

Pamoja Tuwalee



PAMOJA TUWALEE PROGRAM/FHI360 – COAST ZONE
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Quarterly Performance Narrative Report
April to June 2014

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CRP	Community Resource Person
CSO	Civil Society Organization
DCPT	District Child Protection Team
DED	District Executive Director
DIPG	District Implementing Partner Group
DMO	District Medical officer
DSW	Department of Social Welfare
DSWO	District Social Welfare Officers
GBV	Gender Based Violence
FHI 360	Family Health International
HACOCA	Huruma AIDS Concern and Care
HIV	Human Immune deficiency Virus
IPG	Implementing Partners Group
LGA	Local Government Authority
MCDGC	Ministry of Community Development Gender and Children
MOHSW	Ministry of Health and Social Welfare
MTEF	Medium-Term Expenditure Framework
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA II	National Coasted Plan of Action for Most Vulnerable Children
NGO	Non-Governmental Organization
OSC	One Stop Centre
OVC	Orphans and Vulnerable Children
PASADA Archdiocese	Pastoral Activities and Services for people with HIV and AIDS DSM
PEPFAR	President's Emergency Plan for AIDS Relief

PSS	Psychosocial Support
SILC	Savings and Internal Lending Communities
TZS	Tanzanian Shillings
UNICEF	United Nations International Children’s Emergency Fund
US \$	United States of America Dollar
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence Against Children
WAMA	Wanawake na Maendeleo (Women and Development)
WAMATA	Walio Katika Mapambano ya Ukimwi Tanzania (Fight against HIV and AIDS)
YAM	Youth Alive Movement
ZAMWASO	Zanzibar Muslim Women Association to Support Orphans
ZCPA	Zanzibar Costed Plan of Action

EXECUTIVE SUMMARY

Pamoja Tuwalee Program is a five year USAID funded program that runs from June 2010 to May 2015. The program covers five zones of Coast, Central, Lake, Northern and Southern and is implemented by four partners with FHI360 covering in the Coast Zone i.e. Dar es Salaam, Morogoro and Pwani regions in the mainland and Zanzibar. In implementation, we partner with nine Local Civil Society Organizations (CSOs), twenty five Local Government Authorities (LGAs) and community members. The Program goal is to improve the quality of life and well-being of Orphans and Vulnerable Children (OVC) and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection. This report covers the third quarter of FY 2014 and it narrates the implementation of the planned activities, achievements, challenges and lessons learnt.

During this reporting period, the program continued to build the capacity of key implementers including MVCC members, Community volunteers, Local Implementing Partners (SCO) and Local Government Authorities (LGAs) and public private sector towards improved care, support and protection for MVC and their households. This was done through supportive supervision, trainings and coaching and mentoring.

Continued efforts to mobilize LGAs, MVCCs, SILC groups and other community members successfully led to increased support from these stakeholders for MVC support. Also, through income generating activities, MVC caretakers were able to support their MVC and continued to contribute TZS towards their respective OVC funds. Through PPP a total of TZS 45,174,200 (US\$ 28,233) was raised. This is an increase of 152% from TZS 17,937,000 raised last quarter.

Under objective two, the program managed to mobilize 20 new Savings and Internal Lending Communities (SILC) groups making a cumulative total of 315 SILC groups with total savings of TZS 993,270,650 (US\$620,794) and contribution to OVC fund of TZS 54,617,950 (US\$ 34,136). The total membership in these groups is 820 (1792 male and 6628 female).

Under objective three, the program reached 58,748 (29,900 male and 28,848 female) with at least one core care service – last quarter 52,780. This is 91% of MVC current in program and 89% of annual target. To date, the cumulative program reach is 80,485 MVC. Also, in collaboration with FANTA III conducted NACS training to 50 program and district staff who in turn trained 300 community volunteers from program operational areas. This contributed to increased number of 35,074 MVC reached food and nutrition support versus 26,190 in the previous two reporting periods.

Under objective four, the program in partnership with a local CBO, KIWOHEDE, started an intervention to reach out to Children Living and Working in the Streets (CLWS) in Dar es Salaam region. A total of 153 (89 male and 64 female) CLWS and 7 of their guardians were reached with various services – this is 26% and 47% achievement of the targeted. Also, through Amana One Stop Center (OSC) for GBV and VAC established last year by the program, victims and survivors of GBV and VAC continued to be served with the necessary support while we continued to raise awareness among other stakeholders and communities on the services at OSC for increased referrals of identified cases.

PROGRAM IMPLEMENTATION REPORT

INTRODUCTION

Pamoja Tuwalee is a five year program from June 2010 to May 2015. The program is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The program is implemented by four partners in five zones namely: Coast, Central, Lake, Northern and Southern. FHI360 covers the Coast zone which includes Dar es Salaam, Morogoro and Pwani regions in the Mainland, and Unguja and Pemba in Zanzibar. The goal of this program is to improve the quality of life and well-being of Most Vulnerable Children (MVC) and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection.

Coast zone is bordered by Indian Ocean on the East Coast and regions of Iringa, Dodoma, Tanga and Lindi on the other sides in mainland Tanzania. Unguja and Pemba are islands, surrounded by the Indian Ocean. The program target was to cover all 26 districts in the zone. However, it was noted that PASADA receives funds from USAID and operates in Temeke district in Dar es Salaam region, thus it was decided to leave Temeke with her and Pamoja Tuwalee/FHI360 to cover the remaining Ilala and Kinondoni districts in order to avoid overlapping and double counting of results. To date, the program covers a total of twenty five (25) districts, two in Dar es Salaam, six in Morogoro, Seven in Pwani and ten in Zanzibar.

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

With the estimated proportion of children (0-18 years) of 51% of the general population, this suggests an estimate of 4,582,488 children in the Coast zone.

HIV and AIDS prevalence is highest in Dar es Salaam recorded at 6.9%² which is above the National prevalence of (5%). This is followed by Coast region with a prevalence rate of 5.9%, then Morogoro at 3.8% and Zanzibar being the least with 1% prevalence. HIV/AIDS has multiplier adverse effects to the Tanzanian society in all socio-economic arenas leading to economic instability and leaving many children as orphans.

During this reporting period, the program managed to reach a total of 58,748 (29,900 male and 28,848 female) MVC with at least one core service which is 89% of a quarterly target of 65,781.

Table 1: Program Geographical Coverage and MVC Reach

Region	DSM	Pwani	Morogoro	Zanzibar	Total
Total # of Sub grantees per region	2	2	3	2	9*
Total # 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	860
# (%) wards covered by the program	20 (33%)	97 (100%)	105(59%)	198(39 %)	490 (49%)
Total # of villages in the region	273	621	895	NA	1789
# (%) villages covered by the program	92 (34%)	432 (72 %)	566 (65%)	NA	1090 (61%)
5 years targeted # of Households	2,500	7,101	1,568	901	12,070
# of households reached	4410	14,907	9,066	3,322	31,705
5 years targeted # of MVC	5,001	28,405	6,272	3,605	43,283
Revised 5 years targeted # of MVC	12,738	29,816	14974	8253	65,742
# of MVC Ever enrolled	12,741	43,011	16,480	8,253	80,485
# of MVC Current: April - June 2014	12,170	29,622	14,697	8,253	64,742
# of MVC served: April - June 2014	9,944	26,313	14,238	8,253	58,748
MVC served: sex disaggregation: April - June 2014					
Male	5,005	13,452	7,123	4,320	29,900
Female	4,939	12,861	7,115	3,933	28,848
MVC served: age disaggregation: April - June 2014					
<1 years	7	105	10	27	149
1 - 4 years	670	2,091	784	996	4,541
5 - 9 years	2,460	6,722	3,410	2,722	15,314
10 - 14 years	3,762	10,983	6,473	3,163	24,381
15 - 17 years	2,302	5,637	2,995	1,148	12,082
18+ years	743	775	566	197	2,281

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

PROGRAM MANAGEMENT AND ADMINISTRATION

Staffing

During this reporting period, the technical officer for Dar es Salaam region resigned. Replacements for this position and those of staff who left last quarter i.e. program officer, senior technical officers for M&E and Child protection have all been identified with the exception of that of M&E senior technical officer. The identified staff will join in mid-July and early August. Efforts to identify a replacement of M&E senior technical officer have not been fruitful thus far. The program continues with the search for a suitable candidate.

Key program visitors

During this reporting period, the program was again honored with a visit by a high profile delegation from USG. The delegation visited one of our sub grantees, WAMATA, in Kinondoni Dar es Salaam, where they met with Tumaini SILC group from Mwananyamala ward. Tumaini has 30 members out of which 14 are OVC caregivers and is under Community Resource Person (CRP) Rose Swai who was trained by the program and is also a volunteer in WAMATA Pamoja Tuwalee Program. The group members shared how SILC has impacted their lives through increased income. Also, testimonies were shared by some MVC who have benefitted from the SILC group. The visitors expressed their appreciation on how the group is striving to generate income to support their children and other MVC within their communities.

Funds Disbursed to Partners

The program continued to work closely with its local implementing partners in building their capacity to implement program activities. A total of **TZS 176,830,050** was disbursed to all 9 Sub grantees as detailed in the table 2 below.

Table 2: Sub grantees Funds Disbursements and Expenditures Status April to June 2014

Sub Grantee	Disbursements (TZS)	Expenditure (TZS)
Faraja Trust Fund	9,060,000.00	5,932,050.00
Roman Catholic Diocese of Mahenge	10,700,000.00	4,843,350.00
Huruma Aids Concern and Care (HACOCA)	27,484,850.00	17,620,673.00
Baraza la Misikiti Tanzania (BAMITA)	11,900,000.00	9,401,900.00
Jipeni Moyo Women and Community Organization (JIMOWACO)	30,333,200.00	18,394,602.00
Roman Catholic Archdiocese of Dar es Salaam (YAM and Mafia Parish)	9,499,500.00	14,517,126.00

Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	44,924,500.00	33,601,700.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	22,455,000.00	19,685,000.00
Zanzibar Muslim Women Association to Support Orphans (ZAMWASO)	10,473,000.00	14,910,764.00
Total disbursements / expenditures	179,830,050	138,907,165.00

ACTIVITIES ACCOMPLISHED

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

During this reporting period, the program continued to build the capacity of key implementers such as MVCC members, Community volunteers, Local Implementing Partners (SCO) and Local Government Authorities (LGAs) and public private sector towards improved care, support and protection for MVC and their households. This was done through supportive supervision, trainings and coaching and mentoring. Below are specific activities completed for this quarter.

1.1 Mobilise support for OVC through advocacy campaign

Advocacy for increasing resources at LGAs, Private Sector and the community is one of the program strategies to improve support for MVC. The program continues to record positive response from community members, private companies and individuals in supporting MVC and their households. This has been realized following a series of advocacy activities conducted by the program staffs per details below.

Following the advocacy campaign conducted using MAISHA plus Reality Show through TBC television, during this quarter more companies have emerged to support MVC:

- The Zanzibar Fashion Sewing Company supported 42(16 Males and 26 Female) MVC with school uniforms worth TZS 828,000. Additionally, 45 pairs of uniform are to be delivered to Vijibweni MVC. Also, uniforms worth TZS 810,000 were provided to MVC by Zanzibar Social Security Fund (ZSSF). In Pemba 6 MVCC supported a total of 520 (241 Male and 279 Females) MVC with school uniforms, stationery, exam fee and food worth TZS 3,796,700. Also, one SILC group supported 18 (8 Male and 10 Female) MVC with text books worth TZS 30,000. Moreover a member of House of Representatives supported 10 (4 Male and 6 Female) MVC with school uniforms worth TZS 75,000.

- In Unguja a total of 283 (139 Male and 144 Female) MVC were supported with hygienic materials (laundry and toilet soap). The support was made possible by Nyerere, Kinuni and Shakani MVCCs, Maungani, Kilombero, Makoba and Kinduni SILC groups. The total support provided was worth TZS 764,000.
- YAM in Kinondoni Municipal council managed to raise a total of TZS 13,682,000 that supported 63 (24 Male, 39 Female) MVC. The amount was contributed by Good Samaritans; Kunduchi, Tombo, Mkunduge, Muhalitani and Dovya MVCCs; Vocational Education Training Authority (VETA); International Youth Foundation (IYF); and Tumaini, Juhudi, Busara and Mshikamano SILC groups from Mwananyamala ward. Out of 63 MVC supported, 25 MVC (16 Male and 9 Female) were provided with vocational training materials and the remaining 28 were provided with school fees, scholastic materials, school uniforms, food and nutrition and pocket money for boarding school.
- WAMATA in Ilala raised a total of TZS 1,253,200 that supported 302 (192 Male 192 and 170 Female) MVC with school fees, scholastic materials, and uniforms. The major contributors of this support were LGAs, SILC groups, Red Cross and Sisi kwa Sisi Foundation and other community members.
- In Pwani Bagamoyo district, MVCC from Ruvu Darajani in Vigwaza ward successfully organized a HARAMBEE that aimed at mobilizing MVC funds. As a strategy to encourage other community members to contribute each MVCC member contributed TZS 10,000 (\$ 6) and a total of TZS 2,120,000 (\$ 1,325) was contributed by the community members, ward leaders and other influential people. In the same district through community sensitization activities and linkages with other stakeholders a total of TZS 14,893, 000 (\$ 9,308) was raised. The amount raised was used to support 733 (349 males and 384 females) MVC with various type of support such as school fees, scholastic materials, birth certificates, health access/CHF, food and nutrition, economic strengthening and shelter. In Mkuranga district, a total of TZS 1,292,900 (\$ 808) was mobilized from different stakeholders and MVCCs to support 279 (133 males and 146 females) MVC.
- Again, in Pwani region, through collaboration with TASAF III and Economic Strengthening groups, a total of 546 (261 males and 285 females) MVC households were supported with cash as capital to start Income Generating Activities as well as food support. The value of the support provided worth TZS 5,141,800 (\$ 3,214). In Morogoro region, Mvomero District, a total of 22 MVC (11 male and 11 female) were supported with clothes and food by IMMAM MARIC FOUNDATION following mobilization meetings conducted by HACOCA to Community members and other stakeholders. Also, in Kilombero district, Matema MVCC used advocacy messages such as “Saidia watoto wanaoishi kwenye mazingira hatarishi na Mungu atakubariki” and managed to collect food stuff worth TZS 240,000 and 43,000 cash for support of OVC.

1.2 Strengthen LGAs to Implement the NCPA II/ZCPA

Strengthening the capacity of LGAs to manage and coordinate MVC activities has been a key strategy towards ensuring sustainability of care, support and protection of MVC and their households. As stipulated in the National Costed Plan of Action (NCPA II), LGAs carry the primary role of coordinating and monitoring MVC activities. During this reporting period the program continued to strengthen the capacity of LGAs to be able to implement NCPA II through the following activities.

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

Since the start of the program, program staff have been participating in LGAs pre and planning session as one of the strategy to advocate for increased support to MVC through planning and budgeting. During this reporting period HACOCA staff in Morogoro worked very closely with Mvomero District Social Welfare Officers during planning and budgeting sessions. This resulted into the Council releasing TZS 1,000,000 to 4 MVCC for support of MVC from four villages of Manyinga, Kwadoli, Sungaji and Matala.

As reported in the previous quarter, Ilala Municipal Council in Dar es Salaam allocated TZS 58 Million for support of MVC. By the end of this reporting period a total of TZS 28 Million had been approved and used for procurement of scholastic material (10 Million), paying school fees (10 Million) and reunification of CLWS (8 Million). Kinondoni Municipal Council approved TZS 30 Million (\$ 18,750) for support of MVC.

Last quarter, Pwani region LGAs budgeted a total of TZS 535,483,000 (\$ 334,677) for supporting 655 MVC and 20 households. During this quarter the program followed up to find how much has been approved and released. The findings indicate that only Kisarawe District council released a total of TZS 10,000,000 (\$ 6,250) for support of 100 MVC. The program will keep on following up and provide feedback on the status of TZS 535,483,000 budgeted.

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

Following successful dissemination of National Costed Plan of Action (NCPA II) to 14 districts in the mainland, the program continued to follow up on commitments made to implement the guideline by each district and the following are the observations.

District Social Welfare Officers (DSWO) in Mvomero and Kilosa in Morogoro region continued providing translation and implementation of NCPA II to other key implementers at LGA level with the aim of ensuring MVC Service provision is in accordance with the directives stipulated in the NCPA II.

These include other District Council Departments such as education, TASAF and local Community Based Organizations (CBOs). In Pwani a series of dissemination meetings of NCPA II were conducted to MVCCs, community leaders and other stakeholders particularly members of District Implementing Partners Group (DIPG).

As part of strengthening the capacity of MVC Households to meet the needs of their children, WAMATA in Dar es Salaam in collaboration with Community Development Officer in Kinondoni discussed linking Pamoja Tuwalee beneficiaries to TASAF III. They both agreed that all MVC Households supported by Pamoja Tuwalee should be registered in TASAF III at their respective areas

in order to qualify for support for medical, education and capital to start income generating activities. The program will follow up with the council on implementation of the same.

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

Strengthening the capacity of Social Welfare Officers to manage MVC programming is one of the program activities. This is one way of instilling a sense of ownership of program interventions at LGAs level, a key aspect in creating sustainable mechanism for supporting MVC. From the beginning, in collaboration with the district councils, the program selected one DSWO in each district to act as a focal person. Since then the program has been engaging all SWO in different program activities such as MVCC and volunteer trainings, MVC identification, joint supportive supervision etc. During this quarter, 15 SWOs were trained as Nutrition Assessment Counselling and support (NACS). Other participants in the training were 11 Nutritionist, 2 Community Development Officers and 22 Sub grantees focal person) from all program districts. The objective of the training was to impart knowledge and skills to TOTs to be able to facilitate volunteers NACS training so that the latter can use the acquired knowledge to conduct NACS to MVC and their households. Specifically, the training aimed at enabling participants to:

1. Participate in finding cases of Severe Acute Malnutrition in the community and referring them for treatment before the onset of medical complications.
2. Provide nutrition counselling and nutrition education to MVC households
3. Be able to link the community care (including MVC care) and support programmes with clinical services
4. Provide continuum of care for nutrition services in the community to improve the clinical outcomes
5. Contribute to improved nutrition status of MVC and other households members.

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

Supportive supervision provides an opportunity for monitoring program implementation progress as well as guide, direct and mentor the implementers to improve the quality of program implementation. Supportive supervision is conducted at different levels by sub grantees staff, regional team and PT headquarter. The following are supervisory activities conducted during this reporting period

In Mafia organised and successfully conducted field visits to 4 MVCCs that aimed at the following.

- Follow up on implementation of developed work plan by MVCC
- Conduct sensitizations meeting that aim at encouraging MVCCs to establish farms and vegetable garden for supporting MVC
- Provide capacity building on strategies to mobilize OVC funds
- Follow up on progress made by MVCC in updating MVC register

Findings and recommendation of the visits

Village/MVC C	Ward	Finding	Recommendations
Kanga	Kanga	<p>Chole, Kanga and Kibada MVCCs Developed Action plans were outdated. It was recommended to up-date.</p> <p>3 MVCC up-dated their action-plan. The MVCC planned to establish local mat small business, cultivate vegetable gardening, facilitates MVC with CHF/TIKA</p> <p>-Chole MVCC established local chicken keeping project, whereby every MVCC contributed one chicken. Currently the MVCC have 10 chickens valued to TZS 150,000</p> <p>-In FY 2013 Kifinge MVCC in Baleni ward planned to cultivate 1 acre of potatoes for MVC support. In FY 2014 the village authority provided an area of ½ acre and MVCC cultivated sweet potatoes.</p> <p>-Kifinge MVCC planned to mobilize additional funds for supporting 30 MVC with CHF. Currently the MVCC have TZS 60,000 for facilitating photos and CHF cards.</p>	<p>The MVCCs advised to implement the activities as per plan i.e. establishment of local mat making, cultivate vegetable gardening, opening MVC bank account and link 20 MVC to CHF/TIKA scheme</p> <p>With support from village authority Chole and Kifinge MVCCs were advised to involve community members in supporting MVC and not carry the burden by themselves.</p> <p>-It was also advised the MVCC to involve village authority to contribute a certain % from village revenue.</p>
Chole	Jibondo		
Kifinge	Baleni		
Kibada			

Source: Pwani Region quarterly Report April-June 2014

Sub grantees in Morogoro region namely HACOCA, RC Mahenge and FARAJA through volunteers monthly meetings managed to share the challenges volunteers experience during program implementation and collectively suggested possible solutions. These meetings also aimed at capacitating volunteers on data collection tools.

FARAJA staff in collaboration with the community volunteers conducted school visits aimed at monitoring MVC classroom progress, their attendance and performance. HACOCA was able to visit 10 SILC groups and 5 Children Clubs. Generally, the visits observed that: children club attendance has improved during this reporting period as a result of caretakers recognising the importance of children attending club sessions; improvement in MVC school attendance, attributed to the provision of TOM shoes. Mr Daudi Hassan (the headteacher of Mvomero primary school told our MVC Focal person that he tracked 12 MVC who for long had a tendency of school absenteeism and found out that in the past three months none of them missed any class. In the past, almost all of them were attending school for 12 or 14 days out of 22 schooling days per month. Modesta Mroka who is MVC from Matombo Ward witnessed her joy for receiving TOM shoes by saying “I had never had an opportunity of wearing new shoes in my life. The shoes which Pamoja Tuwalee gave me have enabled me to look like other

children and I feel more confident among my fellow children. The shoes have encouraged me to like school and since I got them, I have never missed school even for one day.

Following the Households Economic Assessment training that was facilitated by DAI IMARISHA, OVC focal persons participated on the economic strengthening assessment to monitor and evaluate the economic status for 150 MVC households in Kilombero, Kilosa, Mvomero, Morogoro rural and Morogoro Municipal. The sampled MVC households were interviewed by using the developed questionnaire to establish their economic improvement after being capacitated by the program on various areas such as gardening, SILC, chicken keeping and small business management.

During the quarter, WAMATA Pemba and ZAMWASO staff in Zanzibar conducted supportive supervision to different community level stakeholders. These included SILC groups, MVC households, caretakers engaged in home gardening/poultry keeping and children clubs as detailed below.

Area/Intervention	Number visited	Observations	Recommendations/Actions made
SILC groups	24 (WAMATA4, ZAMWASO 20)	<ul style="list-style-type: none"> • Mostly running well with active OVC fund contributions. • Many of the SILC groups have accumulated funds without supporting the needy MVC around. • Members were not punctual in group meetings, penalties not adequately exercised and some members not conversant with rules and regulations. • Most of them were lacking pass books and untimely loan repayments by members. 	<ul style="list-style-type: none"> • Sub grantees staffs to frequently visit and support the groups. • Members were urged to immediately plan and provide support to MVC with the available OVC funds. • Members were advised to be serious with rules and regulations. <p>Sub grantee to support identify a vendor.</p>

Households	636 households, managed by 637 (238 male and 399 female) caretakers accommodating 1684 (772 male and 912 female) MVC were visited and counseled/technically supported.	<ul style="list-style-type: none"> • A total of 16 (9 male and 7 female) MVC were found not to be attending school regularly. • Some parents encourage/involve MVC in petty trades and interfere their school attendance • . • Caretakers are conversant with the program and are eager to join in entrepreneurship activities and support their children. 	<ul style="list-style-type: none"> • Parents were counselled on the need to support the children to go to school and avoid engaging them in child labour. • Volunteers were urged to use MVCC and local Government authorities for cases related to involvement of children in petty trades.
Small Businesses, Home Gardening and Poultry Keeping.	<ul style="list-style-type: none"> • A total of 26(6 male and 20 female) caretakers were visited 	<ul style="list-style-type: none"> • 26 caretakers had supported a total of 61 (37 male and 24 female) OVC could be supported by their families with needs that include scholastic materials, uniforms and school fees as well as nutrition The support was worth TZS 1,057,000. 	<ul style="list-style-type: none"> • Care takers were more encouraged to support their MVC.

Children Clubs	A total of 10 children clubs (4 WAMATA , and 6 ZAMWASO) were visited and guided accordingly over the quarter.	<ul style="list-style-type: none"> • Children in the clubs were faring well and the attendants follow the new guidelines • In some of the clubs the attendance was not good • Some of the parents/caretakers were still not supportive enough <p>MVC complained of lack of sports gears.</p>	<ul style="list-style-type: none"> • Attendants were advised to use locally available resources to make playing gears while also liaise with community for support.
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1.3 Strengthening MVCC to lead Community Support for OVC

According to the National Costed Plan of Action (NCPA II), Most Vulnerable Children Committee (MVCC) is a structure at the community level that is responsible for coordinating, supporting, monitoring and ensuring implementation of activities related to provision of care, support and protection of children at the village/mtaa/shehia level. In order for MVC support to be sustainable and efficient, strengthening the capacity of MVCCs to perform their roles is inevitable. As reported last quarter the program has managed to strengthen the capacity of 627 MVCCs since the start of the program. Below are specific activities conducted during this reporting period.

1.3.1 Develop and Implement capacity building plans for existing MVCC

Strengthening the capacity of MVCCs to assume their roles effectively has been the ongoing activity. During field visits sub grantees’ staffs have been mentoring and coaching MVCC members on their roles and responsibilities. Due to a largenumber of MVCC in need to be capacitated, the program had planned to use District Social Welfare Officers from 15 district in Tanzania mainland to strengthen the capacity of 150 MVCCs (at least 10 MVCCs per district). Due to council conflicting priorities, the DSWOs suggested that the activity takes place in August 2014.

1.3.2 Advocate for membership of current community volunteers on MVCC

The program continues to advocate for more community volunteers to join MVCC as one of the approach to make MVCCs more active as well as improve their working relationships between the program, village authority, other stakeholders and community at large. The program will continue to advocate to village authorities to support volunteers to become MVCC members. By the end of this reporting period volunteer’s membership in MVCC remained at 90% (1019) out of 1133 volunteers current in program as indicated in the table below.

Table 3: Current status of volunteer membership in MVCC

District	# of Volunteers			# and % of Volunteers who are MVCC members			
	Male	Female	Total	Male	Female	Total	%
Morogoro							
Morogoro Rural	24	33	57	24	33	57	100%
Morogoro Municipal	7	19	26	7	19	26	100%
Mvomero	19	31	50	19	31	50	100%
Kilosa	16	24	40	15	25	40	100%
Kilombero	33	30	63	26	21	47	75%
Ulanga	55	52	107	56	44	100	93%
Subtotal	154	189	343	147	173	320	93%
Dar es salaam							
Kinondoni	33	48	81	24	35	59	73%
Ilala	22	47	69	20	41	61	88%
Subtotal	55	95	150	44	76	120	80%
Zanzibar							
Pemba	22	34	56	14	20	34	61%
Unguja	28	43	71	14	26	40	56%
Subtotal	50	77	127	28	46	74	58%
Pwani							
Bagamoyo	62	53	115	56	51	107	93%
Kisarawe	32	27	59	32	27	59	100%
Mafia	12	11	23	12	11	23	100%
Kibaha DC	40	32	72	40	32	72	100%
Kibaha TC	28	36	64	28	36	64	100%
Rufiji	25	47	72	25	47	72	100%
Mkuranga	64	44	108	64	44	108	100%
Subtotal	263	250	513	257	248	505	98%
Grand Total	522	611	1133	476	543	1019	90%

Pamoja Tuwalee Program/FHI360-April-June 2014

1.3.3 Support creation of MVCCs where they do not exist

During this reporting period, the program had no plan to facilitate formation of new MVCCs.

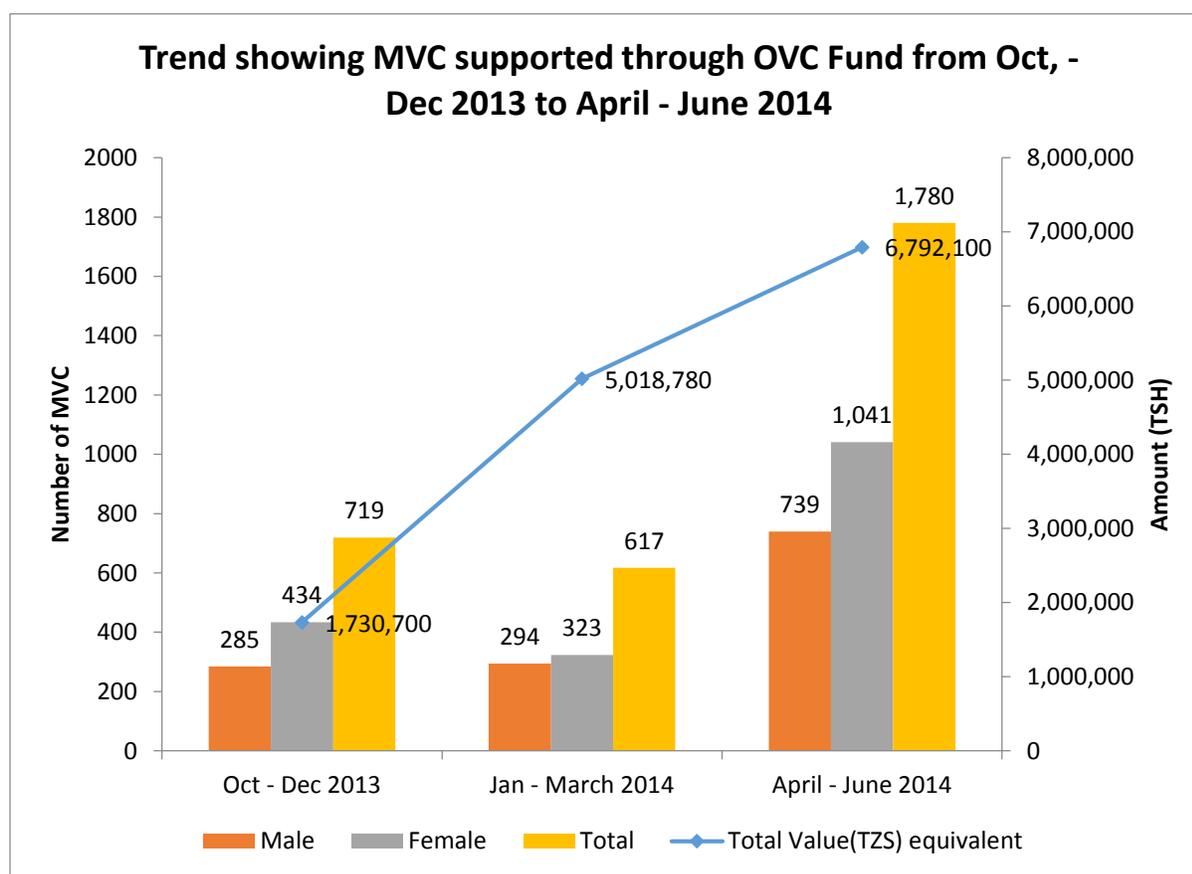
1.3.4 Support Local Authorities to develop village level fund to support OVC

During this reporting period, the program continued with its efforts to facilitate establishment of community OVC funds. Though small the fund can cater for emergency issues such as transport, food and scholastic materials, also it is one of the good indicators of community ownership of MVC support. Community OVC funds help build sustainable mechanism for support of children even after the program funding come to an end. During this reporting period a total of TZS 6,792,100 (US\$ 4,245) was contributed benefitting 1,780 (739 Male and 1,041 Female) MVC. This is an increase of TZS 1,773,320 (35%) from TZS 5,018,780 collected last quarter. The type of support provided included scholastic materials, school fees and uniforms. The table below shows the amount contributed and number of MVC supported as well as the trend in contribution since October 2013 to June 2014.

Table 4: MVC supported through OVC funds – April to June 2014

Region	Total Value(TZS) equivalent	Number of MVC supported		
		Male	Female	Total
Morogoro	1,398,000	97	117	214
Dar es salaam	107,000	3	3	6
Zanzibar	1,589,700	157	165	322
Pwani	3,697,400	482	756	1,238
Total	6,792,100	739	1,041	1,780

Source: Quarterly Report April-June 2014

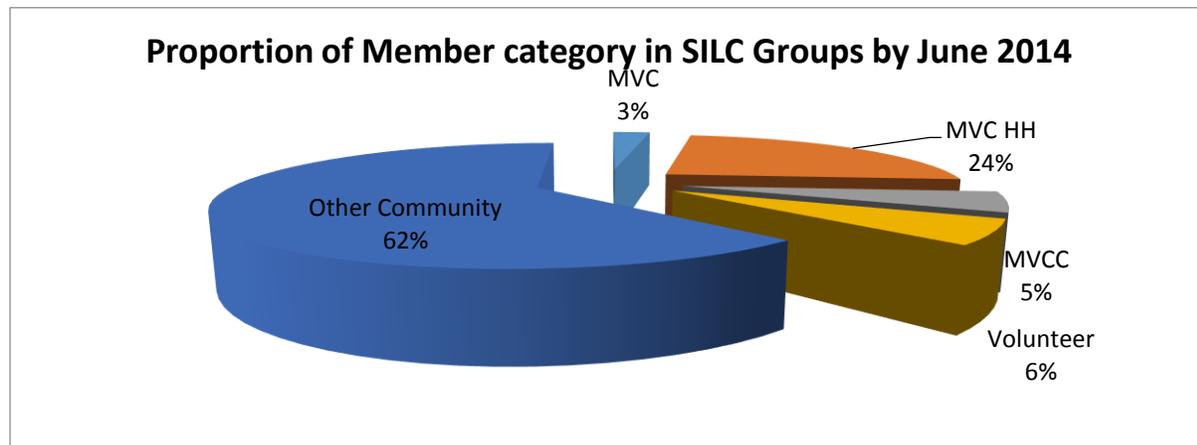


The above upward trend is attributable to continuing efforts in sensitizing communities to MVC support.

1.4 Support savings, income-generation and food security activities among MVCCs

The program has developed specific strategy that targets MVC and their household members, key program implementer community members to benefit from savings and credit scheme famously known as SILC. This has been done by facilitating establishment of SILC groups and encouraging community level stakeholders including MVCCs to join the groups. To date 5% of SILC group

members are MVCC members. This has enabled them to meet some of the MVC needs within their villages. Group member composition remains low to MVC households, MVCC members and MVC. Training of new CRP targeted encourage more MVCC and caregivers who are the target group to join the group.



1.5. Strengthen Local CSO Partners to Support MVC Services

The program has continued to make significant investments in capacity building of the civil society organization partners. In this reporting period, the program supported the CSOs to implement their capacity building action plans. The specific activities undertaken were governance workshop, quick book accounting package training and installation of the package software.

1.5.1 Develop and implement capacity building plans for local CSOs

The program supported governance workshop to four CSOs namely WAMATA Pemba, ZAMWASO, JIMOWACO and BAMITA. The overall objective of workshop was to enable organizations strengthen governance through increasing board members awareness, in-depth knowledge of civil society organizations governing board responsibilities and develop a well-crafted governance structure.

The workshop was for three days targeted to benefit members of the board and executive directors. It was designed to be participatory where board members had the opportunity to make contributions based on their experiences. Self-awareness and experiential learning tools/exercises were applied to deepen self-development processes. To make the exercise more interactive, group discussions, team building exercises and energizers were applied. Each CSO formulated priority action plan for improving governance practices in their respective organizations.

To strengthen CSOs financial management system, the program supported five day quick books accounting package training for accountants. Each CSO appointed one competent accountant to participate in the training. The main objective of the training was to impart knowledge to the

participants on the use of the quick book accounting package so that they can be efficient in using computerized financial management tools. Specifically the training was targeted to the following:

1. To enable accountants enter and post transaction data into the electronic system
2. To enable accountants plan, budget and manage budget using the system
3. To enable accountants generate donor specific reports for budgets and expenditures
4. To equip accountants with knowledge to manage the cashbook and ledger in the system

As a follow up to the training, the program installed quick book accounting package software to each CSO. Regional Grant Officers have been coaching and mentoring accountants on the practical application of the system.

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

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

1.6 Facilitate Meaningful Participation of the Business Community in MVC Support

Private sector has always been one of the outstanding resources that require to be involved in improving care, support and protection for MVC and their households. The program planned to effectively utilize this untapped resources by sensitizing them to fully participate in supporting MVC with either Community Health Insurance, birth registration or school fees. After the successful identification of private partners in Pwani and sharing the list with key implementers, the program in collaboration with District Trade Officers (DTOs) continued to identify potential private partners in supporting MVC and their households.

1.6.1 Establish and Support PPP that benefit MVC and their households

The program during this reporting period noted remarkable increase in support to MVC from the Public and Private Partners. A total of TZS 45,174,200 (US\$ 28233) was raised during this quarter compared to TZS 17,937,000 (US\$ 10,871). The support from PPP supported a total of 1,995 (961 Male and 1,034 Female) compared to 1,427 supported last quarter.

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

<i>Other Support (PPP) to MVC Households</i>				
Region	TZS equivalent	Number of MVC supported		
		Male	Female	Total
Morogoro	8,361,700	80	94	174
Dar es salaam	14,431,200	152	147	299
Zanzibar	1,641,000	40	57	97
Pwani	20,740,300	689	736	1,425
Total	45,174,200	961	1,034	1,995

Source: Quarterly Report-April-June 2014

As already reported in the earlier part of this report, the Maisha Reality show has resulted some of the companies fulfil their promises. Zanzibar Fashion Sewing company fulfilled their promise by supporting 42 (16 Male and 26 Female) MVC from Mnyimbi Shehia with school uniforms worth TZS 756 000 (\$ 472). Additionally a total of 45 pairs of uniform were provided to Vijibweni MVC. The costs for uniform was met by Zanzibar Social Security Fund (ZSSF).

In Pwani and Morogoro more private companies and Faith Based Organisations (FBOs) emerged to support MVC. These include Vocational Education Training Authority (VETA), Seventh Day Adventist (SDA) Church, Lion Club, Good Samaritan and IMMAM MARIC FOUNDATION who supported 22 (8 Males and 14 Female) MVC from Mlali ward with foodstuffs. Mtibwa Sugar Company Limited in Morogoro promised to support MVC, the program will follow up, document and report appropriately.

1.7 Improve Coordination Among and Across Sectoral Zones

District Implementing Partners Group (DPIG) forum has proved significant in providing different stakeholders an opportunity to share information, experience as well as enhance coordination and networks among members. To date, the program has facilitate formation of 17 DIPGs (15 in the Mainland and 2 in Zanzibar). During this reporting period no DIPG meeting was held. To ensure its sustainability, the program is in discussion with District Council Authorities to fund the planned meeting as well as own the forum.

1.8 Sensitize communities/villages to establish food storage

Food security is among the priority needs of MVC and other household members. To ensure all MVC households have enough food throughout the year, the program through community volunteers, continue to mobilise MVCC members and village leaders to establish MVC farms and mobilise other community members during harvesting season to contribute a certain portion of their crops for supporting neediest MVC households.

During this reporting period Magawa MVCC in Mkuranga district- Pwani region cultivated 1.5 acres of cassava for support of MVC. In Bagamoyo district, Masuguru MVCC harvested 500 kgs of maize valued at TZS 500,000 (US\$ 303) from the 1 acre MVC farm which was cultivated with support from village authority, the maize will be provided to 13 (5males and 8 females) MVC during dry season; Msinune MVCC also cultivated 2 acres of maize for supporting 20 MVC (10 maleand 10 female); Mkenge MVCC cultivated 1acre of cassava and 5 acres of pineapples for supporting 13 MVC (5 male and 8 female); Mihuga village in Bagamoyo mobilized community members during harvest season to contribute 2 kgs of maize, resulting into a total contribution of 1000 kgs of maize valued at TZS 1,000,000 to support 60 (Male 36, Female 24) MVC.

In Morogoro, the program continued to sensitize village leaders, MVCC members and other community members to establish food storage. During this reporting period in Mvomero district one food storage has been established at Diongoya ward.

In Zanzibar Mzuri and Dimani MVCCs continued clearing MVC farms ready to plant for a new season. Unfortunately the harvest for the past period was poor due to delayed rains.

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

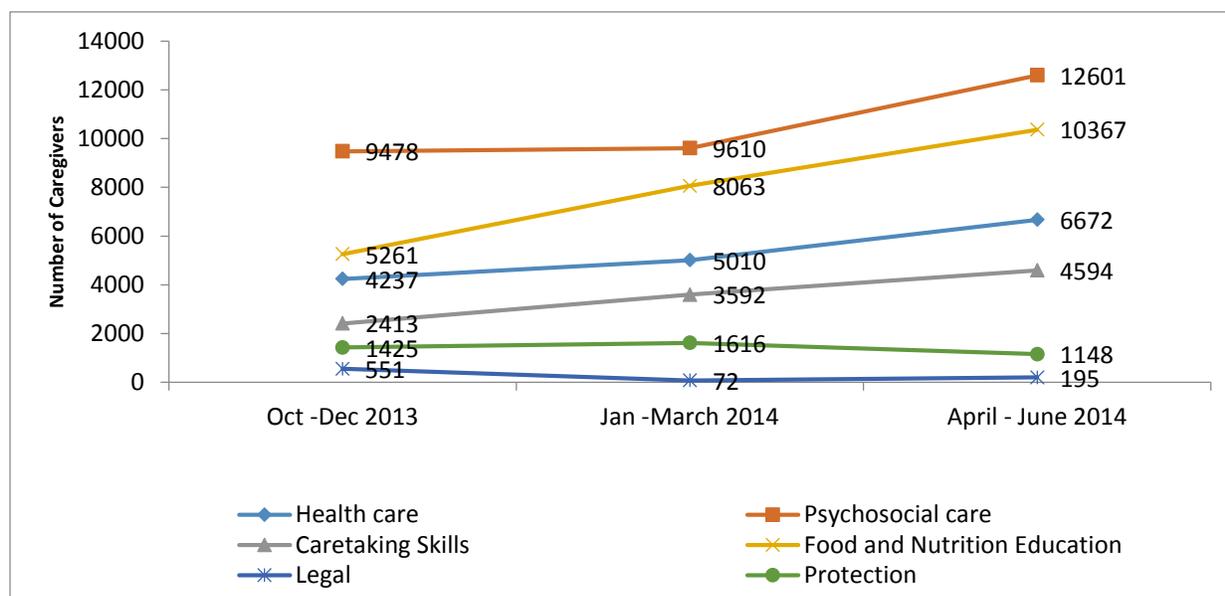
In enhancing the quality life of MVC, the program focus on capacity building of the MVC households to provide sustainable care, support and protection to their children. Through empowerment approach program supports skill-based capacity building activities that target MVC household members, and these include MVC caretaking skills, entrepreneurship skills, savings and credit scheme, and income generation. As a strategy to minimize vulnerability of the households and MVC they care for, the program works to improve the household economic and social protection capacity.

In this quarter, the program continued to strengthening the capacity of caretakers on income earning, livelihood skills, MVC household nutritional status, and promotion of social and legal rights to children. Furthermore, the program continued to follow up the output of capacity building training conducted to community volunteers, MVCC members and Community Resource Persons (CRPs). In achieving this, the program accomplish the following activities as detailed below:

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

Community volunteers have continued to transfer knowledge acquired to household caretakers on different areas of MVC caretaking. The trained community volunteers impart the knowledge during home visits. In this quarter volunteers continued to educate caregivers on ensuring the wellbeing of their children by meeting their needs like school requirement, psychosocial support and provision of healthier foods. They were able to reach a MVC households with various skills as shown in the figure below. With the exception of child protection, all services provided, there is an increase of more than 25% from last quarter. The high increase is contributed by the new volunteers who were trained during quarter one. The program will continue with mentoring and coaching to volunteers especially in protection in which the number of MVC households reached is lower.

Comparison of Caretakers Supported with caretaking skills, PSS, food and nutrition, Legal and child protection for the period of Oct to June 2014



Source: Regional quarterly report April-June 2014

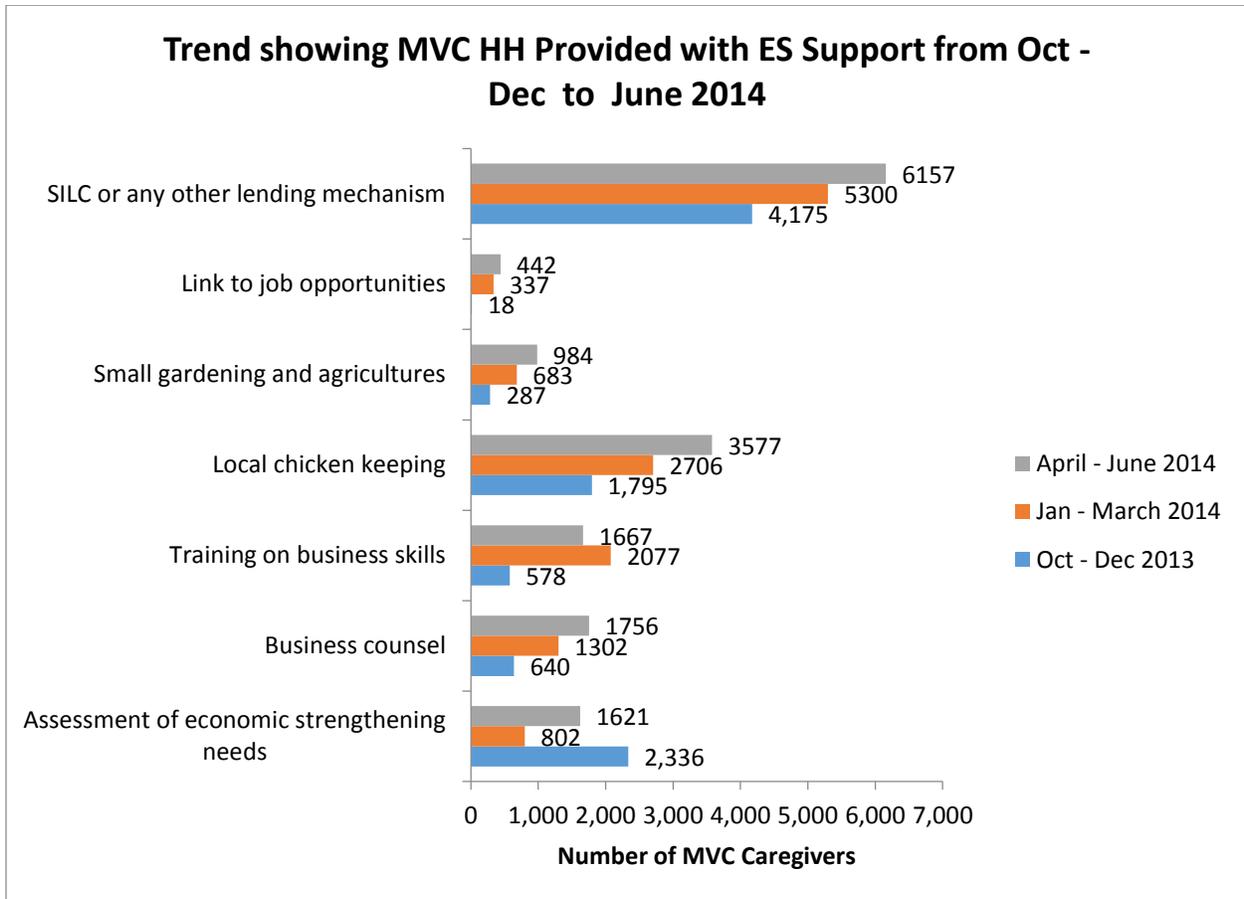
2.2 Provide training and other support to increase savings and improve livelihood for MVC households.

For sustainability purposes one of the program exit strategy is to identify other stakeholders in program coverage area to enhance collaboration and networking.

During this quarter the program continued to collaborate with other stakeholders within its operational area. In Bagamoyo district 6 female caretakers who in previous quarter were supported by TASAF III with TZS 300,000 cash managed to buy 6 dairy goats for income generation activity. This quarter, TASAF supported additional 4 caretakers (1 male and 3 females) who were linked by our program. They have started a dairy goat project. All 10 caretakers have a total of 14 dairy goats valued at TZS 700,000 (US\$438). Also, the 463 (210 male and 253 female) MVC and their households linked by the program to TASAF III last quarter, received their quarterly allowances of TZS 11,278,000 (US\$ 6,835) for education and economic support in this reporting period. The caretakers were encouraged to use the latter funds to establish small income generating activities (IGAs) for sustainability of support to their children. At the same time, the program through community volunteers continued to provide entrepreneurship skills to caretakers to enable them to improve their businesses.

Also in this period, volunteers were able to reach MVC caretakers with economic strengthening support which included: SILC (6157); Link to job opportunities (442); Small gardening and agriculture (984); Local chicken keeping (3577); Training on business skills (1667); Small

business development (1756); and Assessment of economic strengthening needs (1621) as indicated in the figure below.



Source: Regional quarterly report April-June 2014

During this period trained CRPs managed to mobilize more caregivers to join SILC groups. As indicated in the figure below which shows an increase in SILC groups from 294 during last quarter to 315 this quarter. The program intends to keep on educating care givers to see SILC groups as an opportunity to save, take loan and engage in IGAs as a way to improve the wellbeing of their children. Following the program empowerment to MVC caretakers in increasing their capacity to generate income, caretakers are increasingly meeting the needs of their children.

Also, caretakers in SILC groups met some needs of their 319 children (151 male and 168 female) through income from their economic ventures. The value of the support was TZS 3,701,000 (US\$ 2313). Community response to the SILC scheme has increased whereby a total of 314 SILC groups with a total membership of 8420 (M 1792, F 6628) have been established to date with a cumulative savings of TZS 993,270,650 (US\$ 620,794) and contribution to OVC fund of TZS 54,617,950 (US\$ 34,136). OVC Fund is meant to support MVC needs as to compliment program

efforts. As a result of caretakers involvement in SILC groups a total of TZS 2,654,000 (\$ 1,659) was used by caretakers to support 258 (114 males and 148 females) MVC in this reporting period.

Table 6: SILC groups category of members and savings per region

Region	Number of Groups	Sex			Member category					Total Savings	Contribution for OVC fund
		Male	Female	Total	MVC	MVC HH MEMBERS	MVCC	Volunteer	Other Community		
Morogoro	105	610	2,050	2,660	13	460	147	254	1,786	400,475,950	16,724,550
Dar es salaam	81	362	1,920	2,282	4	496	117	129	1,536	334,863,000	16,364,050
Zanzibar	40	209	944	1,153	32	301	42	24	754	117,239,100	1,320,050
Pwani	89	611	1,714	2,325	172	752	142	102	1,157	140,692,600	20,209,300
Total	315	1,792	6,628	8,420	221	2,009	448	509	5,233	993,270,650	54,617,950

Source: Regional quarterly report April-June 2014

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

Community Resource Person training (CRP)

Trainings geared towards economic strengthening is aim at enabling caretakers, older MVC, and their households to identify economic opportunities and utilize them to broaden their livelihood options and income necessary for meeting basic needs for their household members. To ensure this is achieved the quarter conducted Resource Person Community resource fundamental players in mobilizing community organize into SILC collective savings are and lending services affordable interest 303 CRPs were trained equipping them with skills on establishment management of SILC CRPs use the acquired mobilize community MVC caretakers to groups.



CRPs practicing how to preparing ledger book for SILC group record keeping

The CRP training was advanced with a refresher training to 16 experienced focal persons and CRPs. These in turn trained new CRPs in their localities who have started to form new SILC groups in which more than 10% of total members are expected to be MVC caretakers. This is a deliberate move by the program to increase the number of MVC caretakers participating in SILC groups and subsequently increased household capacity to meet MVC needs. At the end of the training, the participants developed individual action plans to achieve the target.

The training emphasized provision of proper support to SILC groups. It highlighted key issues to consider in mobilizing communities for sustainability of the groups. As a result of this training 20 new SILC groups have been formed in which more than 15% are caregivers.

2.2.2 Regular CRPs meetings.

CRP meetings aim at sharing experiences as well as challenges among participants. The program supports and encourages CRPs to meet on regular basis to share experience and exchange different techniques in managing and supporting SILC groups in order to ensure sustainability. Focal persons use such meetings to pass general information on key issues which include: Improving record keeping and increase involvement of community leaders in sensitizing MVC care takers to join SILC Groups.

2.2.3 Conduct joint market assessment

The program continues to look for opportunity to link SILC members with potential markets. During this reporting period 13 out of 18 caretakers in Bagamoyo district who were linked to small job opportunities last quarter, have been supported to find a better market for the milk from their dairy goats which they acquired through support of TASAF III. With the support from volunteers they are now able to sell milk in Chalinze at double initial price. Previously, they were selling at TZS 400 per liter in the village market and now they sell at TZS 1000 per litre.

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

The program is committed to improve the business of caretakers through provision of various skill including entrepreneurship skills. As a result of the entrepreneurship training which was conducted in previous years there is an increase in the number of caregivers engaging in business. As indicated in 2.2 above, volunteers continue to provide informal training to caretakers in various skills through home visits. During this reporting period volunteers who were trained in various entrepreneurship skills have continued to transfer the knowledge to caregivers. Reports show that MVC caretakers with less income are now able to generate income gradually through various economic activities which they undertake.

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

The program takes into consideration the importance of food and nutrition components in its interventions, as it contributes to good health of MVC. Interventions which focus in increasing food security include small scale agriculture, home gardening, and poultry keeping. Through volunteers, the program encourages MVC households to grow sufficient food to meet their needs; and facilitates nutrition assessment, counselling and referrals/linkages for support.

During this quarter a total of 10,367 caretakers were reached with food and nutrition education: (Morogoro 3324); Dar (1446); Zanzibar (1036); and Pwani (59). In Pwani caretakers who have recently joined SILC groups have been linked to TASAF III in order for their children to be supported with food among other services.

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

In this quarter the program in collaboration with FANTA III trained 50 trainers on Nutrition Assessment Counselling and Support (NACs). The ToTs were equipped with NACS tools and facilitation skills after which they were grouped into 2 batches and conducted NACS training at community level where 300 volunteers who work directly with MVC households were trained. During the training, volunteers were oriented on how to use NACS standard tool for assessing nutritional status and how to support MVC identified with nutrition problems through providing nutrition counseling, support and referrals for severe malnutrition cases. Key topics covered during the training were: meaning of malnutrition, causes, effects and how to prevent it ; meaning of food,

nutrients, groups of food; meaning of balanced diet and how to prepare it; how to use Mid-Upper Arm Circumference (MUAC) tapes to measure nutrition status of children; how to read Tanzania child growth card (clinic card); how to measure weight by using Body Mass Index (BMI) reference chart; different nutrition support at community level; and the difference between nutrition education and nutrition counselling.



Trainers demonstrating how to measure child's health using a MUAC tape

The training ended with plans for volunteers to provide nutrition education to MVC households and community in general. The trained volunteers are expected to impart the knowledge to MVC household members, conduct nutrition assessment and counselling, and facilitate access to food support through referral and linkages.

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

Based on the current trend and reports about escalating of violence against children (VAC) and Gender Based Violence (GBV) in Tanzania, the program had to go beyond its preliminary plan of just ensuring that MVC, their caretakers and other community members are properly informed about the rights of children and how to protect them; to engaging responsible government officers from the police, health and social welfare sectors to ensure prevention of and response to cases of GBV and VAC are properly handled. It is based on this fact that the program facilitated establishment of two District Child Protection Teams in Ilala and Kinondoni; spearheaded establishment of One Stop Centre (OSC) for coordinated services to GBV and VAC survivors and victims and creating linkages; and networking with relevant CSOs including C-SEMA to address GBV and VAC per details below.

2.4.1 Facilitate utilization of Child helpline

During this reporting period, the program continued to cooperate with C-SEMA to ensure the child helpline number 116 is utilized to facilitate access to justice for children. Since the 116 operates throughout the country contrary to its initial plan where it was supposed to operate only where the child protection teams have been formed, it was found necessary to expand the knowledge about its functions to all our program staff. Based on that, the program invited C-SEMA to orient the program implementing partners on the use and functions of child helpline (116) during the VAC

and GBV training conducted in April 2014. Through that meeting, contact details of the participants from the program operation districts were shared with C-SEMA to ensure networking where necessary. This orientation benefitted a total of 22 OVC Focal persons from Pwani, Morogoro and Dar es Salaam regions. The oriented focal persons will in turn avail information on helpline services as they continue to sensitize communities in reporting GBV and VAC cases.

2.4.2 Piloting One Stop Center services in Ilala District

The program facilitated establishment of OSC as its contribution to the government efforts in Tanzania Mainland on prevention and response to GBV and VAC. While the Centre is fully managed by Amana Hospital and draws staff from the police and Ilala Municipality, Pamoja Tuwalee Program/ FHI 360 has been instrumental in ensuring its sustainability. In addition to advocacy meetings from the national level to the community done by the program to ensure understanding and buy in of the key government officials, we have provided technical guidance and facilitated the training of different cadres including 40 health personnel, 27 (20 Ilala and 7 Kinondoni) SWOs, 28 (7 Male and 21 Female) Police staff and we have also provided furniture & computer for the Centre. To date a total of 283 cases have been handled, 118 of them involved sexual violence – rape, 45 sodomy while about 64 include emotional and physical violence. All victims were provided with relevant services at the Centre including medical checkup and treatment for the raped and sodomized cases, counseling and referrals to other relevant services.

During this reporting period, the program in collaboration with the Ministry of Health and Social Welfare, organized a one day meeting for all OSC stakeholders to share experience, lessons and challenges and develop a common action plan on addressing the identified challenges. The meeting drew participants from government sectors (MOHSW, DSW, Police, justice) UN entities and International organizations. Below are among the challenges that were shared in relation to operation of OSC

- Lack of specific funds to run One Stop Center and enough SWOs
- Lack of community awareness on GBV and VAC issues
- Insufficient house of peace
- Lack of transport to follow up cases, conduct home visits

As a way forward, it was agreed that Ilala Municipal council will allocate one SWO to back up the Centre, advocate for inclusion of OSC activities and budget in District Comprehensive Plan and continue to raise awareness to the community members to utilize the Centre. So far, Ilala Municipal Council has fulfilled its promise of allocating a SWO to the Centre.

2.4.3 Pilot protection of children living on the street

As reported in the previous period regarding the program efforts to pilot interventions that support Children Living and Working on the Streets (CLWS); during this quarter we engaged KIWOHEDE as a local partner in piloting interventions that would benefit CLWS and their guardians. Under this partnership, the program expects to achieve the following:

- Enhanced knowledge and understanding of decision makers, front line workers, households and public about the issue of CLWS in selected 15 wards in Dar es Salaam region.

- Increased access to, and utilization of basic services (including reproductive health, HIV/AIDS education, psychosocial support, vocational and entrepreneurship skills and legal services) through the child protection system.
- Improved access for children without adequate family care to family based, community and/or institutional care placement.

In this quarter, the program identified and provided various services to a total of 153 (89 male and 64 female) CLWS. This is equal 26% of the targeted (600) CLWS. The services provided include food, shelter, psychosocial, medical care, and economic strengthening. The identification and support to CLWS goes hand in hand with identification of their guardians especially for those children who are begging in the streets with their guardians. During this reporting period, the program identified a total of 7 guardians representing 47 % of expected 15 guardians. The support provided to the guardians was mainly counselling and discussion about alternative income generating activities. Below are further details on specific activities on CLWS.

Outreach work

Through outreach work, KIWOHEDE social workers together with social worker from DSW reached out 153 CLWS and conducted individual and group counseling. Out of 153, 38 were identified at the satellite and others were identified at their hotspots from in mitaa around Kariakoo, Gerezani, Tazara, Mchikini and Kivukoni. At the satellite, the program conducted 24 sessions. All 153 children were provided with humanitarian and social support such as medical care and refreshment during outreach/street work. KIWOHEDE provided first aid including food and shelter to children who came to the drop in centre. Five children were ready to go back to their native place hence were closely monitored and prepared for reunification to their respective families, including preparatory session for home return, psychosocial counselling, physical and mental assessment. Thereafter, these children were returned and reunified with their families.

Table 7: List of CLWS reunified

Region	District	Ward	# of children reunified	Sex		Total
				Female	Male	
Mwanza	Sengerema	Nyapulukano	1	1	-	1
Tabora	Ndala	Ndala	1	1	-	1
Mbeya	Mbozi		1	1	-	1
Shinyanga	Kahama	Mloo	1	1	-	1
Morogoro	Kilombero	Ifakara	1	-	1	1
Total			5	4	1	5

The reunification involved family conferencing. All these children were escorted by Kinondoni municipal social workers and were connected with social workers of their areas so that they can continue to receive services needed.

Quarterly DCPT meetings in three districts

The program conducted quarterly meetings with District Child Protection Team (DCPT) members in which a total 75 members participated. The meetings aimed at updating the committee member on the work the program is doing on CLWS and their parent / guardians. The Committee members were very pleased with the work that has been done and appreciated the forum as it provides opportunity to discuss ways of effective collaborations and how to tackle challenges in reaching CLWS.

In additional to the districts meeting, the program partner KIWOHEDE conducted monthly meetings with community leaders and police officers in order to seek continuous assistance and feedback on project activities and discuss with them issues and the approach of emergence assistance and the real situation of CLWS in their communities.



Members of district child protection team during the meeting

Drop in Center and shelter

The CLWS who are identified at the satellite are served at the drop in center, below are details of some of the activities that took place at the drop in centre during this reporting period:

- A total of 114 (51 girls and 63 boys) who attended at drop in centers were provided with lunch and those who were accommodated at shelter were provided with all three meals per day.
- First aid service and shelter were available all the time for emergencies cases.
- A total of 63 children at drop in center were equipped with life skills, 28 girls sheltered at Bunju Centre and 41 boys at Dogodogo Centre continued to receive counseling. Children who attended KIWOHEDE centers referred their friends to the drop in center, in the long run this may contribute to reducing the number of children on the street.
- 28 girls were referred to KIWOHEDE Bunju shelter and were provided with different services such as first aid, psychosocial support, counseling, vocational training, sports and games, and public holiday celebration.
- Provision of individual and group counselling at drop in centres and shelter for the children who were referred by social welfare officers and other stakeholders.
- Recreational activities and Art performance as part of rehabilitation program

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

Entrepreneurship skills training and vocational are among the project activities implemented during this quarter whereby training one week on training on entrepreneurship skills was organized at KIWOHEDE center in Buguruni Malapa in followed by three week vocational training in June June. The participants included 18 older CLWS and 4 parents/ guardians of children beggars. The trainings aimed at empowering the older CLWS and their guardians economically. The trainings were done after a long engagement with this group of children and their guardians and identification of their needs.

Topics covered in entrepreneurship included: How to start small business; Early stage capital; Marketing strategy; Pricing; Customer care; Record keeping; Savings; How to manage capital; Basic things to consider in entrepreneurship.

2.4.4 Strengthening Community Child Protection structures

In addition to Ilala and Kinondoni child protection team meetings conducted to discuss issues around CLWS, the program continues to work closely with the teams in addressing child protection issues and GBV. As indicated above a total of 22 program implementing partners from Dar es Salaam, Pwani and Morogoro had opportunity to attend a refresher workshop on GBV and VAC with the aim of helping them to identify more cases of VAC and GBV in their respective districts as well as respond and refer victims to other relevant services. In this reporting quarter, a total of 155 cases of GBV and VAC were attended by police, SWOs and legal service providers.

These include 70 cases reported at OSC in Dar es Salaam. Sexual violence continues to be one of leading reported cases affecting the rights and welfare of children. Out of 155 cases reported, about 55% (86) relates to sexual abuse- rape and sodomy.

2.5 Facilitate access to community health insurance scheme for MVC households.

The program has been working on the best mechanism to ensure MVC households access quality health care services. For easy access to and affordability, the program promotes MVC households access to health care services, through utilization of either TIKA (Tiba kwa Kadi) or Community Health Funds (CHF) cards for health insurance mainly monitored at the LGA level. In this quarter, the program continued to advocate to the district councils, MVCCs and Village authorities to support MVC with health insurance. Also program continued to network with other stakeholders who provide health services.

In Dar es Salaam, the implementing partner continue to work closely with LGAs to facilitate provision of Community Health Fund (CHF) cards to MVC. The program is still sensitizing communities to contribute on Community Health Fund (CHF).

In Morogoro region, Mvomero district, 12 MVC (6 males and 6 females) were registered under CHF (Community Health Fund) through support from a SILC group named Mwanzo Mgumu. Also one SILC group supported 1 MVC with medical service. In Kilosa district, Upendo SILC group supported 2 MVC with medical services. Following that achievement, HACOCA has a plan to mobilize more communities especially the established SILC groups to support MVC with community health insurance through their OVC funds. Twaweza SILC group in Ulanga district managed to pay for CHF card to 10 households with an average of five MVC each. The support was amounted to TZS 50,000 reaching a minimum of 50 MVC.

In Pwani region, Kifinge MVCC in Mafia district mobilized TZS 60,000 for facilitating photos and CHF/TIKA for 30 (12 males and 18 females) MVC while in Bagamoyo 33 (21 males and 12 females) MVC from Msoga and Mapinga villages were supported with CHF cards by ELCT church and BADO organization. The CHF cards costed TZS 50,000.

In Zanzibar, the government provides free health services through health facilities scattered nearly in every shehia. However, health sector still faces a lot of challenges including shortage of basic drugs and poor health services. The main task to implementing CSOs is to encourage and link the needy MVC to health facilities in order to receive better services.

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

To a very large extent, the welfare of MVC is dependent on the wellbeing of the caretaker, hence promotion of their health through information and referrals to health facilities is of great importance. In recognition of this, program community volunteers through home visits have been providing health and psychosocial support to caretakers.

The program strives to build strong networks and referrals to ensure both MVC and their caretakers are receiving comprehensive services along continuum of care. Through home visits caretakers were reached with health services (6672) and PSS (12601). This is an increase of 33% and 31% respectively. Also, the program urges volunteers and MVCC members to encourage health seeking behaviors among caretakers.

2.7 Sensitize and support families to support MVC

Program continued with its efforts towards ensuring sustainability of support after program phase out. Thus, volunteers continued to sensitize and support families to join SILC groups and engage in income generating activities in order to earn income that will enable them meet their family needs.

In Dar es Salaam, the Archdiocese sensitized 168 (11 Male and 157 Female) caretakers to join SILC groups.

In Morogoro, HACOCA sensitized 52 MVC households to support MVC as it is their role to ensure comprehensive care and support is provided to their children

In Zanzibar, over this reporting period, a total of 61 (37 male and 24 female) MVC were supported by their families with scholastic materials, uniforms and school fees as well as food, the support was worth TZS 1, 057,000 (US\$ 661). Again these include 15 (9 male and 7 female) primary OVC supported by 14 caretakers (2 male and 12 female) with scholastic gears i.e. Uniforms and text books worth TZS 89,000, in Pemba. Likewise, in Unguja a total of 46 (28 male and 18 female) MVC were supported by caretakers in scholastic gears that included school fees, school uniforms and material worth TZS 968,000.

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.

As the program approaches its final year, we continue to strengthen the capacity of MVC caretakers, the community members such as MVCCs, SILC group members, volunteers, CRPs and the LGAs to enhance sustainable care, support and protection to MVC. At the same time, the program continues to provide core services to MVC mainly through program staff and community volunteers' home visits, mentoring and coaching the MVC caretakers, monitoring and providing direct support.

As indicated under activity 1.4, the emphases in this quarter was to continue strengthening the CSOs capacity on governance and management that include their capacity to tap into other stakeholders' resources that would benefit MVC beyond the program life time.

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

The program continues to register success in reaching MVC with core services. To date, the program has served a total of 80,485 MVC since its inception. Out of that, a total of 64,742 MVC are currently in program while 15,743 equal to 19% have graduated from the program due to different reasons including age limit and improved well-being, death and immigration among others.

During this reporting period, the program provided a minimum of one core care service to 58,748 against 52,780 served last quarter and 64,742 MVC current in the program. This represents 91% of MVC current served by the program and 89 % of the country operation plan (COP 2014) target.

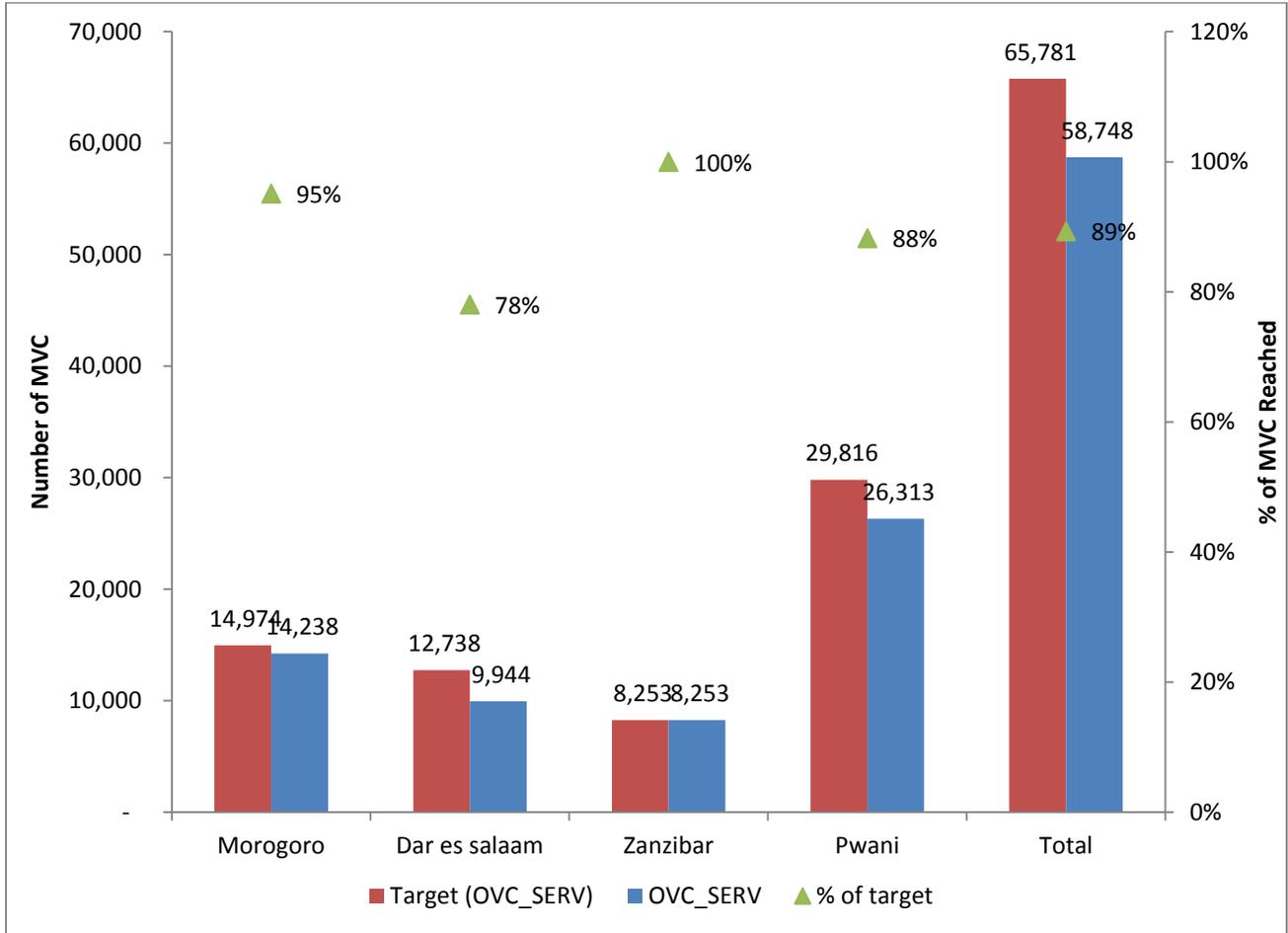
Table 8: Number of MVC served with at least one core service during April - June 2014

Region	<1 yr M	<1 yr F	1-4 yrs M	1-4 yrs F	5-9 yrs M	5-9 yrs F	10-14 yrs M	10-14 yrs F	15-17 yrs M	15-17 years F	18+ yrs M	18+ yrs F	Total
Morogoro	3	7	357	427	1,690	1,720	3,109	3,364	1,610	1,385	354	212	14,238
Dar es Salaam	2	5	318	352	1,263	1,197	1,881	1,881	1,151	1,151	390	353	9,944
Zanzibar	12	15	514	482	1,400	1,322	1,660	1,503	610	538	124	73	8,253
Pwani	44	61	1,033	1,058	3,394	3,328	5,580	5,403	2,968	2,669	433	342	26,313
Total	61	88	2,222	2,319	7,747	7,567	12,230	12,151	6,339	5,743	1,301	980	58,748

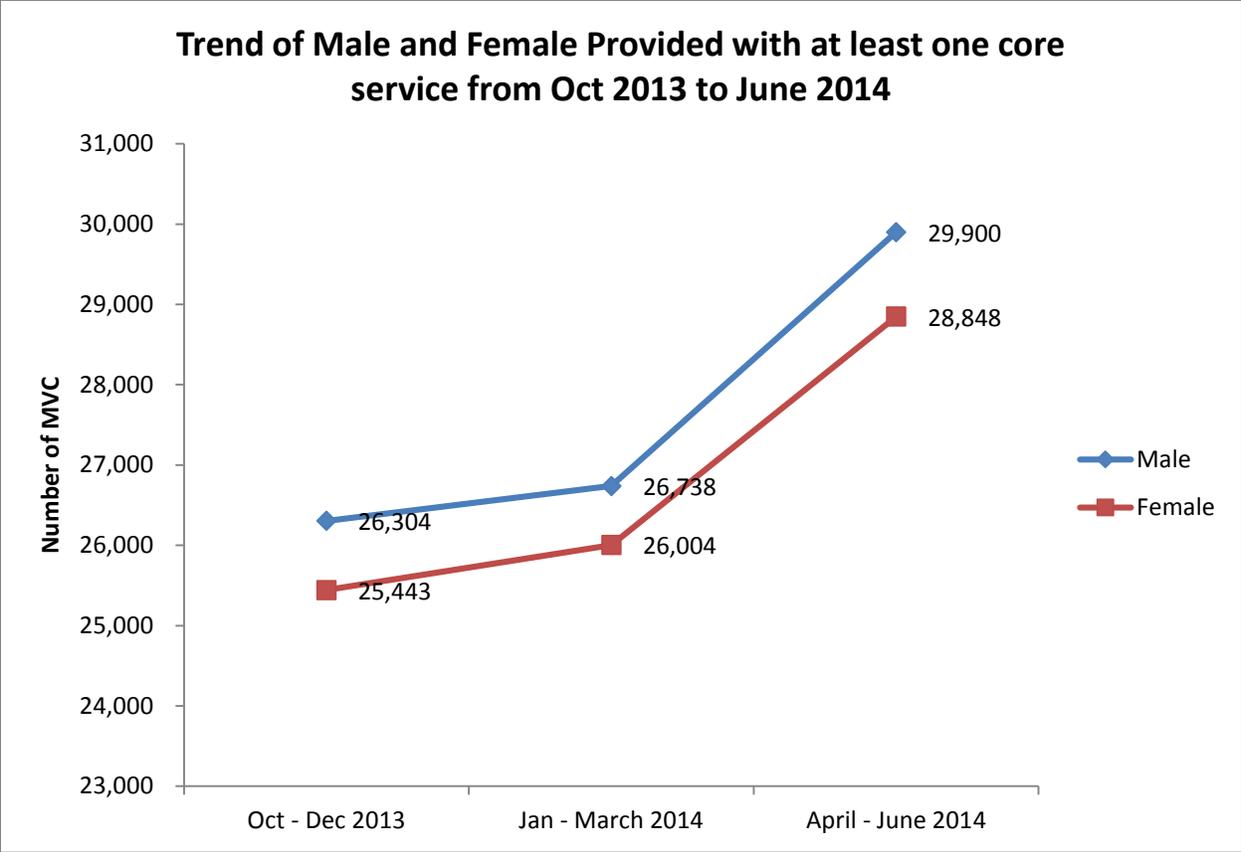
Source: Program Quarterly Report

Based on its previous plan, the program will meet its target of FY 2014 in the next reporting period after supporting the government exercise on updating the MVC register and conducting refresher workshop to MVCCs. The graph below shows the number of MVC versus the target per region.

MVC reached with at least one core services in April - June 2014



The program continued to serve more male MVC than female. This has been a trend since the program inception. The graph below shows the trend of male and female MVC who have received services under the program in the last three quarters.



While there are different thoughts on who is more vulnerable between a male and a female child, the national data on MVC suggests that there is more male MVC than female. Both May and June 2014 DSW reports on monthly IPGs show that male MVC are more compared to female i.e total identified from 111 councils is 897,913 MVC: male 475,894 (53%) and female 422,019 (47%) . Since Pamoja tuwalee program/FHI 360 works within the government paramiters, this gives the reason why we have more male than female.

3.1.1 Provision of education support and vocational training

Education and vocational training is one of the core service the program emphases for all school going or older MVC. This is aimed at ensuring that MVC are being helped to realize their potentials. Through education and vocational training, MVC acquire knowledge and skills that impacts their future.

The importance of prioritizing education support is also affirmed through community members and LGAs contributions made to support MVC. Education is ranked high compared to other support. For example, during this reporting period out of 1,995 MVC who received different support from community members, 1296 MVC (65%) received education support. The table below shows the number of MVC that received education support during this reporting period.

Table 9: Summary of MVC who received education support during April -June 2014

Region	Primary Education		Secondary Education		Vocational Training		Total
	Male	Female	Male	Female	Male	Female	
Morogoro	939	724	669	600	0	3	2,935
Dar es salaam	1,571	1,648	597	622	133	135	4,706
Zanzibar	2,462	2,466	332	308	0	0	5,568
Pwani	5,470	5,462	773	631	107	109	12,552
Total	10,442	10,300	2,371	2,161	240	247	25,761

Source: Program Quarterly Report

As noted above, a total of 25,761 (male 13,053 and female 12,708) MVC received education support. As reported last quarter, an increased number of MVC reached with education support surpassing far the target for FY 2014 is associated with increasingly understanding the importance of education by community members including MVCCs and program volunteers follow up on school performance both at school and during home visits. Another important aspect is the provision of shoes that the program received as a gift from TOMS shoes which have been distributed to all MVC reported under this reporting period. The Toms shoes complemented the program, community and LGAs on supporting MVC with education needs. Both MVC and their caretakers are grateful for this support. Also, volunteers and teachers have appreciated the support received. In her appreciation during the follow up of MVC after distribution of TOMS shoes, a teacher at Mkoani Primary school in Kibaha, Pwani said “the support helped to raise the school attendance of children because many of MVC were wearing ‘yebo yebo’ but now they feel comfortable and are attending regularly”.

3.1.2 Provide Nutritional Support

The program continues to strengthen the LGAs and community members to identify the MVC nutritional needs and means to support them. As indicated under activity 2.3, the long awaited NACs training was successfully conducted to a total of 50 program and district staff on how to conduct NACs who in turn trained a total of 300 community volunteers from Pwani (177), Morogoro (69), and Zanzibar (54).

Apart from NACs training, the program continued to provide nutritional support to MVC and their caretakers mainly through referrals and networking. During this reporting period, a total of 35,851 (17,979 male and 17872 female) MVC were reached with food and nutrition counselling, against a total of 26,190 (13,145 male and 13,945 female) reached in the past two quarters. The increase of MVC reached with NACs has been associated the NACs training, hence surpassing our target

of FY 2014 of reaching 35,851 versus a target of 35,074 MVC by 2%. Below is the summary of food and nutrition support provided to MVC per region during this reporting period.

Table 10: Number of children who received food and nutrition services – April to June 2014

Region	Male <1	Female <1	Male 1-4	Female 1-4	Male 5-14	Female 5-14	Male 15-17	Female 15-17	Male 18+	Female 18+	Total
Morogoro	2	2	303	375	2,608	2,938	1,092	933	212	97	8,562
Dar es salaam	2	5	293	334	2,751	2,765	1,026	1,031	301	263	8,771
Zanzibar	-	-	339	321	1,593	1,550	317	268	46	19	4,453
Pwani	10	20	496	511	4,873	4,955	1,508	1,346	207	139	14,065
Total	14	27	1,431	1,541	11,825	12,208	3,943	3,578	766	518	35,851

Source: Program Quarterly Report

Apart from training and counselling services on food and nutrition through program staff and volunteer, we strive to ensure more MVC are referred to other service providers and community members to access this service. Some results of these efforts include:

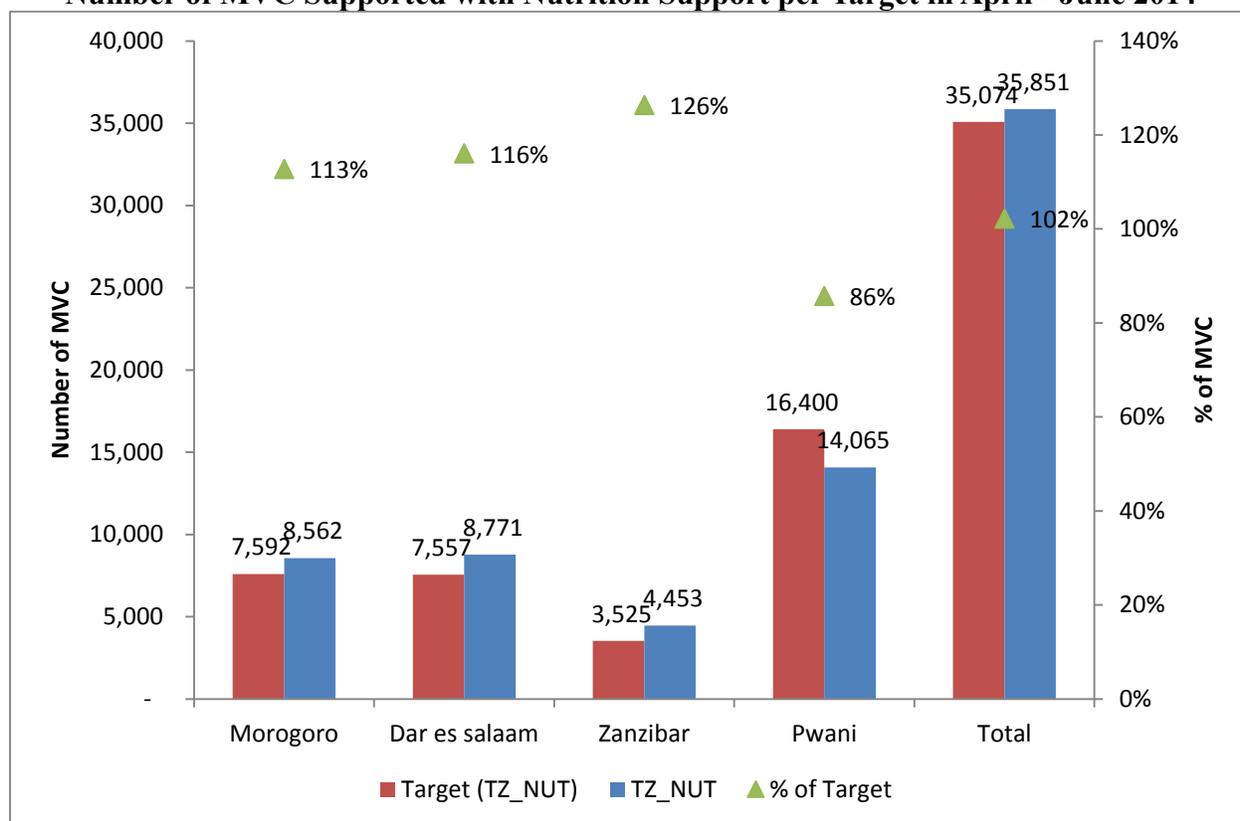
In Zanzibar, a total of 1339 (678 male and 661 female) MVC were supported with food and nutrition services. In addition, about 638 (310 male and 328 female) caretakers were provided with food security and nutrition counseling for their children.

In Unguja, 3,114 (1,617 male and 1497 female) MVC were reached with nutrition education and counselling while 398 (105 male and 293 female) caretakers were reached with nutritional counselling and received direct food support as part of Muslim contributions in support for the needy families for preparation of the Holy month of Ramadhan.

In Morogoro, through community mobilization messages, RC Mahenge in Kilombero district through MVCC in Matema Village- Kamwene Ward, collected 460 kgs of maize, 3 local chicken and 200 kgs of paddy.

In Dar es Salaam, the program through its partner YAM and WAMATA provided food and nutritional education to 1446 MVC caretakers and 9163 (4650 Male, 4513 Female) MVC. Through volunteers and MVCCs awareness raising, community members and one SILC group in Manzese contributed at a total of TZS 846,000 (US\$ 528) which used to purchase food stuff for 45 (16 male and 29 female) MVC. Equally, in Pwani – Bagamoyo and Mafia districts, a total of 46 (19 male and 27 female) MVC were supported with food -mainly maize flour, beans and rice. The graph below shows the number of MVC supported with food and nutrition per region versus the annual target.

Number of MVC Supported with Nutrition Support per Target in April - June 2014



3.1.3 Support Access to Primary Health Care

Utilization of health care services is associated with proper understanding of the need and access but also the availability of services and functional referral system. Pamoja Tuwalee program/ FHI 360 strives to ensure that MVC and their caretakers understand the importance of health and provide them with information on its accessibilities. Through community volunteers, members of the DIPG and nearby health facilities, MVC and caretakers are facilitated to access primary health care. During this reporting period, the program managed to serve 9,532 (4740 male and 4792 female) MVC and 4792 caretakers with one or more of primary health care mostly through referrals and volunteers' home visits. This achievement represents an increase of 10% percentage from the last reporting period.

In addition to program staff and community volunteers education and support to MVC caretakers on health care and referrals during home visits, public and private partners are also contributing to this service. For example, in Pwani, Mafia district, community volunteers facilitated 342 (181 males and 161 females) MVC to received various health services including Vitamin A supplements, albendazole for worms and counseling on drinking clean and safe water to avoid diarrhea and other water borne diseases. In Bagamoyo, the program staff and community volunteers collaborated with the Msolwa, Matimbwa and Mlingotini village council; Bagamoyo

Hospital and Tanzania Red Cross Society (TRCS) to supported 45 (22 males and 23 females) MVC with mosquito nets .

3.1.4 Provide family based care/Psychosocial support

Psychosocial support is a critical support especially when it comes to MVC. Every support provided to MVC needs to be done through psychosocial support lenses. Based on this, the program ensures all program staff, community volunteers and other responsible persons are well trained on the importance of psychosocial support and how to address this needs for MVC. The same training goes to MVC caretakers through community volunteers to ensure they all understand the importance of psychosocial care and support to their children. The program addresses this need mainly through program staff and volunteers' home visits and establishing and managing children clubs.

During this reporting period, through community volunteer networks and referrals we managed to reach a total of 54,681 (27,761 male and 26,920 female) MVC through home visits and children club sessions. Out of these, about 25% (13,666) are attending children clubs. As indicated in the previous reports, in addition to emotional support, these children also benefit on sessions on life skills, youth reproductive health, HIV prevention and self-protection from abuse, neglect and exploitation. The table and graph below provide more details of MVC who have received psychosocial support per region and with age desegregation during this reporting period.

Table 11: MVC who received PSS April -June 2014

Region	Number of MVC provided with Psychosocial support		
	Male	Female	Total
Morogoro	6,979	6,992	13,971
Dar es salaam	4,968	4,955	9,923
Zanzibar	4,316	3,937	8,253
Pwani	11,498	11,036	22,534
Total	27,761	26,920	54,681

3.1.5 Support Shelter Improvement

The program spearheads MVC shelter improvement through community volunteers and MVCC referrals and networks mostly in rural and semi-urban areas. We strengthen their capacity to mobilize and organize communities to repair houses, provide and distribute clothing to MVC and their households. Communities are encouraged to use locally available materials and labour to provide better shelter. This has been addressed by conducting community sensitization meetings, creating linkages with other stakeholders and delivering shelter counselling through trained community volunteers and program staff to the MVC households and community members.

During this reporting period, a total of 4,558 MVC were facilitated to access shelter in different ways. This is an increase of 4% percentage from the last quarter in which a total of 4,390 MVC received this service. A good number of MVC households were reached out through community volunteers who educated them on how best they could improve their shelter from dilapidated condition.

In Pwani, community volunteers in Msoga village linked 11 (6 male and 5 female) MVC to ELCT church where they were supported with beds and mattresses. Out of these, 11 MVC received mattress while 5 MVC received both a bed and a mattress each. The support provided amounted to TZS 780,000 (US \$ 4875). In Kissanga village, the MVCC members renovated housed in two households to improve the lives of two boys in those households.

In Morogoro, Kilombero district community volunteers under managed to mobilize community in Ikule village, Maendeleo Street to build a house for a child headed family of Lilian Ng'umbi after strong winds destroying their previous house. This contribution is highly appreciated by the MVC as they had already lost hope of having decent housing.

Following the continuous capacity building and mobilization done to SILC groups through community volunteers, UPENDO group in Mbumi, Kilosa district managed to support three MVC by renovating their houses.

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

While the program continues to empower MVC caretakers, MVCC members, SILC group members, Community volunteers, LGAs stakeholders, CSOs and other community members to ensure sustainability of care, support and protection to MVC, we equally recognize the importance of providing the opportunity to MVC to participate in improving their owner wellbeing. We use a combination of age-appropriate and gender sensitive life skills education and psychosocial to directly empower them. The program uses children clubs as an effective means in which MVC and non MVC, girls and boys participate. Children clubs help children open up and share about their experiences and feelings, build trusting relationships, increase self-esteem, reduce self – stigma and the impact of discrimination and improve social and coping skills.

The established children clubs are also used by the program as an avenue to deliver information about HIV and AIDS, Sexual and Reproductive Health, life skills and psychosocial. The program also pays attention to specific needs of MVC with disabilities, children affected by GBV and VAC and those who are in need of birth registration. Below are details on what has been done under this objective during this quarter.

4.1. Establish and expand children clubs

In this reporting period, the program facilitated the establishment of 26 children clubs (13 in Pwani , 1in Dar es Salaam and 12 in Morogoro) reaching out 781 (379 male and 402 female)

children. To date, the program has established a total of 434 children clubs with a total of 13,666 (6,638 male and 7,028 female) members per details below.

Table 12: Summary of Children clubs established

Region	Number of Existing Children Club	Number of children registered into Children clubs during this reporting period						Grand Total
		Most Vulnerable Children			Other Children			
		Male	Female	Total	Male	Female	Total	
Morogoro	94	1593	1699	3292	0	0	0	3292
Dar es salaam	44	493	539	1032	5	5	10	1042
Zanzibar	34	491	438	929	71	99	170	1099
Pwani	262	3679	3934	7613	306	314	620	8233
Total	434	6256	6610	12866	382	418	800	13666

Source: Program Jan - Mar 2014 Quaterly report.

The increase on the number of children joining children clubs is associated with the training of more volunteers on how to establish and manage children clubs. The training was done based on the request presented by the children themselves and community volunteers to increase the number of community volunteers who can establish more clubs that will benefit more children. Based on that feedback the program had to deliver the training. The table below shows a number of community volunteers trained on how to establish and manage children clubs during this quarter.

Table 13: Number of community volunteers trained on establishing and managing children clubs during this quarter

Region	Districts	Number of trainees		Total
		Male	Female	
Dare es Salaam	Kinondoni	5	12	17
	Ilala	4	6	10
Morogoro	Morogoro R	8	7	15
	Morogoro M	5	9	14
	Mvomero	3	9	12
	Kilosa	3	9	12
	Kilombero	9	6	15
	Ulanga	9	6	15
Pwani	Kibaha TC	6	15	21
	Kibaha DC	17	15	32
	Bagamoyo	13	12	25
	Kisarawe	4	3	7
	Mkuranga	9	5	14

	Rufiji	7	5	12
Zanzibar	Unguja	7	13	20
	Pemba	4	16	20
TOTAL		113	148	261

The trained community volunteers are expected to establish at least one children club each in their respective village/mtaa/shehia. Based on that, we anticipate that additional more than 7,000 children will have access to children clubs in the next reporting period

The children club guidelines manual components include life skills, coping mechanism, managing and addressing challenges facing youth during adolescent stages and youth reproductive health and HIV AIDS prevention.

4.2 Provide gender and age-appropriate HIV and AIDS education

As stipulated under 4.1, the program mainly use children clubs as a platform for educating MVC boys and girls and other non MVC on healthy behaviours including topics on Sexual and Reproductive Health, life skills and HIV prevention. This information is featured in club guide sessions where health messages carry equal weight like other components on emotional support. The sessions aim at increasing knowledge and health-seeking behaviours, particularly for children who are not in school and are therefore missed in school-based health interventions. During this reporting period, the following were accomplished:

In Pemba, Zanzibar, children club attendants used the children club guide to reach 108 (64 male and 54 female) older OVC with youth reproductive health education session. In Unguja a total of 72 (39 male and 33 female) older MVC were reached with HIV/AIDS education while 4 HIV+ (2 male and 2 female) MVC were counseled on positive living.

In Pwani, the program reached about 1364 (535 male and 829 female) adolescents with youth reproductive health and HIV prevention messages. The program also continued to follow up on the use of the growth and change; becoming younger woman and man booklets. Feedback from head teacher from Bokomnemela Primary school (one among 35 primary schools that received these booklets in the region) said the books are very useful to the pupils because they have few teachers who can handle those topics, hence having those booklets for the pupils to read at their own pace has been helpful. He said, *“Many children who are visiting library are asking for these books, they are very helpful”*.

4.3 Support to victims of GBV and child abuse

The program is committed to ensure the psychosocial wellbeing needs of the MVC and other needs are met. Realizing the psychological problems resulting from abuses, the program put emphases on addressing this need to the victims of GBV and VAC, in additional to other services provided direct or through referral system. The program also seeks to strengthen the community capacity to

prevent, respond to and care for the victims of violence through coordinated and responsive community based system.

During this quarter, the program conducted a two day workshop to program and Sub grantees staff with the purpose of enriching them with knowledge and skills on how to prevent, respond and also pass on the knowledge to community members on issues of GBV and VAC. This workshop was conducted through collaborative efforts of the program, Ilala municipal council and police headquarters. The training involved practical examples and covered the following topics:

- Concepts of GBV and VAC
- Policies, Laws and human rights concerns of GBV & VAC
- Understanding child abuse and recognizing children at risk
- Harmful traditional practices related to child abuses
- Understanding the needs of abused children and skills in working with abused children and families
- Coordination and referral mechanism for addressing GBV and VAC
- The role of social welfare officers/OVC FP
- The role of Police Gender and Children desk
- Investigating child abuse incidences - the role of families and victim

In addition to that, we oriented also the sub grantees, staff on the importance of safeguarding children and the process of receiving feedback from the children we work with on whether they feel any threat against protection from the program staff (including HQ, Regional and sub grantees staff) and volunteers.

Through community volunteers, SWO, MVC, family members, ward and village executive officers, teachers, health practitioners and police in the program area of operation, we jointly supported a total of 155 cases of GBV and VAC during this reporting period. These included 70 case reported at OSC in Dar es Salaam. Out of 155 cases reported, 55% (86) cases relate to sexual abuse- rape and sodomy.

To strengthen referral network and support to victims of GBV and VAC, jointly with UNICEF, we conducted Ilala and Kinondoni child protection team meeting to strengthen their responsiveness and linkage to OSC and other service providers. While there are positive lessons, such as increasing the number of people demanding and accessing services, we have also noted some challenges including lack of funds to follow up the survivors and attend the cases. Some of these challenges were also shared with the OSC stakeholders meeting in which the Ilala Municipal Council accepted to allocate one social welfare officer at the OSC to reduce the burden but also manage the cases within reasonable time.

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

The program recognises that MVC and children with disabilities have special needs that differ from each other depending on the type and level of disability. The program has put special attention to this group of children by ensuring program volunteers and other staff are providing extra care and support to them. During this reporting period, the program provided both material and emotional support to a total of 945 children with disabilities.

Also, Deloitte Consulting in collaboration with Pamoja Tuwalee staff raised a total of TZS 640,000 (US \$ 400) and bought a tri-cycle to support a child with physical/mobility disability at

Makoba Unguja. Deloitte (TZS commitment contributions collected based helping the photo promised failed to continue impairment.



The contribution raised from 480,000) is part of the made under this project while the from the program has been on leading with example in needy MVC. Makame on the to resume the school since he had with school due to mobility

ENHANCING INTER-SECTORAL COORDINATION AND COLLABORATION

Most Vulnerable Children Implementing Partners Group (MVC IPG)

As reported in the previous reports, the program has continued to attend the monthly MVC IPG meetings for the purpose of sharing experiences as well as progress made by each MVC implementing partner. During this reporting period, the program shared its monthly updates for all three months. These meetings, coordinated by the government, are organized in order to improve coordination of interventions on care, support and protection to MVC. Recognizing the contributions made by FHI 360, members of the IPG requested one of the program staff to participate in reviewing the terms of reference of the IPG and that support was provided accordingly.

Police Partner Coordination Group

The major activity of this group during this reporting period was on reviewing the progress made on the implementation of the three years action plan for police gender and children's desk (2013-2016) inventory for both partners and police stations. The program as an active partner to police especially on established one stop centre at Amana Hospital, trainings to police and capacity building for the child protection team, has already submitted its report.

Civil Society Organizations Forum

Following Pamoja Tuwalee Program/ FHI 360 active participation in the Tanzania Child Rights Forum (TCRF), her Deputy Director was selected to participate in two international meetings both in Nairobi and Geneva. See details below.

Regional experts on families in Africa meeting organized by Parenting in Africa Network, Nairobi Kenya

This was a two day workshop in which experts from different countries in Africa met to discuss the theme on “Restoring families as the Pillar of Development in Africa”. The meeting was convened to also celebrate the 20th anniversary of the International Year of the Family (IYF), The meeting was hosted by Parenting in Africa network (TCRF is a member) and brought together over sixty (60) participants, drawn from 9 countries in Africa. These includes representatives from CSO’s, Regional and International NGO’s, Government Departments, Academia, the Private sector, Policy Makers, Family Services Practitioners, individuals and a representative from the African Union AU - Committee of Experts on the African Charter on the Rights and Welfare of the Child. The sub theme included advancing social integration and intergenerational solidarity- the contributions of indigenous knowledge, extended families/good African Parenting practices to family strengthening.; Work- life and family balance in ensuring overall family welfare; Family poverty-alleviation and access to basic services and emerging issues (early marriage, child sacrifice (children with disability/albinism), parenting children in conflict situation, FGM: Magnitude and extent of the problem in Africa) .

Pre session meeting with the United Nations Children Rights Experts committee, Geneva-Switzerland

As reported in the previous reporting period, the program Deputy Directors was among few members from Tanzania who had opportunity to represent members of the TCRF to the UN expert committee on the Rights of Children. The meeting aimed at exploring further the Government report on the implementation of the convention on the Rights of the Child (CRC) and the NGOs alternative report on the same. In additional to meeting with the committee and presenting our views on both state and CSOs reports on the implementation of the CRC status, we had the opportunity to discuss the CRC optional 3 protocols on communication procedures for children rights. To date 10 state parties have ratified the protocol, Tanzania is not among those.

MONITORIG AND EVALUATION

Monitoring and Evaluation is one of the key components that ensure smooth implementation of the program. As indicated under objective one, our monitoring system starts at the beneficiary level. The community volunteers follow up with MVC, caretakers and MVCCs to identify and

support the implementation of the agreed action plans and also the utilization of both physical and non-physical services. Volunteers are also followed up by the OVC focal persons who out of 20 working days, 15 are supposed to be used for supportive supervision and monitoring service delivery to MVC and their caretakers . The regional staff and program staff headquarters monitor the program through regular supportive supervision at sub grantees and service delivery levels.

While the program continued with routine monitoring, the M&E Team in cooperation with Regional Teams capacitated Morogoro and Pwani sub grantees on data management issues, that included; capacity building on data analysis, data cleaning, statistical and report compilation. This activity was conducted as part of the commitment made during the M&E workshop to Sub grantees that was conducted in the last reporting period.

In addition to routine monitoring, during this reporting period, the program M&E staff attended Geographical Information System (GIS) Training organized and facilitated by MEASURE Evaluation in collaboration with USAID. The aim of the workshop was to equip partners with GIS skills, including how to create maps that will inform decision making. The contents of the workshop included introduction to GIS and how to link project data to a GIS dataset. Participants were guided to perform practical mapping using data from their own projects, specifically looking at PEPFAR reporting data. The training contents were; how to link project data to the GIS datasets, using GPS devices to collect coordinates, and principles on how make maps for decision making.

PRIORITY ACTIVITIES FOR JULY TO SEPTEMBER 2014

- Facilitate children meeting on evaluating child safeguarding
- Work with FANTA III and TFNC to facilitate the second bunch of volunteers on NACs
- Orienting DSWO on refresher training to MVCC and MVC updates
- Facilitate MVC register
- Facilitate program staff meeting in reviewing the program implementation status and planning for the program remaining period
- Facilitate sub grantees to review and develop implementation plan for the remaining period.

SUCCESS STORIES

1. Supporting MVCCs to explore business opportunities for supporting MVC: A story of Galagaza

Galagaza Most Vulnerable Children Committee (MVCC) is in Msangani ward, Kibaha Town Pwani region. This committee has 10 committed members who support a total of 157 MVC in their respective village. In June 2012, the committee had the opportunity to be among the 4,600 members from Pwani, Morogoro, Dar es Salaam, and Zanzibar who were trained by Pamoja Tuwalee Program/ FHI 360 on their roles and responsibilities, coordination and resource mobilization among others. After the training, all 460 committees came up with their action plans on how they would support the MVC in their respective villages. Galagaza MVCC action plan aimed at establishing poultry keeping, cultivating a cassava farm and vegetable gardening.

During November 2012, Galagaza MVCC members started cultivating cassava and vegetable that generated food for MVC and at the same time generated income that was used to support 157 MVC.

From month to month in their discussion on how they can support further the MVC and have alternative activity apart from cultivation that sometimes was affected by drought; they requested further support from the program. Based on that, Pamoja Tuwalee Program/ FHI 360 in collaboration with Kibaha Social Welfare Officer linked Galagaza MVCC members to Mkuza Chicks Company in which they requested for a start-up capital for poultry keeping business. Due to their activeness and clear plan in supporting MVC, Galagaza qualified and received 200 chicks and a sum of 1,500,000 (US \$ 938) from Mkuza Chicks Company as a start-up capital which covered cost for vaccination and poultry meal.



After 10 months, a total of 165 chickens started laying eggs, thereafter, Galagaza MVCC was able to collect more than 12,000 eggs in a month. They all agreed to sell 360 trays of eggs @ 7,000 TZS (4.3 US \$) and earned TZS 2,520,000 (US \$ 1,575). The money was used to support 143 MVC (83 Males 60 Females) with scholastic materials, school fees, school contributions and food.

During the program staff meeting with Galagaza MVCC, one of the new program staff asked, how would you explain this success? The chairperson of the committee said ***“We thank Pamoja Tuwalee Program for organizing the training which opened our eyes to see opportunities to support our own children; we have got a mark which will live longer in our community and support MVC in our area, no dependency again, with this business we can”***.

The project has expanded thus in June 2014 Galagaza MVCC managed to buy 200 more chicken layers TZS 500,000 (US \$ 313), food, vaccination and medicines of 700,000 (US \$ 437) from

their income. Despite selling chicken eggs they are also selling chicken peat and they earn about TZS 400,000 (250 US \$) per month. Some of the eggs are given to MVC for nutrition purposes. Based on that achievement, Galagaza formed a savings and lending credit group which has 24 members (MVCC and MVC caretakers). Each member contributes TZS 2,000 per month that makes a total of 48000 TZS (30 US\$) for supporting MVC. Through selling of eggs and peat and contributions from SILC group, at average Galagaza MVCC makes a total of TZS 1,500,000 (938 US\$) per month for MVC. With that funding Galagaza is serving a total of 143 MVC and together with the program plan to identify more MVC in their village that need to be supported next month.

2. Living with HIV/AIDS is not the end of the world

Abrahaman Mohamed Kakuga is an older MVC aged 18yrs; he lives alone in Mkuranga district in Pwani region. He was born with HIV on 1996, both his parents died on the same year. After the death of his parents, he lived unsettled life as he passed through different caretakers within a short period. In January 2002, his first caretaker enrolled him at Mkuranga primary school. When he was in standard three in 2005, he fell sick frequently which led his caretaker to take him through medical check-up and he was diagnosed to be infected with HIV.

Due to his HIV+ status, Abrahaman was subjected to abuses and consistent stigmatization from his caretaker, other family members and his friends. Abrahaman felt bad for the response of the people surrounding him after identifying he was HIV positive.

In supporting Abrahaman, TUNAJALI (a Pamoja Tuwalee program/ FHI 360 follow on program) program community volunteer in collaboration with MVCC and village leaders shifted him to another caretaker (a teacher) who volunteered to take care of Abrahaman. Because the caretaker was a teacher, he had close follow up on Abrahaman's education progress and supported him with all school requirements. . Fortunately, Abrahaman passed standard seven examinations and was selected to join Mwinyi Secondary School in Mkuranga ward. He continued to receive educational support from the program and his caretaker. In 2010, the caretaker was transferred to Tanga, and he could not go with Abrahaman, so he rented a room where the latter lived during his studies.



His life became difficult as he could not afford to buy food, he only depended on neighbours and other people to give him food. He had to divide his time for studies and go in street begging for food, which caused his CD4 count to drop drastically as revealed by a check-up at PASADA CTC clinic, a clinic where Abrahaman was referred by Pamoja Tuwalee Volunteer. In responding to Abrahaman's problem, PASADA under Roman Catholic Church at Mkuranga gave him one acre of land, cow manure and TZS 10,000 as a start-up capital to start

vegetable gardening for food and selling. With the support of Pamoja Tuwalee community

volunteers, he planted different types of vegetables including okra, spinach, matembele and mchicha. He sells the vegetables in retail and in wholesale. In a week he earns between TZS 30,000-TZS 50,000 (\$ 18-31 USD \$). His spending averages TZS 20,000 (USD \$ 13) for buying seeds, water, food and clothes and TZS 30,000 (USD\$ 18) is a saving. . Since he started home gardening in March 2013, he has earned a cumulative total of TZS 2,200,000 (\$ 1375). Currently, his life has improved- he has reliable income for covering his education costs, buying food, clothes, paying rent, and other needs. His CD4 has gone up to more than 600. He passed his secondary education by getting division three in his form four examinations. He has been selected to Al-haramain teachers college. Abrahaman's plan is to expand his farm by cultivating vegetables and fruits as well as focus on being a whole seller while exploring further his career.

“Once life became difficult, there was a time I lost hope of continuing with my studies, but I'm grateful to God for giving me strength not to give up and connected me with Pamoja Tuwalee volunteers for basic needs support and their moral support, they have been visiting me at home, counselling and encouraged me when I was feeling down” said Abrahaman.



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