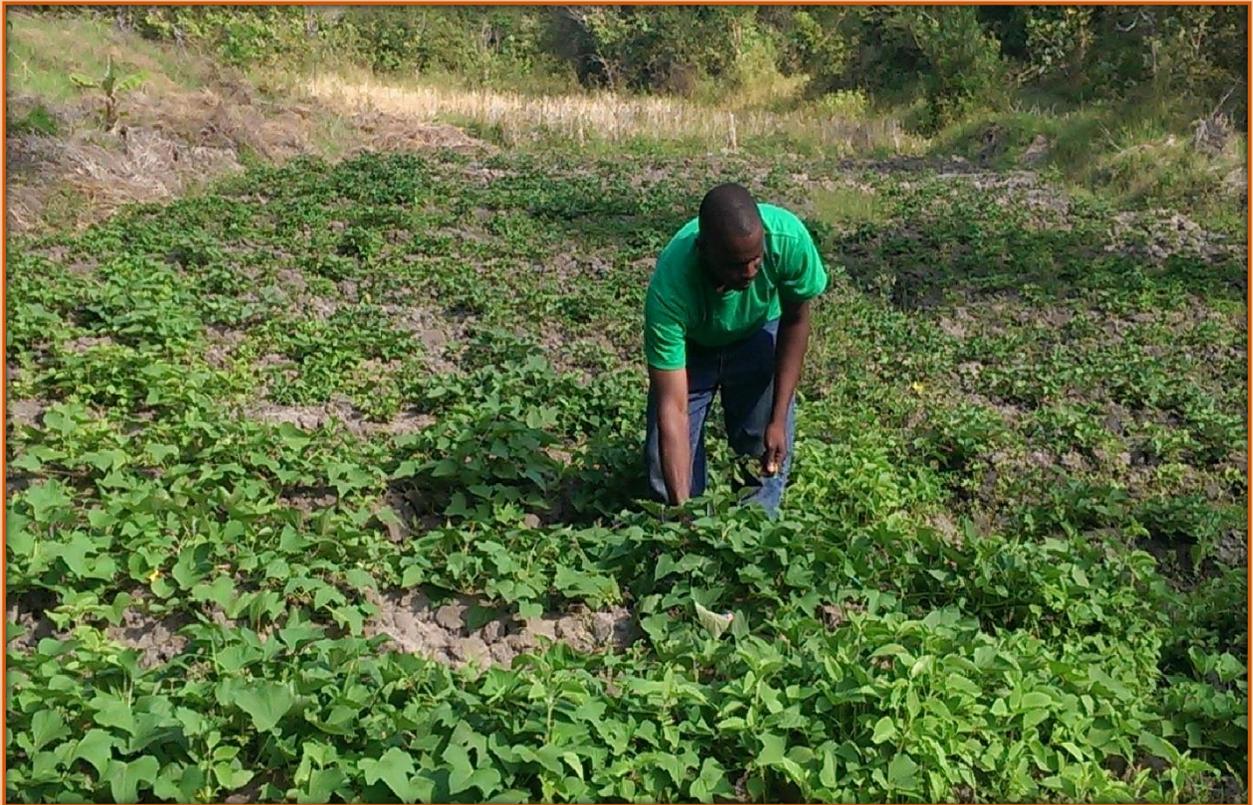


Pamoja Tuwalee



PAMOJA TUWALEE PROGRAM/FHI360 – COAST ZONE

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

Quarterly Performance Narrative Report

July to September 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	Pastoral Activities and Services for people with HIV and AIDS DSM Archdiocese
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 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 the Coast Zone i.e. Dar es Salaam, Morogoro and Pwani regions in the mainland and Zanzibar. The program is implemented through nine local partner Civil Society Organizations (CSOs), 25 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 is for quarter four of the fourth year of the program (FY 2014). It narrates the implementation of the planned activities, achievements, challenges and lessons learnt.

In this reporting quarter, program's efforts to build the capacity of key implementers including MVCC members, Community volunteers, CSO partners and LGAs continued. This is aimed at improved care, support and protection for MVC and their households as well as reinforce sustainability efforts. The approaches engaged for the purpose included supportive supervision, trainings, coaching and mentoring.

Increased resources for MVC support were realized from LGAs, MVCCs, SILC groups and other community members. Also, through income generating activities, MVC caretakers were able to support their MVC and continued to contribute towards their respective OVC funds. Also, through Public Private Partnership (PPP) TZS 74,102,900 (US\$ 46,314) was raised - an increase of 64% from TZS 45,174,200 reported last quarter.

Under objective two, the program facilitated formation of 120 new Savings and Internal Lending Communities (SILC) groups making a cumulative total of 435 SILC groups with 11,235 (2388 male and 8847 female) members. The groups have a cumulative total savings of TZS 1,353,175,710 (US\$ 845,735) and contribution to OVC funds of TZS 73,195,500 (US\$ 45,747).

Under objective three, the program reached 61,592 (31,292 male and 30,300 female) MVC with at least one core care service – an increase of 2844 (4.8%) from 58,748 reached last quarter. This is 91% of MVC current in program and 94% of annual target. To date, the cumulative program reach is 86,538 MVC. Also, through NACS TOTs trained in quarter III, another batch of 300 community volunteers were trained, making a total of 600 volunteers trained on NACS. This contributed to increased number MVC reached with food and nutrition support to 46,127 (32%) against 35,074 reported last quarter.

Under objective four, a total of 159 Children Living and Working in the Streets (CLWS) and 76 guardians in Dar es Salaam were served, making a cumulative total of 312 CLWS and 83 CLWS and guardians served respectively and 52% and 73% achievement of the project targeted. Also, through Amana One Stop Center (OSC) for GBV and VAC, 112 new victims and survivors of GBV and VAC were served.

PROGRAM IMPLEMENTATION REPORT

INTRODUCTION

Pamoja Tuwalee is a five year program from June 2010 to May 2015. The program is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The program is implemented by four partners in five zones namely: Coast, Central, Lake, Northern and Southern. FHI360 covers the Coast zone which includes Dar es Salaam, Morogoro and Pwani regions in the Mainland, and 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 receives funds from USAID and 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 25 districts: two in Dar es Salaam, six in Morogoro, seven in Pwani and ten in Zanzibar.

The current population in Coast zone is estimated at 8, 985,270. Dar es Salaam has the highest number (4,364,541) followed by Morogoro (2,218,492); Zanzibar (1,303,569); and Coast region (1,098,668).

With the estimated proportion of children (0-18 years) of 51% of the general population, this suggests an estimate of 4,582,488 children in 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%). This is followed by Coast region with a prevalence rate of 5.9%, then Morogoro at 3.8% and Zanzibar being the least at 1% prevalence. HIV/AIDS has multiplier adverse effects to the Tanzanian society in all socio-economic arenas leading to economic instability and leaving many children as orphans.

During this reporting period, the program managed to reach a total of 61,592 (31,292 male and 30,300 female) MVC with at least one core service which is 94% of the annual target.

Region	Dar es Salaam	Pwani	Morogoro	Zanzibar	Total
Total # of Sub grantee per region	2	3	3	2	9*
Total # of districts	3	7	6	10	26
Total # of districts reached	2	7	6	10	
Total # of wards in the covered region	60	97	170	321	648
# (%) of wards covered by the program	20 (33%)	97 (100 %)	108 (64%)	198 (39 %)	559 (86%)
Total # of villages in the region	273	621	916	NA	1810
# (%) villages covered by the program	92 (34%)	432 (70%)	587 (65%)	NA	1090 (60)
5 years targeted # of Households	2500	7101	1568	901	12070
# (%) of households reached	4768	14907	10483	3322	33480
5 years targeted # of MVC	5001	28405	6272	3605	43283
Revised 5 years targeted # of MVC	12,738	29,816	14,974	8,253	65,742
# of MVC ever enrolled	15615	45246	17424	8253	86538
# of MVC Current: July-September 2014	14848	29179	15476	8253	67756
# of MVC Served: July 2014 to September 2014	11985	26319	15035	8253	61592
MVC Served: sex disaggregation: July- September 2014					
Male	5996	13443	7531	4322	31292
Female	5989	12876	7504	3931	30300
MVC Served: Age disaggregation: July -September 2014					
<1 Years	4	117	21	27	169
1-4 Years	897	2055	866	995	4813
5-9 Years	2969	6773	3723	2721	16186
10-14 Years	4736	11101	6759	3160	25756
15-17 Years	2521	5556	3104	1153	12334
18+ Years	858	717	562	197	2334

* One partner, WAMATA serves in both Dar es Salaam and Coast regions

PROGRAM ADMINISTRATION AND MANAGEMENT

Staffing

During this quarter, the program managed to fill positions left vacant following resignation of staff earlier this year. The positions filled are: Technical officer for Dar es Salaam region; Technical officer for Morogoro region; Program officer; and Senior technical officer for Child protection.

Planning for FY 2015

Work plan for FY 2014 has been developed and submitted to the donor. Feedback from sub grantees and the donor as well as learnings from the performance for FY 2014 informed the plan. The same will be used to facilitate sub grantees' work plans early next quarter.

Funds Disbursed to Partners

The program continued to work closely with its CSO partners in building their capacity to implement program interventions. A total of **TZS 456,329,732¹** was disbursed to all 9 sub grantees as detailed on table 2 below:

Table 2: Sub grantees Fund Disbursements and Expenditures Status - Sept 2014

Sub Grantee	Disbursements (TZS)	Expenditure (TZS)
Faraja Trust Fund	43,314,100.00	43,557,100.00
Roman Catholic Dioceses of Mahenge	65,178,700.00	71,617,303.00
Huruma Aids Concern and Care (HACOCA)	57,034,850.00	56,251,300.00
Baraza la Misikiti Tanzania (BAMITA)	33,857,650.00	34,296,336.00
Jipeni Moyo Women and Community Organization (JIMOWACO)	62,839,400.00	63,457,411.00
Roman Catholic Archdiocese of Dar es Salaam (YAM and Mafia Parish)	39,508,305.00	35,104,141.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	102,763,250.00	97,055,700.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	22,377,000.00	25,856,700.00
Zanzibar Muslim Women Association to Support	29,456,477.00	30,776,977.00

¹ The total fund disbursement figure is generated from reviewed and approved Sub Grantees requests.

Orphans (ZAMWASO)		
Balance from Previous Quarter	88,165,372.00	
Total	544,495,104.00	457,972,968.00

As indicated on the table above, total funds transferred to Sub grantees outstrip expenditures for this reporting period by **TZS 1,643,236**. This was covered by the balance carried forward from previous reporting period. The subgrantees' spending for the period of July through September 2014 increased to 84% which is higher by 23% than the one reported in quarter three.

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.

Strengthening the capacity of community members, Local Government Authorities (LGAs) and Most Vulnerable Children (MVC) to be able to support and ultimately improve care, support and protection for MVC has been one of the program strategies towards sustainability. During this quarter the program continued to strengthen the capacities of Social welfare officers, MVCC members and community volunteers to manage MVC interventions, mobilize resources as well as coordination and collaboration with other stakeholders. This was done through trainings, joint supportive supervision and mentoring and coaching. Some of the positive results of this are detailed below.

1.1 Mobilize support for OVC through advocacy campaign

For the past four years of implementation, the program has been advocating for increased resources from LGAs, MVCCs, Public Private Partners and other community members. As a result of the advocacy campaign, community awareness and support from community members, private companies and individuals has increased. For example, during this quarter a total of TZS 74,102,900 (\$ 46,314) was mobilized through PPP and used to support 2,364 (1,067 male 1,297 female) MVC compared to TZS 45,174,200 (\$ 28233) raised last quarter. Details on the mobilized resources include:

- In Pwani - Kibaha District TASAF III provided a total of TZS 26,406,200 (\$ 16,503) to support 1292 (605 Male and 167 Female). Also, Village councils, Good Samaritan and Community volunteers supported 297 (130 male and 167 female) MVC with food, scholastic materials, birth certificates, health insurance (CHF) and clothes. The value of the support amounted to TZS 7,910,900 (\$ 4,944). In Mkuranga district 15 SILC groups from 9 wards used TZS 2,359,000 to support 224 (105males and 119females) MVC with food, CHF, examination fees, school fees and scholastic materials.

- TASAF III in Bagamoyo District supported a total of 773 (372 male and 401 female) MVC and their families with cash money that amounted to TZS 14,573,300 for establishment of economic activities, medical care and education.
- In Morogoro, following successful meetings conducted by HACOCA, some institutions provided support to MVC - the Pentecostal Church in Kilosa district supported 15 (8 Males and 7 Females) with shoes while CAMFED supported 3 male MVC with school fees. Also, teachers Union from Masiga ward supported 10 MVC with school fees.
- In Zanzibar, 158 (78 male and 80 female) MVC received support worth TZS 2,477,508 from MVCCs, SILC groups, caretakers, private companies and individuals: MVCC in Pemba; Chake Chake District Commissioner's office; MVCC in Unguja; 8 SILC groups; Social Reality Tours and a group of caretakers engaged in different economic activities. The support included food, scholastic materials, school uniforms, and medical care.
- In Dar es Salaam through advocacy activities conducted by volunteers, sub grantees staff and MVCC in Kinondoni and Ilala districts, a total of TZS 3,596,000 was raised and used to support MVC with scholastic materials, school uniforms and shelter. The contributors were: Kinondoni Shamba Roman Catholic Church who supported 10 MVC with school uniforms and clothes worth TZS 120,000; Pathfinder Tanzania- 2 MVC with school uniforms and food worth TZS 46,000; World Vision in Bunju A - 4 MVC with uniforms and school fees worth TZS 680,000; Kinondoni district council - 43 MVC with school fees, scholastic materials, food and shoes worth TZS 627,000; and SILC groups - 85 MVC with scholastic materials, school uniform, school fees, and food worth TZS 729,000. Also, several individuals in Dar es Salaam region contributed scholastic materials and clothes worth TZS 1,058,000 for support to 34 MVC.

1.2 Strengthen LGAs to Implement the NCPA II/ZCPA

The National Costed Plan of Action (NCPA II 2013-2017) requires LGAs to plan and budget for MVC support, hence strengthening their capacity to manage OVC interventions is necessary as this assures sustainability and a sense of ownership in provision of care, support and protection for MVC and their households. This entails providing technical capacity to ensure that essential MVC services are integrated, prioritized and budgeted according to risk factors as well as availability of resources within a particular district council. The followings are specific activities carried out this quarter for the purpose.

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

Program staff participating in LGAs pre and planning meeting is a strategy in advocating for increased budgeting for MVC support. The program has witnessed gradual improvement in this area i.e. planning and budgeting for MVC. However, it has been noted that oftentimes the budgeted amount is not necessarily approved and disbursed. The following table shows the trend of budgeting for MVC for FY 2013/2014 and FY 2013/2015 per district.

Table 3: District Councils Budget for MVC FY 2013 to FY 2015

<i>Region</i>	<i>District</i>	<i>Budget FY 2013/2014</i>	<i>Approved</i>	<i>Spent</i>	<i>Budget for 2014/2015</i>
<i>DAR ES</i>	Ilala	58,000,000	28,000,000	28,000,000	54,000,000
<i>SALAAM</i>	Kinondoni	70,000,000	70,000,000	70,000,000	130,000,000
	Subtotal	128,000,000	98,000,000	98,000,000	184,000,000
<i>PWANI</i>	Kibaha TC	5,000,000	5,000,000	1,000,000	14,705,000
	Kibaha DC	7,038,000	7,038,000	3,970,000	21,480,000
	Bagamoyo	15,459,000	15,350,000	15,350,000	16,743,000
	Kisarawe	14,500,000	14,500,000	14,500,000	23,000,000
	Mkuranga	7,450,000	7,450,000	6,980,000	9,035,000
	Mafia	3,820,000	3,820,000	3,820,000	4,940,000
	Subtotal	53,267,000	53,158,000	45,620,000	89,903,000
<i>MOROGORO</i>	Morogoro Municipal	25,475,000	25,475,000	25,475,000	2,496,500
	Morogoro Rural	48,000,000	35,000,000	35,000,000	35,000,000
	Mvomero	4,000,000	4,000,000	4,000,000	4,000,000
	Kilosa	4,630,000	4,630,000	4,630,000	3,930,000
	Kilombero	7,000,000	7,000,000	7,000,000	7,000,000
	Ulanga	10,000,000	7,000,000	7,000,000	10,000,000
	Subtotal	99,105,000	83,105,000	83,105,000	62,426,000

Source: Regional quarterly report July-September 2014

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

In the course of program implementation it was noted that, most LGAs were not conversant with the national MVC guideline such as NCPA as well as other developed tools guiding care, support and protection to MVC. Responding to the identified gap, the program successfully participated in the development of National Costed Plan of Action (NCPA II), disseminated the same to 14 district councils in Tanzania Mainland and facilitated Council Management Team (CMT) members to develop commitments of implementation of the NCPA II. However, on follow up on the implementation of commitments the LGAs have been hesitant to give concrete report. The program expects to be well informed on the amount budgeted and spent on MVC activities from District Planning Officers and DSWOs during the planning meeting next quarter.

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

In order to build sustainable mechanism and a sense of ownership among LGA structures, the program has been reinforcing the capacity of social welfare officers through involving them in different program activities. During this reporting period they were specifically involved in facilitating MVC register update, facilitating Nutritional Assessment Counselling and Support (NACS) training and in joint supportive supervision.

Through these activities, over the years the capacity of social welfare officers to manage MVC programs has improved including: their own perception on MVC issues per national guidelines and policies; facilitated increased awareness among LGAs in terms of planning and budgeting for MVC; and improved coordination of MVC activities through District Implementing Partners Group (DIPG) forum. For the remaining period, we will continue to engage DSWOs in particular on closeout process so that they continue coordinating and monitoring MVC activities after the program ends.

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

Through field visits the program has been monitoring implementation progress and the quality of services provided to program beneficiaries. Through supportive supervision program staff including sub grantee get an opportunity to guide, coach and mentor key program implementers. Supportive supervision is conducted on a monthly basis by sub grantees staff; quarterly joined by DSWO and HQ team. During the visit the team randomly samples groups of key implementers (Community volunteers, MVCC, CRP, and SILC Groups) and beneficiaries (MVC Households, children clubs) to be visited.

To date some impact from implementation of program activities has been noted such as increased awareness and commitment among community members, MVCC and SILC groups in support of MVC. There is also remarkable improvement in capacity of some caretakers in meeting the needs of their children after being facilitated with different entrepreneurship skills

and Income Generating Activities (IGAs). Below are specific activities conducted during this reporting quarter.

1.3 Strengthening MVCC to lead Community Support for OVC

Most Vulnerable Children Committee (MVCC) is a community level structure mainly responsible for coordinating MVC support, care and protection. Ongoing support to strengthen the capacity of MVCCs has proven an effective strategy and essential to enable them perform their roles and responsibilities. It also helps build a sense of ownership among community members as well as create sustainable and independent mechanism for provision of support to MVC and their households. The following are specific activities conducted this quarter.

1.3.1 Develop and implement capacity building plans for existing MVCCs

In the previous period, the program facilitated formation of 627 MVCCs as well as trained them to assume their roles and responsibilities. The trainings are complemented by continuous mentoring and coaching during supportive supervision by program staff and DSWOs. This was continued this quarter and in addition the program facilitated a total of 54 (Mkuranga 18; Rufiji 3; Morogoro Municipal 9; Morogoro Rural 8; and Kinondoni 16) MVCCs to update their MVC registers per the national guideline which requires update on six month basis. Before the training the program trained 14 DSWOs and 14 sub grantee staff as TOTs. After the training the participants paired into 2 (1DSWO and 1sub grantee staff) and trained 54 MVCCs for 2 days each, then the latter conducted the register update within their respective villages. The TOTs will continue to facilitate MVCCs in updating MVC registers even after the project ends.

1.3.2 Advocate for membership of current community volunteers on MVCC

Past experience indicates having community volunteers as members of MVCC contributes to the level of activeness in planning and execution of MVC activities. As a result, the program has been advocating for more volunteers to become members of MVCC. During this reporting period 90% (n=1014) out of 1129 current volunteers in the program remained as members of MVCC as detailed in the table below.

Table 4: Status of Volunteer Membership in MVCC – Sept 2014

<i>District</i>	<i># of Volunteers</i>			<i># and % of Volunteers who are MVCC members</i>			
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>%</i>
<i>Morogoro</i>							
Morogoro Rural	24	33	57	24	33	57	100%
Morogoro Municipal	7	19	26	7	19	26	100%
Mvomero	19	31	50	11	22	33	66%
Kilosa	16	24	40	7	12	19	48%
Kilombero	33	30	63	26	21	47	75%

Ulanga	54	52	106	56	44	100	94%
Subtotal	153	189	342	131	151	282	82%
Dar es salaam							
Kinondoni	32	49	81	32	49	81	100%
Ilala	32	37	69	32	37	69	100%
Subtotal	64	86	150	64	86	150	100%
Zanzibar							
Pemba	18	37	55	17	21	38	69%
Unguja	27	43	70	14	26	40	57%
Subtotal	45	80	125	31	47	78	62%
Pwani							
Bagamoyo	63	52	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	25	47	72	25	47	72	100%
Mkuranga	63	44	107	63	44	107	100%
Subtotal	263	249	512	256	248	504	98%
Grand Total	525	604	1129	482	532	1014	90%

Source: Regional quarterly report July-September 2014

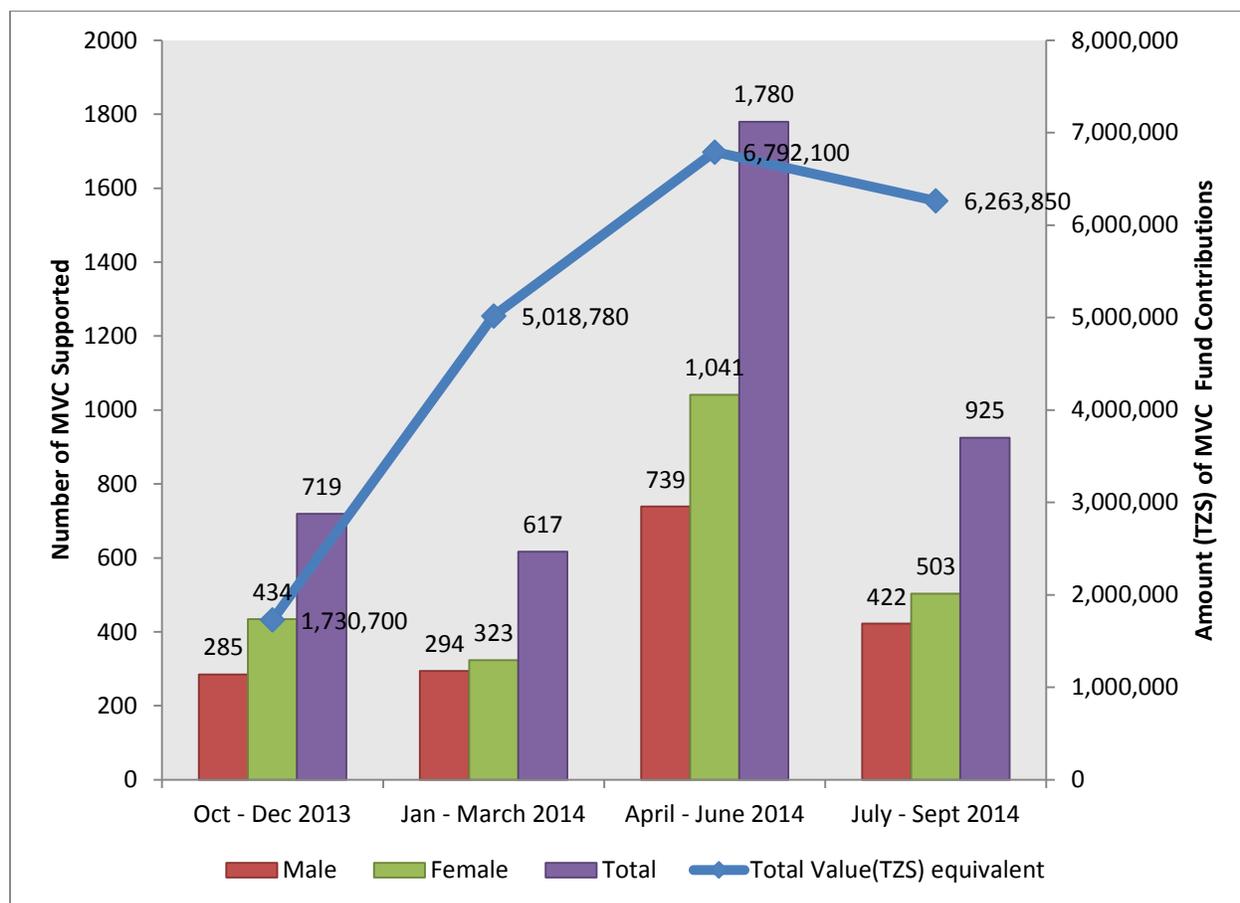
1.3.3 Support creation of MVCCs where they do not exist

The program did not plan to form any new MVCCs during this reporting period.

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

The program has been advocating for establishment of OVC fund as a community move towards sustainability and ownership of care, support and protection of MVC and their households. The amount raised compliments the program funds in supporting MVC particularly with immediate needs. To date we have facilitated formation of 428 Village/Mtaa MVC funds. During this reporting period a total of TZS 6,263,850 (\$ 3914) was raised as OVC fund which was used to support 925 (422 male and 503 female) MVC. This makes a total of TZS 19,809,438 (US\$12,381) contributed towards MVC funds in FY 2014. The same was used to support 4041 (1740 male and 2301 female) MVC with basic needs.

Trends of MVC funds contribution and MVC supported in FY 2014



Source: Regional quarterly report July-September 2014

1.3.5 Support Savings, income-generation and food security activities among MVCCs

Severe poverty among key implementers such as MVCC members remains a challenge in providing services to MVC and their households. To strengthen the economic capacity of MVCC members they are encouraged to join Savings and Internal Lending Communities (SILC) groups. By the end of this reporting period the number of MVCC members in SILC groups remained low at 5 % (n= 555). The program through community volunteers will continue to encourage MVCC members to join SILC groups as well as other Income Generating Activities (IGAs).

1.4. Strengthen Local CSO Partners to Support MVC Services

Pamoja Tuwalee is committed to strengthen CSOs' organizational, institutional and technical capacity towards ensuring comprehensive, sustainable and quality services to MVC. In this reporting period, CSO capacity building interventions undertaken were:

1.4.1 Develop and implement capacity building plans for local CSOs

Five CSOs were supported to implement their capacity building plans - 2 focusing on governance and 3 on leadership. Governance workshop with FARAJA Trust Fund and WAMATA Dar es Salaam was conducted for the purpose of increasing board members awareness on their responsibilities and assist them to develop a well-crafted governance structure.

Leadership training with HACOCA, BAMITA and JIMOWACO was conducted to these organizations to enhance their understanding on the role of leadership in effective functioning of an entity. It was also aimed at enabling these organizations to address leadership competencies for the purpose of promoting shared leadership.

Following quick book training to CSOs Accountants conducted last quarter, this quarter the grant officers supported Accountants to generate reports using the system. The coaching continues in the next quarter.

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

Having identified 4 functioning CSOs: HACOCA, FARAJA, WAMATA Dar es Salaam and WAMATA Pemba, the program grant officers have been working closely with these CSOs to assist them move to self-sustaining status. In this reporting period, grant officers coached management and staff to better manage their financial obligations. Coaching is a continuous process and will be focusing in all capacity areas identified by CSOs.

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

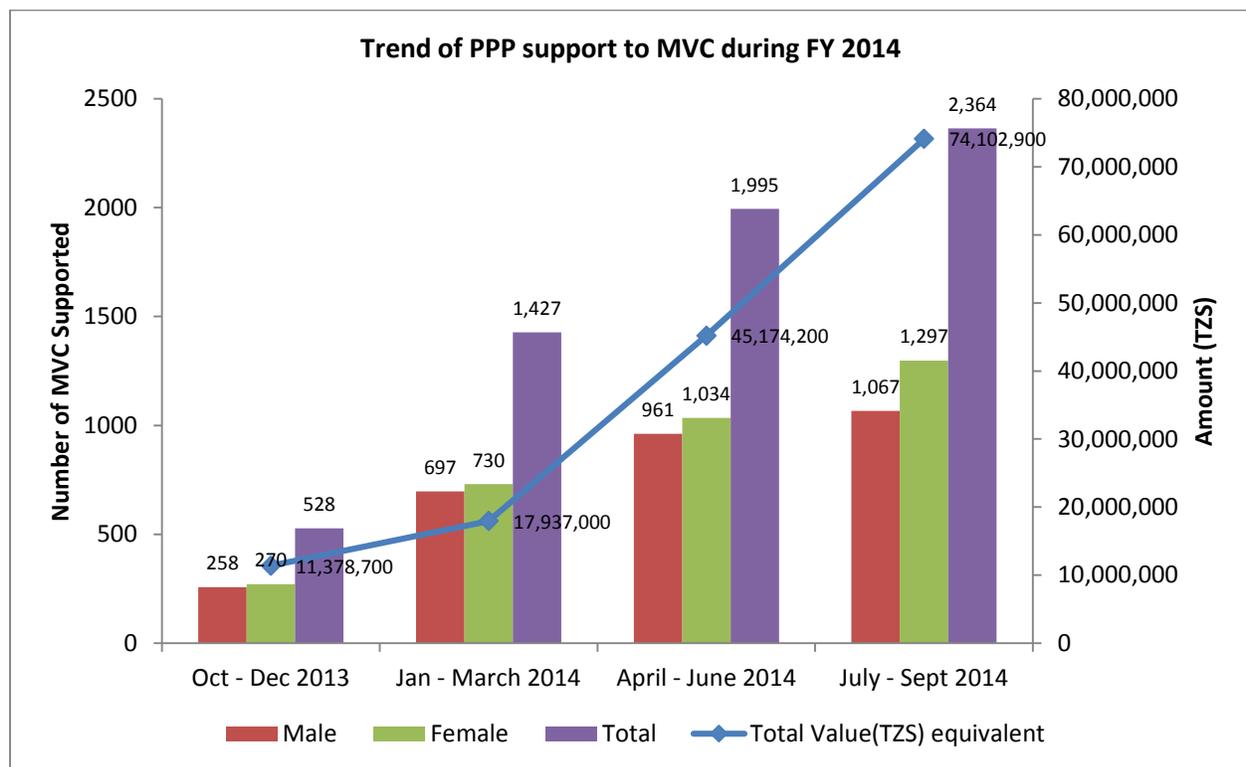
Creating sustainable mechanism for support of MVC requires participation of all sectors including public and private ones. After contextualizing the advocacy campaign and identification of potential partners, the program has witnessed increased public and private support to MVC and their households. The type of support mainly provided by the private sector include health services through Community Health Fund (CHF), access to birth certificates, and school fees for secondary and vocational students.

1.5.1 Map businesses and companies at the District level within Coast zone.

In order to effectively engage the wider business people in complimenting efforts for support of MVC, we identify and map business companies from the district to community level. The list of identified companies is usually shared with local implementing partners as well as volunteers to facilitate them in soliciting resources.

1.5.2 Establish and support Public Partnership that benefit MVC and their households

During this reporting period, increased response from the public and private sector continued. Support worth TZS 74,102,900 (\$ 46,314) was realized from the public and private sector, compared to 43,174,200 (\$ 26,983) from last quarter. The fund realized was used to support 2364 (1067 male and 1297 female) MVC. The total funds raised through PPP in this FY totals TZS 148,592,800 (US\$ 92,871) for support to 6314 (2983 male and 3331 female) MVC. The figure below indicates the upward trend of PPP support from the first quarter of FY 2014 to date.



Source: Regional quarterly report July-September 2014

The increase is attributable to the continued efforts of program staff, community volunteers and MVCC members in advocating for MVC support.

1.6 Improve Coordination Among and Across Sectoral zones

To date we have facilitated establishment of 13 District Implementing Partners (DIPG) group forum in the Tanzania Mainland and 2 in Zanzibar. As part of its strategy to strengthen their capacities to coordinate MVC activities effectively, the program coordinated the initial two meeting for each district/zone. Thereafter, the forum has facilitated DSWOs to coordinate MVC

activities within their respective districts, improve collaboration among stakeholders as well as improve provision of comprehensive services through referrals and linkages.

1.6. 1 Sensitize Communities/Villages to establish food storage

Through community volunteers and MVCCs we continued to sensitize community members on the importance of establishing food storage to address the problem of food shortage among MVC households. During this reporting period, Pwani, Morogoro and Zanzibar reported efforts in growing food for MVC support as detailed below:

- In Pwani 2 MVCCs were provided with 4 acres of land for cultivating maize, cassava and rice while in Mafia district Kifinge MVCC harvested sweet potatoes from ½ acre of land cultivated in June 2014. The potatoes were used to support needy MVC households. Also, as a result of community mobilization activities organised by 5 MVCCs (Kimarango'mbe, Matumbo, Masuguru, Mlingotini, and Vigwaza) in Bagamoyo, community members contributed 231 kilograms of maize for support of 74 (32 Males and 42 Females) MVC. Total value of the support amounted to TZS 541,000.
- In Zanzibar Mzuri MVCC harvested 16 bags of yam worth TZS 400,000 from MVC farm. The harvest was distributed to 13 households accommodating 22 (14 Males and 8 Females) MVC.
- Mvomero district in Morogoro managed to sensitize and mobilize village leaders in Lukuyu village at Mgeta ward to allocate land for building food store. Through joint efforts of MVCC members, community volunteers and other community members, the building process has commenced. Furthermore, community leaders in Manza village in Mlali ward and Lubungo village in Mzumbe have provided space at Village Executive Office (VEOs) for storage of contributed MVC food stuffs while other procedures to have permanent food storages are ongoing.

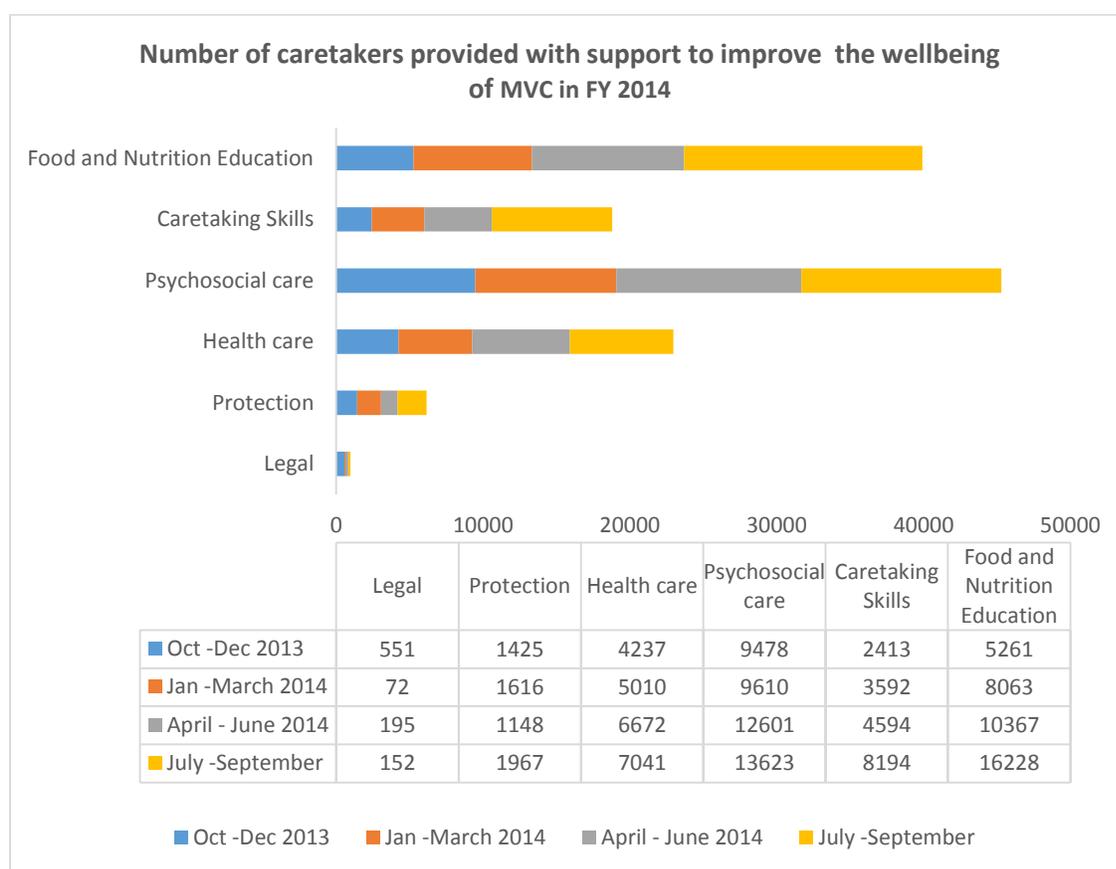
OBJECTIVE 2: Increase the capacity of households to protect, care for and meet the basic needs of OVC in a sustained way by improving their caretaking, livelihood and health-seeking skills

Strengthening the capacity of MVC household to meet the needs of their families is fundamental in reducing their vulnerability. The program uses household centered approach to provide both economic and non-economic support to reduce income poverty among MVC households. Through community volunteers, the program empowers caregivers with various skills which aim at improving the well-being of their children.

During this reporting period, efforts continued to increase the support to MVC households on income earning, livelihood skills, nutrition counselling, as well as legal and protection. In achieving this, the program undertook the activities detailed below:

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

In ensuring caretakers provide comprehensive care to their children, the program through community volunteers continued to provide support to MVC households based on their specific needs. Caretakers were supported with health care, caretaking skills, psychosocial support, and nutrition. Compared to last quarter, the number of MVC caretakers supported increased in all areas except legal. This is possibly due to the gradual awareness among communities on the importance of reporting issues that need legal action such as GBV and property grabbing. Below is the trend of support provided to MVC households over the past four quarters.



Source: Regional quarterly report July-September 2014

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

The program provides a range of training focused on increasing the income of MVC households. The trainings provided are both formal and informal depending on the need and resources available. These trainings equip caretakers with skills such as: identifying feasible business ventures and establishing and managing small business. This coupled with access to small loan

from their Savings and Credit groups (SILC) enable them to set up Income Generating Activities. The income obtained is used to cater for household needs including those of children. During this reporting period, volunteers were able to reach caretakers with economic strengthening support which included SILC (6242); link to job opportunities (218); small scale gardening and agriculture (1040); local chicken keeping (4300); training on business skills (1431); small business development (2244) and assessment of economic strengthening needs (2259).

Also, the program linked MVC households for cash transfer and their children for education support. A total of 539 (261 males and 278 females) MVC from 219 households received cash money amounting to TZS 9,796,600 (\$ 6,123) through TASAF III program in Bagamoyo district.

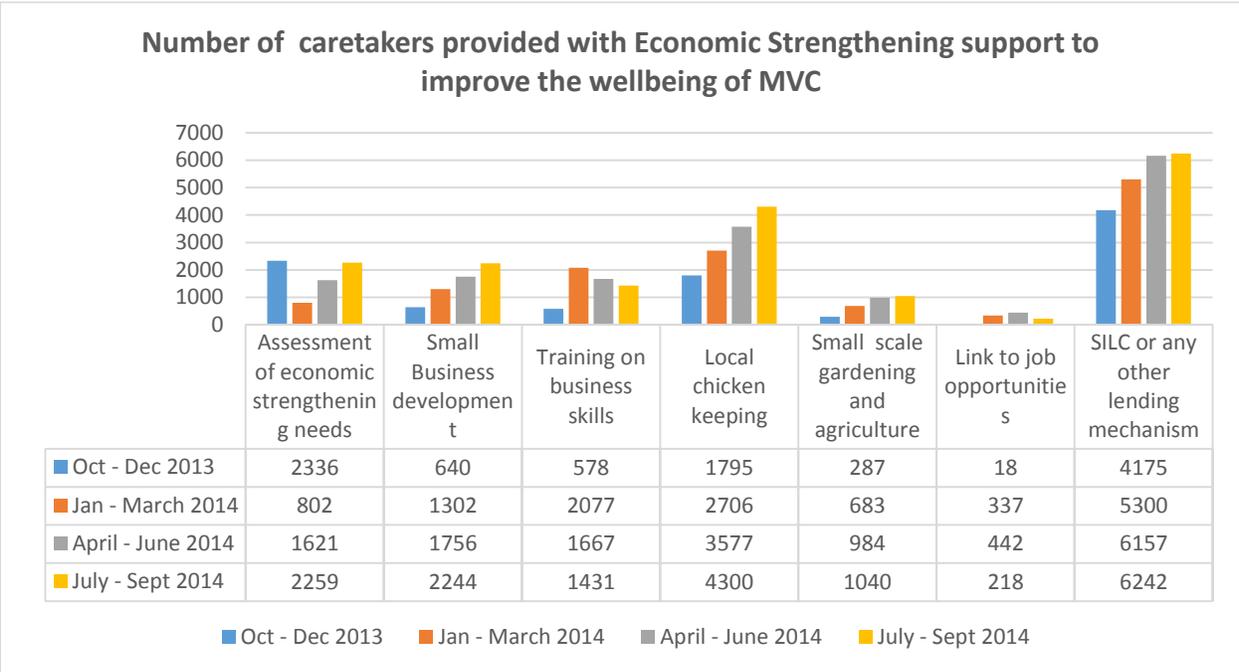
In Morogoro, Kishadama SILC group was linked to the Project of Health and Nutrition (PHN) who trained them on Good Agriculture Practices (GAP) and home gardening. Thereafter, Kishadama SILC group established a demonstration plot with varieties of vegetables. They used the produce for home consumption and sold the surplus whose proceeds was used to support 23 MVC in their village with scholastic materials.



Below: Right - Kishadama SILC group during preparation of garden. Left: Vegetables are ready for harvest

Having appreciated the economic and nutritional gains, the group continues with this horticultural project to generate income for the benefit of the group and MVC. This project will enable more MVC to be reached on the area of nutrition through accessing the harvested vegetables into their meals while income from selling surplus will assist with other needs such as school uniforms and scholastic materials.

“I am noticing some improvement on nutrition status today; no frequent diseases and my children are happy and attend school with good performance” said a caretaker.



Source: Regional quarterly report July-September 2014

Following the training of Community Resource Persons (CRPs) in the last quarter there has been an increase in the number of SILC groups. Trained CRPs managed to mobilize more caregivers to join SILC groups and as a result the number of MVC household members in new SILC groups increased from 17% of last quarter to 40% - the program requested CRPs to ensure that at least 10% of new SILC group members are caretakers. This is deliberate efforts to increase the number of caretakers participating in income generation activities. The number of female caretakers continued to increase compared to that of male, this is because economic vulnerability affects female and male differently. Also in poor communities women are more vulnerable as most of them have no reliable income. To date the total savings in SILC groups amount to TZS1,353,175,710 (US\$845,735) and contribution to OVC fund totals TZS 73,195,500 (US\$45,747). SILC group members continue to use OVC funds to support MVC.

Table 5: SILC groups category of members and savings per region

Region	Number of Groups	Sex			Member category					Total Savings	Contribution for OVC fund
		Male	Female	Total	MVC	MVC HH	MVCC	Volunteer	Other Community		
Morogoro	131	743	2519	3262	10	585	143	177	2347	504,015,210	29,789,750
Dar es Salaam	100	392	2310	2702	4	609	143	150	1796	438,868,900	31,266,650
Zanzibar	64	363	1441	1804	34	421	65	52	1232	145,447,800	1,833,500
Pwani	140	890	2577	3467	177	1501	204	129	1456	264,843,800	10,305,600
Total	435	2388	8847	11235	225	3116	555	508	6831	1,353,175,710	73,195,500

Source: Regional quarterly report July-September 2014

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

Community Resource Persons (CRPs) play a key role in mobilizing caretakers and community members to form SILC groups. Once the caregivers join SILC groups, CRPs continue to provide support to new and existing groups. The support include proper record keeping, documentation and adherence to group constitution.

2.2.2: Regular CRPs meetings

CRPs meetings are used as a platform for learning and experience sharing as well as the challenges they encounter in the course of establishing new SILC groups and supporting and the existing ones. The program continue to encourage implementing partners to support the CRPs meeting as well as invite other stakeholders to learn from the success of establishing and managing SILC groups.

2.2.3: Conduct joint market assessment

The program among other things continue to provide support to caretakers to access market and fair prices for their products. During this quarter, community volunteers continued to support caregivers to explore potential market within their localities.

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

Various entrepreneurship trainings are provided to caretakers with the aim of improving the livelihood of MVC households.

In FY 2013 we trained 85 caretakers in Mkuranga and Kisarawe districts on beekeeping, local chicken and home gardening. During this reporting period, a follow up on Hegea SILC group in Kisarawe which was trained and supported with 26 beehives noted that each caregiver has managed to make 5 more beehives. Also, these caretakers have trained other 24 caretakers on how to make local beehives. The 24 trained caretakers were able to make more than 50 beehives. All these beehives are expected to be harvested next year and the product (honey) sold to get some income.



Left: Local made beehives Right: procedure in extracting honey from honeycombs

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

Enhancing food security among MVC households leads to better nutrition for both MVC caretakers and their children. The program has continued to support MVC households with nutrition and food security interventions such as agriculture, backyard gardening and local chicken keeping. These have enabled some of the targeted households to get adequate and nutritional food. Results of household economic assessment of the FHI360 Pamoja Tuwalee program conducted by DAI IMARISHA reported halving of moderate to severe hunger over the baseline (13% of households now versus 30% at the baseline) with 86% of households now reporting little to no hunger. Households reported shifts towards more diversified diets compared against the baseline. Consumption of proteins, Vitamin A rich foods and legumes all increased over the baseline.

During this quarter the program reached a total of 16228 caretakers with food and nutrition education and counselling: Morogoro 3103; Dar es Salaam 6460; Zanzibar 1159; and Pwani 5506.

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

Following the training on Nutrition Assessment Counselling and Support (NACS) last quarter, the trained volunteers have started to use the knowledge to conduct nutrition assessment among MVC.

During this quarter the trained community volunteers conducted nutritional assessment to 12,556 (6287 male and 6269 female) MVC within program operational areas. They used Mid Upper Arm Circumference (MUAC) tapes provided by FANTA III project. The exercise will be scaled up in subsequent periods to cover more MVC. The assessment results were: 94% of assessed MVC were in good health i.e. not malnourished; 5% were slightly malnourished while 1% were severely malnourished. The assessment exercise entailed counselling to caretakers and referral and / or counseling to MVC themselves depending on the age of the latter and nature of the established nutritional status. About 177 (84 male and 93 female) MVC were referred to health facilities for required services. Community volunteers continue to provide nutrition counselling to the caretakers for malnourished MVC and monitor the progress. Also, they will follow up on MVC referred to health facilities to see if they received the necessary services. Where they have not been served, volunteers assisted by the respective sub grantee staff will follow up with the health facility management.

Table 6: Results of MVC Nutrition Status Assessment

Region	Total MVC assessed		Healthy MVC		Slightly malnourished MVC		Severely malnourished MVC		Referred MVC	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Morogoro	296	308	289	300	6	7	1	1	1	1
Dar es Salaam	1514	1696	1425	1611	87	78	3	6	3	6
Pwani	2576	2475	2329	2283	198	134	49	58	75	81
Zanzibar	1901	1790	1829	1729	67	56	5	5	5	5
Total	6287	6269	5872	5923	358	275	58	70	84	93

Source: Regional quarterly report July-September 2014

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

Guided by the international and national instruments on protection of the rights and welfare of children, the program works to ensure that MVC, regardless of their social-economic status, age and sex differences, enjoy equal rights just like any other children in the society. The program promotes child safeguarding institutional environment and community based child protection structures. It also facilitates coordination and multi-sectoral child protection system where stakeholders at various levels take responsibility to protect the rights of MVC.

In complimenting the government efforts in providing care and support to MVC per the NCPA II, the program facilitated establishment of two District Child Protection Teams in Ilala and Kinondoni; spearheaded the establishment of One Stop Centre (OSC) for providing and coordinating services to GBV and VAC survivors and victims as well as creating linkages; and networking with relevant CSOs. The program organized various activities geared to ensure prevention, protection, care and support for victims of gender based violence and child abuse through the following specific activities.

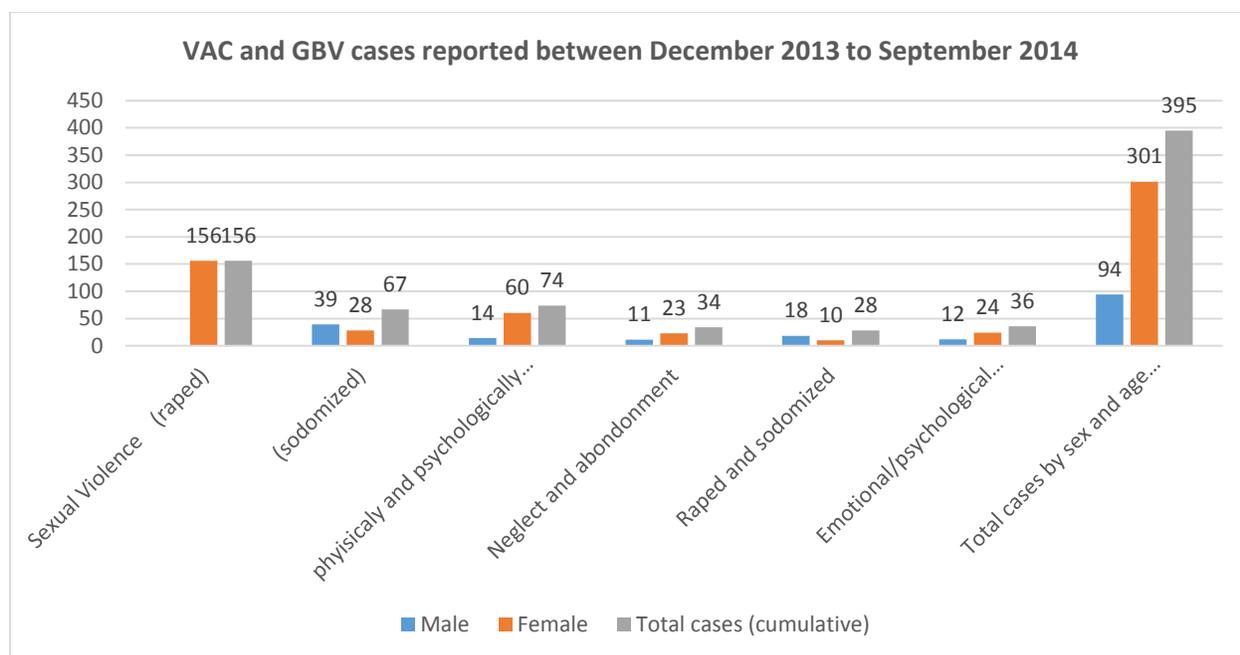
2.4.1 Facilitate utilization of Child helpline

Child Helpline is a strategy spearhead by CSEMA to increase access to services and information among victims of child abuse and community members. A free line 116 is available for use in reporting cases of abuse and violence against children. The program has been collaborating with CSEMA to ensure utilization of this line. Efforts have been in raising awareness in communities on the existence of the Helpline and the importance of using it to report violation of child rights. Sub grantee staff in Dar es Salaam, Pwani and Morogoro regions were oriented on Helpline and these in turn have cascaded the knowledge to volunteers. The latter continue to sensitize communities on the same. For this reporting quarter, one of child protection team members who is also in charge of the one stop center testified that they have been receiving calls reporting VAC and GBV perpetrators via number 116 and appropriate measures taken.

2.4.2 Piloting One Stop Center services in Ilala District

To complement the efforts of government in response to the reported high cases of Violence against Children as reflected in the VAC Survey Report of 2009, the program facilitated the establishment of One Stop Center (OSC) for GBV and VAC. The centre staff are from different relevant ministries/departments including police, social welfare, and Amana hospital where the center is based and managed. Pamoja Tuwalee Program/ FHI 360 facilitated the training of different cadres including 40 health personnel, 27 (20 Ilala and 7 Kinondoni) SWOs, 28 (7 Male and 21 Female) Police staff and also provided furniture & computer for the centre. During this quarter, 112 new cases were reported making a cumulative total of 395 cases handled to date. Out of these 209 involved sexual violence (rape), 52 sodomy 11 rape and sodomy while about 119 were emotional and physical violence. The victims were provided with relevant services at the

center including medical checkup and treatment for the raped and sodomized cases, counseling and referrals to other relevant services.



Source: Regional quarterly report July-September 2014

During this reporting period the program in collaboration with the Ministry of Health and Social Welfare conducted OSC quarterly stakeholders meeting. The objective of the meeting was to share progress made on commitments made by partners in the previous meeting as well as share other implementation progress. The commitments made during the last quarterly meeting were based on the shared challenges on operation of OSC which included:

- Lack of specific funds to run One Stop Center and inadequate SWOs
- Lack of community awareness on GBV and VAC issues
- Insufficient house of peace for the victims who might need temporary shelter
- Lack of transport to follow up cases and conduct home visits

Commitment: Ilala Municipal council would allocate one SWO to back up the Centre, advocate for inclusion of OSC activities and budget in District Comprehensive Plan and continue to raise awareness to the community members to utilize the Centre.

During this quarterly meeting, the following was reported on progress against the commitment:

- Management of Amana referral hospital reported to continue using hospital ambulance to follow up on GVB and VAC cases while continuing with efforts to solicit funds to purchase a vehicle for OSC.

- Ilala municipal council has already allocated 2 permanent SWOs to OSC and they promised to add 2 more to ensure adequate workforce for quality service delivery
- Ilala municipal will incorporate OSC activities in the municipal planning and budgeting 2015/2016 and in Council Comprehensive Health Plan (CCHP).
- The municipal has introduced ‘on call’ social worker who is provided with a mobile phone for receiving calls on abuse cases at any time and to respond accordingly.

The meeting also proposed to have a session with top government officials from respective sectors who were involved in the initial planning of OSC establishment to update them feedback on OSC operations.

2.4.3 Pilot protection of children living on the street

The program is piloting intervention to support and protect Children Living and Working on the Streets (CLWS) especially street children beggars and their guardians. The main objectives of this intervention are: enhanced knowledge and understanding of decision makers, front line workers, households and public about the issue of CLWS in selected 15 wards in Dar es Salaam region; increased access to, and utilization of basic services (including reproductive health, HIV/AIDS education, psychosocial support, vocational and entrepreneurship skills and legal services) through the child protection system; and improved access for children without adequate family care to family based, community and/or institutional care placement.

In this reporting quarter, the program identified and provided various services to 159 (94 male and 65 female) CLWS. The services provided were food, shelter, psychosocial, vocational training, medical care, and economic strengthening. Also, a total of 76 CLWS guardians were identified and counselled about alternative income generating activities rather than sending their children to the streets to beg. Cumulatively, the project has reached a total of 312 children which is 52 % of the targeted 600 children at the end of the project. Also, a cumulative of 83 parents /guardians have been reached which is 73.3% of 160 target. Below are further details on specific activities on CLWS.

Outreach work

Through outreach work, in this quarter KIWOHEDE social workers together with social workers from municipal councils reached out to 159 CLWS and conducted individual and group counseling. Also, 33 (22 boys and 11girls) new arrivals were identified at the satellites around Ubungo, Kariakoo, Gerezani, Tazara, Mchikini and Kivukoni.

The outreach team conducted 27 sessions on counselling and esteem building, at two existing satellites of Mnazi Mmoja and Ubungo in support with the respective Ward Executive Officers.

Besides counselling, all 159 children were provided with humanitarian and social support such as medical and refreshment during outreach work. The project has identified 13 children who are waiting to be reintegrated to their native places. Currently, they are being closely monitored and prepared for reintegration through sessions for home return, psychosocial counselling, and physical and mental health assessment.

Table 7: CLWS current in the program

District	Name of Ward	Female <1	Male <1	Female 1-4	Male 1-4	Female 5-9	Male 5-9	Female 10-14	Male 10-14	Female 15-17	Male 15-17	Female 18+	Male 18+	Total
Ilala	Mchafukoge			1		12		18	7	14	5		8	65
	Kariakoo					2		19	9	16	6	4	1	57
	Kivukoni					8		9		9	23		2	51
Kinondoni	Ndugumbi						2	21	9	6	21			59
	Ubungo			2		11	21	16	9	19	2			80
Total				3		33	23	83	34	64	57	4	11	312

Source: Regional quarterly report July-September 2014

Quarterly DCPT meetings in three districts

The program conducted quarterly meetings with District Child Protection Teams (DCPT) in which a total of 75 members participated in three districts of Kinondoni, Ilala and Temeke. The meetings aimed at updating members on the work the program is doing on CLWS and their parent / guardians. The committee members were satisfied with the progress thus far and appreciated the forum as it provides opportunity to share experiences, achievements and challenges, discuss the way forward to tackle the identified challenges and enhance collaboration in reaching CLWS. Child protection teams have referred 21 children to KIWOHEDE for further support.

Apart from CPT meetings at the district level, the program partner KIWOHEDE conducted monthly meetings with community leaders and police officers in order to seek continuous assistance and feedback on project activities and discuss issues about emergence assistance to CLWS.

Drop in Center and shelter

A total of 37 girls were provided with short term shelter in Bunju and 97 (41 girls and 56 boys) who reported at the drop in centers were provided with meals. All children at drop in center are

equipped with life skills, psycho social, counseling, sports and games, while waiting for reunification with their families or reintegration into community.

While the 37 girls were sheltered at Bunju center, 32 boys were referred to other institutions for shelter: 4 Child in the Sun; 21 Dogodogo center; 5 Malaika; and 2 Kind Heart Africa. CLWS who attend KIWOHEDE center convince their friends to go the center, increasing the number of children supported. These children being in safe shelters feel a sense of belonging but also they have access to basic needs and are equipped with skills such as Batiki making, drama, sewing, life skills and health education.



Members of district child protection team during the meeting

Support CLWS and Guardians of Children Beggars with opportunity for income generation

Entrepreneurship skills training and vocational are among activities undertaken during this quarter whereby one week training on entrepreneurship skills was organized at KIWOHEDE center in Buguruni Malapa followed by three week vocational training. The participants to vocational training were 17 older CLWS while the entrepreneurship training covered the 17 older CLWS and 6 parents/ guardians. The training aimed at building the capacity of CLWS and

guardians to have independent economic life. Topics covered in entrepreneurship included: how to start small business; early stage capital; marketing strategy; pricing; customer care; record keeping; savings; and how to manage capital; basic things to consider in entrepreneurship. Until this reporting period, a total of 35 older CLWS equal to 58% of 60 targeted and 10 parents/guardians equal to 66% of 15 targeted have been trained.

Given the unique background of the participants, the trainings were also used as an opportunity to provide them with other necessary skills such as time management, building self-esteem and life skills.

2.4.4 Strengthening Community Child Protection structures

In ensuring that child protection structure are comprehensively responding to cases of abuse, neglect and all forms of violation of children rights, the program facilitated refresher training to Ilala and Kinondoni child protection teams in this quarter. The training was attended by 49 participants (24 Ilala and 25 Kinondoni) and it aimed at sharing experiences among CPT members, strengthening the capacity of the teams in preventing and responding to child abuse cases including referring victims to relevant services, and to facilitate participants to develop sectorial commitment in preventing and responding to child abuse cases

In this reporting quarter, a total of 136 cases of GBV and VAC were attended by child protection team members including police, SWOs and legal service providers. These included 115 cases reported at OSC in Dar es Salaam. Sexual violence continues to lead among reported cases affecting the rights and welfare of children. Out of 136 cases reported, about 44% (60) relate to sexual abuse (rape and sodomy).

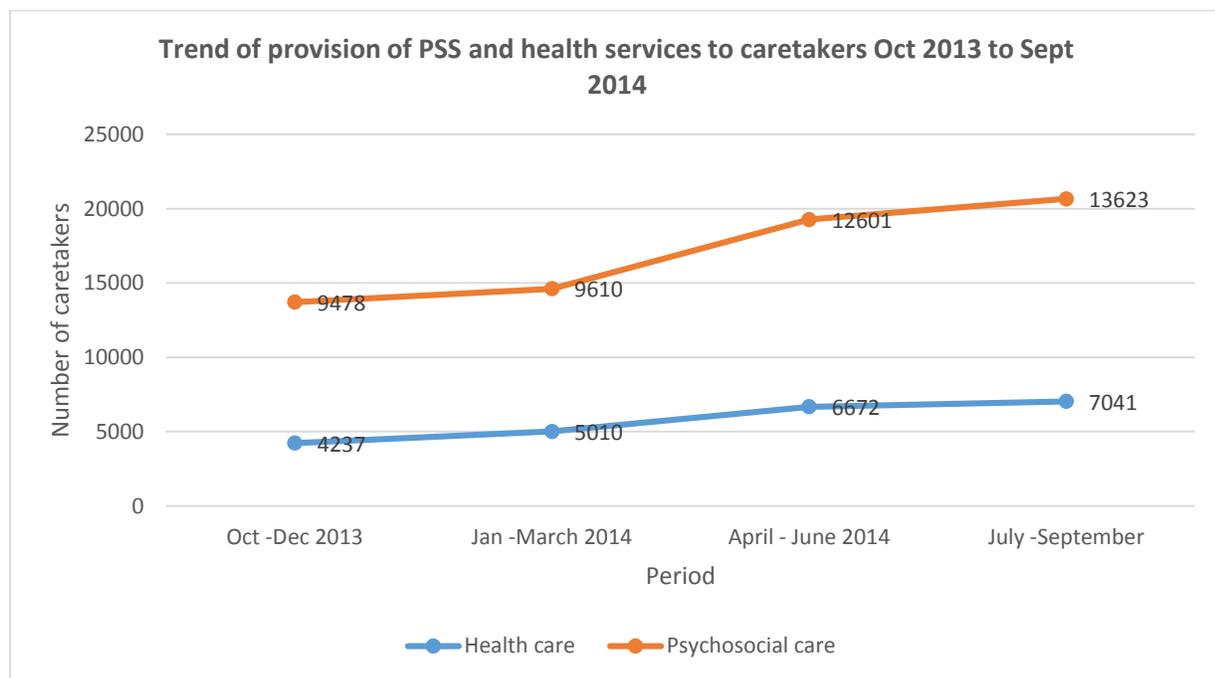
Activity 2.5 Facilitate access to community health insurance schemes for MVC households.

The program networks with other stakeholders within the program coverage for referral. Implementing partners work closely with respective district authorities to ensure MVC households access health services.

- In Morogoro region, Dihinda Village 7 caretakers paid CHF for their 16 (7 male 9 female) children.
- In Pwani region, Bagamoyo district 135 (60 male and 75 female) MVC from Kondo village were supported with CHF by TASAF III program. The value of support amounted to TZS 960,000.
- In Dar es Salaam the implementing partners continue to work closely with LGAs in ensuring that MVC and their household access (CHF) cards while in Zanzibar despite the government affirmation of free basic health services to all citizens still there is scarcity of basic drugs and health services are poor.

Activity 2.6 Link OVC caretakers to comprehensive health and psychosocial services along the continuum of care

Caretakers are faced with challenges in their daily life struggling to meet the basic needs of MVC. Community volunteers provide psychosocial support and health care to caretakers as one way of ensuring their well-being for subsequent quality care and support to MVC. The Figure below shows the positive trend in the number of caretakers that have been provided with both psychosocial support (PSS) and health care. The positive trend is associated with program deliberate efforts in reaching more caregivers as well as new trained volunteers in quarter one, who have been able to reach more MVC caretakers through home visits. During the visits, they are not only provided with PSS and health education but also referred to health facilities per specific identified need as well as sensitization on the importance of early health thinking behavior. In the reporting period, 13623 caretakers were reached with PSS while 7041 received health care support. Last quarter, the reach was 12601 and 6672 respectively.



Source: Regional quarterly report July-September 2014

2.7 Sensitize and support families to support MVC

Comprehensive and quality care to MVC calls for among others sound economic capacity. The program empowers caretakers through different economic strengthening activities to enable them provide for their children. Through mobilization by both volunteers and CRPs, caretakers are encouraged to join SILC groups so that they can get loans to establish or expand income

generation ventures. During this reporting period the number of caretakers in new SILC groups increased from 17% last quarter to 40%. The high increase is contributed by the ongoing sensitization by the program to ensure continued support to MVC beyond the program. Caretakers in SILC groups continued to support their children is a result of both economic and non-economic strengthening support that has been provided to MVC households by community volunteers through home visit. A total of 443 MVC were supported by their caretakers (who are SILC members) this quarter against 61 reported last quarter.

Table 8: Number of MVC Supported by their Caretakers – Jul to Sept 2014

<i>Region</i>	<i>Number of MVC Supported</i>			<i>Total value in TZS</i>
	Male	Female	Total	
<i>Morogoro</i>	16	15	31	1,450,000
<i>Dar es Salaam</i>	47	67	110	3,523,000
<i>Zanzibar</i>	47	49	96	1,624,500
<i>Pwani</i>	100	106	206	6,418,800
<i>Total</i>	210	237	443	13,016,300

Source: Regional quarterly report July-September 2014

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

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 quarter four, the program continued to reach MVC with core services. To date, a cumulative total of 86,538 MVC have been served. Out of that, a total of 67,756 MVC are currently in program while 18,782 equal to 22% have exited due to different reasons including transition to adulthood, improved well-being, death and immigration.

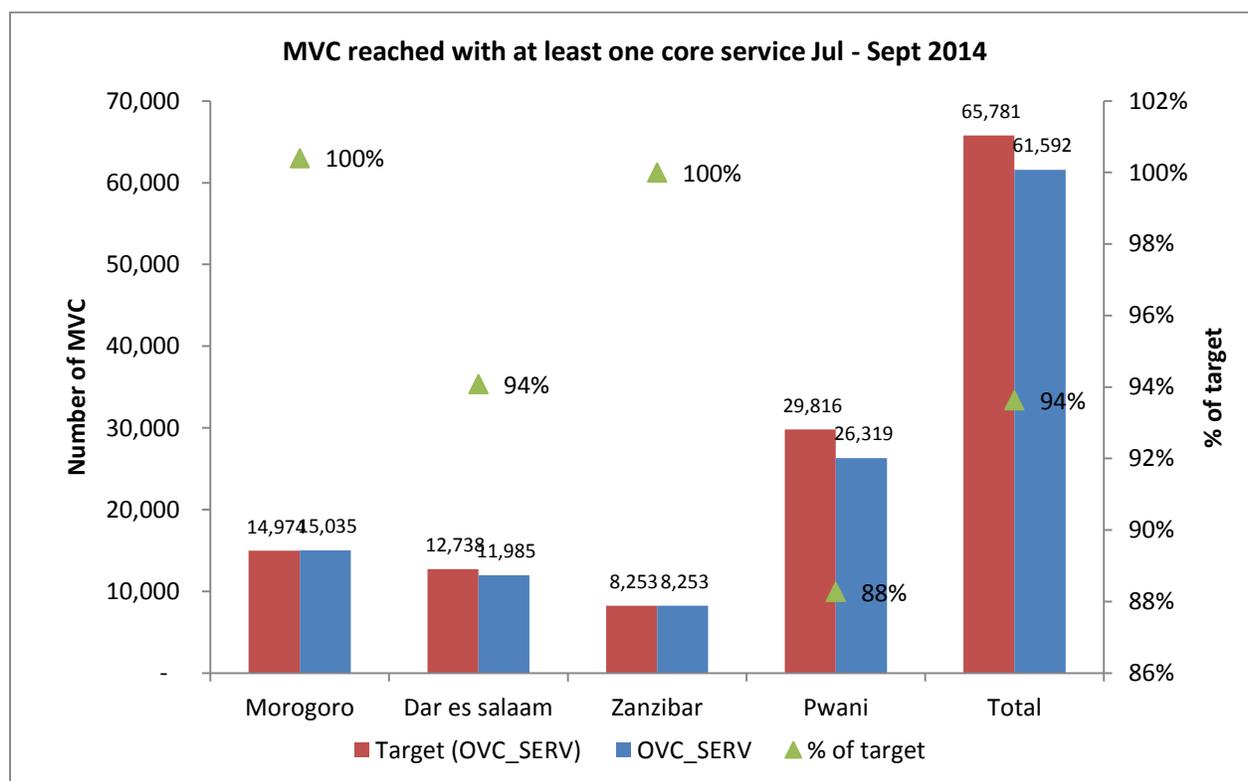
MVC provided with a minimum of one core care service during this reporting period totaled 61,592 against 58,748 served last quarter and 67,756 MVC current in the program. This represents 91% of MVC current in program. The type of services provided include: education and vocational training; nutrition assessment, education and counselling; PSS; and shelter.

Table 9: Number of MVC served with at least one core service during July - September 2014

Region	<1 yr M	<1 yr F	1-4 yrs M	1-4 yrs F	5-9 yrs M	5-9 yrs F	10-14 yrs M	10-14 yrs F	15-17 yrs M	15-17 yrs F	18+ yrs M	18+ yrs F	Total
Morogoro	5	16	374	492	1,805	1,918	3,316	3,443	1,683	1,421	348	214	15,035
Dar es Salaam	2	2	418	479	1,545	1,424	2,326	2,410	1,248	1,273	457	401	11,985
Zanzibar	12	15	514	481	1,401	1,320	1,658	1,502	613	540	124	73	8,253
Pwani	45	72	1,012	1,043	3,372	3,401	5,633	5,468	2,957	2,599	424	293	26,319
Total	64	105	2,318	2,495	8,123	8,063	12,933	12,823	6,501	5,833	1,353	981	61,592

Source: Regional quarterly report July-September 2014

The graph below shows the number of MVC versus the target per region.



3.1.1 Provision of education support and vocational training

Provision of education support to MVC is one of the program strategies to ensure empowerment to children with long lasting impact. To that effect, education and vocational training are among the core services to MVC whereby 31,732 (16,656 male and 15,076) MVC were supported this quarter. This makes an annual total of 35,161 (18,489 male and 16,672 female) MVC reached with education support.

Table 10: Summary of MVC who received education support July to Sept 2014

Region	Primary education		Secondary education		Vocational training		Total
	Male	Female	Male	Female	Male	Female	
Morogoro	1,876	1,775	717	691	4	9	5,072
Dar es Salaam	3,139	2,249	750	813	205	176	7,332
Zanzibar	1,614	1,514	365	379	0	0	3,872
Pwani	7,137	6,768	742	595	107	107	15,456
Total	13,766	12,306	2,574	2,478	316	292	31,732

Source: Regional quarterly report July-September 2014

The upward trend on the number of MVC supported with education continued this quarter with an increase of 9,400 (36%) when compared to 25,761 served last quarter. This positive trend is attributable to among others, the increasing awareness amongst community members on the importance of education in the future of a child evidenced by increased community contribution for MVC education support as detailed in the earlier part of this report.

3.1.2 Provide Nutritional Support

In quarter four, the effects of NACS training to community volunteers started bearing results as they were able to reach a larger number of MVC and caretakers with food and nutritional counselling i.e. 46,127 (23,228 male and 22,899 female) against 35,851 of the previous quarter. This achievement surpasses the annual target of 35,074 by 32%. The increase takes our annual reach to 48,775 hence surpassing the target of 35,074 for FY 2014 by 39%.

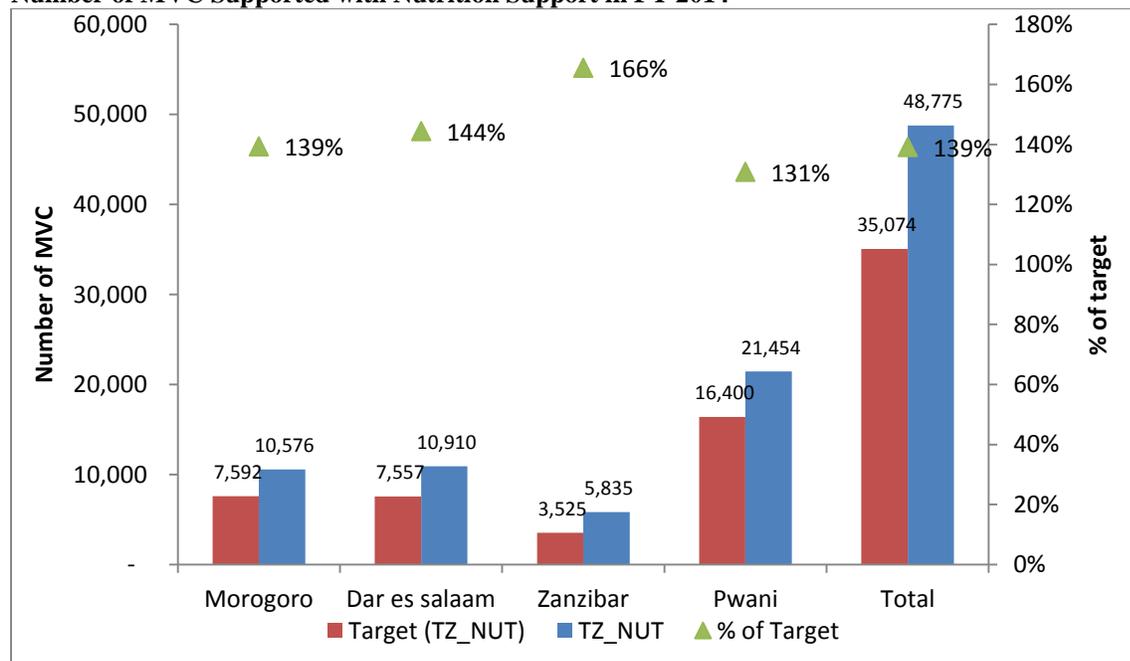
Table 11: Number of children who received food and nutrition services – July to Sept 2014

Region	Male <1	Female <1	Male 1-4	Female 1-4	Male 5-14	Female 5-14	Male 15-17	Female 15-17	Male 18+	Female 18+	Total
Morogoro	2	5	181	211	2,973	3,271	1,050	990	204	150	9,037
Dar es salaam	2	1	312	384	3,317	3,269	1,144	1,146	417	361	10,353
Zanzibar	1	2	368	331	2,144	1,982	390	338	76	44	5,676
Pwani	35	48	713	765	7,213	7,282	2,430	2,111	256	208	21,061
Total	40	56	1,574	1,691	15,647	15,804	5,014	4,585	953	763	46,127

Source: Regional quarterly report July-September 2014

Provision of this service was done by community volunteers during home visits through assessment and counselling as well as through linkages and referrals. Among the reported served MVC, a total of 12,556 (6287 male and 6269 female) MVC were assessed their nutritional status by NACS trained community volunteers using MUAC tapes.

Number of MVC Supported with Nutrition Support in FY 2014



Source: Regional quarterly report July-September 2014

3.1.3 Support Access to Primary Health Care

Primary health care is provided to MVC and their caretakers mainly through referrals and volunteers during home visits. The latter provide information on available health services and encourage MVC households to utilize the services. Where a need is identified, the volunteers do refer MVC and caretakers to health facilities. During home visits and children clubs sessions, information on primary health care such as environmental sanitation, personal hygiene is provided to caretakers and MVC respectively. In quarter four, volunteers continued to provide basic health care to MVC and their caretakers.

3.1.4 Provide family based care/Psychosocial support

Psychosocial support (PSS) is one of the elements of a comprehensive package to MVC as stipulated in NCPA II. PSS is critical to MVC given the different emotionally touching experiences they encounter in their surroundings. Hence, every support provided to MVC needs to be done through psychosocial support lenses. Based on this, the program has trained its staff, partner CSO staff, community volunteers and other responsible persons on the importance of psychosocial support and how to address this need for MVC. Also, through community volunteers we ensure all MVC caretakers understand the importance of PSS support to their children. In quarter four, the program reached a total of 58,083 (29,514 male and 28,569 female) MVC through volunteer home visits and children club sessions. Those attending children club are 28% - 16,327 (7921 males and 8406 females) besides PSS they also get sessions on life skills, youth reproductive health, HIV prevention and self-protection from abuse, violence, neglect and exploitation.

Table 11: MVC who received PSS July-September 2014

Region	Number of MVC provided with Psychosocial support		
	Male	Female	Total
Morogoro	7,391	7,339	14,730
Dar es salaam	5,996	5,989	11,985
Zanzibar	4,320	3,933	8,253
Pwani	11,807	11,308	23,115
Total	29,514	28,569	58,083

Source: Regional quarterly report July-September 2014

3.1.5 Support Shelter Improvement

The program provides shelter support mainly through referrals and networks and is mostly done in rural and semi-urban areas. We strengthen the capacities of MVCCs and community volunteers to mobilize and organize communities to repair MVC houses using their own labour and locally available materials; provide and distribute clothing to MVC and their households.

In this reporting period, activities to improve MVC shelter were undertaken by various communities within the program area including:

- In Bagamoyo, Mafia and Mkuranga districts in Pwani region, MVCC and community members using locally available materials, renovated houses in 7 MVC households with 11 MVC (4 males and 7 females); 2 caretakers with 3 (1 male and 2 female) MVC re-roofed their houses following their participation in SILC groups. Also, faith based institutions in Kibaha DC, Kisarawe and Mkuranga supported 92 (40 male and 52 female) MVC with casual clothes, mattresses and iron sheet equivalent to TZS 700,000.
- In Zanzibar, the program reached 76 (47 male and 29 female) caretakers with counseling on improving their shelter using locally available resources while 3857 (1904 male and 1953 female) MVC caretakers were counselled on shelter improvement; and 6 (3 male and 3 female) MVC were supported in shelter improvement at a cost of TZS 150,000.
- In Morogoro, MVCC in Dakawa provided TZS 60,000 to 1 MVC family for renovation of their house that burnt down while other community members contributed TZS 150,000 for the purpose. Also, 1 SILC group provided shelter (clothes) to 3 MVC (2 male and 1 female) in Kingolwira ward in Morogoro Municipal Council.

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 continue to use various interventions converging different community structures/groups such as MVC caretakers, MVCCs, SILC groups, Community volunteers, LGAs, CSOs and other community members to ensure sustainability of care, support and protection to MVC. The program also recognizes the importance of MVC participation in improving their own wellbeing. To that effect, age appropriate and gender sensitive approaches are used to provide MVC with life skills and PSS. Children clubs are used as a vehicle for the purpose as through them MVC and non MVC, girls and boys participate. In children clubs children open up and share experiences and feelings, build trusting relationships, increase self-esteem, reduce self – stigma and the impact of discrimination and improve social and coping skills. As a result, children are able to deal with stress and challenges of everyday life more positively.

Children clubs also provide opportunity for children to learn how to stay healthy through education on hygiene, nutrition, sexual and reproductive health, HIV and AIDS education among others. Also specific services to MVC with special needs such as children with disability, children affected by GBV and VAC and provision of birth certificates are provided. Below are details on what has been done under this objective during this quarter.

4.1. Establish and expand children clubs

During the reporting period, the program facilitated establishment of 78 new children clubs: 30 in Pwani, 5 in Dar es Salaam, 15 in Morogoro and 28 in Zanzibar. This makes a total of 512 children clubs established to date with a membership of 16,327 (7921 males and 8406 female). Out of this 1,046 are non MVC children as the clubs include all children to avoid stigma.

Table 13: Summary of existing children clubs

Region	Number of Existing Children Club	Number of children registered into Children clubs during this reporting period						
		Most Vulnerable Children			Other Children			Grand Total
		Male	Female	Total	Male	Female	Total	
Morogoro	109	1,793	1,984	3777	4	10	14	3791
Dar es Salaam	49	545	595	1140	-	-	0	1140
Zanzibar	62	858	747	1605	157	154	311	1916
Pwani	292	4,205	4,540	8745	359	376	735	9480
Total	512	7,401	7,866	15,267	520	540	1,060	16,327

Source: Program July- Sept 2014 Quarterly report.

The noticeable increase in the number of clubs and subsequently members is associated with the recent trainings conducted to 261 additional volunteers on how to establish and manage children clubs.

For sustainability reasons, the program encourages LGAs and community members to support children clubs in their villages/streets with necessary materials such as football and refreshments. This is done by program staff and volunteers through meetings with LGA staff, MVCC members and villages/street government authorities.

Feedback on Child Safeguarding

Pamoja Tuwalee program/FHI 360 recognizes the fact that child safeguarding is one of the major components for organizations working with children and this calls for the program staff and all people involved with children to be accountable for the children they work for. The program is committed to protect the children we serve from any type of abuse, neglect, exploitation and violence. The emphasis is put on both prevention and response to cases of abuse. Since the implementation is through local implementing partners and community volunteers, it was deemed necessary to implement child safeguarding principles including training of program staff and community volunteers on child safeguarding and ensure each staff and volunteer sign a code of conduct for safeguarding children.

To ensure that children are protected, hearing from them is essential. Hence, the program developed a simple monitoring tool to capture feedback on annual basis from children themselves on whether the staff or volunteers are abusing them. During this reporting period, children in 56 clubs had a chance to provide feedback on child safeguarding. The feedback revealed that 99% of children are comfortable and enjoy having program staff and community volunteers with them while 1% reported feeling not being cared for and safe by mentioning manageable behaviors of few volunteers. They mentioned the use of hard/unfriendly language by program staff and volunteers. A detailed report is being finalized and will be shared next quarter, it will also be shared with sub grantees for actioning the identified gaps.



Children Club members during feedback on child safeguarding at Mikese in Morogoro rural district.

4.2 Provide gender and age-appropriate HIV and AIDS education

As stipulated under 4.1, the program mainly use children clubs as a platform for educating MVC boys and girls and other non MVC on healthy behaviors 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 weight like other components on emotional support. The sessions aim at increasing knowledge and health-seeking behaviors among, children. During this reporting period, the following was accomplished:

The community volunteers continued to provide basic knowledge regarding HIV / AIDS during children club sessions whereby a total of 2556 (1205 male and 1351 female) children were reached: 74 in Morogoro; 2357 in Pwani and 125 in Zanzibar. Out of these 4 HIV+ (2 male and 2 female) older MVC were also counseled on positive living.

4.3 Support to victims of GBV and child abuse

To ensure the psychosocial wellbeing needs of MVC and other needs are met, the program is committed to address the psychological problems resulting from abuses, especially among the victims of GBV and VAC, in addition to other services provided directly or through referrals. To ensure sustainability, the program also seeks to strengthen the community capacity to prevent, respond to and care for the victims of violence through coordinated and responsive community based system.

The program addresses the GBV and VAC cases through joint efforts of community volunteers, SWOs, MVCC, family members, ward and village executive officers, teachers, health practitioners and police. In this reporting period, 139 abuse cases were reported and among them 93 were provided with psychosocial support, 37 reported to police gender and children desk and 9 referred to court for legal assistance.

To strengthen referral network and support to victims of GBV and VAC, the program in collaboration with UNICEF, conducted a refresher training for Ilala and Kinondoni child protection team to strengthen their responsiveness and linkage to OSC and other service providers as stipulated under objective 2.4.4. This was a follow on to the meeting with the same audience (Kinondoni and Ilala child protection teams) held in the previous quarter in which the need for refresher training was identified.

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

From its second year, the program has been deliberately facilitating identification of MVC with disability and providing support per specific need. During this reporting period, through

volunteer home visits and children clubs, both material and emotional support were provided to a total of 945 children with disabilities. The support included psychosocial, education on their rights and HIV/AIDS information as well as education support for the school going ones. Also in Mkuranga district, Mwanambaya ward a SILC group supported albino female MVC with hat, sun glass, umbrella and oil for preventing sunburn at a cost of TZS 250,000.

However as the program cannot meet most of their diverse special needs, we refer them to the relevant institutions such as health facilities for further support.

4.5 Support mobile registration to provide MVC with birth certificates

Having birth certificate is the right for every human being including children. In Tanzania for a person to access certain services such as higher education, property inheritance, employment and others, one has to have a birth certificate, yet quite a number of people including some of the MVC we serve do not have birth certificates. It is in this understanding that the program continues to advocate for the MVC to access birth certificates.

In previous years the program negotiated with Registration Insolvency and Trusteeship Agency (RITA) to provide birth certificates to MVC free of charge or at a subsidized cost. However the negotiation did not materialize, birth certificates are provided at a cost of TZS 10,000 for above ten years old and TZS 4,000 for under ten years old, and the program has so far facilitated provision of birth certificate to 3256 MVC. RITA has a long bureaucracy which delayed the process of facilitating MVC accessing birth certificates on time. The program in collaboration with the district councils and RITA in the next quarter will finalize provision of birth certificates to 4346 MVC who are already in the process of being registered (993 Pwani, 765 Dar es Salaam and 2588 Morogoro).

4.6 Support MVC membership on MVCCs

MVCC is one of the structures that is mandated by the government under the NCPA II to ensure MVC issues are included within the village/mtaa plans, they are also responsible for the overall implementation of child protection interventions. It was necessary to advocate for MVC representation in the MVCC to ensure their concerns are well noted. Currently the program is working with 627 MVCCs each with about 10 to 12 members out of which two (1 male and 1 female) are MVC making a total of 1254 MVC who are part of the MVCCs.

ENHANCING INTER-SECTORAL COORDINATION AND COLLABORATION

Most Vulnerable Children Implementing Partners Group

The government coordinates a National forum that brings together all MVC Implementing Partners (IPG). The group meets on monthly basis for experience sharing as well as progress made by each partner. In this reporting period, the program continued to attend the monthly MVC IPG meetings and each month shared the program monthly updates accordingly.

Monitoring and Evaluation Technical Working Group (TWG) Workshop: The Department of Social Welfare in collaboration with MEASURE Evaluation in July 2014 conducted a three day workshop to discuss and review the second draft of National MVC M&E Plan for NCPA II which was held in Bagamoyo. The Technical Working Group (TWG) include all the key implementing partners of the MVC program, Pamoja Tuwalee Program/FHI360 being among the implementing partners participated in the workshop. The main purpose was to discuss and review the second draft of National MVC M&E Plan for NCPA II. The methodologies used were: through groups' discussion on every chapter, provide comments, identify areas of improvement and suggestion, followed by the presentation on the findings from the formed groups. The output of the workshop was the final MVC M&E Plan and to be shared with the Department of Social and Welfare (MOHSW) and other stakeholders.

MONITORING AND EVALUATION

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

During this reporting period, the program underwent the Site Improvement Monitoring System (SIMS) exercise conducted by USAID. The exercise involved one of our implementing CSOs - Roman Catholic Archdiocese of Dar es Salaam (Youth Alive Movement). It was a good experience to the program and sub grantee staff. We scored 82% and the following were the findings and recommended action points:

	Findings	Action Plan
1.	Stigma and discrimination on HIV/AIDS	<ol style="list-style-type: none">1. Ensure availability of Swahili hard copies of HIV/AIDS Policy for sub grantees and a few volunteers.2. Orientation to focal person on the contents of HIV/AIDS policy and discrimination part to YAM staff

		3. Orient volunteers on the policy
2.	Patient's Rights Poster	<ol style="list-style-type: none"> 1. Ensure availability of patient's rights poster 2. Patient's rights posters available at YAM, Ward Executive Office Mtaa Executive Office
3	Lack of Data Quality Assurance Guideline	<ol style="list-style-type: none"> 1. Ensure availability of guideline to conduct DQA at all levels
4	Nutrition status of MVC	<ol style="list-style-type: none"> 1. Ensure all volunteers trained on NACS report nutrition status of MVC they serve

The program is working with the sub grantee staff to implementing the recommendations.

PLANNED ACTIVITIES FOR NEXT QUARTER

- Conduct sub grantee experience sharing and annual planning meeting
- Train additional 100 community volunteers on NACS
- Scale up nutritional assessment for MVC
- Conduct Council Management Team (CMT) meetings to review program performance and share close out plans
- Conduct Ward Development Committee meetings to review program performance and share close out plans
- Conduct One Stop Center Stakeholders meeting

SUCCESS STORY

THROUGH SILC OUR LIFE HAS IMPROVED

Charles Kazimiri is a 33 year old community volunteer in Sunguvuni village Rufiji district, Pwani region. Charles is married with two children - aged 5 years and 4 months respectively. Charles has been a community volunteer under Pamoja Tuwalee program/FHI 360 since 2010.

In April 2012, Pamoja Tuwalee Program conducted training on SILC to 33 Community Resource Persons and Charles was among the participants. The training equipped participants with skills on mobilizing MVC caretakers, MVCC members, volunteers and other community members to join SILC groups for savings and lending so they can get loans to engage in income generating activities as well as contribute towards OVC fund. After the training, Charles mobilized people and in July 2012 established his first SILC group namely TUJIENDELEZE. The group has 28 members (9 males and 19 females) out of which 12 are MVC caretakers.



Before joining SILC group, it was very difficult for Charles to meet the basic needs like medical expense and adequate food for his family as he had no reliable source of income.

After one year of being in TUJIENDELEZE SILC group, Charles managed to buy shares that made him eligible to borrow TZS 450,000. Also, he received TZS 798,000 as a dividend at the end of the first cycle of the group. His loan and dividend made a total of

TZS 1,248,000. He used this money to buy 2 acres of land and engaged in rice farming. ***“I thank God for the good weather throughout the planting to harvest I have managed to harvest 8 bags of 100 kilograms each of rice. This has provided my family with food and the surplus has been sold so that the proceeds can cater for other needs”*** says Charles.

In the second group cycle - September 2013, Charles borrowed TZS 1,050,000 which he invested on buying additional 2 acres of land and cultivation of one acre of simsim. After six months Charles harvested 482 kgs of simsim which he sold for TZS 1,500,000.

Charles diversified his source of income by engaging in local chicken keeping and cultivation of orange fleshed sweet potatoes. Through selling eggs, local chicken, vegetables and simsim in his small kiosk supervised by his wife, his monthly income increased from TZS 30,000 to more than TZS 300,000.



Charles feedina his local chickens

Charles said *“I’m so thankful to Pamoja Tuwalee program for training me on SILC, now I own 8 acers of land, and my household income has increased ten folds. Also, I’m proud of my fellow group members as all have raised their household income and are now able to meet their families’ basic needs. Through SILC, our life has improved, we can now meet households and children needs as well as support Most Vulnerable Children in our village.*

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