

Pamoja Tuwalee



**PAMOJA TUWALEE PROGRAM/FHI360 - COAST ZONE
Cooperative Agreement No. 621-A-00-10-00027-00
Quarterly Performance Narrative Report
January to March 2015**

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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 |
| 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 |
| 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 was initially to operate from June 2010 to May 2015 and now it has been extended to September 2015. The program covers five zones of Coast, Central, Lake, Northern and Southern and is implemented by four partners with FHI 360 covering the Coast Zone i.e. Dar es Salaam, Morogoro and Pwani regions in the mainland and Zanzibar. The project is implemented in partnership with nine Local Civil Society Organizations (CSOs), and in collaboration with 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.

This report covers the second quarter of FY 2015 and it narrates the implementation of the planned activities, achievements, challenges and lessons learnt building on the past five years' experience.

In this quarter, we continued to handover the project results and assisting the LGAs and community members to plan on how to continue with provision of services to Most Vulnerable Children (MVC). The headquarter and regional staff met with 1,133 volunteers to formally bid them farewell, provide recognition certificates and encourage them to continue with provision of services in collaboration with MVCCs. Further, the program had exit meetings with 220 Ward Development Committees with a total of 5030 members.

The program also continued to discuss and inform other public and private partners about the project closeout. Based on that there has been an increasing response in addressing the MVC needs. This quarter TZS 81,754,400 (US\$ 48,091) was raised from both private and public partners through which 4,447 MVC were supported.

To ensure MVC caretakers and community members continue to meet the needs of MVC, we encouraged Community Resource Persons (CRPs) to form more SILC groups and ensure MVC caretakers, MVCC members and volunteers are part of the groups. Based on that, a total of 75 new SILC groups were formed. This makes a total of 593 cumulative SILC groups with savings of TZS 1,137,715,890 (US\$ 669,245) and TZS 90,830,390 (US\$ 53,430) contributions to MVC funds. These groups directly benefit 11,550 members and their families.

The program in collaboration with the community members and LGAs reached 98,424 (47,399 Male and 51,025 Female) in this quarter making a total of 117,395 in FY 2015 semi-annual representing 179% of the COP target. The overachievement of the target is attributed to expansion of the definition of OVC that accommodates MVC caretakers and other children in their households.

The program continued to work with Amana Hospital and the MHOSW to ensure continuity of services for GBV and VAC victims at the One Stop Centre. In addition to that we continued to provide HIV/AIDS prevention, Sexual and Reproductive Health to children and youth mainly through children clubs.

PROGRAM IMPLIMENTATION REPORT

INTRODUCTION

Pamoja Tuwalee is a five year program that was initially to operate from June 2010 to May 2015 and recently has been extended to September 2015. The program is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The program is implemented by four partners in five zones namely: Coast, Central, Lake, Northern and Southern. FHI 360 covers the coast zone which includes Dar es Salaam, Morogoro and Pwani regions in the Mainland, Unguja and Pemba in Zanzibar. The goal of this program is to improve the quality of life and well-being of Most Vulnerable Children (MVC) and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection.

Coast zone is bordered by Indian Ocean on the East Coast and regions of Iringa, Dodoma, Tanga and Lindi on the other sides in mainland Tanzania. Unguja and Pemba are islands, surrounded by the Indian Ocean. The program target was to cover all 26 districts in the zone. However, it was noted that PASADA who is a major partner and that receives funds from USAID operates in Temeke district in Dar es Salaam region, thus, it was decided to leave Temeke 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 of 51% of the general population, it is estimated there are 4,582,488 children in Coast zone.

HIV prevalence is highest in Dar es Salaam recorded at 6.9% which is above the National prevalence rate of 5%. Next is Coast region with a prevalence rate of 5.9%, followed by Morogoro 3.8% and Zanzibar with 1% prevalence rate. 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 to reach a total of 98,424 (47,399 Male and 51,025 Female) MVC and their caretakers with one core service. Children have been reached through direct support, referral and linkages while caretakers have received different training and support including economic strengthening and caretaking skills. The overachievement of the target has been necessitated by the change of the OVC definition to include all children in the MVC households and caretakers because all these benefit from the program interventions.

Table 1: Program Geographical Coverage and MVC Reach

| Table 1: Program Geographical Coverage and MVC Reached | | | | | |
|---|----------------------|--------------|-----------------|-----------------|--------------|
| Region | Dar es Salaam | Pwani | Morogoro | Zanzibar | Total |
| Total # of Sub grantee per region | 2 | 2 | 3 | 2 | 9 |
| Total # of districts | 3 | 7 | 6 | 10 | 26 |
| Total # of districts reached | 2 | 7 | 6 | 10 | 25 |
| Total # of wards in the covered region | 60 | 97 | 170 | 321 | 648 |
| # (%) of wards covered by the program | 20 (33%) | 97 (100 %) | 108 (64%) | 74 (23%) | 299 (45%) |
| Total # of villages in the region | 273 | 621 | 916 | NA | 1810 |
| # (%) villages covered by the program | 92 (34%) | 432 (70%) | 587 (65%) | NA | 1111 (61%) |
| 5 years targeted # of Households | 2,500 | 7,101 | 1,568 | 901 | 12,070 |
| 5 years Initial targeted # of MVC | 5,001 | 28,405 | 6,272 | 3,605 | 43,283 |
| Revised 5 years targeted # of MVC | 12,738 | 29,817 | 14,974 | 8,253 | 65,782 |
| # of MVC and Caregivers ever enrolled | 60,500 | 104,060 | 28,123 | 15,000 | 207,683 |
| # of MVC and Caregivers current in the program | 20143 | 52465 | 31813 | 13829 | 118,250 |
| # of MVC and caregivers Served: January 2015 to March 2015 | 18,824 | 42,661 | 25,368 | 11,571 | 98,424 |

| | | | | | |
|---|--------|--------|--------|--------|---------|
| # of MVC and Caregivers Served: Oct 2014- March 2015 | 20,350 | 52,085 | 31,131 | 13,829 | 117,395 |
| MVC Served: sex disaggregation: January- march 2015 | | | | | |
| Male | 8,362 | 21,125 | 12,222 | 5,690 | 47,399 |
| Female | 10,462 | 21,536 | 13,146 | 5,881 | 51025 |
| MVC Served: Age disaggregation: January -march 2015 | | | | | |
| <1 Years | 16 | 138 | 19 | 27 | 200 |
| 1-4 Years | 1,197 | 2,050 | 862 | 960 | 5,069 |
| 5-9 Years | 3,319 | 6,835 | 3,742 | 2,704 | 16,600 |
| 10-14 Years | 5,371 | 11,318 | 6,752 | 3,152 | 26,593 |
| 15-17 Years | 2,728 | 5,919 | 3,068 | 1,179 | 12,894 |
| 18-24 Years | 969 | 751 | 490 | 227 | 2,437 |
| 25+ Years | 5,224 | 15,650 | 10,435 | 3,322 | 34,631 |
| Total | 18,824 | 42,661 | 25,368 | 11,571 | 98,424 |

Source: Regional Program Quarterly Reports

PROGRAM ADMINISTRATION AND MANAGEMENT

Staffing

In this reporting period, the program again lost staff – the Monitoring and Evaluation Technical Officer. According to him, he left for a longer term employment opportunity. The program is in the process of looking for a replacement. All 12 staff in the program regional offices have been officially reminded of their employment due to end on June 30, 2015 as we move towards close out of the program. Given the difficulty in getting competent personnel for the short remaining period, the program recruited a Senior Program Officer to assist in some of the program transitioning and close out tasks.

Sub Awards

In the reporting period the program disbursed a total of TZS 424,194,092 to the local partners for implementation of program activities per details on Table 2 below.

Table 2: Funds Disbursed to Implementing Partners and Expenditures Jan – Mar 2015

| Sub Awardee Name | Disbursement January to March 2015 |
|--|------------------------------------|
| Faraja Trust Fund | 52,404,000.00 |
| Roman Catholic Dioceses of Mahenge | 48,263,000.00 |
| Huruma AIDS Concern and Care (HACOCA) | 14,474,000.00 |
| Baraza la Misikiti Tanzania (BAMITA) | 25,690,000.00 |
| Zanzibar Muslim Women Association to Support Orphans (ZAMWASO) | 16,157,000.00 |
| Walio Katika Mapambano na UKIMWI Tanzania (WAMATA Pemba) | 11,447,000.00 |
| Walio Katika Mapambano na UKIMWI Tanzania (WAMATA DSM) | 139,434,500 |
| Roman Catholic Archdiocese of Dar es Salaam | 70,416,992.00 |
| Jipeni Moyo Women and Community Organization (JIMOWACO) | 45,907,600.00 |
| Total | 424,194,092.00 |

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 to build on what has been done to increase the capacity of the community and LGAs to respond to the needs of MVC. The key message to the key stakeholders was closeout of the project, reflection on what has been achieved and supporting them to deliberate on the new strategies for continuity of the MVC care and support. All the closeout activities are done together with the District Social Welfare Officers (DSWOs) to ensure they take the frontline responsibilities.

To ensure that public and private companies continue to contribute to the wellbeing of MVC, Deloitte, a core partner in the implementation of Pamoja Tuwalee program organized an impact day event that aimed at raising awareness and mobilizing resources from its staff and other

private companies. From that event about TZS 11,250,000 was collected in addition to in-kind contributions of clothes, shoes and stationaries for school going children. We further continued to strengthen and work with community volunteers, MVCC members and LGAs in mobilizing resources for MVC care and support at community level while giving a clear message on the need for the LGAs and community members to take care and support MVC. Below are specific activities performed under this objective:

1.1 Mobilise support for OVC through advocacy campaign

Building on the previous advocacy and resource mobilization activities, the program continued with its initiatives to raise awareness and remind the community, and some of the private and public companies to support and honour their commitment of supporting MVC. While in the last quarter a total of TZS 80,174,950 (US\$ 47,162) was contributed, this quarter about TZS 96,198,050 (US\$ 56,587) was raised, equivalent to an increase of 20% (TZS 16,023,100). Out of the amount contributed, more than TZS 41,000,000 (US\$ 24, 118) came from TASAF III while about TZS 11,250,000 (US\$ 6, 618) was from Deloitte Impact Day. Other contributors include MVCCs, SILC groups, private and public companies and Good Samaritans. Below are details from each region:

Pwani region

The program in Pwani region has been working very closely with TASAF III and other stakeholders. This quarter, the program mobilized a total of TZS 56,449,800 (\$ 33,206) compared to the amount mobilized in the last reporting period, i.e. TZS 47,774,300 (US\$ 28,103). The funds supported a total of 3531 (1,648 male and 1,883 female) MVC with different services including health insurance, school and examination fees, scholastic materials, medication and food.

Table 3: Number of MVC supported through resource mobilized in Pwani

| District | Number of MVC supported | | | Source of support | Value of support in TZS |
|-----------|-------------------------|----|-----|-------------------------|-------------------------|
| | M | F | T | | |
| Kibaha TC | 56 | 50 | 106 | MVCC and good Samaritan | 689,800 |

| | | | | | |
|--------------|--------------|--------------|--------------|--|-------------------|
| Kibaha DC | 837 | 899 | 1736 | TASAF, MVCC and good Samaritan | 31,211,800 |
| Bagamoyo | 571 | 675 | 1246 | TASAF, MVCC, SILC groups, KKKT, village council and good Samaritan | 22,550,600 |
| Kisarawe | 2 | 3 | 5 | MVCC | 100,000 |
| Mkuranga | 62 | 95 | 157 | MVCC | 1,897,600 |
| Total | 1,528 | 1,722 | 3,250 | | 56,449,800 |

Morogoro region

In Morogoro we also received good response from SILC groups, TASAF, other NGOs (members of the District Implementing Partners' Group), religious leaders, village councils and individuals. The contributions made during this quarter amount to TZS 5,307,100 (US\$ 3,122) which has been used to support 182 (58 male and 124 female) MVC and their caretakers. While a big amount of the contributions was used to cover school fees, uniforms and stationaries, some was used as capital for MVC caretakers to generate income.

Table 4: Number of MVC supported through resource mobilized in Morogoro

| District | Number of MVC supported | | | Source of support | Value of support in TZS |
|-------------|-------------------------|----|----|---|-------------------------|
| | M | F | T | | |
| Morogoro DC | 20 | 22 | 42 | SILC group, Matombo Mission and three politicians | 1,130,000 |
| Morogoro MC | 15 | 81 | 96 | CAMFED, SILC groups, TASAF, Africare- Mwanzo Bora program | 2,360,000 |
| Mvomero | 5 | 6 | 11 | TASAF, MVCC, SILC, KKKT, village council, caretakers and good Samaritan | 371, 500 |

| | | | | | |
|--------------|-----------|------------|------------|-------------|------------------|
| Kilosa | 18 | 15 | 33 | SILC groups | 1,445, 600 |
| Total | 58 | 124 | 182 | | 5,307,100 |

Dar es Salaam and Zanzibar

Following resource mobilization activities in both Dar es Salaam and Zanzibar, community members, public and private partners supported a total of 646 (204 male and 442 female) MVC. The contribution amounted to TZS 14, 794,000 (US\$ 8702). Like in other program areas, most of the support went to education support i.e. school fees, uniforms and stationaries. This support was from MVCCs, SILC groups, community members; individuals and as indicated above in Dar es Salaam about 80 MVC benefitted from Deloitte Family Impact Day, an event organized to raise public awareness on the plight of MVC in Tanzania, raise donations for MVC and provide an opportunity for Deloitte and interested parties to sponsor a child. Children spent the day with a lot of fun, played and interacted with both Pamoja Tuwalee program/FHI360 and Deloitte staff. Stuff were collected from both Deloitte and FHI 360 staff such as clothes, shoes, bed sheets, school stationaries and cash/pledges to support MVC. While this event was done in Dar es Salaam, the contributions will benefit MVC from Pamoja Tuwalee/ FHI 360 all program areas. Details of distribution will be provided in the next reporting quarter.



Children playing with Deloitte and Pamoja Tuwalee staff during Deloitte Impact Day event

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 interventions. This entails working very closely with the DSWOs to ensure thorough understanding of their roles and spearhead the implementation of the National Costed Plan of Action.

The program focus during this closeout phase was on two major activities: conducting exit meetings with Ward Development Committees (WDC) and community volunteers in all its operational districts. Under the program guidance, those meetings especially the WDC were facilitated by the DSWOs. Below are more details Ward Development Committee (WDC) meetings.

As part of the exit plan, last quarter the program met with Council Management Team and District Implementing Partners Groups to formally inform them about the closeout of the project, share achievements and challenges.

The WDC meetings were conducted in 220 wards between January and February 2015 in three regions namely: Morogoro (Kilombero, Kilosa, Morogoro Municipals, Morogoro Rural, Mvomero and Ulanga districts in 109 wards); Pwani (Kibaha Town Council, Kibaha Municipal, Kisarawe, Mkuranga, Rufiji, Bagamoyo and Mafia districts in 91 wards); and Dar es Salaam (Kinondoni and Ilala districts in 20 wards). Participants were updated on the status of the program implementation and children/MVC who have been receiving services under the program. This was followed by participants discussing on strategies to continue supporting children of their respective ward after the program ends.

A total of 5030 (3,427 male and 1603 female) participants attended the meetings which comprised of different stakeholders with different backgrounds that allowed wide and rich discussion of the developmental issues. These involved Ward Councillors (who were chairing the meetings), the District Social Welfare Officers (who were facilitating discussions on the way forward in collaboration with the program support); Ward Executive Officers; Street 'Mtaa' Executive Officers; Street 'Mtaa' Chairmen; Community Development Officers; Doctors; School heads; Health Officers; Veterinary Officers and Agriculture Officers.

One of the key expected outcome from these meetings was WDC understanding their roles and responsibilities in coordinating and providing support to MVC in collaboration with the community volunteers and MVCCs. In all the WDC meetings, members developed Action Plan that demonstrated continuity commitment of ward leaders and communities to support MVC and households. The participants as representatives of their respective villages and communities took time to set the agenda that would ensure sustainability of the MVC support currently by facilitated by Pamoja Tuwalee program. The following are some of the activities included in most of the WDC developed action plans:

- To maintain the MVC issues in all WDC and village council meetings agenda.

- To sensitize and mobilize various stakeholders particularly businessmen, institutions and other development stakeholders at village level to support the MVC
- To establish MVCCs, children clubs and SILC groups in new villages/mitaa and to strengthen the existing ones. The latter with the intent to continue fostering entrepreneurship skills to MVC households and Volunteers
- To continue advocating for MVC budget allocation into the government district and ward budgets.
- To establish Ward MVC Basket Fund for payment of school fees and provision of vocational skills to MVC.

Community volunteers exist meetings

Community volunteers among other MVC stakeholders have been instrumental in not only supporting MVC in their respective villages/mitaa but also in helping the program on follow up and providing direct services to MVC. They conduct regular home visits and report progress on each individual MVC and caretaker registered under the program on monthly basis.

Although when we started to engage these volunteers we informed them about the project timeframe, still it was necessary to define clearly the exit plan that would motivate them to continue with provision of services to MVC after the project phase out. Based on that, we conducted formal exit meetings as we wanted them to be appreciated by the DSWOs, DED, and other members. The meetings started with programmatic issues that was followed by different appreciation speeches - from Pamoja Tuwalee program headquarter/regional, sub grantee leadership and the Guest of honour who in many places was the District Executive Director.

These volunteer exit meetings were also used as an avenue to provide them with certificates of appreciation to keep them motivated to continue serving MVC. The meetings involved a total of 1089 volunteers from all regions.



Volunteers in Kinondoni Municipal posing for a photo during the farewell gathering

1.3 Strengthening MVCC to lead Community Support for OVC

According to the National Costed Plan of Action (NCPA II), MVCC is the structure responsible for coordinating MVC at the village level. Hence, strengthening its capacity is of great importance. The program uses 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. To date, the program in partnership with the DSWOs has strengthened the capacity of 627 MVCCs. This is to ensure direct accountability among the MVCCs and DSWOs after the program phase-out. As a result of the program capacity building efforts, we have observed some positive changes among MVCCs in taking their responsibilities of supporting MVC and their caretakers. These include responding on violence against children issues and participating in preventing child abuse, neglect and exploitation; provision of direct support to MVC and coordinating MVC services among different stakeholders. 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 MVCCs through coaching and mentoring by sub grantee staff and DSWOs during field visits. During this reporting period, the program focused on meeting with WDC members in which one of the agenda was to indicate to them about the importance of working very closely with MVCC in their respective villages. As indicated under 1.2 (see bullet 3 on the output of the WDC meetings) one of the key commitments made almost by each WDC from the 220 Wards aim at supporting the MVCCs to implement their activities. In addition to WDC meetings, the program through its local implementing partners and DSWOs continued to provide coaching and mentoring to MVCC members through field visit. The key agenda for the visit this quarter was the message on program exit and reviewing the implementation status of the MVCC work plans developed in the previous quarters.

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. As we move closer to the end of the program, a total of 1033 volunteers are members of MVCCs representing 95% of all 1089 volunteers as detailed below

Table 5: Current status of volunteer membership in MVCCs

| District | Number of Volunteers | | | Members of MVCCs | | | % of MVCC members |
|----------------------------|----------------------|------------|------------|------------------|------------|------------|-------------------|
| | Male | Female | Total | Male | Female | Total | |
| MOROGORO | | | | | | | |
| Morogoro Rural | 23 | 24 | 47 | 23 | 24 | 47 | 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 | 55 | 52 | 107 | 55 | 45 | 100 | 93% |
| Total Morogoro | 153 | 180 | 333 | 129 | 143 | 272 | 82% |
| DAR ES SALAAM | | | | | | | |
| Ilala | 32 | 36 | 68 | 32 | 36 | 68 | 100% |
| Kinondoni | 30 | 51 | 81 | 30 | 51 | 81 | 100% |
| Total Dar es salaam | 62 | 87 | 149 | 62 | 87 | 149 | 100% |
| ZANZIBAR | | | | | | | |
| Wete | 5 | 17 | 22 | 4 | 10 | 14 | 64% |
| Micheweni | 4 | 7 | 11 | 3 | 5 | 8 | 73% |

| | | | | | | | |
|-----------------------|------------|------------|-------------|------------|------------|-------------|-------------|
| Chakechake | 5 | 12 | 17 | 5 | 6 | 11 | 65% |
| Mkoani | 4 | 1 | 5 | 4 | 1 | 5 | 100% |
| North A | 6 | 4 | 10 | 6 | 4 | 10 | 100% |
| Noth B | 5 | 9 | 14 | 5 | 9 | 14 | 100% |
| Central | 6 | 8 | 14 | 6 | 8 | 14 | 100% |
| South | 2 | 3 | 5 | 2 | 3 | 5 | 100% |
| Urban | 2 | 6 | 8 | 2 | 6 | 8 | 100% |
| West | 6 | 13 | 19 | 6 | 13 | 19 | 100% |
| Total Zanzibar | 45 | 80 | 125 | 43 | 65 | 108 | 86% |
| 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 TC | 40 | 2 | 42 | 40 | 32 | 72 | 171% |
| Kibaha DC | 28 | 36 | 64 | 28 | 36 | 64 | 100% |
| Rufiji | 25 | 47 | 72 | 25 | 47 | 72 | 100% |
| Mkuranga | 63 | 44 | 107 | 63 | 44 | 107 | 100% |
| Total Pwani | 263 | 219 | 482 | 256 | 248 | 504 | 105% |
| Program Total | 523 | 566 | 1089 | 490 | 543 | 1033 | 95% |

Source: Quarterly Report: January-March 2015

1.3.3 Support creation of MVCCs where they do not exist

Being in the closeout phase, the program did not create new MVCCs, instead it continued with exit meetings to ensure continuity of the existing MVCCs support to MVC.

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

Though it takes time and efforts, investing in community structures to take responsibility of caring for MVC pays off. Since its engagement with MVCCs and building their capacity, the program has noted gradual increase of resources contributed through MVCCs for MVC support. Compared to last quarter in which a total of TZS 1,156,500 (US \$ 680) and support to 288 MVC with schools fees, this quarter the amount contributed increased to TZS 6,288,500 (US\$ 3,699) which supported 876 (415 male and 461 female) MVC. The sharp increase is associated with school opening in this quarter where most of the children needed scholastic materials. Apart from schools fees, the funds was used to cover for CHF card, medical care and clothes.

Table 6: MVC supported through OVC funds

| Region | Total Value(TZS) equivalent | Number of MVC supported | | |
|---------------|-----------------------------|-------------------------|------------|------------|
| | | Male | Female | Total |
| Morogoro | 1,736,300 | 176 | 187 | 363 |
| Dar es salaam | 429,000 | 44 | 62 | 106 |
| Zanzibar | 174,600 | 50 | 51 | 101 |
| Pwani | 3,948,600 | 145 | 161 | 306 |
| Total | 6,288,500 | 415 | 461 | 876 |

Source: Quarterly Report January-March 2015

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 in SILC groups increased from 623 to 687. Apart from them being part of SILC groups, the program provides them with training opportunities wherever available. In the past, a number of MVCC members participated in the program organized training on gardening and other entrepreneurship skills.

1.4 Strengthen Local CSO Partners to Support MVC Services

The program is committed to strengthen the capacity of partner CSOs and more specifically, to strengthen leadership and management focusing on project management and execution, organizational systems and structures, grants management and reporting in order to increase institutional capacity to provide comprehensive and sustainable quality service delivery to MVC. In this reporting period, capacity building focus was on mentoring and coaching in leadership, grants and financial management.

1.4.1 Develop and implement capacity building plans for local CSOs

Following trainings in leadership, grants and financial management, in this reporting period coaching and mentoring was applied as effective tools for staff development and leadership. The program has realized that personalized support through coaching and mentoring add more

value. On gender perspective, coaching and mentoring has been an important tool to groom female leaders as through it they have developed confidence and self-esteem. One of the best examples where female leaders have emerged to be strong enough to move their CSO to the next level is JIMOWACO. This is a female led organization which has been very successful in implementing organization strategy.

Generally, coaching and mentoring have helped partner CSOs perform their duties effectively and efficiently. Leaders and staff have highlighted a range of changes at the individual and organizational levels. At the individual level the following were achieved: enhanced creative thinking, problem solving and managerial skills among leaders. The sessions also helped individuals become aware of and responsible for their own actions and understanding the role of leadership in CSOs. One of the CSO leaders had this to say, *“The mentor challenged me to critically think of my role as a CSO leader. There were things I was doing just because I have been doing and I was not keen and committed. I can now move forward strongly and make an impact in my organization”*.

Accountants working with partner CSOs have increased their capacity in grants and financial management significantly. They can now enter and post transactions data into quick books, they can also plan, budget and manage budget using quick books and are able to generate reports on budget and expenditures. Also, they are able to manage the cashbook and ledger in quick books.

At the organizational level, coaching and mentoring have resulted in increased commitment among leaders in moving their entities in the right direction - they have become results oriented. HACOCA, FARAJA, WAMATA Dar es Salaam, WAMATA Pemba and JIMOWACO are good examples of CSOs that have demonstrated organizational positive change. As a result of the increased capacity of leaders and staff, the partner CSOs have advanced their capacity in governance, leadership, planning and grants and financial management.

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

The high functioning CSOs namely FARAJA, WAMATA Dar es Salaam and HACOCA have continued to receive coaching and mentoring support to enable them move to the self-sustaining status. Hands on support to leaders and staff have imparted more knowledge and skills in governance, leadership, grants, and financial management.

1.5 Facilitate Meaningful Participation of the Business Community in MVC Support

The identification of business community and engaging them in supporting MVC has been a continuous process. As stated in the previous years, it takes time to build a sustainable

relationship with the big private companies. While they have been providing support to MVC following our awareness raising, most of them do not make permanent commitment, they prefer one off contribution. Based on that we decided to involve both local and small private companies to contribute to MVC support which in turn have made meaningful contributions. During this quarter, a total of TZS 81,754,400 (US\$ 48,091) was collected and cater for education, health and protection needs of 4,447 MVC.

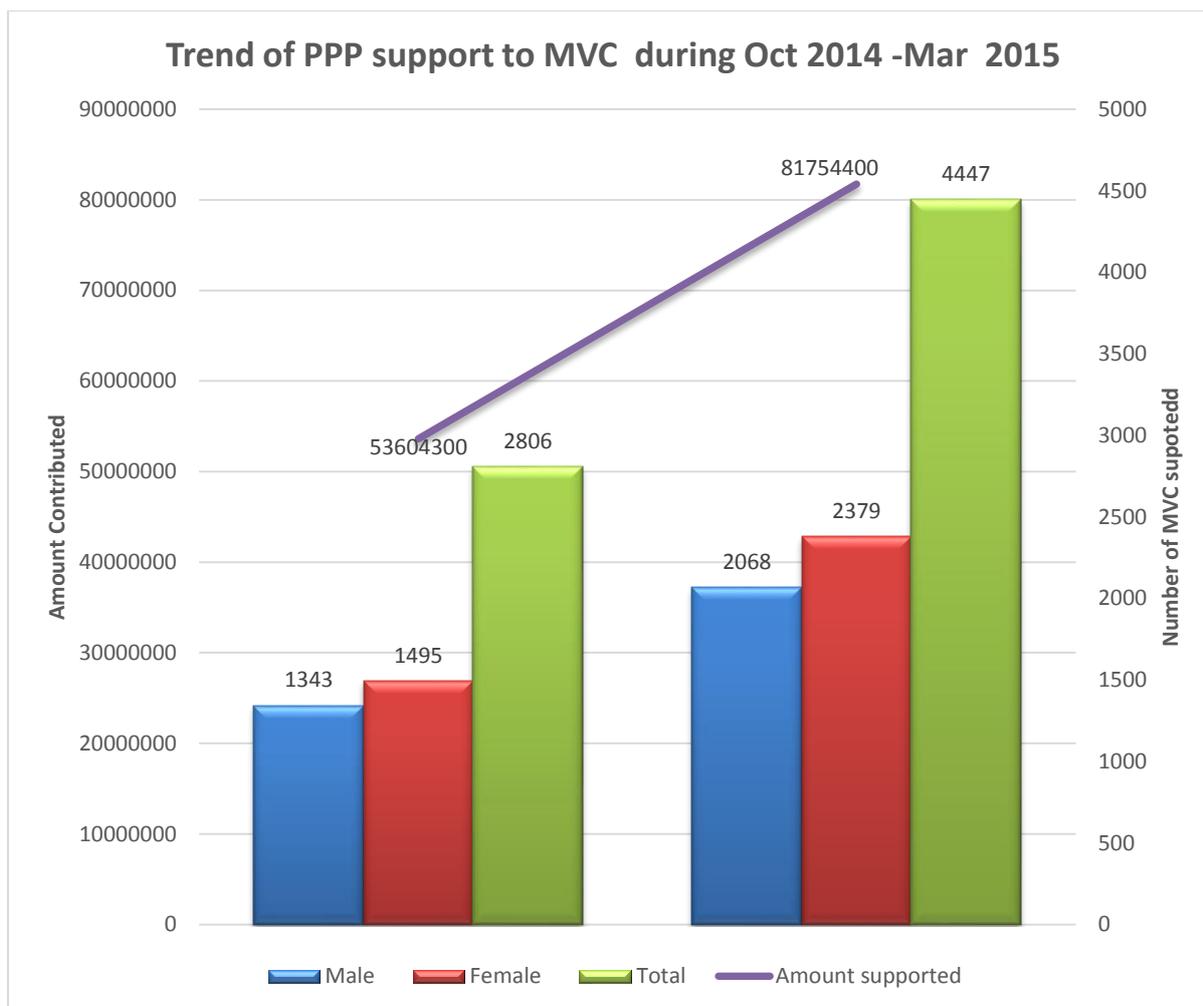
1.5.1 Establish and support PPP that benefit MVC and their households

During this reporting period there was an increase of 52% in the amount contributed by Public Private Partners - from TZS 53, 604,300 last reporting period to TZS 81,754,400. The improvement is also noted on the number of MVC support whereby a total of 2,808 MVC were supported compared to 4, 447 reported last quarter.

Table 7: Summary of MVC supported through PPP during this quarter

| Region | Total Value(TZS) equivalent | Number of MVC supported | | |
|---------------|-----------------------------|-------------------------|--------------|--------------|
| | | Male | Female | Total |
| Morogoro | 7,043,400 | 235 | 310 | 545 |
| Dar es salaam | 13,518,000 | 99 | 121 | 220 |
| Zanzibar | 794,600 | 61 | 65 | 126 |
| Pwani | 60,398,400 | 1,673 | 1,883 | 3,556 |
| Total | 81,754,400 | 2,068 | 2,379 | 4,447 |

Source: Quarterly Report - January to March 2015



Source: Quarterly Report - January to March 2015

Deloitte Family Impact Day

As indicated under 1.1 above, Deloitte, a major of Pamoja Tuwalee partner organized an impact day with the aim of mobilizing donations in cash and in kind as well as raising awareness on the plight of MVC in Tanzania. They brought together 80 MVC from Kinondoni and Ilala Municipal councils in Dar es Salaam region, the Deloitte staff, Pamoja Tuwalee FHI 360 Program staff and others for a half day football tournament and other activities in favor of the MVC.

Deloitte employees made pledges totalling TZS 11,250,000 to sponsor children on secondary education and primary school uniforms, shoes and stationaries. In addition 393 items of clothing and 267 non-clothing items, TZS 462,000 from T-shirt sales, TZS 450,000 from the



Upendo Children of club from Ilala Municipal posing for a photo after receiving the Deloitte tournament and other gifts

‘Bake Sale’, TZS 400,000 from Raffle, and TZS 124,000 from food and drink sales was raised. Also, FHI 360 staff contributed a total 469 pieces of clothes, 43 pairs of shoes, 60 exercise books, 160 pens, 134 pencils and TZS 120,000. While 80 MVC benefitted directly from the event, it is anticipated that about 30 MVC who passed their A’ level examination will be supported with schools fees and other scholastic materials from the contributed amount and the support will continue next year per Deloitte staff commitments.

1.6: Improve Coordination Among and Across Sectors and Zones

FHI 360 like other development partners cannot provide comprehensive services and meet all the needs of MVC and their caretakers on its own. It is based on this reality that FHI 360 works

with the government and other stakeholders at all levels to ensure comprehensive and coordinated services to MVC.

At the national level, the program is an active member of Implementing Partners Group (DIPG) since program inception. Apart from sharing the monthly updates, we have been participating in all monthly meetings. During this quarter, following the request from the Department of Social Welfare in the MOHSW, we made a presentation on our success in building the capacity of MVC households to care and support their children. The presentation generated productive discussion in terms of activities that we are implementing in partnership with caretakers, OVC, community members and LGAs. The key message to the stakeholders was the need to build a strong partnership with the people we serve and the government that lead to achieving the goal of improving lives.

At the district level, the program established 17 (15 Mainland and 2 Zanzibar) District Implementing Partners' Groups (DIPG) forum. The established DIPG forum has played a significant role in coordinating MVC and non MVC implementing partners as well as facilitating linkages and referrals. In the last quarter, the program supported the DIPGs to reflect on the performance and define strategies for continuity of the group activities in the absence of Pamoja Tuwalee program. During this quarter, some of the members including DSWOs facilitated the WDC meetings hence did not conduct the formal DIPG meetings.

Activity 1.7: Sensitize communities/ Villages to establishing Food storage

As part of the exit plan, during the closeout meetings with the WDC members, MVCCs and Community volunteers, we re-emphasized our key messages and activities in improving the wellbeing of MVC including sensitization and facilitation for food security and /or storage. Building on that and the previous support, some MVCCs have started to implement their developed action plans including like establishment of IGAs and growing food crops for MVC support. Below are some examples of the related activities in this quarter in Pwani region:

- In Bagamoyo district, Masuguru village, MVCC cultivated two acres of maize for MVC support. In Mkenge village MVCC with support from village authority cultivated three acres of pineapples while MVCC in Kwang'wandu established poultry keeping for business and nutrition support.
- In Mafia, Chole MVCC cultivated half acre of sweet potatoes for MVC support
- In Mkuranga village authority provided three acres of land to Mwanambaya MVCC for cultivating cassava. The MVCC and community members are in the process of farm preparation.

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

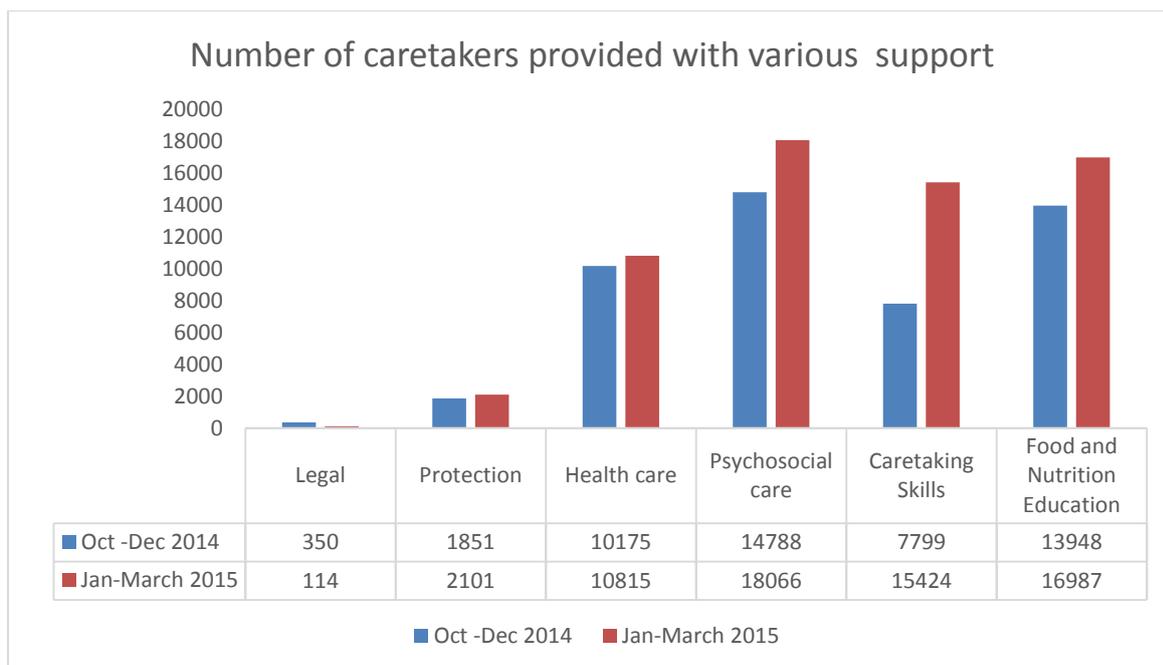
Improving the livelihood of MVC households remains an important activity in safeguarding the welfare of children. In ensuring this the programs provides economic strengthening support to increase the household economic capacity. During supportive supervision visits, there are noted changes of improved livelihoods among MVC households: some of the caregivers are able to pay school fees medical expenses for their children. The data from the end-line survey conducted by DAI IMARISHA program indicate that there is improved food security and productive assets compared to the baseline.

During this reporting period, the program through volunteers continued to encourage households to increase their participation in SILC groups.

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

Providing care to MVC requires caregiver's efforts in understanding their children's needs. Through home visits, volunteers are observing positive behaviour of caregivers in supporting their children.

During this reporting period the number of caretakers supported with health care, caretaking skills, psychosocial, protection, food and nutrition has increased compared to last quarter while for the legal support the number has remained low. The increase is associated with the program efforts in reaching more MVC households. The figure below shows the increase support provided to MVC household for the past two quarters. The program continue to strengthen child protection teams to ensure legal support to MVC households.



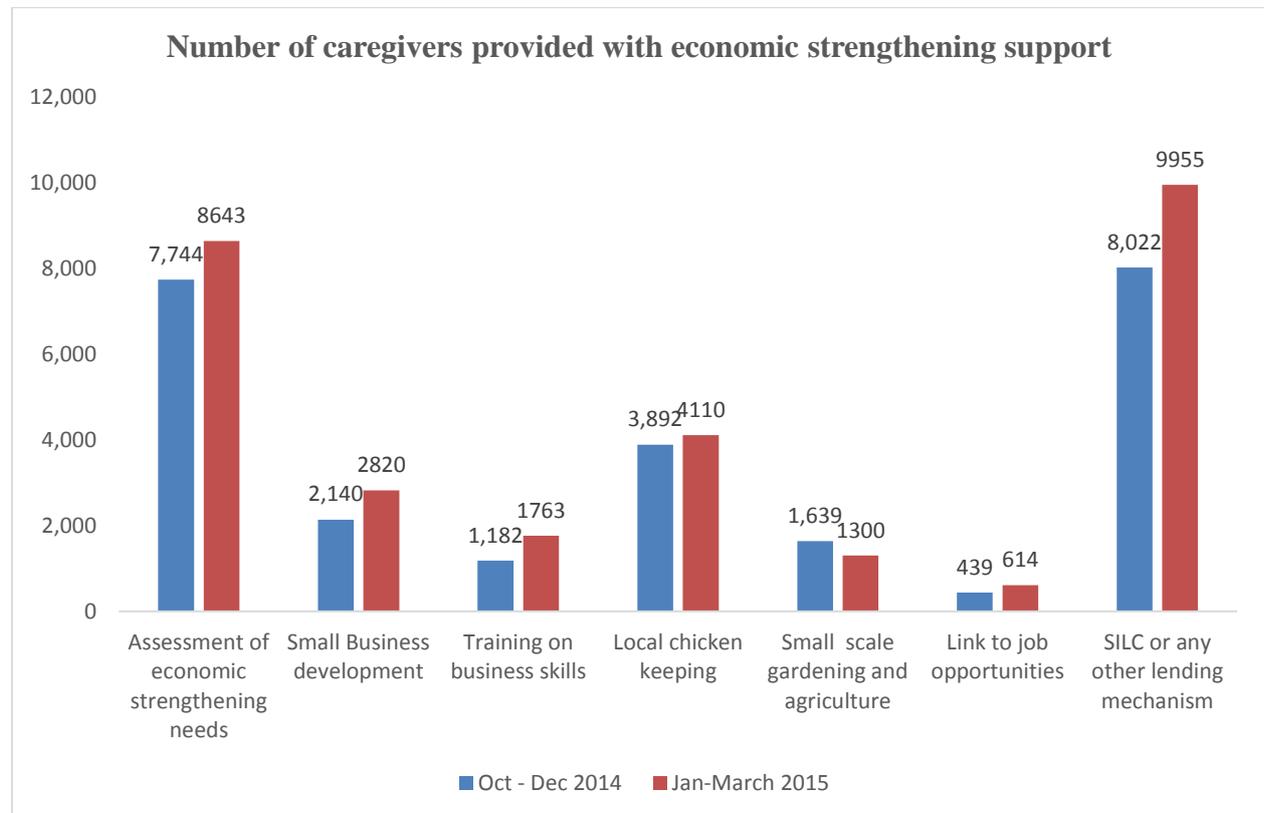
Source: Regional quarterly report January-March 2015

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

Enhancing savings behaviour among caregivers contributes to increasing their resilience. Through home visits by community volunteers caregivers are coached and mentored on how savings can contribute to enhance their economic activities. As a result of their participation in economic activities caregivers can save and take loans. The income they get from their business enable them to meet food, medical and education costs along with allocating income for savings.

Volunteers reach caretakers with economic strengthening support which include SILC, Link to job opportunities, Small scale gardening and agriculture, Local chicken keeping, Training on basic business skills, Small business development and assessment of economic strengthening needs. During this reporting period, in Bagamoyo and Kibaha, through linkage to TASAF III a total 647 households with 2641 (1258 males and 1383 females) were supported with TZS 48,616,400 (\$24,302) for food and education. The increased cash to the same households is associated with additional beneficiaries enrolled during this quarter. Also, in Bagamoyo 3 caretakers supported with dairy goats last year by Heifer International are now getting milk. The milk is used for food, and surplus is been sold. Through selling 2 to 3 liters

per day each caretaker earns an average of TZS 50,000 (\$ 25) per month which is used to cater for MVC household needs.



Source: Regional quarterly report Jan- March 2015

Through program efforts of ensuring MVC households improve on saving behaviour, the CRPs continue to encourage caregivers to join SILC groups. As a result of these efforts, new 71 SILC groups were formed in which 51% of the new members are from MVC households. This suggests that caregivers have learned the importance of savings and have taken initiatives in joining the groups.

To date the total savings in SILC groups amounts to TZS 1,620,404,268 (\$810,202) and contribution to OVC funds amount to TZS 96,025,890 (\$ 48,012). This is an increase of 20% on the savings which is attributed to the new formed groups. For MVC funds the decrease is 13% which is associated by high need of school fees and scholastic materials among SILC group members’ children which left them with less funds to contribute towards OVC funds.

Table 8: Summary of composition and financial status of SILC groups

| Region | # of Groups | Sex | | | Member category | | | | | Total Savings | Contribution for OVC fund |
|---------------|-------------|--------------|---------------|---------------|-----------------|--------------|------------|------------|-----------------|----------------------|---------------------------|
| | | Male | Female | Total | MVC | MVC HH | MVCC | Volunteer | Other Community | | |
| Morogoro | 213 | 1,212 | 3,993 | 5,205 | 13 | 834 | 177 | 222 | 3,959 | 662,185,710 | 36,505,160 |
| Dar es salaam | 130 | 417 | 3,140 | 3,557 | 31 | 802 | 154 | 105 | 2,465 | 483,216,950 | 43,440,850 |
| Zanzibar | 71 | 389 | 1,626 | 2,012 | 8 | 465 | 69 | 54 | 1,416 | 163,142,428 | 3,219,450 |
| Pwani | 178 | 1,129 | 3,216 | 4,346 | 227 | 1,882 | 287 | 151 | 1,799 | 311,859,180 | 12,860,430 |
| Total | 592 | 3,147 | 11,975 | 15,122 | 279 | 3,983 | 687 | 532 | 9,639 | 1,620,404,268 | 96,025,890 |

Source: Regional quarterly report January-March 2015

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

Through technical support provided by CRPs, caregivers are mobilized to form SILC groups and are encouraged to start economic activities. One of the program exit strategy is to hand over SILC groups to Community Development Department for motivation, capacity building and for sustainability purposes.

During this reporting period the program in collaboration with Community Development Officers (CDOs) conducted exit meetings. The meetings aimed at handing over SILC groups to the LGAs. Among the handed over groups, 40 are already registered, while others continue to be supported by CDO to complete their registration process, and the remaining are supported in developing constitutions.

In Mkuranga district three SILC groups namely Jipenimoyo, Jitihada and TUNAJALI have expanded their businesses as a result of the training received on entrepreneurship skills and soap making. This has enabled the groups to raise their income to TZS 500,000 (\$250); TZS 200,000 (\$ 100); and TZS 400,000 (\$ 200) respectively.

2.2.2: Regular CRPs meetings.

CRPs meeting is a platform for them to share experiences and knowledge in managing and supporting SILC groups. Through group meetings CRPs continue to capacitate SILC group leaders on record keeping, financial literacy and business skills.

During this reporting period, the CRP meetings focused on sharing best practices with Community Development Officers and Social Welfare Officers who will work hand in hand with the CRPs to ensure continued support to SILC groups. The main agenda was how to ensure sustainability of SILC groups after the program come to an end. Both the ward community development Officers/social welfare officers and CRPs made commitment which included:

- CDOs will continue to provide technical support to SILC groups and facilitate registration of those progressing well.
- CRPs will continue to facilitate SILC group meetings and sensitize more caretakers to join the groups
- LGAs will continue to incorporate training on entrepreneurship skills in LGA budget for the promising SILC groups
- CDOs plan to provide education to CRPs on the importance of record keeping and make close follow-up to ensure all information is shared with the ward office
- CRPs will be invited to participate in WDC meetings and provide progress of the groups and challenges encountered.
- CDO will continue to assist in reviewing groups' constitutions and facilitate SILC group registration
- In Mkuranga CDO promised to linked the registered SILC groups to financial institutions in order to access bigger loans

2.2.3: Conduct joint market assessment

SILC group members are faced with challenges when it comes to accessing market for their products. In responding to this the program is working with CDOs and District Trade Officers who can guide caregivers on better markets. Also the program continues to link caregivers with markets within their localities. Markets are much more than physical places, because they consist of producers, traders, products.

In this reporting period the program continued to encourage CRPs to support and link caregivers with better markets. This will give them confidence of negotiating/bargaining for better prices which in turn can benefit them.

2.2.4: Training on entrepreneurship skills and provision of start-up kits to MVC caretakers.

Following the entrepreneurship training in the previous years, caretakers continue to utilize the knowledge through engaging in small scale, commercially oriented agricultural activities and business practices. The program continues to provide various entrepreneurship training with the aim of improving the livelihood of MVC households.

During this reporting period the program provided start-up kits to 71 caregivers who are engaged in various economic activities. The start-up kits were provided to caretakers engaging in businesses related to: food vending; local chicken keeping; home gardening; fish vending, soap making and vegetable vending. The start-up kits aimed at enabling caregivers to expand their business hence increase income for provision of essential services to MVC.

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

Access to sufficient and nutritious food among MVC households remains low due to their limited purchasing power. In responding to this the program provides MVC households with nutrition and food security support to ensure that MVC households are food secured. Through training provided in previous years on local chicken keeping and home gardening MVC households grow vegetables and keep chicken which are used both for food to provide them with protein as well as source of income.

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

Following the training on Nutrition Assessment and Counselling Support (NACS) conducted last year the trained volunteers continue to use the knowledge in conducting nutrition assessment among MVC and their caretakers.

As per previous quarter, during this quarter community volunteers referred the MVC identified with malnutrition for more support and they provided nutrition counselling to their caregivers and monitored the progress. Among the children who were assessed 97% were healthy.

Table 9: Nutritional Status of MVC Assessed During Jan-Mar 2015

| District | Total MVC Assessed | | Healthy MVC (Green) | | Slight Malnourished MVC (Yellow) | | Severely Malnourished MVC (Red) | | Referred MVC | |
|--------------|--------------------|--------------|---------------------|--------------|----------------------------------|------------|---------------------------------|-----------|--------------|------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| Morogoro | 2951 | 2898 | 2659 | 2657 | 283 | 223 | 20 | 7 | 37 | 32 |
| Dares Salaam | 4407 | 4468 | 4375 | 4433 | 30 | 30 | 2 | 5 | 3 | 6 |
| Pwani | 3988 | 4201 | 3596 | 3852 | 381 | 331 | 17 | 12 | 82 | 77 |
| Zanzibar | 2941 | 2702 | 2870 | 2630 | 57 | 54 | 14 | 18 | 14 | 18 |
| Total | 14287 | 14269 | 13,500 | 13572 | 751 | 638 | 53 | 42 | 136 | 133 |

Source: Regional quarterly report January-March 2015

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

Protecting children from violence, abuse, neglect and exploitation is everybody's responsibility. Families, communities, governments and non-governmental organizations (NGOs) together play a vital role in realizing children's rights to protection. Children can also play an important role in protecting themselves from abuse and exploitation, in accordance with their evolving capacities. In order to fulfil children's rights to protection, an effective child protection system must engage and transform such community perspectives, working with the community itself.

The program consider community based child protection groups effective in addressing child protection in many places, they are also recognized by governments and NGOs as vital in the establishment of an effective and comprehensive child protection system. The established government structures, MVCC and Child protection teams have been taking a lead in collaboration with village/mtaa leaders, community volunteers and community members to help MVC who are being abused and report the incidences to relevant authorizes for further services. In order to achieve this the program focus is in the following detailed activities.

2.4.1 Facilitate utilization of Child helpline

The National Child Helpline service is provided through a toll-free 116 telephone line available across all mobile networks in Tanzania. The line has played a significant role in making sure that GBV and VAC incidences are reported timely for quick response, but also the service motivates community members to report perpetrators unnoticed. By using the service the victims of GBV and VAC have been linked to different existing social, legal and clinical services, through the department of social welfare, police, hospitals, and CSOs. It is often impossible for children to know all the services available, especially in emergency situations hence child help line plays a vital role of linking GBV and VAC survivors to these services

2.4.2 Piloting One Stop Center services in Ilala District

The program has continued to facilitate a coordinated response model in providing comprehensive care to survivors of gender based violence and violence against children. The survivors are offered medical, legal and psychosocial services at One Stop Centre located within Amana regional referral hospital through a referral system that links services. The program aim at increasing survivor safety and perpetrator accountability by coordinating and linking core services, this include providing immediate and longer term health care, access to police and legal services, social and age appropriate counselling services.

This quarter a total of 110 cases were attended at the center and clients provided with appropriate services. Among the reported cases 59 cases involve rape, 25 sodomy 2 rape and sodomy 15 physical abuse, 5 neglect and abandonment 4 sexual harassment. The number of rape cases has increased from 35 reported last quarter to 59 reported this quarter also sodomy cases have increase from 10% reported last quarter to 22% reported this quarter. This increase is associated with community awareness on the importance of reporting abuse cases to relevant authorities on time. 99 cases attended at the center were referred from police post, department of social welfare, child protection teams, and from CBOs and FBOs while 11 cases were direct reported at the center.

OSC Meeting with key stakeholders

During this reporting quarter the program conducted a meeting with government leaders from legal sector (police and magistrates), MOHSW, Amana Regional Referral Hospital and Child Protection Team members. 28 participants attended the meeting. The objectives of the meeting were: to orient and update on operation and management of OSC; explore commitments and sustainability of OSC; and share best practices. The OSC staff shared challenges faced during service provision to clients as lack of transport, photocopier machine as well as social welfare officer not working for 24 hours. It is obvious that most of the abuse incidences especially rape happen during the night and clients do not go for services because they know services are not available at night. It was agreed that the department of social welfare will review social welfare officer's job description to accommodate this need. The meeting also re-emphasized that community to be sensitized on the importance of reporting at the health facility on time for proper collection of evidence especially forensic evidence.

One Stop Center quarterly meeting

In this reporting quarter, the program facilitated OSC stakeholders quarterly meeting whereby 33 members UNICEF, PACT, CDC/PEPFAR, IRISH AID, MARIE STOPES, TAYOA, TPG-GCD, Amana Hospital, Ilala Municipal council and MOHSW attended. The agenda of the meeting was to share partners' experience on OSC operations in their respective program interventions areas, but also to learn from Amana Hospital OSC which has been a center of excellence for other OSC in Tanzania mainland. Partners who shared what they do in responding to GBV and VAC cases were: (i) Pact - OSC established at Sekou-Toure hospital in Mwanza in February 2015. A total of 27 cases have been attended so far and the center will be officially launched in April 2015. (ii) Marie Stopes who are having a project on treatment and care for victims of Gender-Based Violence in partnership with the Tanzanian Police Force in Iringa and Mbeya regions where 56 and 25 clients have been attended respectively. (iii) TAYOA who are having drop in centers for GBV and VAC survivors in Shinyanga for linking victims to relevant facilities.

Since reports from stakeholders show differences on how OSC operate among partners, the MOHSW is planning to conduct supportive supervision to provide technical assistance and guidance. As for Amana hospital, they have already incorporated OSC in the CCHP plan and budget for FY 2015/2016. This is a significant commitment for OSC sustainability.

2.4.3 Pilot protection of children living on the street

The reasons children go to the streets are unique to their individual situations, there is no one simple reason why a child is on the streets rather, a combination of multiple factors drive children to a life on the streets. These include poverty, neglect, and the breakdown of the family, losing one or both parents to HIV/AIDS or other prevalent diseases and verbal, physical, and sexual abuse. The program through KIWOHEDE has been conducting an intervention to support and protect Children Living and Working on the Streets (CLWS) especially street children beggars and their guardians.



KIWOHEDE staff standing first left with CLWS and their guardian during outreach visit

Outreach Sessions

For the past four quarters the program through outreach services has reached a total of 616 children which is 102.6% of the targeted 600 CLWS and 178 parents /guardians which equals 111% of 160 target. Outreach sessions are conducted in collaboration with social welfare officers and local government leaders who are very much familiar with their localities. Individual and group counselling is consistently done during outreach sessions.

Temporary Shelter

A total of 29 children have been provided with temporary shelter while waiting to be reintegrated to their native places. Among them 5 girls are waiting for their cases which are in court to be heard before reintegration. Children at temporary shelters are closely monitored,

and counselled for preparing their psychology for home return. Apart from the psychological service children who are sheltered at Bunju center are also trained on life skills, health care, food and other necessities such as hygiene and needle work. To date a total of 208 CLWS (90 male and 118 female) have been provided with temporary shelter. Since KIWOHEDE drop in center is only for girls, 90 male CLWS were sheltered at different centers: 62 at Dododogo center, 14 at Malaika, 8 Child in The Sun, 4 Kind Heart and 2 at New Life Center. All 118 female CLWS were sheltered at Bunju shelter



CLWS at Bunju temporary shelter

Reunification of CLW

Reunification of CLWS with their families is one of the focus of this project. Intervention to prevent family separation and support family reunification should involve developing and implementing a comprehensive family tracing and reintegration programme for separated children to ensure that mechanisms are in place to support the identification, tracing, family conferencing, reunification and reintegration of separated children and temporary shelter to take children off the streets. KIWOHEDE in collaboration with social welfare officers have been escorting CLWS to their native homes for reunification purpose.



Beatrice third from left during reunification with her family, others are family members

Reunification is associated with family conferencing that helps to ease the transition of home return also remind all parties the responsibilities as parents/ guardians, child, community and the government to make sure there is friendly environment for children to in

their homes. Normally the conferencing comes up with a care plan for close follow up on the wellbeing of the child and how best they can be supported. During this quarter the project reunified 20 (7 male and 13 female) CLWS making a total of 39 CLWS (11 male and 28 female) reunified upcountry. This exceeds the target of 20 CLWS by 32%.

Drop in Centers

The project through KIWOHEDE uses drop center as a crucial intervention that strengthening effort to reduce the number of children living and working on the streets. This reporting period 69 CLWS (boys 52 and girls 17) children were attended at the drop in center. Also since the project implementation a total of 401 CLWS (232 male and 169 female) have been reached through drop in center services at KIWOHEDE Buguruni Malapa. CLWS are provided with counselling, meals, basic education i.e. reading and writing, life skills, and health education as well as handcrafts. Girls have learnt how to make batiki and beads which are sold at the center. This reduces the number of children on the streets because most of them come to the center during the day to get these services and at the evening they go back home. Also a total of 46 (35 boys and 11 girls) CLWS were provided with health care such as hospital consultation, laboratory and pharmacy during this quarter.

Entrepreneurship and Vocational Training

The program through KIWOHEDE continued to build the capacity of older CLWS and their guardians/parents through entrepreneurship and vocational trainings for engaging into income generating activities and quit begging life. A five day training on economic empowerment was conducted for both CLWS and the guardians. Topics covered during the trainings are the same imparted during previous trainings which are: entrepreneurship and small business start-up, record keeping, business planning, and business groups formation. On completion participants are provided with start-up kits to engage in economic strengthening activities. A total of 12 participants (8 CLWS and 4 guardians) were reached with entrepreneurship skills and vocational training making a total of 74 (61 CLWS and 13 guardians). This is equal to 99 % of the total target of 75 (60 CLWS and 15 guardians).

Some of the older street children who attended vocational and entrepreneurship trainings have quitted street life and they are doing well with their businesses. These are Digost and Deo who are doing business at Ubungo selling chips, bites and soft drinks and Zawadi who is doing running business in Vingunguti having a 'genge' but also selling 'batiki' and beads.

2.4.4 Strengthening Community Child Protection structures

Through the established child protection structures the program has continued to make sure child rights are promoted and protected. Child protection teams through linkages and referrals have been providing services to victims of GBV and VAC. A total of 147 cases have been

handled during this quarter by child protection structures including MVCCs, CPTs, local leaders and OSC. Community awareness has been instrumental in reporting abuse cases to relevant authorities. There has been an increase in community awareness and they are now exposing abuse actions against children and attending service centers for clinical, legal and social support.

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. Through implementing partners' group network we work closely with respective district authorities to ensure MVC households access health services.

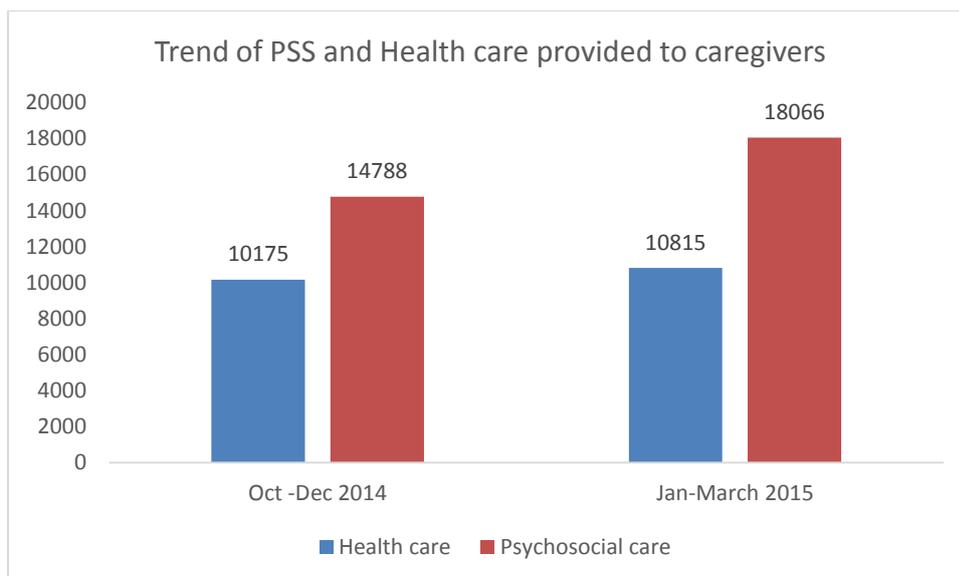
In this quarter the following was accomplished:

- The program facilitated Ward leaders' (CDO, WEO, Agriculture Extension Officers) meetings with the aim of transitioning children to the respective districts for continuity of support beyond the program.
- Visezi village authority and Mkenge MVCC in Bagamoyo district supported 52 (27 male and 25 female) MVC with CHF worth TZS 80,000
- In Kibaha Town Council 20 caretakers supported 20 (9 male and 11 female) MVC with TIKA card amounting to TZS 400,000 while Upendo SILC group in supported 3 (1 male and 2 female) MVC with 3 TIKA cards worth TZS 60,000.
- Kanga MVCC in Mafia district used TZS 240,000 from MVC fund to support 60 (26 male and 34 female) MVC with CHF cards.

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

While struggling to meet MVC basic needs caretakers are faced with challenges in their daily life. Provision of health, emotional and psychosocial support to MVC caretakers is very important to ensure that they live a healthy life. The program in collaboration with other stakeholders continue to provide health and psychosocial services to caretakers to build their capacity in caring for MVC.

The figure below shows the upward trend on provision of both psychosocial support (PSS) and health care. The positive trend is associated with program deliberate efforts in reaching more caregivers with health education and psychosocial care.



2.7 Sensitize and support families to support MVC

The program empowers caretakers through various economic strengthening approaches to better meet the needs of their children. These are interventions like SILC, capacity building in local chicken keeping, home gardening, entrepreneurship skills and linkage to stakeholders who provide livelihood support or cash transfer for livelihood activities like TASAF III program. As a result of this interventions the program has witnessed increasing number of caretakers who are more able to support their children.

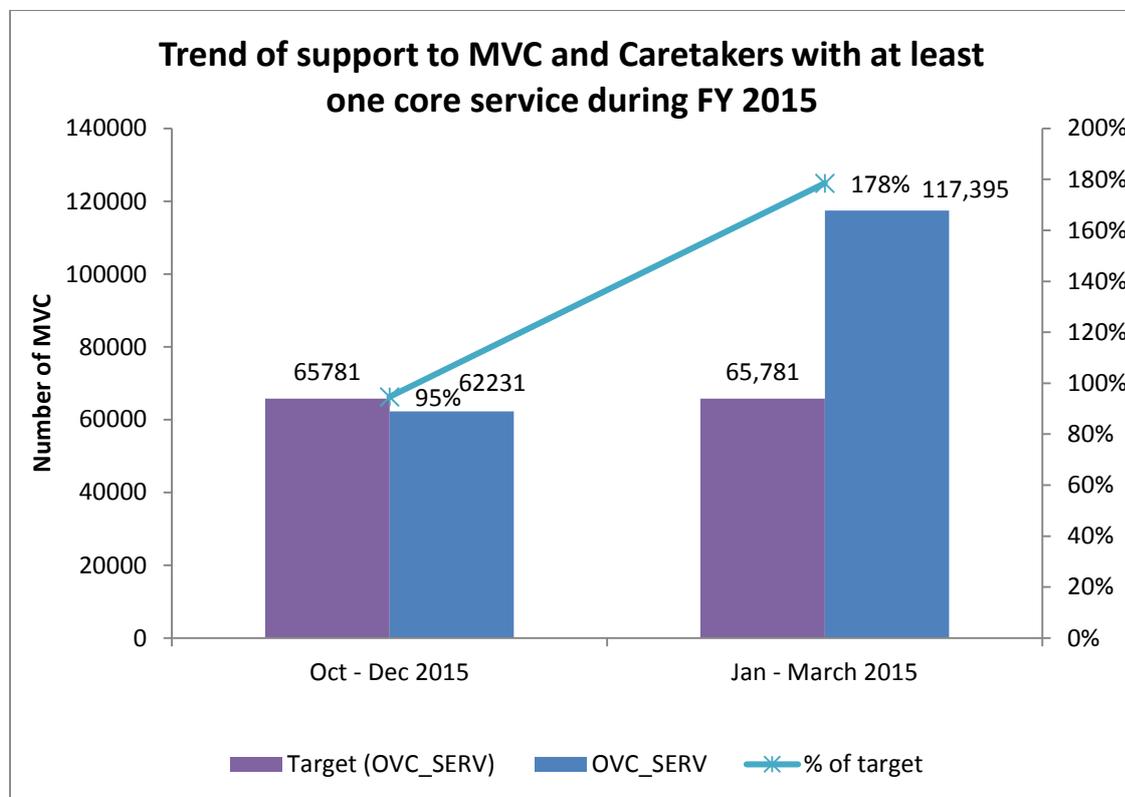
During this quarter caretakers supported a total of 741 (351 male and 390 female) MVC with scholastic materials, school uniforms, school fees and medical cost. The support was worth TZS 16,943,900 (\$8,471). The program through CRPs continue to encourage caregivers to join SILC groups to ensure continual support to MVC beyond the program. Community volunteers continue to provide both economic and non-economic strengthening support to MVC household through home visit.

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

The program continued to increase efforts in building the capacity of LGAs, community members, community volunteers and MVC households to care and support MVC. Through direct support, linkages, and referrals the program through community volunteers reached diverse needs of MVC by undertaking the following activities:

3.1 Continue to provide core, age-appropriate service package to OVC

Through program funds, referral and linkages to other community structures and service providers 98,424 MVC and caretakers (47,399 male and 51,025 female) were served with at least one core service, this is equal to 150% of the total target surpassing MVC reached last quarter by 55%. This makes a total of 117,395 MVC and caretakers reached with at least one core service in FY 2015. This is equal to 178.5% of the annual target of 65,781. The increase is related to revision of PEPFAR indicators on OVC served to include other children within OVC households as well as caretakers. The program has therefore reached 65,404 primary OVC, equal 99% of the annual target, 17,360 secondary OVC and 34,631 caretakers. The support provided include education, primary health care, food and nutritional, shelter and psychosocial.

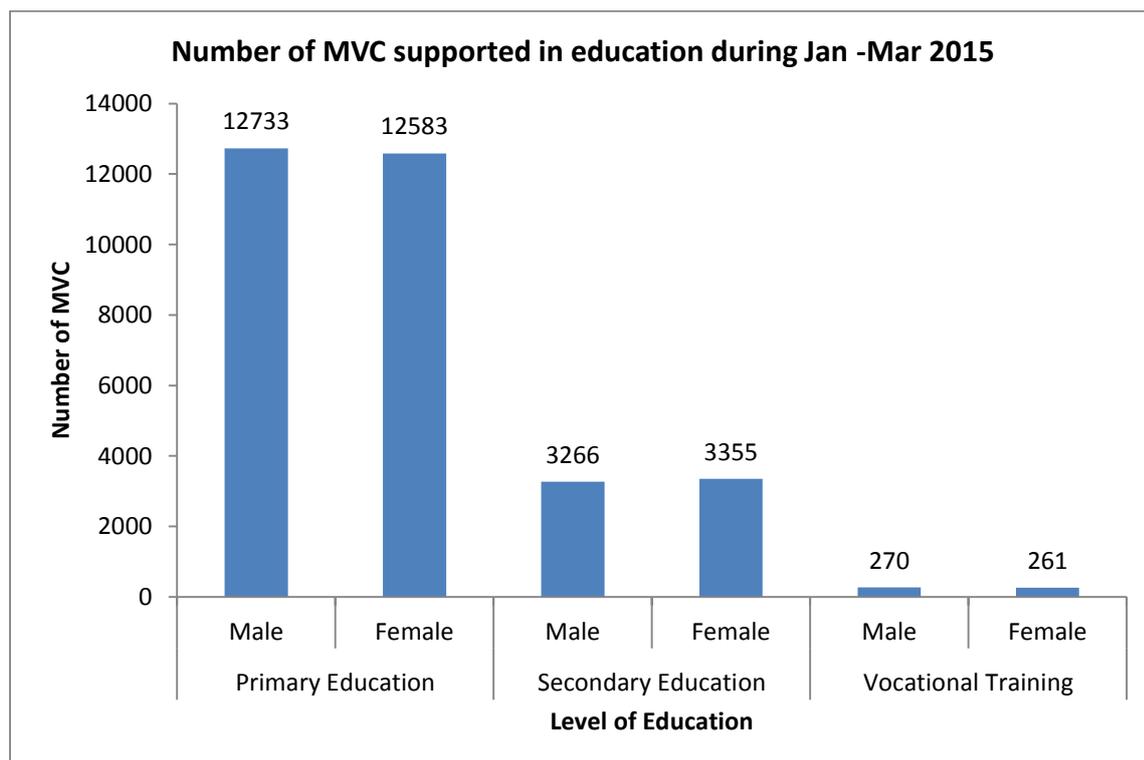


Source: Regional quarterly report January – March 2015

3.1.1 Provide education support and vocational training

Education is one of the essential pathways for children towards realization of their full potential. The NCPA II has mentioned children living in extremely poor households with significant unmet needs in terms of adequate education being most vulnerable. It is from this perspective the program has been offering direct and indirect support to primary and secondary education as well as vocational training to MVC. As a long term measure, the program empowers the communities to take lead in supporting MVC in different areas including education.

During this quarter through direct support 32,468 MVC (16,269 male and 16,199 female) with educational support. Among them 25,316 MVC (12,733 male and 12,583 female) in primary school 6,621 MVC (3,266 male and 3,355 female) in secondary school and 531 MVC (270 male and 261 female) in vocational training. This makes a total of 47,719 MVC (23,783 male and 23,936 female) reached with education support during FY 2015 i.e. semi-annual reach. The Program monitors MVC academic performance through school visits and home visits. A total of 475 MVC who were supported by the program completed ordinary level education and among them 195 equal to 41% have passed their national exams. Passing rate is still low for girls compared to boys (124 male and 71 female) 64% and 36% respectively. .



Source: Regional quarterly report January – March 2015

In Zanzibar 298 (150 male and 148 female) MVC received support in education amounting to TZS 1,530,600 (US\$ 900) from different stakeholders. These included: SILC groups; caretakers; MVCCs Good Samaritan; the Catalyst Organization for Women Progress in Zanzibar (COPS). In Pwani, MVCC and community members reached 552 (238 male and 314 female) MVC with a various education support including scholastic materials, school fees and school uniforms as detailed below.

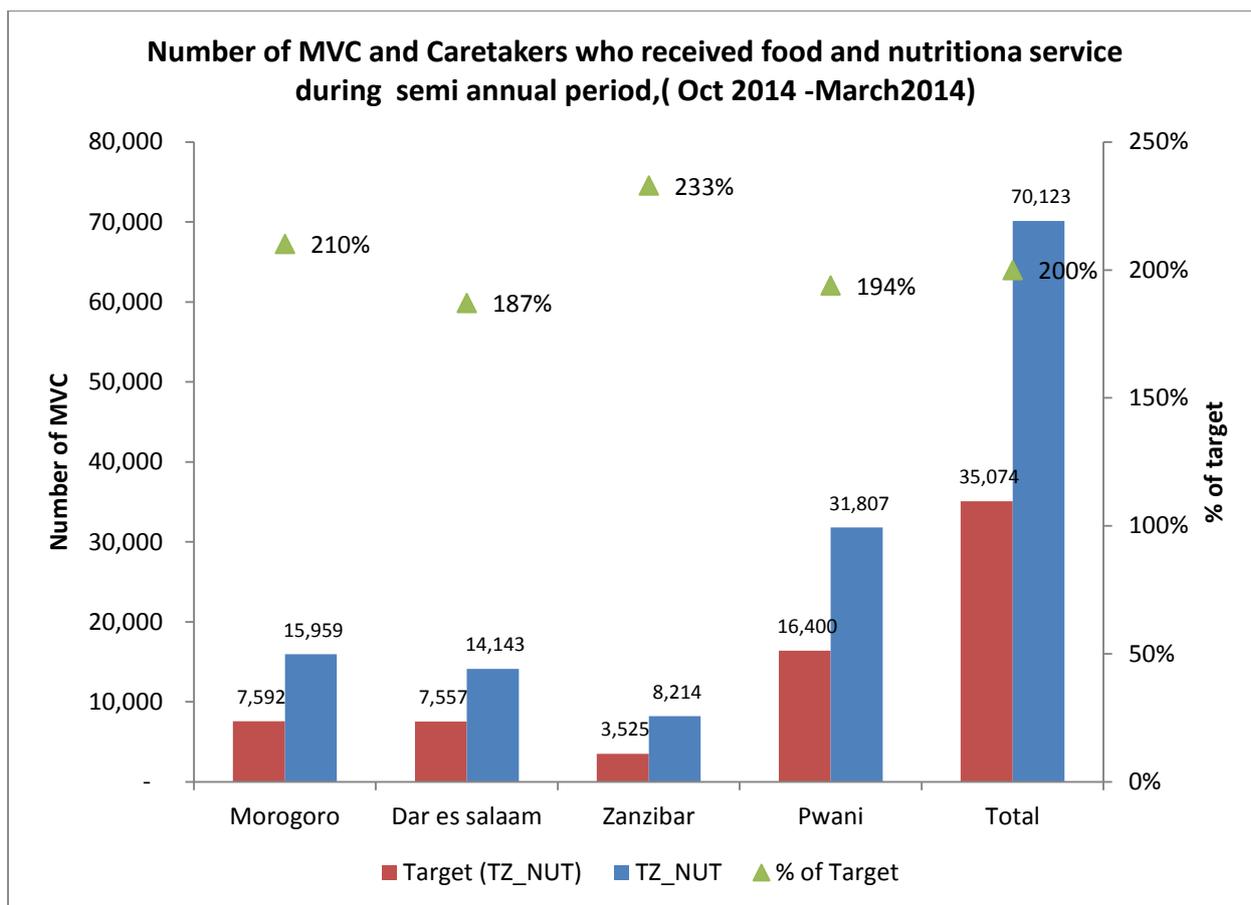
| District | M | F | T | Value in TZS | Source of support |
|--------------|------------|------------|------------|------------------|--|
| Bagamoyo | 51 | 63 | 114 | 4,195,000 | MVCC, SILC group, village authority and good Samaritan |
| Mkuranga | 53 | 82 | 135 | 1,786,600 | MVCC, SILC group, village authority and good Samaritan |
| Kibaha TC | 72 | 72 | 144 | 1,085,000 | MVCC, SILC group and good Samaritan |
| Kibaha DC | 60 | 94 | 154 | 1,087,000 | MVCC and good Samaritan |
| Kisarawe | 2 | 3 | 5 | 100,000 | MVCC |
| Total | 238 | 314 | 552 | 8,253,600 | |

Source: Pwani Regional Quarterly Report January – March 2015

3.1.2 Provide food and nutrition support

Food insecurity and poor nutrition at household level have direct impact on MVC. Children who get balanced diet have lower chances of being ill and tend to recover quickly from diseases. Nutrition is becoming increasingly important, as what matters is not only the quality but also the right mix and quantity of food or nutrients. In ensuring that MVC households have access to and utilize proper foods, the program through community volunteers provides nutrition counselling and assessment and referral to MVC and their caretakers.

For the period of October 2014 to March 2015 the program reached a total of 70,123 MVC and caretakers with nutrition services. This figure includes 38,164 primary MVC 16,932 secondary MVC and 15,027 caretakers. This is equal to 200% of the initial annual target of 35,074. The increase is based on inclusion of caretakers and non MVC children within OVC households.



Source: Regional quarterly report January – March 2015

In Pwani Mkuranga district 47 (15 male and 32 female) MVC were supported with various food stuff by a good Samaritana and MVCCs in Mwanambaya, Tambani, Mkola and Lukanga villages. The support amounted to TZS 117,000.

3.1.3 Support Access to Primary Health Care.

Primary health care is the day-to-day care needed to protect, maintain or restore one’s health. It covers a broad range of health services, including diagnosis, treatment, health education, counselling, disease prevention and screening. Through home visits and children clubs MVC and their households are encouraged to access primary health care services, also referrals to health facilities are made.

In this quarter, health education to MCV and their caretakers on seeking health services in a timely manner; and environmental cleanliness were emphasized. A total of 12,252 (5422 male and 6830 female) MVC and caretakers were reached through home and school visits while

17,307 MVC (8,482 male and 8,825 female) were reached through children clubs. Last quarter only 4,979 MVC (2,638 male and 2,341 female) were reached.

In Dar es Salaam 26 MVC (16 male and 10 female) with HIV/AIDS were referred to PASADA and Amana hospital for further clinical services. In Zanzibar 2 SILC groups supported 2 female MVC with medical treatment worth TZS 34,000. Also in Morogoro region 18 MVC (male 7, female 11) have been supported by community members; 10 MVC (4 male and 6 female) were provided with medicine and treatment by a politician which cost TZS 100,000; and 1 female MVC supported with medical treatment by Nguvukazi SILC group worth TZS 175,000.

3.1.4 Support shelter improvement.

The National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children (2009) mentions shelter as one among eight main service categories of MVC support. It emphasizes ensuring that MVC have the same access to clothing, bedding, and shelter as the other children in the family unit, identifying transitional shelter in case of emergency, reintegration of children in institutional care, and support of child-headed households; and that all these should be done with a good understanding of the community norms and economic realities.

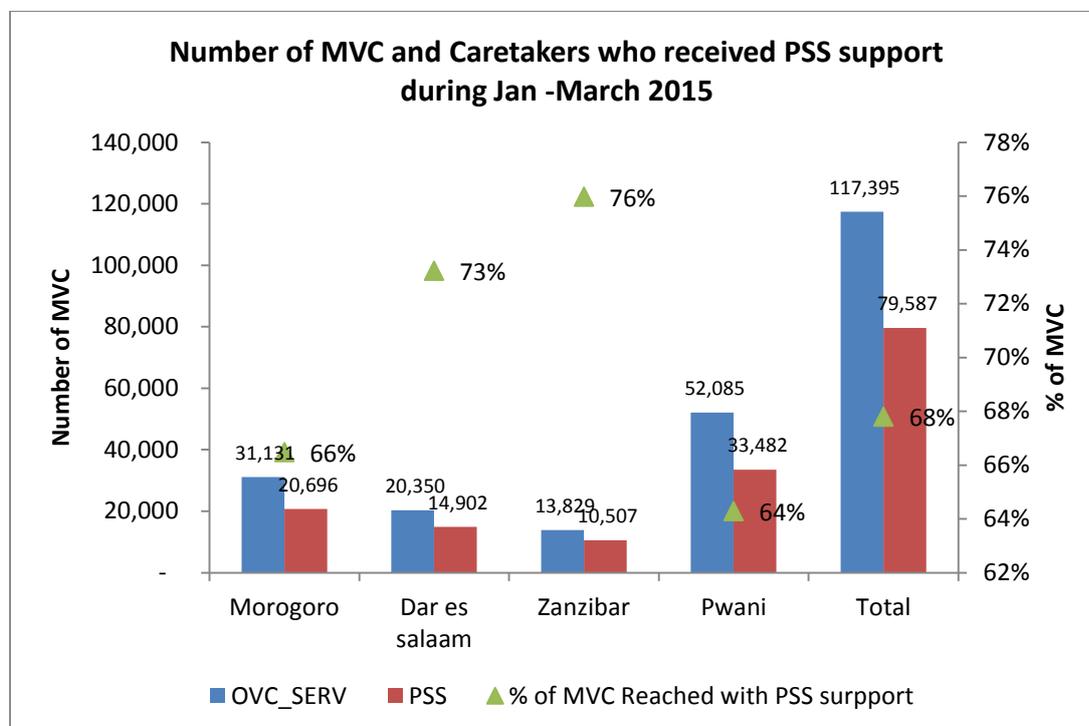
The program through community volunteers have been assisting, MVC caregivers to repair their houses, and building the capacity of the households to maintain their shelters. During this reporting period JIMOWACO in Mkuranga district received and distributed to MVC 246 (135 male and 111 female) mosquito nets from Mkuranga district council. Also Jitihada SILC group in Mkuranga built 2 houses for 5 female MVC at the cost of TZS 400,000. In Bagamoyo 2 MVC both males were supported with casual clothes worth TZS 25,000 by a Good Samaritan. SILC groups in Shakani- Unguja supported 60 (27 male and 33 female) MVC with hygienic materials), laundry and toilet soap worth TZS 30,000. In Morogoro region Mvomero District, 7 MVC (3 male and 4 female) were supported with laundry soap worth TZS 175,000 by a SILC group.

3.1.5 Provide Family Based Care/Psychosocial Support

Increase the number of MVC receiving basic psychosocial support through different interventions and services is an expected outcome under specific objective two of the NCPA II. These interventions focus on strengthening the capacity of the MVCCs to identify and assist Most Vulnerable Children and their families to access Home Based Care Services and Psychosocial care and support services provided through the government systems as well as those provided through programs implemented by other partners.

The program has been using different approaches to make sure that supported MVC are psychologically, mentally and physically well through the use of children clubs, school visits

and home visits. A total of 78,420 MVC (39,482 male and 38,938 female) equal to 119% of the annual target of 65,781 and 79,587 (40,057 male and 39,530 female) MVC and care takers were reached which is equal to 68% of 117,395 total MVC and caretaker reached with at least one core service.



Source: Regional quarterly report January - March 2015

3.1.6 Child Protection

Unlike the NCPA I the current NCPA II has clearly identified and included issues of child protection in its strategic objective two, in ensuring that effective strategies and services are in place to prevent or reduce levels of abuse, violence, neglect and exploitation of children. Effective mechanisms must be in place to enable the early identification and reporting of cases of children who are at high risk of, or who have experienced abuse, violence, neglect and exploitation and their timely referral to appropriate service providers.

The program has continued to build on the established structures which are MVCC and CPT in responding to VAC and GBV cases as well as facilitated the establishment of OSC which has been providing friendly and integrated services to survivors of GBV and VAC as elaborated

under objective 2.4. In Dar es Salaam region 654 MVC (350 male and 304 female) were reached with education on different issues on child protection through home visits and children clubs.

Participation in Child Protection Week

FHI 360/Pamoja Tuwalee Program facilitated child protection week celebrations in Kinondoni and Ilala districts. The event was conducted in partnership with Kinondoni and Ilala Municipal government entities and partners - World Vision and Plan International. Celebrations were preceded by demonstration in which children carried different messages directed to the government, partners and the community at large on protection of their rights and welfare. The activity involved a total of 390 children from both Kinondoni and Ilala Municipalities. Out of these, 130 were children with disabilities from Buguruni Viziwi Primary school. Others were municipal staff, MVCC members and local leaders.



This event was followed by the National MVC conference from 18th – 20th February 2015 which brought together over 450 representatives from multi sectoral task force: social welfare officers, community development officers, children and protection specialists from partners working for the welfare of children. This was the first National MVC Conference, the theme for the conference was “**Committed for Action to Keep Children Safe**”. Messages from

children who participated in this event were shared during MVC conference and was sent to the President for further action.

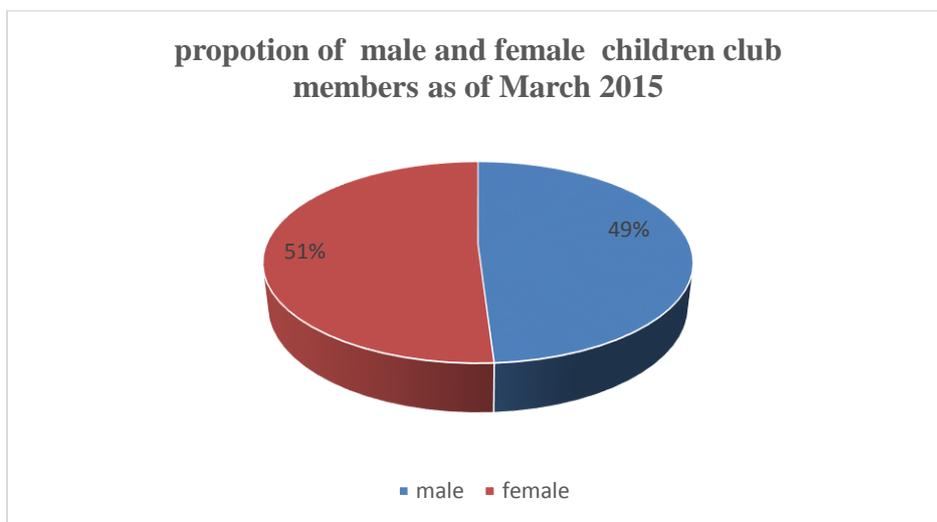
OBJECTIVE 4: Empower OVC, particularly females; contribute to their own wellbeing by improving their resilience, as well as their livelihood and self-care skills.

It is one of program objectives to help vulnerable children to improve their wellbeing. Self-care taking skills is about individuals, families and communities taking responsibility for their own health and wellbeing. It includes actions people take in order to stay fit and maintain good physical and mental health, meet their social and psychological needs, prevent illness and other

psychological and emotional disorders. The program through community volunteers has been building the capacity of MVC and their caretaker's to respond to their wellbeing needs, this include counselling on hygienic living, eating nutritional foods, and self-confidence among female MVC. These interventions have been carried out through establishment of children clubs, HIV/AIDS prevention education, response to GBV and VAC cases and through other specific activities as per the below details.

4.1. Establish and expand children clubs

Children clubs are very useful in addressing the many problems that children. The clubs are not for fun alone, rather, they also help to boost children's self-esteem and self-confidence which motivate children and help them achieve more. The program's important part on child protection work, is the participation and leadership of the children themselves. The program actively support child clubs and other child-led activities that educate children on how to protect themselves, and empower them to call for action in their communities. Through clubs children are equipped with life skills, reproductive health, and HIV/AIDS education and provided with psychosocial support/counseling.



Source: Pwani Regional quarterly report January - March 2015

In this reporting period 6 new clubs were established with 197 members (109 male and 88 female), this makes a total of 17,307 club members cumulatively. Out of these, 16,197 (7,938 male, 8,259 female) are MVC while 1110 (544 male and 566 female) are non-MVC. In Pwani region 5 children clubs have graduated by finishing 14 sessions of the standard children club

guideline: 2 in Kibaha town; 2 in Kibaha district; and 1 in Mafia districts. The graduated clubs continue to meet for PSS support, life skills and HIV prevention education.

The clubs have significant impact on the promotion of the rights of a child in schools and community where the clubs operate. This is reflected on rising awareness on the rights and responsibilities of a child, children identifying MVC with unmet needs who have joined clubs and so that they can receive program support. 4 (3males and 1female) MVC club members who had dropped out of schools have resumed school after a series of PSS support and frequent counselling. In this quarter JIMOWACO supported 14children clubs in Mkuranga (12) and Rufiji (2) with playing materials including jumping ropes, footballs and netballs. Each club received 2 pcs of each item.

4.2 Provide gender and age-appropriate HIV and AIDS education

Addressing gender norms, age appropriate and inequities is essential to reducing HIV risk and increasing access to services for everyone. It involves providing education to adolescents, before they are faced with sexual decisions, to help them acquire the knowledge, attitudes, values, skills and support needed to avoid HIV. The program has been providing HIV and AIDS education to children through children clubs and through counseling sessions during volunteer home visits. Also, the program challenges communities to take responsibility and determine appropriate and effective ways to prevent HIV infection to MVC and other young people.

Through children club sessions, home visits referrals and linkages to health facilities including HIV and AIDS service provision, the program has reached 6,475 MVC (3122 male and 3353 female) equal to 97% of the annual target of 9,867. Again 5,294 MVC and caretakers (1,932 male and 3,362 female) have been reached with gender and nondiscrimination knowledge and education pertaining to HIV/AIDS. . In Pwani region 6 children clubs in Kibaha town, Kibaha district, Kisarawe and Mafia districts conducted session number ten on challenges of living in the world of HIV/AIDS reaching a total of 189 MVC (98 male and 91 female).

Table 10: Children clubs which have reached session 10

| <i>District</i> | <i>Name of club</i> | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|-----------------|---------------------|-------------|---------------|--------------|
| Kibaha TC | Tupendane | 32 | 12 | 44 |
| Kibaha DC | Upendo | 17 | 16 | 33 |
| Kisarawe | Mengwa | 12 | 16 | 28 |
| Mafia | Tupendane | 10 | 15 | 25 |

| | | | | |
|--|--------|----|----|-----|
| | Umoja | 15 | 19 | 34 |
| | Upendo | 12 | 13 | 25 |
| | Total | 98 | 91 | 189 |

Source: Pwani Regional quarterly report January - March 2015

4.3 Support to victims of GBV and child abuse

Gender-based violence and violence against children are widespread and a deeply entrenched problem in Tanzania. While most of GBV and abuse cases are perpetrated by close relatives, survivors of GBV and VAC face serious health problems, such as HIV and other sexually transmitted infections, physical, psychosocial and emotional problems.

The Government of Tanzania in collaboration with partners joins other governments across the globe that recognize the need to both prevent and respond to GBV and VAC as a public health problem, a human rights violation, and an impediment to development.

The program through community volunteers, MVCCs, CPTs, and OSC has been responding to GBV and VAC cases and making prevention efforts such as advocating for adverse social norm changes; and building capacity of the police, judicial, and social service personnel. There has been a continuous collaboration between social welfare officers, focal persons, local government leaders and MVCCs in responding to cases of abuse and neglect. In this reporting period a total of 147 cases were attended: 110 reported at OSC, 36 from Dar es Salaam region and 1 from Morogoro. 85 cases reported at OSC involved rape and sodomy; 15 physical abuse; while 10 cases involved psychological, neglect and abandonment. This shows that community awareness on reporting sexual abuse cases has increased as compared to 52 rape and sodomy cases reported last quarter.

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

Children with disabilities are particularly vulnerable. Most of them do not attend school and are more likely to drop out of school than any other vulnerable group. Disabled MVC face discrimination and restricted access to social services, and have stunted growth. They are also more vulnerable to physical, sexual, and psychological violence and exploitation than their non-disabled peers. The programs focus on responding to diverse disabilities.

Cumulatively, the program has reached 1257 (699 male and 558 female) MVC with disabilities such as mental. Out of these, 995 (568 male and 427 female) and 556 caretakers were reached with information about the rights of disabled through community volunteers' home visits and children clubs sessions. Unlike before when parents were hiding their children with disability and depriving them their basic rights, nowadays they are comfortable and confident to bring their children out so that they can access services and rights just like any other children. This is attributable to the program's efforts in raising community awareness on the rights of children with disability.



In addressing the specific needs of individual disabled MVC, in Pwani, the program supported 13 (9 male and 4 female) (7 Bagamoyo and 6 Mafia) MVC with different mobility aids including 10 wheel chairs, 2 bicycles and 1 blind walking stick. In Zanzibar 20 disabled MVC have been assessed and their gear needs identified. *“Abubakari Mohamed is 9 yrs old living with his grandmother after his father divorced his mother due to his disability. Abubakari started standard one in 2013 and the same year he stopped due to his disability. When he received the wheel chair he was so happy and very excited ‘Na mimi nitaenda shule tena’ he said, meaning that ‘I will go back to school.’”*

4.5 Support mobile registration to provide MVC with birth certificates

Birth registration is one of the basic human rights. According to Article 7 of the Convention on the Rights of the Child, a child ‘shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality’. Children who are not registered and do not have birth certificates are not recognized as citizens, they are without legal protection and are unable to access government services, such as education grants.

In this quarter, the program facilitated payments for 2,166 MVC birth certificates - 162 in Morogoro District Council, 269 in Morogoro Municipality, 174 in Mvomero, 160 in Kilosa, 67 Kinondoni, 214 in Ilala, 747 in Bagamoyo, 336 in Mafia and 37 in Rufiji. Out of these, 780 birth certificates (701 Bagamoyo and 79 Mafia) have been already issued, the remaining 1,386

will be issued next quarter. Additional 108 application forms (31 Mafia, 35 Rufiji and 42 Kisarawe) have been completed and sent to RITA Kilombero and Mkuranga districts are finalizing filling of application forms which had some minor errors. The program has committed to provide 4346 birth certificates to MVC who are already in the application process.

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 participation in relevant 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. During this quarter, following the request from the Department of Social Welfare, we presented on our success in building the capacity of MVC households to care and support their children. The presentation generated productive discussion in terms of activities that we are doing in partnership with the caretakers, OVC themselves, the community members and the respective LGAs.

National MVC Conference

MOHSW in collaboration with stakeholders conducted the first MVC conference from 18th to 20th February 2015 at Mwalimu Nyerere International Convention Center in Dar es Salaam. The event was officiated by the Vice President of the United Republic of Tanzania and was attended by over 450 participants, 50 children from different regions Tanzania children. The central government was represented by ministers from the Ministry of Finance, Ministry of Health and Social Welfare, Ministry of Community Development Gender and Children, Ministry of Education and Vocational Training, Minister of State Prime Ministers' Office and Dar es Salaam Regional Commissioner. Others were USAID and UNICEF representatives, and over 400 government officers from different departments as well as implementing partners.

The guest honor also launched national documents which were: *The Law of Child Act Regulations; National Guideline for Economic Strengthening of Most Vulnerable Children (English and Swahili versions); National Guideline for Psychosocial Care and Support Services for Most Vulnerable Children and Youth in Tanzania; and The National Monitoring Plan for Most Vulnerable Children.* During the conference stakeholders and specialist working for child welfare and protection shared national responses and best practices

on care, support and protection of MVC. Presentations and discussions were based on four thematic areas of the NCPA II which included: *Strengthening the capacity of households and communities to care and support MVC; Increasing access to and use of services to prevent and respond to cases of violence, abuse neglect and exploitation; Improving access to and utilization of primary health care and education; and Strengthening the coordination and leadership and policy and service delivery environment.*

Pamoja Tuwalee program / FHI 360 made two presentations on *Provision of integrated services in responding to violence against children a Case studies of Amana Hospital One stop Center* and *Responding to immediate and long term needs of children living and working on streets which is being implemented by KIWOHEDE.*

Stakeholder's Consultation Meeting for GBV & VAC Referral and Linkages.

The Ministry of Health and Social Welfare with CDC support has been working to strengthen referrals and linkages to and from health facilities for survivors and victims of Gender Based Violence and Violence against Children. The Ministry organized a half day meeting to update partners on the process, gather inputs and also hear from other stakeholders who have previously conducted mapping of any sort in their implementation areas.

The meeting was held on 30th March, 2015 at Colosseums Hotel in Dar es Salaam and was attended by participants from the MOHSW, MCDGC, CDC, USAID, UNICEF, PACT, FHI 360, Walter Reed, Iringa and Mbeya RCH coordinators, TAYOA, MARIE STOPES, Intrahealth, MDH, Department of Social Welfare and Police Gender Desk focal persons.

Partners shared their experiences in mapping GBV and VAC referral and linkages. The MOHSW in collaboration with MDH are working on developing GBV and VAC Directory which will be out soon for dissemination.

Police Partner Coordination Group Meeting on GBV and Child Abuse

During this quarter, FHI 360 participated in the Police-Partners' Coordination Group (PPCG) Meeting on GBV and VAC. The TPF-NET updated the meeting that two basic trainings on GBV and VAC were conducted in Manyara 2nd - 6th and in Arusha from 13th March. Advanced training on the same was conducted in Iringa for participants from Mbeya, Iringa and Njombe regions. Renovations on Police Gender Desk sites in Mbeya and Njombe are at the final stages. With UNICEF support, M&E tools have been finalized and they are at the translation and printing stages.

The TPF-Net promised to share their annual report which is expected to be out in two week time with all members. The report will be discussed in the next meeting and agree on dissemination strategies. Partners from UNWomen, WLAC, FHI 360, MARIE STOPES,

YWCA, UNICEF, TERRE DES HOMMES, UNFPA and PACT shared different intervention and initiatives taken to respond to cases of GBV and VAC. It was agreed that it is time to discuss how to engage the new Inspector General of Police (IPG) in the area of GBV and Child Abuse and how to advocate for stronger prioritization of the fight against it within the Police therefore a meeting should be planned between the heads of agencies/organizations from the PPCG and the IGP.

MONITORING AND EVALUATION

Program M&E system tracks progress of implementation to ensure all activities are executed per plan within set standard of the performance indicators. It also ensures quality data collection, verification analysis and use to measure program outcome and impact for decision making. Toward the program phase out, M&E team has been involved in a number of activities that focus on tracking the program performance outcome at community level and ensure proper documentation of the results. The following are specific activities conducted during this quarter.

Develop program close out data collection tool.

The M&E team developed a tool to capture information to inform end of the project report writing. The tool will be used by program staff to capture the outcome and impact of the program at the community level, as well as involvement of the community and Local Government Authorities in supporting MVC. The collected information was shared in program transitioning meetings to inform different stakeholders and used as a basis for discussion with Council Management Team (CMT) and Ward Development Committee (WDC) members for them to plan on continuation for supporting MVC m after program phase-out.

Dissemination of Program Achievements to Local Government Authorities and Communities

As a transitioning strategy, in this quarter the program continued to disseminate program performance data to donor and other stakeholders, such as LGAs, IPs, and community. This has been done through different fora such as CMT WDC, IPG and Volunteers meetings. During the dissemination meetings LGAs, IPG members and communities were quite impressed by the program contributions and showed positive response to take over the responsibility of supporting MVC who were supported by program and others in their respective areas.

In this quarter the M&E team presented PEPFAR and program indicator results to donor and program technical and management team to review progress and interprets the program achievement of this quarter.

Conduct final Data Quality Assurance

As a way to ensure the program reports quality data, M&E team conducted a thorough data verification at regional and sub grantee level to verify data reported last quarter versus data sources. Also they verified availability of all program documents. This activity is still on going and the findings will be used for future improvement of data processing and documentation.

PRIORITY ACTIVITIES FOR APRIL TO JUNE 2015

- Review FY 2015 work plan
- Support One Stop Center quarterly stakeholders' meeting
- Facilitate training of OSC staff on forensic evidence
- Conduct data verification exercise

SUCCESS STORY

Pamoja Tuwalee/ FHI360 program has restored my family future

‘Though I knew that agriculture is the back born of Tanzanians; I had no agriculture knowledge nor land to work on. Everything changed after becoming a volunteer for WAMATA- Pamoja Tuwalee/ FHI360 program’. This was Apolos Bainga’s testimony - WAMATA volunteer in Bunju A, Dar es Salaam. Apolos is a caretaker of six children and among them, three are his children while the other three are of his late sisters. Before joining WAMATA as a volunteer under Pamoja Tuwalee program, Apolos’ care for the children was difficult because he had to spend long hours away from children searching for money. This practice made children prone to social, behavioral and other forms of vulnerability.

Apolos became a WAMATA- Pamoja Tuwalee/ FHI360 program volunteer in December 2013. This gave him an opportunity for training on small gardening and local chicken keeping which later motivated him to engage in small gardening. Unfortunately, Apolos had neither enough capital nor land to cultivate on. So, he sought advice from his fellow volunteer who advised him to join Mkanada SILC group (i.e. Savings and Internal Lending Community Group). Apolos joined the group and saved shares in the same year. After sometimes, he was able to get a loan of TZS 10,000 which he used to lease a piece of land to grow vegetables. Apolos worked hard on his garden. From his first harvest, he got enough vegetables to complement nutritious food for his children, and money after selling the surplus. . He managed to support his family with basic needs and serve 30,000 TZS after selling vegetables. In the subsequent harvests, he started to receive and serve about 100, 000 TZS per month. He was able to pay back his loan and continue to buy group shares.



Apolos has bought a new motorcycle that he uses for business of ferrying people “*bodaboda*”. From this business he has increased his income from 100,000 TZS to 200,000 TZS per month. He enjoys being self-employed because he now can plan time to tend his children who are now in school.

Apolo says, *“it is because of WAMATA- Pamoja Tuwalee/ FHI360 program that I now live a happy life, with all my children... I am no longer a poor man; SILC group has become my savings option for ‘bodaboda’ and vegetables money/profits. My plan is to buy my own land and increase my income and keep on improving my income”.*

Pamoja Tuwalee/FHI360 program supports community volunteers to increase their economic income through SILC groups. SILC groups create opportunity for members to save money through buying of shares to get loans at affordable interest, and importantly to be part of community that supports most vulnerable children through Most Vulnerable Children (MVC) fund contributions.

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