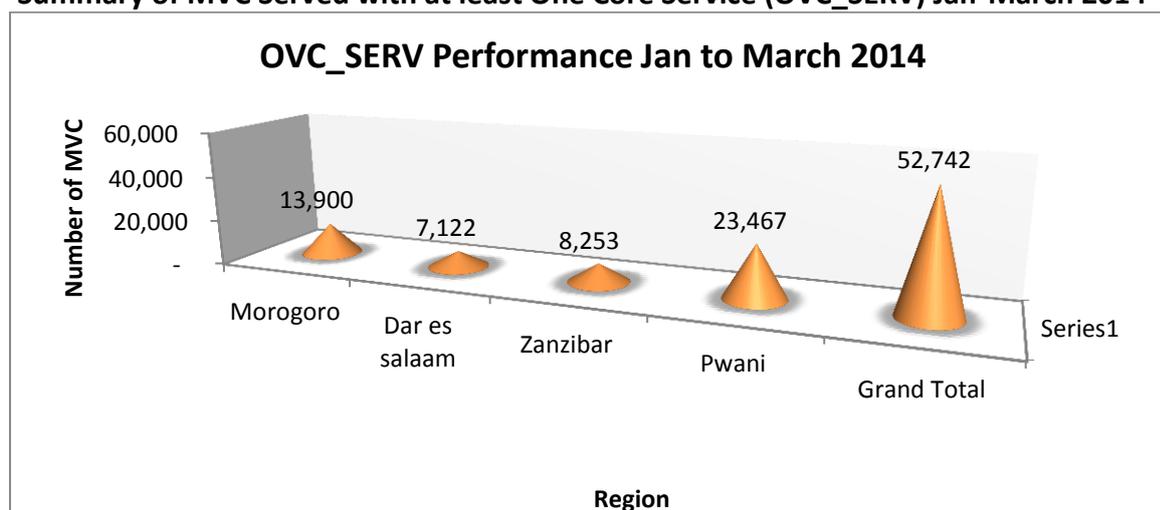
During this reporting period, the program provided a minimum of one core care service to 52,780, against 65,301 MVC current in the program. This represents 80% of MVC current served by the program and of the country operation plan (COP 2014) target as indicated in the graphs below. The remaining 19% could not be reached due to the bad weather during the reporting period in which volunteers from remote villages especially in Pwani and Dar es Salaam could not come to the meeting and submit quarterly reports as bridges were washed away due to heavy rainfall. The table below shows more details on the number of MVC provided with core services.

Table 7: Number of MVC served with at least one core service during January - March 2014

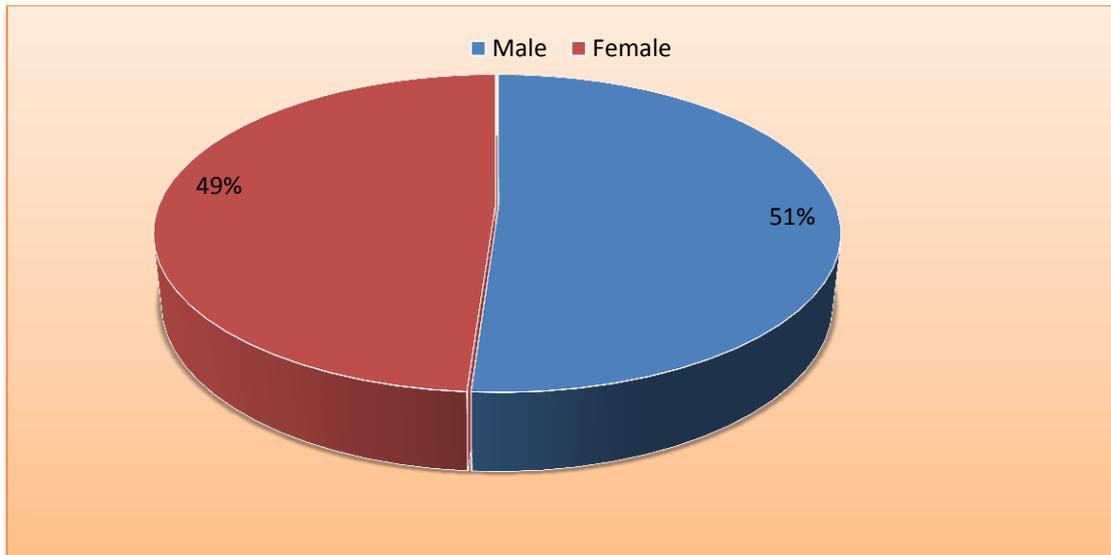
Region	M < 1	F < 1	M 1-4	F 1-4	M 5-9	F 5-9	M 10-14	F 10-14	M 15-17	F 15-17	M 18+	F 18+	Total
Morogoro	8	8	369	388	1,589	1,603	3,021	3,239	1,629	1,424	388	234	13,900
Dar es salaam	7	3	230	256	849	861	1,377	1,494	782	830	220	213	7,122
Zanzibar	12	15	499	461	1,389	1,315	1,657	1,497	631	550	144	83	8,253
Pwani	33	42	937	983	3,240	3,141	5,087	5,176	2,265	1,921	375	267	23,467
Total	60	68	2,035	2,088	7,067	6,920	11,142	11,406	5,307	4,725	1,127	797	52,742

Source: Program Quarterly Report

Summary of MVC Served with at least One Core Service (OVC_SERV) Jan-March 2014

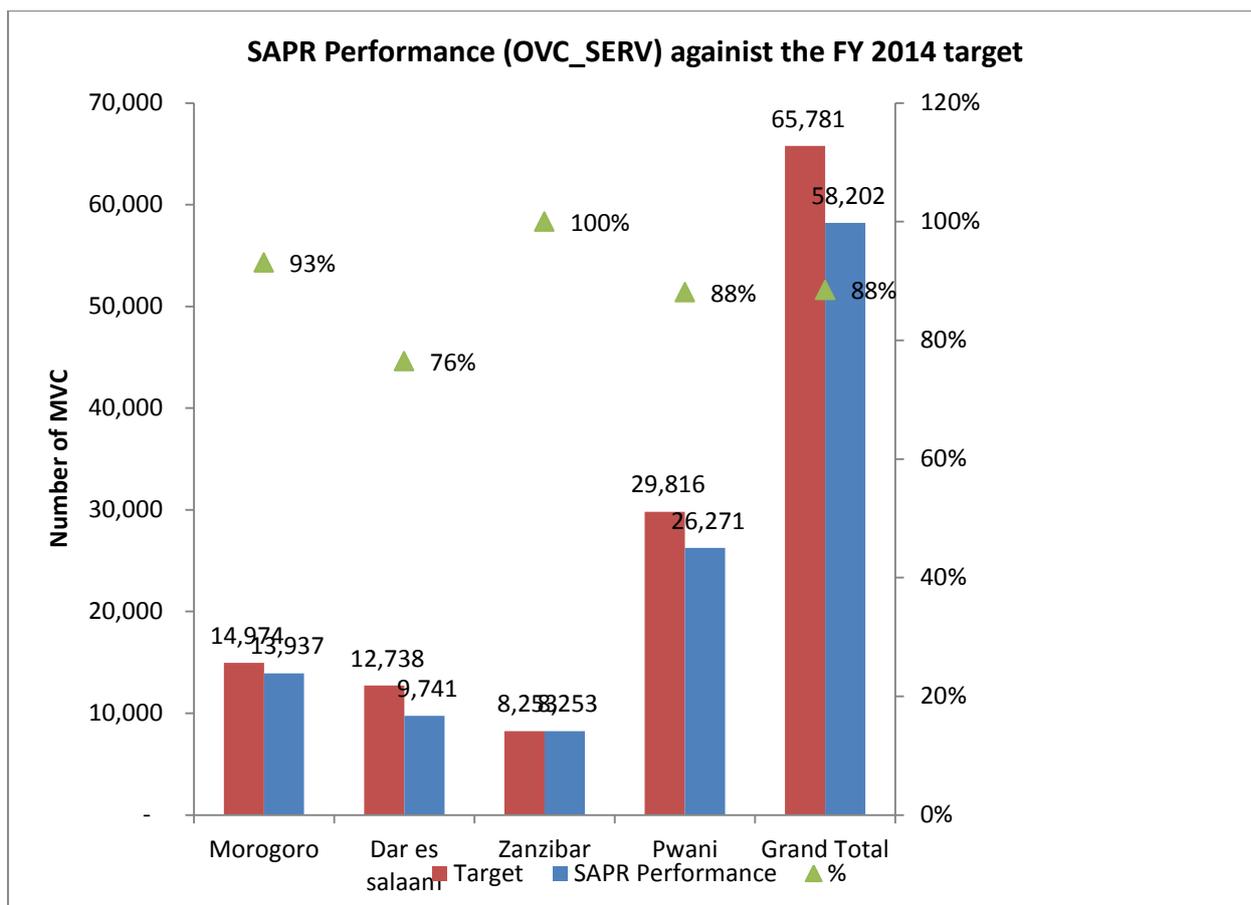


Proportional of MVC who received at least one core services Jan-March 2014



As indicated in the previous reports, the number of male MVC received at least one core service is slightly higher than female MVC. This is associated with the reality that more male children are identified than female. This is also applicable nationwide, at national level according to the March 2014 monthly update, a total of 897,913 MVC has been identified from 111 district councils in which 475,894 (53%) are male while female forms 47% (n=422,019).

On the other hand, in this semi-annual reporting period, the program reached a total of 58,202 MVC against 65,781 representing 88% of MVC served of the annual target. The remaining 12 % will be reached through new enrolment and updates of the MVC register planned in the next quarters.



3.1.1 Provision of education support and vocational training

Provision of education and training support to MVC has been a key priority to the program. This aim to prepare MVC to manage their future and contribute to national development when they transition into adulthood. During this reporting period a total of 30,374 (15,296 male and 15,078 female) MVC were served with education support compared to 5,623 (male 2758 and female 2865) MVC supported last quarter. The major increase is associated with increasing efforts of volunteers to visit and support children at school and during home visits. The increase is also associated with distribution of shoes (received as Gift in Kind from the TOMS Shoes) to the MVC as part of school uniform. Furthermore through capacity building and advocacy, there is increasing number of community members including the MVC caretakers, CRPs and MVCC members who are contributing to education support. For example in Morogoro a total of 891 (422 male and 438 female) MVC primary school students as well as 31 (13 male and 18 female) secondary school students were supported with scholastically materials, school fees and school uniforms, worth TZS 1,553,400 (US\$ 971) by community members. Equally in Pwani, a total of 12,400 (6,476 male and 5,924 female) MVC were provided with education support mostly by MVCC members, SILC groups and LGAs. The contributions to education support is mainly due to the awareness

raising the program did in the previous quarters to ensure the community members understand the importance of supporting MVC. This reduces the program burden and more MVC are accessing education support than the target. For example in this financial year, we targeted to reach 3,645 MVC in Pwani but as noted in the table below, Pwani has already reached 12,400 MVC superseding the annual target by 340%.

Table 8: Summary of MVC who received education support during Jan -Mar 2014

Region	Primary Education		Secondary Education		Vocational Training		Total
	Male	Female	Male	Female	Male	Female	
Dar es Salaam	1391	1531	734	1043	71	56	4826
Pwani	5858	5466	608	447	10	11	12400
Zanzibar	1445	1452	322	318	0	0	3537
Morogoro	4527	4826	112	146	0	0	9611
Total	13,221	13,275	1,776	1,954	81	67	30,374

Source: Program Quarterly Report

Through referral networks and efforts to leverage resources, we entered a memorandum of understanding with TOMS shoes- an American shoes company in which they provided a total of 46, 953 pairs of shoes for our MVC and volunteers free of charge including transportation and distribution costs. In some districts the shoes have been distributed during this reporting period while the remaining will be distributed in the next quarter.

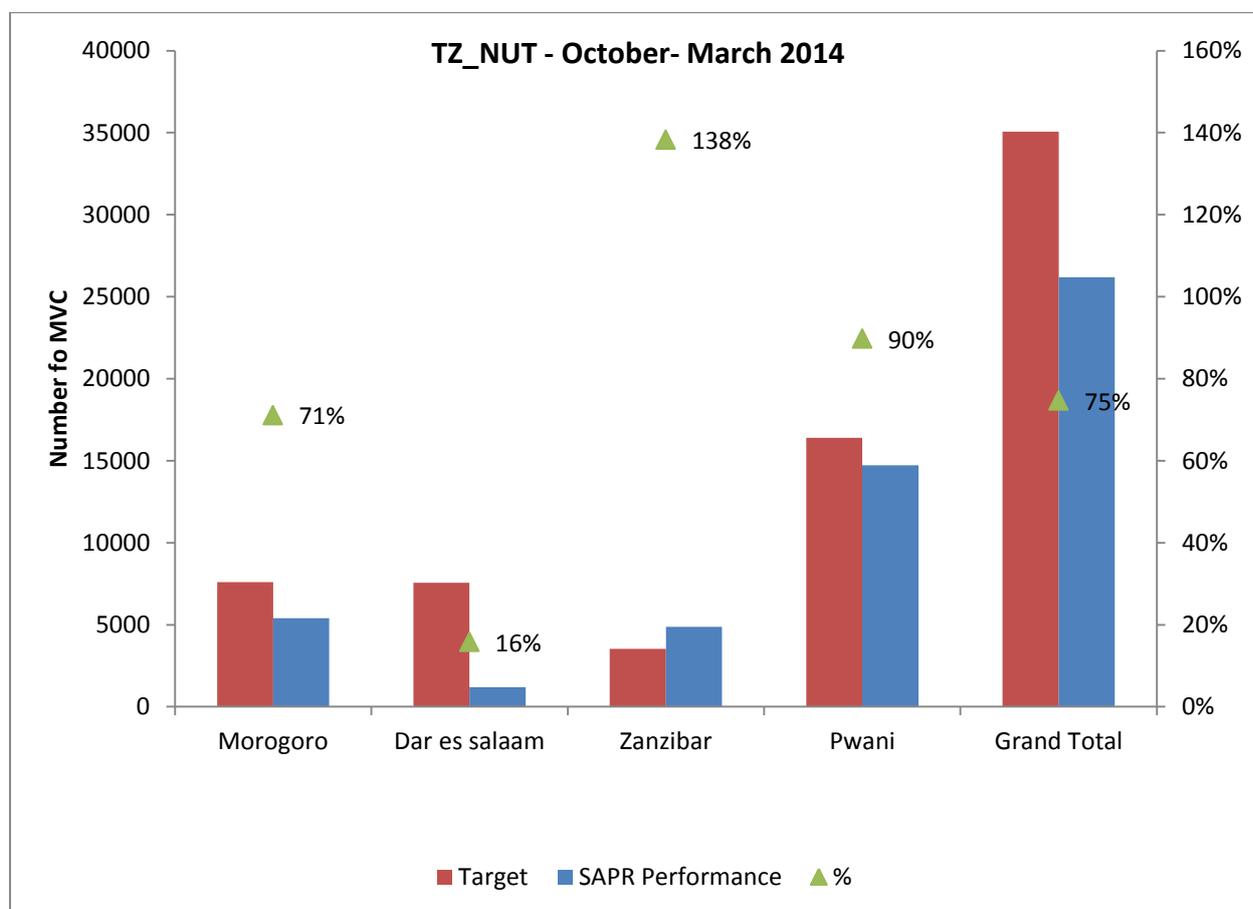


Zingiziwa Primary School pupils in Ilala District wearing TOMS Shoes

3.1.2 Provide Nutritional Support

The program focus in ensuring MVC gets food and nutrition support mostly through MVC household training, counselling, and referrals. During this quarter 6,840 (3,486 male 3,354 female) MVC were reached with food and nutrition counselling, making a semi-annual total of 26,190 (13,145 male and 13,945 female). The achievement represents 75% of the annual target (35,074). With the expected training next quarter on Nutrition Assessment and Counselling Support (NACs) trainer of trainees and availability of training tools through technical support from FANTA III, the program will reach the remaining number of MVC. Below is the summary of food and nutrition support provided to MVC per region during the semi-annual reporting period.

Number of children who received food and nutrition services - Oct to Mar 2014



Apart from the program training and counselling services on food and nutrition needs through program staff and volunteer home visits, we strive to ensure more MVC are referred to other service providers and community members to access this service. As a result of this efforts, in Morogoro, Matema MVCC in Kilombero contributed 145 kgs of maize to 29 (16 male and 13 female) MVC while Isongo MVCC in Ulanga contributed 64kgs of maize flour to 16 (8 male and 8 female) MVC. In Zanzibar a total of 266 (146 male and 120 female) MVC received maize flour, sugar, cooking oil and rice from Oceanic View Hotel. In Pwani region, among

different support from individuals and villages, Kiharaka village - Bagamoyo district council provided 260kgs of maize for 26 (9 male and 17 female) MVC, Msinune village and Fukayosye villages in Bagamoyo District provided 5 hectares for MVC each to benefit MVC in their villages. Dar es Salaam, Ilala Municipal council, a total of 143 (50 male and 93 female) MVC received different types of food from SILC groups, Christian Foundation for Children and Aging and Alis' Foundation.

3.1.3 Support Access to Primary Health Care

Utilization of health care services through health education and linkage with health facility is one of the program strategies to ensure comprehensive services to MVC. During the reporting period, the program managed to serve a total of 8,544 (4,267 male and 4,277 female) MVC with one or more of primary health care mostly through referrals and volunteers home visits. In the last quarter, we reached a total of 9,029 (3,892 Male and 5,137 Female) MVC. The decrease of 5% from last quarter to this quarter is associated with the reasons of inability of volunteers to submit their quarterly reports as elaborated in the previous text - 3.1.

In addition to program staff and community volunteer's education and support to MVC caretakers on health care and referrals during home visits, public and private partners are also contributing to this service. Below is the example from Pwani on this support.

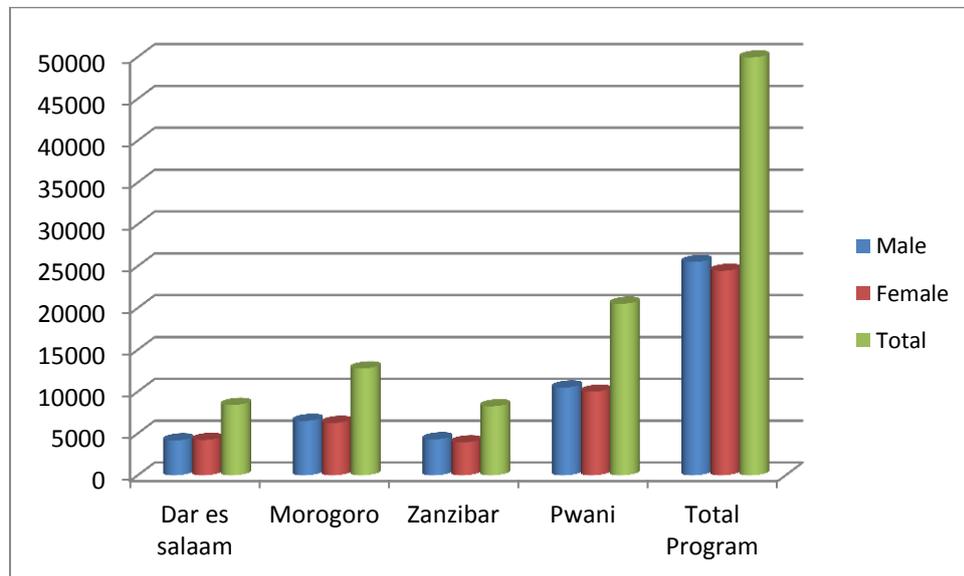
- In Bagamoyo, Mwetemo and Mlingotini MVCCs as part of implementing quality improvement plan, provided Community Health Fund (CHF) cards to 40 (18 males and 22 females) MVC. Through this card, a total of 200 children and adults can be supported as each card covers five people. In Bagamoyo, the program linked a total of 24 (15 male and 9 female) HIV+ MVC to Life program for fungal medicines and mosquito nets worth TZS 240,000 including transport.
- In Mafia 393 (207 male and 189 female) MVC received varieties of health services through linkages, these included vitamin "A" and albendazole pills from village dispensaries and water guard for water treatment as well as mosquito nets.

3.1.4 Provide family based care/Psychosocial support

The program considers provision of psychosocial support (PSS) as the primary step towards helping MVC and their households develop ways and means of building resilience and access other basic needs with confidence and dignity. In addition to community volunteers support to the MVC and their families in addressing family issues and PSS; we use children clubs as an avenue that provides access for children to learn life skills, play and interact with one another so as to build confidence and gain resilience to life shocks. The program through community volunteer networks and referrals managed to reach a total of 46,435 (Male 23,649 and Female 22,786) MVC through home visits and children club sessions across all four regions as illustrated in the table below. This is less achievement compared to the last quarter in which we reached a total of 51,747 (26,304 Male and 25,443 Female) MVC. The underperformance showed in this report is associated with the reason given in the other

sections about inability of volunteers to attend the meeting and submit quarterly reports due to heavy rainfall that impaired road transport in some wards. The table and graph below shows more details per region and with age desegregation.

MVC who received PSS Jan-March 2014



3.1.5 Support Shelter Improvement

Shelter is one of the support to MVC the program provides through community volunteers, referrals and networks mostly in rural and semi-urban areas. This has been addressed by conducting community sensitization meetings, creating linkages with other stakeholders and delivering shelter counselling through trained community volunteers and program staff to the MVC households and community members.

A good number of MVC households were reached out through community volunteers educating and showing MVC households how best they could improve their shelter from dilapidated condition. The program has been encouraging those MVC households with support from the community members to use locally available building materials and labor resources from able bodied persons within their Villages/ Shehia. During this reporting period a total of 4390 (2227 male and 2163 female) MVC were served connoting an increase of 775 (21%) over a total of 3,615 (1,831 Male and 1,784 Female)) MVC served last quarter.

In Pwani, Bagamoyo district five MVC households were supported by the MVCC members in Msonga, Ruvu Darajani, Kiwangwa and Dunda wards to repair their houses that benefited 14 (8 male and 6 female). Likewise in Morogoro, Ikule MVCC- Kilombero, a total of 20 (10 male and 10 female) MVC were supported with soap for personal cleanliness while in Dar es Salaam a total of 33 (15 male and 18 female) MVC received clothes from a Good Samaritan.

Objective 4: 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 uses a combination of age-appropriate and gender sensitive life skills education and psychosocial to empower MVC. We build on children strength to increase self-esteem, reduce self –stigma and the impact of discrimination and improve social and coping skills. Children clubs is one of the effective methods the program use to achieve this objective. Children club helps children open up and share about their experiences and feelings, build trusting relationships, increase self-esteem, reduce self –stigma and the impact of discrimination and improve social and coping skills. Pamoja Tuwalee /FHI 360 also use children clubs as an avenue to deliver information about HIV and AIDS, Reproductive Health and life skills education and psychosocial. The program also pays attention to specific needs of MVC with disabilities, 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

In this reporting period, the program facilitated the establishment of 13 children clubs (12 in Coast region and 1 in Dar es Salaam) reaching out 461 (215 male and 246 female) children. To date, the program has established a total of 411 children clubs with a total of 13,140 children (6,381 male and 6,759 female). The table below shows more details in each region.

Table 9: Summary of Children clubs established between Jan-March 2014

Region	Number of children club	Number of children registered into Children clubs during this reporting period						
		Most Vulnerable Children			Other Children			Total
		Male	Female	Total	Male	Female	Total	
Dar es Salaam	1	11	9	20	5	5	10	30
Pwani	12	176	195	371	23	37	60	431
Total Program	13	187	204	391	28	42	70	461

Source: Program Jan - Mar 2014 Quaterly report.

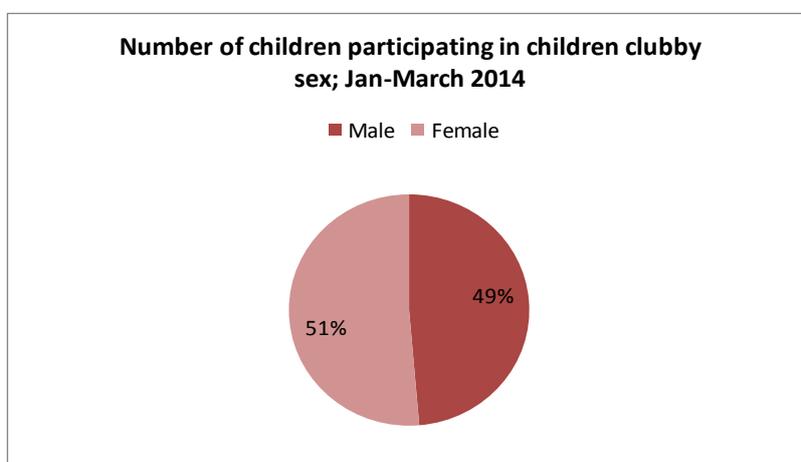
The children clubs are gender and age sensitive; as volunteers and focal persons encourage both girls and boys, MVC and non MVC to participate. To date the participation of boys and

girls is almost of the same proportion i.e. 49% boys and 51% girls. The table and pie chart below show further details.

Table 10: Number of children registered into Children clubs Jan – Mar 2014

		Most Vulnerable Children			Other Children			Grand Total
		Male	Female	Total	Male	Female	Total	
Morogoro	82	1336	1438	2774	0	0	0	2774
Dar es Salaam	43	481	531	1012	5	5	10	1022
Zanzibar	34	471	438	909	69	95	164	1073
Pwani	250	3674	3881	7555	368	373	741	8296
Total	409	5962	6288	12250	442	473	915	13165

Source: Program Quarterly Report Jan – Mar 2014



4.1.2 Strengthen the management of children clubs

During this reporting period, focal persons and volunteers through support supervision visits, followed guideline through coaching attendants children promotes support this period, region as a means



Ulezi Kazi children club in Zanzibar at game session

up the use of children club during club sessions. visits, they also provided and mentoring to club on effective management of clubs. The program community involvement to children club activities. In one individual in Coast provided playing materials to motivate and encourage

children participation in club sessions. The materials were football and netball worth TZS 70,000.

4.2 Provide gender and age-appropriate HIV and AIDS education

The program mainly use children clubs as a platform for educating MVC boys and girls on healthy behaviours including topics on Sexual and Reproductive Health, life skills and HIV prevention. This information is featured in club guide sessions where health messages carry equal importance like other components on emotional services. The sessions aim at increasing knowledge and health-seeking behaviors, particularly for children who are not in school and are therefore missed in school-based health interventions. During this reporting period, the following were accomplished:

- In Zanzibar, 104 (36 male and 68 female) older OVC received information on reproductive health during children club activities, while caretakers of four HIV positive MVC were provided with HIV/AIDS care and treatment, stigma reduction and on the importance of adherence to medical advice.
- In Dar es Salaam and Coast regions, the program reached 861 children (51 in Dar es Salaam and 810 in Coast) with PSS, of whom 400 were male and 461 female. These were reached during school and home visits conducted by community volunteers.
- Following distribution of booklets that provided opportunity to youth to learn more about their growth and changes (i.e. becoming a younger man and becoming a younger woman) a total of 1,821 (967 male and 854 female) youth benefited from the program education on HIV prevention education through structured meetings. During this reporting period, the program made a follow up to assess the understanding of different sessions in the booklets. Based on this exercise, both boys and girls indicated clearly how best they have benefitted from this exercise - for example, below are the responses from the assessment exercise among girls between 10 and 18 years in Dar es Salaam:

1- How did girls benefit from reading growth and changes booklet.

Responses:

- Expected changes/needs during menstrual period. Example now we carry our pads when going to school during/closer to menstrual period.
- To avoid sexual activities so as to avoid early pregnancy
- Leant more on how body changes.
- Added insight on youth reproductive health and changes
- Whom to communicate with at your first menstrual period
- Meaning of Pre-Menstrual Syndrome (MPS)

- Hygiene issues especially during menstrual period and throughout our lives

2. What were the interesting topics from the topics in this booklet?

Responses:

- Almost all topics were very interesting and very helpful
- Story about the first day when you start your menstrual period
- How to maintain personal hygiene during menstrual period
- Different questions one should ask about girls growth and menstrual period
- Additional inputs on HIV/AIDS messages

4.3 Support to victims of GBV and child abuse

As described under section 2.4 above, the program incorporates interventions to prevent and address GBV and child abuse, by strengthening the capacity of community members, care takers, volunteers and MVCCs to ensure cases related to child abuse, neglect and exploitation are identified, reported and victims receive appropriate services. Below are details on GBV and VAC cases dealt with through Amana One Stop Center in Dar es Salaam region.

Table 11: Cumulative number of cases reported and implementation status - March 2014

Type of Case	Number of cases			Implementation status			
	F	M	Total	In court	Referral to DSW	In police investigation	Closed
Sexual abuse (sodomy and rape)	11	22	33	2	29	3	18
Neglect	21	11	32	-	32	-	32
Abandonment	56	33	89	50	39	-	39
Physical abuse	23	9	32	1	31	1	30
Child trafficking	3	-	3	-	3	-	-
TOTAL	114	150	372	106	262	8	238

Source: Ilala child protection team data

As reflected in the table above, abandonment carries a high rate (89= 47% out of 189); followed by physical abuse and neglect that carries 32 =17% out of 189. We have further noted most of the cases involve emotional abuses hence when recording; the staff are not able to record emotional abuses as the only case since it is accompanied in each case. The program is working very closely with child protection team members to ensure follow up are made for emotional support especially for closed ones.

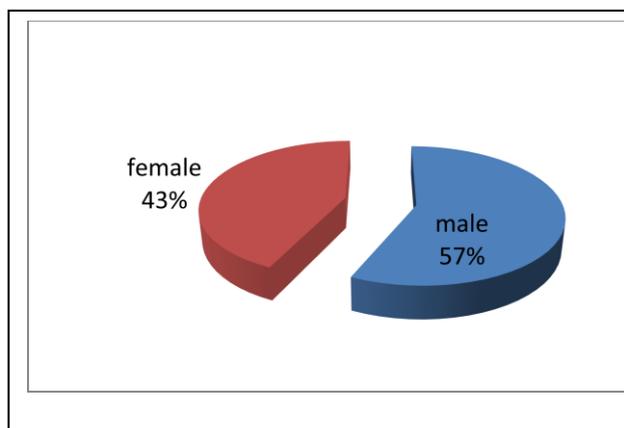
Through our program implementation, we have learnt that in the districts where Child Protection Team (CPT) have been established, response to GBV and VAC is active than in the ones without. Since establishing CPT takes time and need some human and financial resources, the program could not establish CPT in other districts besides Ilala and Kinondoni. However, the program continue to advocate for the other stakeholders including central and LGAs to consider establishing more child protection teams through our implementing partners in the districts.

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

The program recognises that MVC and children with disabilities in particular are likely to face double challenges compared to other groups of children. Without support, these challenges may hinder their participation in social services and development activities. During the reporting course, volunteers continued to provide non-material support to children with disabilities and their caretakers through home visits. The table below shows the number of children with disabilities that were reached per region.

Table 12: Summary of MVC with disabilities reached during Jan –Mar 2014

Region	Male	Female	Total
Morogoro	116	107	223
DSM	86	77	163
Zanzibar	116	68	184
Pwani	245	175	420
Total	563	427	990



ENHANCING INTER-SECTORAL COORDINATION AND COLLABORATION

Most Vulnerable Children Implementing Partners Group and Child Protection Working Group

The program continued to contribute towards the coordination efforts at national level through attending important meetings as well as providing inputs on relevant instruments. Monthly updates were submitted accordingly as part of sharing program interventions and accomplishments with members of the MVC implementing partners group. Also, we attended all child protection meetings which for this reporting period focused on preparation of the child protection week due in May 2014.

Police Partner Coordination Group

In this quarter, the program participated in two monthly meetings organized by Tanzania Police Force (TPF) under the Ministry of Justice and Constitution Affairs. The main focus was supporting the TPF in implementation of its three year action plan on GBV and VAC. During these meetings, it was noted that many partners wish to support the police to develop the communication messages on GBV and VAC. Based on that, partners agreed to join efforts and come up with one communication strategy instead of having separate tools. FHI 360 through Pamoja Tuwalee program is among the four partners (Save the Children, Engenderhealth and UNICEF) interested in joining efforts in developing communication messages on GBV and VAC.

Civil Society Organizations Forum

This was a three day consultation meeting with the aim of reviewing the State Party report on the implementation of the Convention on the Rights of Children (CRC) and preparing the CSOs report on the same while analysing the State/government report. This activity is in line with the CRC UN committee which requires that the state party prepare the report and at the same time let other contributors on the CRC implementation submit comments /alternative report on the same.

FHI360 is one of the key partners in contributing to the implementation of the CRC; based on that we were requested to be part of the small task force team. The team's role was to review the State party report and identify key issues in that report that had to form part of the CSOs report. The latter was further discussed and validated at the CSOs annual meeting in Dodoma in which FHI 360 also participated as a facilitator.

As a result of FHI 360 active participation in the preparation of the CSO report, reviewing the government report and facilitation, the Program Deputy Director has been invited by UN to attend a one day meeting in Geneva to provide more insights on the government and CSO reports due on 18th June 2014, all costs will be borne by the UN.

MONITORING AND EVALUATION

Monitoring and Evaluation is an integral part of each of Pamoja Tuwalee program/ FHI 360 intervention. Though we ensure follow ups and monitoring is done at every level, we regularly provide refresher trainings to program staff and volunteers to they have better and common understanding on each component. Through that we also provide the opportunity to newcomers to articulate the program monitoring and evaluation strategies.

During this period, M&E unit and program technical staff conducted data verification exercise at sub grantee level with the purpose of examining the quality of data they use in compiling their reports and strategize on how to deal with identified gaps. This exercise was self- facilitated and participatory that involved sub grantees staff and Pamoja Tuwalee HQ and regional staff. After identifying gaps, participants conducted root cause analysis for all indicators which rated as low quality data and committed to address identified data issues such as under and over reporting on MVC services. This exercise was followed by a two day refresher training in which all project coordinators, OVC focal persons and data entry clerks participated. This provided the opportunity to the program staff from different levels and sub grantees to share experience and learn from each other on how to deal with data from the data sources, compilation at different levels, analysis and interpretation.

As a way forward to Measure findings and recommendations on Data Quality Assessment (DQA) conducted in FY 2013, the program in collaboration with Measure organized training for sub grantees staff to provide feedback on DQA and orient them on key M & E components. In addition to the feedback, the participants were taught about data collection, analysis, reporting and use.

In the training/feedback evaluation, participants expressed their commitment to improve data analysis, presentation and use as a result of the intensive theoretical and practical skills acquired from the training. All participating sub grantee staff developed M&E system and data improvement plan that they will implement in their respective organizations. Pamoja Tuwalee M&E unit will follow up on implementation of the developed plans.

During this period, our M& E staff attended the technical working group meeting in February in which the agenda was to deliberate on the monitoring and evaluation system for the MVC National Costed Plan of Action 2013-2017 . As a key player, we will continue to participate and provide inputs in the subsequent meetings.

PRIORITY ACTIVITIES FOR APRIL TO JUNE 2014

- Orient Pamoja Tuwalee/FHI360 partners on Child protection, GBV and VAC, and facilitate the adaptation of child safeguarding staff code of conduct by sub grantees.
- Facilitate stakeholders' workshop for sharing progress and challenges on the operation of OSC
- Train CRPs and caretakers on entrepreneurship skills and SILC initiative
- Provide refresher training to children club attendants
- Facilitate children meeting on evaluating child safeguarding
- Work with FANTA III and COUNSENUTH to develop NACs assessment tool for volunteers
- Train ToTs on NACs
- Train community volunteers on NACs
- Conduct supportive supervision
- Conduct refresher training to MVCC using DSWOs

SUCCESS STORY

FROM A SIMPLE TAILOR TO A FIRM OWNER

Mr. Hosea Amoni Bahenda is a 40 year old male caretaker who lives in Mbumi A village in Mbumi Ward which is in Kilosa District. Hosea's wife (Monica Madalo) passed away in 2009. Hosea takes care of his four children (three girls and one boy): Diana (17 years) who is in form four; Esther (9 years) in Standard four; Witness (7years) in standard one; and John (2 years) old.

Mr. Hosea is a tailor who had one sewing machine that enabled him to earn TZS 50,000 as gross income per month that was absolutely less than the amount which he really needed to support his family with basic needs such as food, clothes, shelter and education. His life was very miserable and he could not feed his children properly. When he tried to seek some financial support from financial institutions and cooperative societies he faced numerous challenges like higher interest rates.



A Community Resource Person (CRP) in SILC trained by Pamoja Tuwalee under HACOCA reached Mr. Hosea in June 2012 and explained to him about the SILC scheme and the advantages which he could get after joining a SILC Group. The CRP managed to convince Mr. Hosea who eventually agreed to join UPENDO SILC Group. Mr. Hosea borrowed TZS 100,000 which he used to buy a new sewing machine. He successfully repaid the loan and took a second loan of TZS 200,000. This loan was he utilized to expand his business, specifically to recruit one tailoring assistant and purchase another new sewing machine. His business has gradually grown and currently he is getting a net profit of TZS 150,000 per month.

After repaying his second loan again he borrowed TZS 200,000 which he used to buy fabrics for dress making. He also established a small tailoring training center for training older MVC free of charge as his contribution towards MVC support. He has started with five MVC who are currently undergoing training. His business is now in good status, and yet the chances are still open for him to access more loans from the SILC Group. Following this success, he is now capable of feeding, clothing and providing education support to his three children and thankfully, all his children are no longer supported by the Pamoja Tuwalee project.

“I am thankful for joining SILC Group which ultimately enabled me to support my children in education. I no longer need the support of FHI360/pamoja tuwalee” says Mr. Hosea.

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