



# Caring for Children and Empowering Young People (C2EYP) Project

## Quarterly Progress Report for Project Year 2016, Quarter 4

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ACA KITAN FOUNDATION



Elizabeth Glaser  
Pediatric AIDS  
Foundation  
United Way/UNAIDS



C2EYP aims to enable more Tanzanian orphans and vulnerable children (OVC)—children, adolescents, and young people orphaned and made vulnerable by HIV and other adversities—to utilize age-appropriate HIV and AIDS-related and other services for improved care, health, nutrition, education, protection, livelihoods, and psycho-social well-being.

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## Abbreviations and Acronyms

AIDS	acquired immune deficiency syndrome
AKF	Aga Khan Foundation
AOR	Agreement Officer's Representative
ART	antiretroviral therapy
C2EYP	Caring for Children and Empowering Young People project
C4CD	care for child development
CDCS	Country Development Cooperation Strategy
CHSS	Community Health and Social Welfare System Strengthening program
CLWS	children living or working on the streets
COP	Chief of Party
CSO	Civil Society Organization
DCOP	Deputy Chief of Party
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
HIV	human immunodeficiency virus
IHI	Ifakara Health Institute
IPs	Implementing Partners
LGA	Local Government Authority
MCDGC	Ministry of Community Development, Gender, and Children
MVC	Most Vulnerable Children
MVCCs	Most Vulnerable Children Committees
OVC	orphans and vulnerable children
PMP	performance monitoring plan
PMTCT	prevention of mother to child transmission of HIV
RCA	Railway Children of Africa
SWO	social welfare officer
TACAIDS	Tanzania Commission for AIDS
TASAF	Tanzania Social Action Fund
USAID	U.S. Agency for International Development
USD	U.S. dollar
VSLG	village savings and loans group

## Executive Summary

Caring for Children and Empowering Young people (C2EYP) is a five-year project (July 2016 to June 2021) funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The project is implemented by Pact in partnership with Aga Khan Foundation (AKF), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Ifakara Health Institute (IHI), Railway Children of Africa (RCA), and Restless Development. To achieve its goal, the project collaborates with civil society organizations (CSOs), the Government of Tanzania (GoT) at the national, regional and district levels, the communities and other stakeholders. In its first year, the project will cover 84 scale-up and 62 sustained councils across 28 regions.

C2EYP aims to enable one million Tanzanian orphans and vulnerable children (OVC) and young people affected by HIV to utilize age-appropriate HIV-related and other services for improved care, health, nutrition, education, protection, livelihoods, and psycho-social well-being.

This report covers quarter 4 (Q4) of financial year 16 (FY 16) of the project implementation and also serves as the annual report for FY16. Because this is the first quarter of its implementation, the project report shows progress on the start-up activities. The project has secured the offices in all six clusters and recruited all four key personnel, as well as the Senior Technical Advisor and other technical and program staff. Operationally, Pact is ready to begin project implementation in the coming quarter at sub-national level.

C2EYP start-up has overlapped with the close-out period of Pamoja Tuwalee, the previous USAID-funded award managed by four implementing partners (IPs) (Pact, Africare, FHI360, and WEI/Bantwana). The project conducted a number of meetings with these IPs with the aim to ensure smooth transitioning of OVC to the C2EYP project and to avoid service interruption. The meeting agendas included geographical coverage and beneficiaries' data verification, views on CSO's ability to implement the project during the bridge funding period, specific concerns and highlights for each sub-national unit (SNU), and selected interventions that C2EYP must continue during the bridge funding period, such as saving groups and modalities of working with community volunteers. Pact conducted risk assessments of Pamoja Tuwalee CSOs to identify financial, administration and management risks and instituted risk mitigation according to the findings. The assessments prepared Pact to engage these CSOs to ensure service continuity from October 2016.

The project also conducted high-level meetings with different stakeholders to get buy-in and ensure coordination. C2EYP leadership met with Permanent Secretary of the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDCGEC), Tanzania Social Trust Fund (TASAF), and USAID implementing partners such as JSI's Community Health and Social System Strengthening Project (CHSSP) and MEASURE Evaluation.

Pact and the C2EYP consortium partners drafted the project work plan which was presented to a team from USAID-Tanzania and Washington DC, where Pact received feedback to further align the plan with national and global priorities and strategies. At this meeting, USAID and Pact agreed to extend the due date for the Year 1 work plan from October 4<sup>th</sup> to October 19<sup>th</sup> 2016.

## Project Introduction and Background

The government and people of Tanzania have achieved major gains in human development, including a 7% economic growth rate over the past decade. HIV prevalence declined from 7% in 2004 to 5.1% in 2012 and the number of people living with HIV on treatment has steadily increased since 2010.<sup>1</sup> Despite these gains, deep inequities and vulnerabilities persist. HIV prevalence rates vary, reaching as high as 14.8% in Njombe.<sup>2</sup> The estimated number of OVC is 3.2 million;<sup>3</sup> and 25% of children ages 5-14 are working, some in the worst forms of child labor.<sup>4</sup> Family is the foremost protective asset for children, but the linked forces of poverty and disease undermine families' capacity to care for children. Children under five years of age experience high rates of preventable illness, stunting, and other development delays. Despite persistent missed opportunities for testing infants and children for HIV and linking them to care, great strides in initiating children on ART have been made in Tanzania and by March 2016, 44,817 children out of the estimated 91,000 children living with HIV were on treatment.

School access declines sharply from primary school to secondary school.<sup>5</sup> By age 18, 28.3% of girls in Tanzania have given birth,<sup>6</sup> 31.1% are married,<sup>7</sup> and 25.8% have experienced sexual violence.<sup>8</sup> HIV prevalence among young women is higher than among young men and spikes from 1.1% at age 15 to 6.6% by age 24.<sup>9</sup>

Supporting the government of Tanzania (GOT) to measurably advance the global 90-90-90 goals, the 3rd National Multi-sectoral Strategic Framework for HIV and AIDS, the CDCS, the 2nd National Costed Plan of Action for Most Vulnerable Children, and the National Action Plan to End Violence against Women and Children in Tanzania, C2EYP will deliver rapid scale up of proven family-centered impact mitigation efforts for OVC reinforced with cross-sectoral, evidence-driven interventions to reduce HIV incidence while improving performance across the continuum of care (CoC).

### Program Goals & Results Framework

The overall goal of C2EYP is to ensure children and youth thrive and survive through sustainable improvements in health and social well-being. To achieve this goal, C2EYP seeks to reach the following results as indicated in the results framework presented below:

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<sup>1</sup> United Republic of Tanzania, Global AIDS Response Country Report, March 2014

<sup>2</sup> Tanzania HIV/AIDS and Malaria Indicator Survey 2011/12

<sup>3</sup> Measure Evaluation Working Paper, February 2015

<sup>4</sup> Understanding Children's Work Project's analysis of statistics from National Panel Survey, 2010-2011

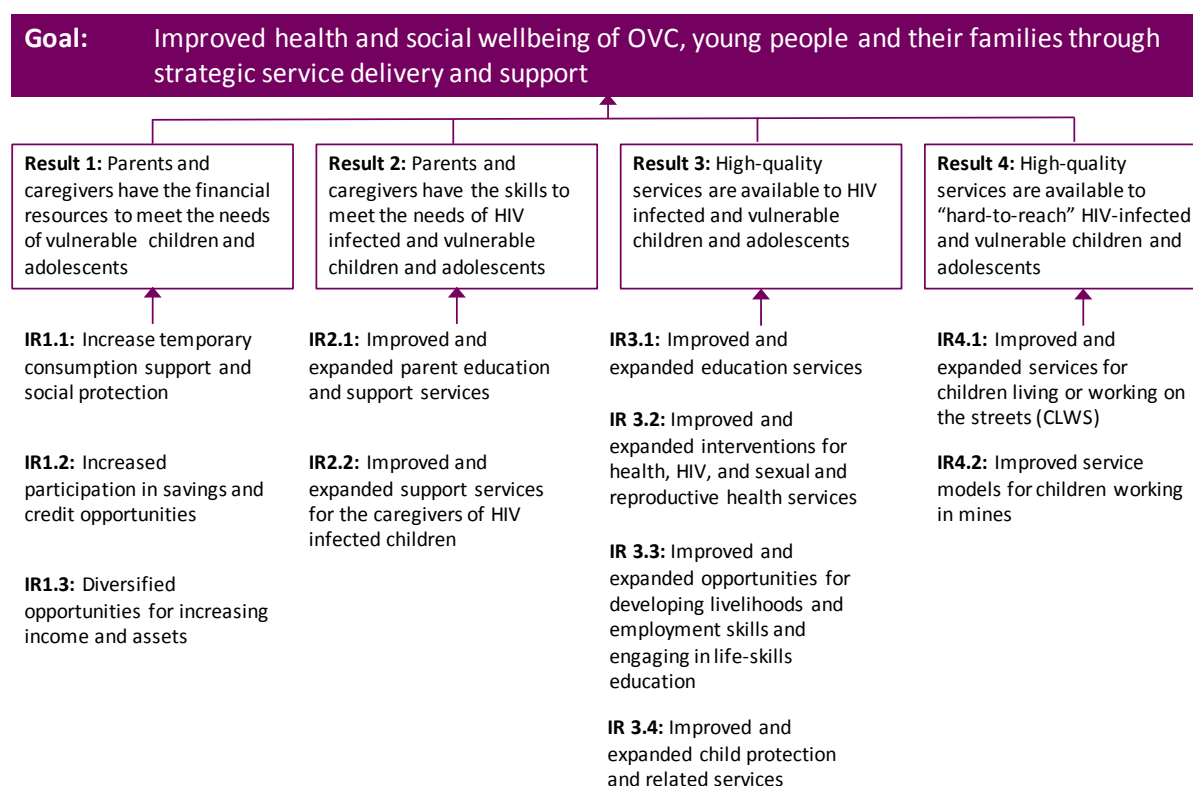
<sup>5</sup> UNICEF, State of The World's Children 2015

<sup>6</sup> Tanzania Demographic and Health Survey 2010

<sup>7</sup> THMIS 2011/12

<sup>8</sup> Violence Against Children in Tanzania Findings from a National Survey 2009, UNICEF, U.S. Centers for Disease Control and Prevention Muhimbili University of Health and Allied Sciences, United Republic of Tanzania August 2011

<sup>9</sup> THMIS 2011/12



### Geographic Coverage and targets

In FY16, PEPFAR-Tanzania prioritized councils into three categories: Scale up saturation, scale-up aggressive, and sustained. This process occurred after Pact responded to the RFA, and by the time of award in July 2016, the number of scale-up councils increased from 42 in the proposal to 84. Likewise, the number of sustained councils decreased from 90 to 62. In Q4, Pact did a desk review of the targets for FY 17 in 140 councils (sub-national units (SNUs)) across 28 regions in Tanzania to align planned implementation with the new prioritization. The targeted councils for FY17 will include 41 scale-up saturation councils, 37 scale-up aggressive councils, and 62 sustained councils. Across these SNUs, C2EYP's overall target in FY 17 is 618,684 OVC, adolescents and caregivers. Table 1 below shows details.

**Table 1: Sub National Units by Categorization and Target**

Categorization	SNU/ Councils	C2EYP Under 18 Total OVC_SERV Target	C2EYP 18+ Total OVC_SERV Target	C2EYP Total OVC_SERV All Ages
Scale Up Aggressive	41	120,530	40,153	160,683
Scale Up Saturation	37	315,359	105,000	420,359
Sustained	62	28,342	9,300	37,642
<b>Grand Total</b>	<b>140</b>	<b>464,231</b>	<b>154,453</b>	<b>618,684</b>

## Progress and accomplishments

### 1. Above National Activities

#### i. Branding and Marking Plan Approval

Pact submitted a Branding and Marking Plan for C2EYP to USAID in Q4 and received approval on July 25, 2016 through Modification #1. As part of the plan, Pact's Pamoja Tuwalee field staff consulted stakeholders in the field for suggestions for a project name to replace C2EYP. Pact submitted a project name on September 8<sup>th</sup>, but unfortunately the name was not received well by USAID. Pact's C2EYP staff will consult further with stakeholders on ideas for a new name in October 2016.

#### ii. Human Resources

The Pact Country Director for Tanzania, with support from Tanzania country office and headquarters staff responsible for programs, grants and contracts, supported the C2EYP post-award process until the four key personnel reported in late August 2016. At the instruction of USAID, Pact recruited a new Chief of Party (COP) through a competitive process which considered local and international candidates. Pact selected Elizabeth Jere, a public health professional with 20 years of experience including 10 years in senior-level positions on PEPFAR-funded projects in Kenya, Zambia and Tanzania. USAID granted approval for Ms. Jere as the COP on 26<sup>th</sup> August, and she reported 1<sup>st</sup> September. The Deputy Chief of Party, Levina Kikoyo, reported on 22<sup>nd</sup> August bringing over 13 years of experience, including experience on the C2EYP predecessor grant, Pamoja Tuwalee, with FHI360. The M&E Director, John Charles, joined Pact on 22<sup>nd</sup> August from Jhpiego. Ms. Kikoyo and Mr. Charles are both Tanzanian nationals. Finally, Ms. Flora Gitari reported as Finance and Administration Director (FAD) on 24<sup>th</sup> August 2016, and she brings 20 years of professional experience in many international countries.

Pact reviewed the organogram submitted with the proposal and made adjustments based on emerging issues in the award. The revised organogram is attached in Annex 1. In Q4, FY 16, Pact either recruited internally or publicly advertised the majority of positions (those that will be filled later are shaded in blue). Pact conducted interviews in August and September 2016 and identified candidates for the majority of positions. Two essential positions filled through the external competitive process were the Senior Technical Advisor (STA) position, who will oversee the entire technical approach of C2EYP, and the Senior Program Manager, who will supervise the six cluster offices. Two other essential positions, the Senior Finance Officer and Senior Operations Manager, were both internal hires within Pact-Tanzania. With the exception of the COP, FAD, and STA, all new hires are Tanzanian nationals. Most new hires gave one month notice to their current employers and will report on 1<sup>st</sup> November 2016.

#### iii. Consortium partners' engagement

Pact has engaged the consortium partners (AKF, EGPAF, IHI, Restless Development and RCA) through frequent group and one-on-one meetings throughout Q4. Pact issued pre-award letters to enable them to begin preparations for implementation. Partner members have received all relevant updates that have been communicated by the donor. This includes changes in the geographic



coverage from 42 to 84 scale up councils; tentative plus up funding for specific interventions in FY 17 and adjustment to plans to include additional geographic coverage. C2EYP consortium partner members participated in the internal work plan meeting in August 2016 and also had also the opportunity to participate in the USAID work plan review workshop in September 2016.

Pact used Q4 to review and clarify consortium roles and responsibilities. Although roles and responsibilities of each consortium partner were defined as part of the proposal development process, the length of time between submission and award combined with changing working environments in PEPFAR and in Tanzania required time for consultation. Discussion on roles and responsibilities of each individual partner was also meant to provide clarity and create understanding among the consortium members on delivering the project as one integrated approach while fulfilling individual responsibilities.

#### **iv. Project introductory meetings, including coordination with PEPFAR partners**

The C2EYP team prioritized two PEPFAR partners as most essential for C2EYP implementation: JSI's Community Health and Social System Strengthening Program (CHSSP) and MEASURE Evaluation. The key personnel met with these two organizations weekly starting in September 2016 to discuss overlapping areas of interest and to identify points of collaboration.

Discussion with MEASURE Evaluation focused on the national M&E system, the referral system, and the C2EYP baseline. As an outcome of these meetings, C2EYP and MEASURE agreed that:

- C2EYP will conduct a separate baseline from MEASURE. MEASURE will focus on the 9 MER outcome indicators, while C2EYP will have a larger program focus. C2EYP will not add indicators into the MEASURE tool.
- MEASURE Evaluation will share feedback from the pilot on the National MVC database. C2EYP will adapt the national data collection tools and submit data to the national MVC database
- C2EYP will work with MEASURE Evaluation and CHSSP to harmonize data collection and reporting tools. MEASURE will share findings of the referral system assessment to inform the design of C2EYP referral tracking system

Discussion with JSI focused on the case management framework, the training of the case manager cadre, the lines of supervision for case managers, and the forms and tools that case managers will use during case management, including provision of referrals. As an outcome of these meetings, JSI and C2EYP agreed that:

- C2EYP will receive a copy of the Institute for Social Work (ISW) curriculum to understand the skills and knowledge that the case managers are expected to have upon certification.
- JSI, ISW and C2EYP will meet to review the case management tools included in the case management training, and to provide suggestions for modifications to align with C2EYP program needs.
- C2EYP will identify the priority councils and targets for CHSSP training of case managers.
- C2EYP CSO staff will be included in the case manager trainings (those staff with responsibility for supervision of volunteers).

- C2EYP will provide technical feedback into the development of the national case management framework.

JSI and C2EYP met weekly in September 2016, but at the end of Q4 most of the actions listed above had not been completed by JSI. However, C2EYP did provide JSI with the list of targets by priority councils for case manager training.

USAID also convened meetings with C2EYP, MEASURE, JSI and URC to develop a common framework for addressing the 90-90-90 goals. C2EYP established initial connections with other USAID IPs (e.g., Mwanzo Bora, Engender Health, etc.) at the Iringa Innovation Hub meeting in September 2016, where the COP introduced the project to the representatives from USAID, the Tanzanian government, and IPs.

C2EYP leadership met with the Permanent Secretary (PS) for Community Development under the MOHCDGEC to introduce the project from the perspective of how the project will support the government to accelerate implementation of three key strategies: MVC NCPA II, the National Action Plan to End Violence against Women and Children in Tanzania, and the Tanzania Third National Multi-Sectoral Strategic Framework For HIV. The Acting Commissioner from the Department of Social Welfare and one other staff from DSW accompanied the key personnel at this meeting. At the meeting, the PS emphasized the need to coordinate with government at all levels during implementation. Pact also scheduled a meeting with the PS for Health, but unfortunately the PS had to cancel and the meeting is to be rescheduled in Q1 of FY16.

#### **v. FY 17 Annual Work Plan development**

During this reporting quarter, Pact with its consortium partners prepared The Q1 work plan for FY 17. The preparation started with a four days' workshop with the following objectives:

- To build a shared understanding of, and agreement on, C2EYP's project logic model, implementation strategy, activities and targets, and opportunities to coordinate and collaborate.
- To develop and finalize realistic work plans and project targets for project activities for Year 1 of the project.
- To establish good working relationships with project stakeholders, project colleagues, and peer colleagues from partner organizations to ensure the project achieves rapid scale up.

Each consortium partner contributed to identifying the Year 1 activities in their respective IRs, and they had opportunity to interact with the Pact team and other consortium members and learn from each other. The workshop was also a forum to define the interconnections between the individual partner approaches and interventions towards building one implementable plan that contribute to PEPFAR 3.0 and 90-90-90 goals. At the end of four days, C2EYP consortium members came up with specific activities for each result area that will be implemented in FY 17.

USAID and C2EYP held a work plan review workshop from September 19 – 22, 2016 at Doubletree Hotel in Dar es Salaam. This meeting involved program and technical advisors from USAID-Tanzania and USAID-Washington DC, including experts in the areas of OVC, monitoring

and evaluation, economic strengthening, and HIV interventions for children and adolescents living with HIV. This workshop provided the opportunity to C2EYP members to receive updates on the global PEPFAR OVC programming and trends and also receive inputs on the draft work plan.

During the meeting, Pact had the opportunity to establish initial linkages to the Sauti project, which has overlapping interests with Result 3 (AGYW health and livelihood interventions and use of the Stepping Stones curriculum), and with UNICEF, which has overlapping interests with Results 1 (TASAF add-ons), Result 2 (parenting), and result 3 (child protection). Pact set follow up meetings with Sauti and UNICEF for Q1, FY 17. C2EYP also had the opportunity to learn from TASAF about PSSN during this work plan meeting, and will set a follow-up meeting in Q1 of FY17 once the C2EYP Economic Strengthening Advisor has reported.

The inputs provided by USAID were instrumental in shaping the C2EYP work plan. At this meeting, USAID and Pact agreed to extend the due date for the Year 1 work plan from October 4<sup>th</sup> to October 19<sup>th</sup> 2016. Following the meeting, C2EYP continued to update the work plan to ensure that the 90-90-90 goals are central to the C2EYP program design and that strategic activities contribute to each 90. The work plan also continued to evolve in terms of how the various OVC approaches integrated with ART, maternal newborn and child health (MNCH) and sexual and reproductive health (SRH) program platforms provides to improve prevention, care, and treatment outcomes and achieve an AIDS-free generation.

#### vi. Developing the MEL Plan

At the internal work plan meeting in August, Pact and the consortium partners reviewed and updated the indicators for each results area. At the USAID work plan meeting, Pact's M&E Director presented the proposed strategies for key M&E activities and for learning. USAID provided valuable input, including inviting MEASURE Evaluation to the meeting to discuss the coordination of baseline activities with Pact. USAID Washington also provided an analysis of the targets in councils, highlighting the councils with either much higher or lower C2EYP beneficiary targets as compared to Pamoja Tuwalee beneficiary numbers as of the semi-annual reporting period at March 31, 2016. USAID also provided additional information on the updated PEPFAR definitions for OVC\_SERV that enable tracking beneficiaries from enrolment through graduation, transition or exit. Following the USAID workshop, the C2EYP M&E Director met separately with a technical advisor from USAID-Washington to further discuss various elements of the M&E Plan. This input from USAID greatly supported the development of the MEL plan by Pact, which is scheduled for submission with the work plan on October 19<sup>th</sup>, 2016.

#### vii. Drafting technical tools

**Beneficiary screening tool:** Until 2015, Pamoja Tuwalee project used the National MVC identification tool to identify and enroll the MVC in the project. The national tool has inclusive criteria for all disadvantaged children, hence not applicable for C2EYP. To ensure that C2EYP reaches OVC eligible for the project, during this reporting quarter, C2EYP has developed a draft "Eligibility Screening Tool" that will be administered to potential beneficiaries. The tool aligns with the PEPFAR OVC criteria, and Pact has operationalized "vulnerable to HIV or its socio-economic effects" using criteria from the MoHCDGEC draft *Essential Service Package for Most Vulnerable Children and Adolescents Affected by and Living with HIV* to identify children most

vulnerable to HIV and AIDS. The tool has set the following criteria to determine program eligibility:

1. Household cares for one or more orphans due to HIV or AIDS
2. One or more household members are HIV positive
3. Household is headed by child (<18 years old) or by elderly caregiver (60 years or older)
4. Caregiver is chronically ill and as a result is unable to meet basic needs of children
5. Caregiver is a sex worker or drug user
6. One or more children in the household have tuberculosis
7. One or more children in the household are severely malnourished
8. One or more children in the household have been or are abused
9. One or more children are living and/or working on the streets

Pact will train CSO staff and District Social Welfare Officers (DSWOs) on the tool who in turn, will train case workers to administer the tool to primary caregivers. If one or more of the eligibility criteria are met, then the household will be offered enrollment in the program. If no eligibility criteria are met, the household will be linked to the MVCC for support. The screening tool will be used to screen both new OVC and those beneficiaries who were served by Pamoja Tuwalee.

**Beneficiaries' household assessment tool:** Pact has also drafted an OVC caregivers and family assessment tool during Q4. This tool will assess the OVC, OVC caretakers and family needs soon after the OVC caregiver has consented to be enrolled in the C2EYP project. In addition to collecting basic information about the caregivers such as age, sex, marital status and education, it also collect the information on the core service package (economic/income status, shelter, health, nutrition, psychosocial support, HIV status for both caregiver and children and education needs of the children). This tool will be administered by the trained case worker who will later be responsible for conducting case management for the respective family, including supporting the family to develop the care plan, supporting implementation of the plan, providing referrals, and responsibly graduating and/or transitioning the OVC and their household members out of the project.

#### **viii. Environmental Mitigation and Monitoring Plan (EMMP)**

Pact developed an EMMP for C2EYP and submitted the draft plan to USAID for review on September 7<sup>th</sup>, 2016. The final plan will be submitted with the work plan in October 2016.

## 2. Sub National Unit Activities

C2EYP start-up overlapped with the close-out period of Pamoja Tuwalee, the previous USAID-funded award managed by four implementing partners (IPs) (Pact, Africare, FHI360, and WEI/Bantwana). In Q4, Pamoja Tuwalee held responsibility for implementation of OVC interventions at SNU level. Therefore, this report does not provide details on activities at household and community level as these are captured in the Pamoja Tuwalee Q4 reports.

### i. Preparation for C2EYP activities in targeted SNU

In FY 17, C2EYP will be working in 84 scale up and 62 sustained councils/SNU, which will either be inherited from Pamoja Tuwalee, inherited from CDC IPs, or are new for OVC implementation (not previously supported by PEPFAR). Table 2 below provides further details on the categories of councils and their start-up plans. In Q4, Pact focused on preparations for transition of beneficiaries from the 65 scale-up councils and 62 sustained councils where Pamoja Tuwalee is currently implementing. Pact will prepare to commence implementation in the other 19 scale-up councils in FY 17.

**Table 2: SNUs for C2EYP implementation per category**

Category (scale up districts only)	# of Councils/ SNU	Implementation plan
FY 17 handover from PT – scale up councils	65	C2EYP to issue bridge funding to CSOs in October 2016 or provide direct support to ensure continuity of services.
FY 17 handover from PT – sustained councils	62	C2EYP to issue bridge funding in October 2016 to ensure continuity of services.
FY 17 new scale-up councils. (C2EYP has no targets, but approval from USAID to work there.)	3	C2EYP to select CSOs through RFA and commence funding in Q3 of FY 17.
FY 17 handover from CDC – scale up councils	10	C2EYP to select CSOs through RFA and commence funding in Q4 of FY 17.
<b>Grand Total – FY 17 implementation</b>	<b>140</b>	
FY 17 new councils without C2EYP targets (PT never worked).	6	C2EYP to select CSOs through RFA and commence funding in Q1 of FY 18.

In Q4, Pact initiated the planning for transitioning OVC and their caretakers from Pamoja Tuwalee to C2EYP by obtaining up-to-date quantitative data from Pamoja Tuwalee. Based on Pamoja Tuwalee Q4 data, C2EYP will inherit 638,509 OVC and their caregivers (see Table 3).

**Table 3: Number of beneficiaries to be transitioned to C2EYP by Pamoja Tuwalee**

Pamoja Tuwalee Partner	Zones	# of OVC/MVC to be handed to C2EYP	# of OVC/MVC caregivers to be handed to C2EYP	Total # of OVC/MVC and caregiver beneficiaries to be handed to C2EYP
Africare	Central	39,284	16,836	56,120
FHI 360	Coast	122,876	67,030	189,906
Pact	Lake, Southern and Southern Highlands	241,985	89,517	331,502
WEI	Northern	38,418	22,563	60,981
Grand total		<b>442,563</b>	<b>195,946</b>	<b>638,509</b>

## ii. CSOs Organizational Capacity Assessment

To ensure no gap in implementation between the close out of Pamoja Tuwalee and the start-up of C2EYP, Pact plans to issue bridge funding to CSOs from October 1, 2016 – March 31, 2017.<sup>10</sup> Pact has prioritized bridge funding to the CSOs working under Pamoja Tuwalee, and this decision was made for several reasons, including existing capacity to provide services, existing relationships with government and other stakeholders, and existing capacity to manage U.S. government funding. However, the most important reason is that these CSOs directly supervise the existing cadre of community volunteers who support OVC households and therefore can ensure no interruption of services to OVC.

To prepare for the commencement of bridge funding, Pact assessed Africare, FHI360, and WEI's Pamoja Tuwalee sub-grantee partners in Q4 using its Risk and Responsibility Assessment tool. The assessment identifies risks and enables Pact to institute risk mitigation steps before providing bridge grants. The assessment results shows that 4 out 30 CSOs fall under the low risk category, 16 under moderate low, while 9 are under moderate risk. The findings are closely related to the

<sup>10</sup> During the bridge funding period, Pact will issue an RFA for C2EYP sub-grantee partners and there will be an open, competitive, and transparent process for CSOs to submit applications. Pact will short-list, conduct a pre-award assessment, select, and issue sub-awards. The new CSOs that will go through the RFA process will start the implementation from April 2017 onwards.

feedback provided by four Pamoja Tuwalee implementing partners. Annex 2 shows categories of each CSOs assessed, their score, and the measure taken in providing grants.

Pact has already instituted measures to minimize the risk according to each CSO's individual score. For those CSOs falling under moderate risk, the grants will be provided under the fixed amount award reimbursement instruments, while those under moderate low and low will be given grants under a cost reimbursement instrument. No CSOs received any C2EYP project funding in Q4.

### **iii. Development of CSO scope of work for bridge funding period**

C2EYP developed a scope of work that will serve as the basis for work plan and budget development by CSOs for the bridge funding period from October 2016 to March 2017.

#### CSOs in scale-up councils will undertake the following activities:

- Re-enroll community volunteers in C2EYP
- Conduct community volunteers monthly meeting and inform them about the C2EYP, and what we are expecting from them
- Train community volunteers on tools and processes for assessment, re-enrollment, referrals and linkages, and tracking services
- Locate existing beneficiaries and assess them using the C2EYP criteria. Based on assessment, either (a) re-enroll those who meet the project criteria, or (b) graduate or transition OVC and their household members who do not meet the criteria.
- Provide basic services to OVC and their households during home visits, including provision of psychosocial support, nutrition counselling, and referrals to community services (with an emphasis on referrals and linkages to HIV testing and treatment services)
- Refer HIV+ children and caretakers to health facility and ensure complete referrals
- Continue to support Empowerment Workers for continuation of economic strengthening activities, recruiting additional workers if required.
- Support existing savings groups including VSLA
- Participate in baseline activities as needed
- Use various platforms to enroll more qualifying families, especially entry points that identify households of people living with HIV
- Prepare and submit monthly and quarterly reports

#### CSOs in sustained councils will undertake the following activities:

- Review existing vulnerability assessment data for beneficiaries to determine the transition plan processes and procedures, in line with the C2EYP Standard Operating Procedures.
- Ensure community volunteers inform each household about the end of the project support.
- Support volunteers to meet with MVCC to inform them about end of the project service and plan handover of beneficiaries.
- Conduct meetings with LGA officials to plan transition and handover list of all children that have been receiving the project support in their respective district.
- Continue service provision, including but not limited to referrals and linkages and savings groups.
- Continue to support saving groups and inform them about end of the project support

### 3. Finance and Operations

#### i. Operations:

**Office set-up:** With the aforementioned increase in scale-up councils from 42 to 84, Pact decided to increase the number of C2EYP project offices around Tanzania from 4 to 6 to ensure adequate programmatic and technical support to achieve rapid scale-up in scale up districts and timely transition of beneficiaries in sustained districts. In Q4, Pact identified new offices in all six clusters. The offices are strategically positioned in the middle of each cluster for easy coordination and project implementation in the project councils. Table 4 shows the office station for each cluster.

**Table 4: C2EYP Office station**

Cluster	Office station	Regions covered	Number of councils in FY17
Central	Dodoma (Dodoma MC)	<ol style="list-style-type: none"> <li>1. Dodoma,</li> <li>2. Morogoro,</li> <li>3. Iringa</li> <li>4. Singida</li> </ol>	25
Eastern and Coastal (Dar)	Dar es Salaam (Kinondoni MC)	<ol style="list-style-type: none"> <li>1. Dar es Salaam,</li> <li>2. Kaskazini</li> <li>3. Unguja,</li> <li>4. Kusini Pemba,</li> <li>5. Kusini</li> <li>6. Unguja, Mjini</li> <li>7. Magharibi</li> <li>8. Pwani</li> </ol>	18
Lake	Mwanza (Ilemela MC)	<ol style="list-style-type: none"> <li>1. Gaita</li> <li>2. Kagera,</li> <li>3. Kigoma,</li> <li>4. Mara,</li> <li>5. Mwanza,</li> <li>6. Shinyanga,</li> <li>7. Simiyu</li> <li>8. Tabora</li> </ol>	32
Northern	Kilimanjaro (Moshi MC)	<ol style="list-style-type: none"> <li>1. Arusha,</li> <li>2. Kilimanjaro,</li> <li>3. Manyara</li> <li>4. Tanga</li> </ol>	27
Southern	Mtwara (Mtwara Mikindani MC)	<ol style="list-style-type: none"> <li>1. Lindi,</li> <li>2. Mtwara</li> <li>3. Ruvuma</li> </ol>	19
Southern Highland	Mbeya (Mbeya CC)	<ol style="list-style-type: none"> <li>1. Katavi,</li> <li>2. Mbeya,</li> <li>3. Njombe</li> <li>4. Rukwa,</li> </ol>	19



**Procurement:** The six offices were furnished with necessary facilities to enable full operations, including office desks and chairs, tables, photocopy machines and printers. Pact initiated the procurement process for all Information Technology equipment, including laptops for staff and a server. Pact also issued the tender for the procurement of six vehicles.

ii. **Finance:**

Pact received an obligation of \$3,335,154 out of the total estimated award amount of \$64,998,803. As of September 30<sup>th</sup>, 2016, Pact has spent 11% (\$376,263) of the obligated amount. A breakdown of expenditure by line item is presented in Table 5.

**Table 5: Financial Tracker for Q4 FY16 Expenditure**

Budget Line Items	Obligated to date (USD)	Q4 expenditures (USD)	Balance of obligated funds remaining (USD)	Comments
Salaries	\$455,605	\$107,902.13	\$ 347,702.92	On target with estimates – spending will greatly increase next quarter when staff report 1 <sup>st</sup> Nov.
Fringe Benefits	\$137,886	\$ 31,647.01	\$ 106,238.80	On target with estimates – spending will greatly increase next quarter when staff report 1 <sup>st</sup> Nov.
Allowances	\$69,650	\$ 8,400.01	\$ 61,250.01	On target with estimates.
Travel	\$50,273	\$ 77,686.00	\$ (27,412.81)	More than anticipated – Start-up travel needs were underestimated and this will be corrected in coming quarter.
Technical Consultants	\$2,929	\$ 16,134.00	\$ (13,204.91)	More than anticipated – Start-up consulting needs were underestimated and this will be corrected in coming quarter.
Equipment	\$15,073	\$ -	\$ 15,072.61	On target with estimates – procurement process has started in Q4 FY16 and delivery is expected in Q1 FY17.
Supplies	\$50,940	\$ 17,119.00	\$ 33,821.44	On target with estimates – spending will greatly increase next quarter when SNU activities commence.
Other Direct Costs	\$110,841	\$ 23,146.00	\$ 87,695.05	On target with estimates – spending will greatly increase next quarter when SNU activities commence.
Activities (Pact)	\$117,277	\$ 8,164.00	\$ 109,113.15	On target with estimates. Will greatly increase next quarter when SNU activities commence.
Sub-awards	\$1,934,389	\$ -	\$ 1,934,389.00	On target with estimates. CSOs received sub-awards from Pamoja Tuwalee in Q4. C2EYP sub-awards to CSOs will begin on 1 <sup>st</sup> October 2016.
Indirect Cost	\$390,291	\$ 86,065.00	\$ 304,226.00	
<b>TOTAL (USD)</b>	<b>3,335,154</b>	<b>\$376,263.15</b>	<b>\$ 2,958,891.26</b>	<b>11%</b>

Project expenditure is largely on target with estimates, since the majority of the obligation (58%) is reserved for sub-awards (\$1,934,389). Pact dedicated Q4 to assessment and preparation for issuing sub-awards to CSOs to commence on October 1<sup>st</sup> 2016. Another 18% of the budget (\$593,490) is for salaries and fringe benefits, and Q4 activities focused on the human resource processes that precede employment (e.g., developing job descriptions, advertising, interviewing, short listing, etc.) The majority of staff will report November 1<sup>st</sup>, 2016.

Two line items, travel and technical consultants, were underestimated due to limited information about the project start-up requirements in these areas. The projections will be corrected in coming quarters.

In Q4, Pact submitted an OVC Plus-Up funds application on September 20<sup>th</sup>, 2016 for \$2,732,676 to support economic strengthening activities targeting OVC households in councils that will be handed over from CDC IPs to C2EYP in June 2017.

Pact was also informed by USAID that the project will receive additional funding in an upcoming modification to support DREAMS implementation in Temeke, Mbeya CC, and Kyela DC. Pact will develop a work plan and detailed budget for the DREAMS activities in the next quarter (Q1).

## Plans for next Quarter

Pact has outlined the plans for next quarter in a Gantt chart which can be found in Annex 3.

## Lessons Learned

Because Q4 was dedicated to project start-up, Pact does not have any lessons learned to present in this report.

## Challenges

	Challenge	Way forward
1	Pact has identified some discrepancies between C2EYP targets and the number of beneficiaries handed over to C2EYP by PT partners.	<ul style="list-style-type: none"> <li>• Receive final APR numbers from PT partners with regards to number of beneficiaries handed over per council to C2EYP</li> <li>• Send APR numbers to USAID-Washington to re-run the pivot graphs, indicating councils with targets that are significantly higher or lower than PT numbers.</li> <li>• Advocate with USAID-Tanzania with regards to shifting enrolment and transition targets between some scale-up councils with large discrepancies, with the aim of least disruption to families.</li> </ul>
2	USAID has asked C2EYP to include an additional 42 scale-up councils for implementation in Y1, bringing the total to 84, compared to the original plan of 42 councils.	<ul style="list-style-type: none"> <li>• For new scale up councils <u>without</u> C2EYP FY16 targets, C2EYP will include these councils in the RFA for CSOs in FY17, but selected CSOs will begin implementation in Y2 (FY18).</li> <li>• For scale-up councils handed over by CDC, Pact has applied for OVC plus-up funding.</li> <li>• For other new scale-up councils with C2EYP FY17 targets (non-CDC), Pact will begin implementation in FY17 with existing funding and will advocate for an increase of funding through future modifications.</li> </ul>
3	Changes in Tanzanian regulations for expatriate staff working in Tanzania.	Pact will continue to follow all local laws, consult with legal advisors, and identify contingency plans in case the three expatriate staff on C2EYP are not issued timely work permits.
4	The reassessment process in scale-up districts is anticipated to take several months, which will delay the baseline evaluation (the baseline requires a sample of newly enrolled OVC beneficiaries.)	<ul style="list-style-type: none"> <li>• C2EYP will simplify the reassessment tool in order to expedite the process of enrolment of eligible OVC households from PT to C2EYP.</li> <li>• C2EYP will project out the number of months it will take to reassess and enroll OVC into the project, and then Pact will submit a request to USAID to extend the deadline for the baseline report for later in 2017.</li> <li>• The baseline will include the data collected on the enrolment forms to complement the other sources of data.</li> </ul>

5	In late September 2016, JSI decided to introduce a 5-day training for case managers who do not meet the education requirements for the 2-week training.	<ul style="list-style-type: none"> <li>• C2EYP will work with CSOs identify volunteers (who are also members of their local MVCCs) to be trained by ISW in the 10-day training. C2EYP will continue to request the copy of the 2-week ISW curricula.</li> <li>• C2EYP will work closely with JSI to provide input into the content of the 5-day training for case managers and the forms introduced at the training.</li> <li>• C2EYP will discuss with USAID and JSI the responsibility for funding the cascade of the 5-day training to volunteers, as currently this is not in the Pact budget for FY 17.</li> </ul>
6	The national case management framework is still under development.	<ul style="list-style-type: none"> <li>• C2EYP will continue to participate in providing feedback into the design process, which is led by JSI.</li> </ul>

*Annex 1: Revised Organogram*

**See attached PDF file.**

## Annex 2: CSOs Risk and Responsibility Assessment

Sub grantee name	Region	Council	Total score (out of 60)	Risk category	Eligible grant instrument
UMWEMA GROUP MOROGORO TRUST FUND	MOROGORO	Kongwa DC and Mpwapwa DC	48	Moderate Low	Cost reimbursement
SHARING WORLDS TANZANIA(SWT)	DODOMA	Bahi DC, Chamwino DC, Dodoma MC	45	Moderate	Cost reimbursement
ANTI FEMALE MUTILATION NETWORK(AFNET)	DODOMA	Manyoni DC	46	Moderate Low	Cost reimbursement
IAMBI LUTHERAN HOSPITAL	SINGIDA	Mkalama DC, Iramba DC	49	Moderate Low	Cost reimbursement
STUDENTS INTEGRATED FOR COMMUNITY DEVELOPMENT(SICD)	SINGIDA	Ikungi DC, Singida DC and Singida MC	46	Moderate Low	Cost reimbursement
TANZANIA HOME ECONOMICS ASSOCIATION(TAHEA FYC)	IRINGA	Iringa DC	49	Moderate Low	Cost reimbursement
ALLAMANO CENTRE	IRINGA	Iringa MC	45	Moderate	Fixed amount award or cost reimbursement
IRINGA MRECY ORGANIZATION (IMO)	IRINGA	Kilolo DC	44	Moderate	Fixed amount award or cost reimbursement
ILULA ORPHAN PROGRAM (IOP)	IRINGA	Kilolo DC	48	Moderate Low	Cost reimbursement
AFYA WOMEN GROUP(AWG)	IRINGA	Mufindi DC	45	Moderate	Fixed amount award or cost reimbursement
MILO SAYUNI ORPHANAGE (MISO)	NJOMBE	Ludewa DC	50	Moderate Low	Cost reimbursement
ELCT-SCD MAKETE	NJOMBE	Makete DC	43	Moderate	Fixed amount award or cost reimbursement
COCODA	NJOMBE	Njombe TC and Njombe DC	51	Moderate Low	Cost reimbursement
FARAJA	MOROGORO	Morogoro DC, Morogoro MC	47	Moderate Low	Cost reimbursement
HACOCA	MOROGORO	Kilosa DC, Mvomero DC	48	Moderate Low	Cost reimbursement
RC MAHENGE	MOROGORO	Ulanga DC, RC Mahenge, Kilombero DC	49	Moderate Low	Cost reimbursement
TALISDA	ARUSHA	Korogwe TC and Korogwe DC	53	Moderate Low	Cost reimbursement
AFRIWAG	ARUSHA	Bubmbuli DC, Lushoto DC	49	Moderate Low	Cost reimbursement
ELCT-PARE DIOCESE	ARUSHA	Siha DC	50	Moderate Low	Cost reimbursement

NAFGEM	ARUSHA	Same DC	49	Moderate Low	Cost reimbursement
CWCD(CENTRE FOR WOMEN,CHILDREN AND YOUTH DEVELOPMENT)	ARUSHA	Karatu DC, Arusha CC and Arusha DC, Moshi DC	54	Moderate Low	Cost reimbursement
MHC	TANGA	Muheza DC	36	Moderate	Fixed amount award or cost reimbursement
RC TANGA DIOCESE PASADIT	TANGA	Tanga CC	39	Moderate	Fixed amount award or cost reimbursement
WAMATA PEMBA	PEMBA	Chake chake, Mkoani	31	Moderate	Fixed amount award or cost reimbursement
ZAMWASO	ZANZIBAR	Unguja Kaskazini A and Unguja Kaskazini B, Kati, Kusini, Magharibi, Mjini	39	Moderate	Fixed amount award or cost reimbursement
WAMATA DAR ES SALAAM	DAR ES SALAAM	Kibaha DC, Kinondoni, Temeke, Ilala, Bagamoyo DC, Kibaha TC	56	Low	Cost reimbursement
JIMOWACO	PWANI	Kisarawe DC, Mkuranga DC	57	Low	Cost reimbursement
ACTION FOR DEVELOPMENT PROGRAM MBOZI (ADP-Mbozi)*	NJOMBE	Wanging'ombe DC		Low	Cost reimbursement
CCT DODOMA*	DODOMA	Chemba DC, Kondo DC		Low	Cost reimbursement

\* Working with Pact in other councils and were previously assessed

Annex 3: Planned Activities for the Next Quarter (October 1 – December 31, 2016): Gantt chart

<b>Caring for Children and Empowering Young People (C2EYP)</b>												
<b>Activities</b>	<b>Oct</b>			<b>Nov</b>			<b>Dec</b>			<b>Lead Organization</b>		
<b>RESULTS 1: Parents and Caregivers have the financial resources to meet the needs of vulnerable children and adolescents</b>												
<b>General Activity</b>												
<i>Categorize OVC households according to the Child and Family Assets Assessment</i>												Pact/CSOs
<i>Inclusion of ES Service Providers into referral system mapping by service type</i>												Pact
<i>Linkages into bi-directional referral system of WORTH/savings groups</i>												Pact/CSOs
<b>I.R. 1.1: Increase temporary consumption support &amp; Social Protection</b>												
<b>1.1.1: Link destitute households to consumption support and early stage HES interventions</b>												
<i>Build Social Responsibility and Inclusion principles into VSLG materials</i>												Pact
<i>Impart Social Responsibility and Inclusion awareness and principles into VSLG/WORTH for the annexation of destitute households by groups;</i>												Pact
<i>VSL Groups establish Community Resource Mobilization Committees with mapping of community resources for social protection;</i>												Pact
<i>Facilitate groups' setting conditions for destitute household members (lower savings levels and interest) and incorporation into group's bylaws for ongoing application;</i>												Pact/CSOs
<b>1.1.2: In C2EYP TASAF districts, work with TASAF ES staff and mobilizers to align and strengthen activities</b>												
<i>TASAF MOU inclusion of ES aligned approaches</i>												Pact
<b>I.R. 1.2: Increased participation in savings and credit opportunities</b>												
<b>1.2.1: Create, strengthen, and/or engage VSLGs</b>												
<i>Absorb existing VSLGs and Empowerment Workers (EWs) from PT IPs into C2EYP</i>												Pact/CSOs
<i>Recruit and train EWs for new groups</i>												Pact/CSOs
<i>Savings groups under operation</i>												Pact/CSOs
<b>I.R. 1.3: Diversified opportunities for increased income and assets</b>												
<b>1.3.1: Assess economic opportunities and resources that are available</b>												
<i>Identify from project mapping local ES service offerings and start referrals and engagement of promotion households</i>												Pact



Activities	Oct	Nov	Dec	Lead Organization
<b>RESULTS 2: Parents and Caregivers have the skills to meet the needs of HIV infected and vulnerable children and adolescents</b>				
<b>2.1: Improved and expanded parent education and support services</b>				
<b>2.1.1 Strengthen the capacity of caretakers' skills in positive parenting for children (0-19 years)</b>				
<i>Collaborate with CHSSP to review ISW case managers' training curriculum to identify any gap related to parenting skills.</i>				Pact
<i>Work with CHSSP and ISW to address the gaps and ensure parenting messages are in the case managers toolkits and job aids.</i>				Pact
<b>Activity 2.1.3: Strengthen capacity of case manager to deliver Care for Child Development (CCD) services</b>				
<i>AKF and EGPAF will work with MOHCDGEC and UNICEF to finalize the CCD materials to be used in Tanzania</i>				EGPAF
<b>2.1.4. Formalize relationship between the case managers, community health workers (CHWs), and home-based care (HBC) providers to improve caregivers' health and ART adherence and retention.</b>				
<i>Meet with Chief Medical Officer and NACP (with CHSSP), to agree on complementary role of case manager with HBC volunteers and CHWs</i>				Pact
<b>2.1.6. Strengthen the capacity of the case managers to improve caregiver's socio-emotional well-being</b>				
<b>I.R. 2.2: Improved and expanded support services for the caregivers of HIV infected children</b>				
<b>Activity 2.2.1: Strengthen capacity of case managers to provide case management to caregivers of HIV infected children 0-15</b>				
<i>Will work with CHSSP and ISW to review the case manager training package with regards to content on care for HIV-infected children, including disclosure.</i>				Pact
<b>Activity 2.2.2: Strengthen Community Volunteer cadres' skills to support caretakers of HIV positive children.</b>				
<i>Consolidate in-service HIV training package for community volunteers on caring for HIV-positive children,</i>				EGPAF
<b>Activity 2.2.3: Facilitate and link OVC households to HIV services (0 – 18 years)</b>				
<i>Develop screening tool for case managers to use to identify persons at risk of HIV within OVC households.</i>				EGPAF
<b>2.2.4. Support children and adolescents who are HIV+ to access group-based psycho-social support</b>				
<i>EGPAF Ped/Adolescent HIV Officer to meet with PEPFAR IPs to discuss existing child- and adolescent</i>				EGPAF and Pact

Activities	Oct	Nov	Dec	Lead Organization
<b>RESULT 3: High quality services are available to HIV positive and vulnerable adolescents</b>				
<b>IR 3.0: Improved case management services for OVC households</b>				
<b>3.0.1 Roll out case management services to OVC households , including assessments</b>				
<i>Senior Technical Advisor agrees with CHSSP on priority districts for case manager training.</i>				Pact
<i>Collaborates with ISW to identify content of basic case management training for community volunteers</i>				Pact
<i>Collaborates with ISW and UNICEF to review ISW training curriculum</i>				Pact
<i>Pact and USAID agree on OVC eligibility criteria.</i>				Pact
<i>Senior Technical Advisor develops “Case Management SOP” and orient TSC- on those SOPs</i>				Pact/CSOs
<i>Technical Service Coordinators-Case Management train CSOs on SOP and the use of case management tools.</i>				Pact/CSOs
<i>Case managers re-enroll PT beneficiaries who are eligible into C2EYP.</i>				Pact/CSOs
<b>3.0.2: Design logical referral system</b>				
<i>Review existing referral systems including tools and databases through document review and potential learning visits, to adopt best practices from existing models</i>				EGPAF
<i>Hold meeting with relevant stakeholders to review the proposed tools and logical design of the referral system,</i>				EGPAF
<i>EGPAF will lead discussions with stakeholders on different approaches to work on unique identifier aspect in tracking clients</i>				EGPAF
<i>EGPAF will collaborate with CSOs to map service providers in order to set up a service directory.</i>				EGPAF

Activities	Oct	Nov	Dec	Lead Organization
<b>IR 3.1: Improved and expanded education services.</b>				
<b>3.1.1. Prepare District Implementation Teams (DITs) to deliver WSA in target schools</b>				
<i>AKF will develop and finalize community engagement and school planning materials; the 'Whole School Approach' (WSA),,</i>				AKF
<b>3.1.3 Support LGA to develop and review a coordinated approach to retention and transition between secondary and primary schools</b>				
<i>CSOs to support WEC to identify trends in issues and solutions from the WSA processes.</i>				AKF
<b>3.1.4: District tutors prepare low-cost material package to pre-school teachers and train zonal trainers.</b>				
<i>Work with TIE and other pre-primary education stakeholders to develop and finalize the low-cost material development package</i>				AKF
<b>IR 3.2: Improved and expanded interventions for health, HIV, and sexual and reproductive health services.</b>				
<b>3.2.1 Targeted health facilities provide ECD services and establish ECD corners</b>				
<i>EGPAF will develop SOP that will be provided to health care workers as part of training package</i>				EGPAF and Pact
<i>Identify existing CCD TOTs that are available to support training of health care workers;</i>				EGPAF
<i>TOTs will roll out training package to health care providers from three different councils per session.</i>				EGPAF
<i>CSOs (with support from EGPAF) work with CHMTs to identify appropriate health facility staff for training</i>				EGPAF
<b>3.2.2 Establish Teen Clubs for adolescent girls and boys (age 10-14 and 15-19)</b>				
<i>Recruit, select and place National Peer Educators (NPEs) and the Community Peer Educators (CPEs- 18-24 years)</i>				Pact/CSOs
<b>3.2.3 Conduct Stepping Stones curriculum to Teen Club participants</b>				
<i>Pact engages Sauti-trained Stepping Stones facilitators</i>				Pact
<i>Case managers mobilize adolescent girls enrolled into C2EYP in groups</i>				Pact

Activities	Oct	Nov	Dec	Lead Organization
<b>3.3.4: Link with existing DREAMS and other supported Drop-in-Centers.</b>				
<i>Map DREAMS, Sauti, and Restless Drop-In Centers and services provided at each</i>				Pact
<i>Establish a bi-directional referral system between C2EYP and Drop-In Centers</i>				Pact
<b>Implement DREAMS interventions with the aim to reduce HIV incidence and increase school attendance among adolescent girls</b>				
<i>DREAMS preparation activities:</i>				
<i>Implement HURU's SRH program with in-school girls.</i>				
<b>3.2.6. Case Managers work with high pediatric volume CTCs to trace HIV+ OVC who miss appointments, enroll them in C2EYP, and link them back to CTCs.</b>				
<i>DCOP and HIV Integration Advisor to meet with MOHCDGEC, NACP and CHSSP to discuss shared confidentiality of information between health workers and case managers</i>				Pact
<i>Meet with PEPFAR care and treatment IPs to discuss current mechanisms for identifying lost-to-follow up (LTFU)</i>				Pact
<i>CSOs, with technical support from Bi-directional Referral Coordinators, identify and establish partnerships with targeted CTCs</i>				Pact
<b>I.R. 3.3: Improved and expanded opportunities for developing livelihoods and employment skills and engaging in life skills education</b>				
<b>3.3.1: Orientation/top up training of Start and Improve Your Business (SIYB) trainers on policies (gender and child protection), project strategy and contents of training manuals.</b>				
<i>develop an SOP for rolling out the SIYB model</i>				Restless Development
<i>Review the SIYB/TYBI training materials and integrate relevant HIV prevention and support to HIV+ youth messaging</i>				Restless Development
<i>Orient SIYB trainers on organizational policies and strategies</i>				Restless Development
<b>IR 3.4 Improved and expanded Child Protection and other services</b>				
<b>1.4.1 Conduct Sinovuyo Caring Families for Parents and Teens to reduce risk of violence, neglect and abuse</b>				
<i>introduce Sinovuyo Teen to government and non-government stakeholders</i>				Pact

Activities	Oct	Nov	Dec	Lead Organization
<b>3.4.2 Refer cases of violence, abuse neglect and exploitation to DSWO and Child Protection Teams (CPTs)</b>				
<i>Meet with UNICEF to review map of councils with existing child protection systems</i>				Pact
<b>3.4.3 Conduct case conferencing and develop care plans with multi-disciplinary panel members if a child is removed from home</b>				
<i>Use existing SOPs in government's child protection "mega manual, work through DSWO to convene and orient the multidisciplinary case conferencing panel.</i>				Pact
<i>Develop step-by-step referral protocol SOP based on government guidelines.</i>				Pact
<i>Orient the multi-disciplinary team on the SOPs</i>				Pact
<b>3.4.5: Strengthen systems for child protection at council and community level</b>				
<i>Coordinate with UNICEF, DSW and other UN agencies to map the councils with established child protection systems and existing one-stop centers</i>				Pact
<i>CSOs Support quarterly meetings with child protection and one-stop center members</i>				Pact
<i>Strengthen networking among district stakeholders, including health facilities and case managers</i>				Pact
<b>RESULT 4: High Quality Services are available to "hard-to-reach" HIV infected and vulnerable children and adolescents</b>				
<b>IR 4.1: Improved and expanded services for children living or working on the streets</b>				
<b>4.1.1 Conduct CLWS headcount</b>				
<i>Seeking permissions to obtain nationally and relevant council's approval.</i>				RCA
<i>Initial count in Mwanza in December 2016</i>				RCA
<i>CSOs identification to support the activities in each of the city</i>				RCA
<b>4.1.2: Identification of CBO partners to work with in the 6 target cities</b>				
<i>Provide input on the scope of work of the Pact CSOs RFA to ensure the RFA</i>				RCA
<i>RCA participate in selecting the CSOs that meets the criteria to implement the CLWS interventions.</i>				RCA
<i>RCA connects with other CSOs and HIV services under C2EYP program</i>				RCA
<i>CSO's selected and training begins from Jan 2017. See 4.1.3 for more details.</i>				RCA

Activities	Oct	Nov	Dec	Lead Organization
<b>IR 4.2: Improved service model for child laborers and child miners</b>				
<b>4.2.1: Provide or link child laborers to services (especially those working in the mines)</b>				
<i>Develop protocol, tools, informed consent forms for formative research;</i>				IHI
<i>Submit these for ethical clearance to IHI IRB and NIMR National Ethics Committee;</i>				IHI
<i>Do site reconnaissance visits to Chunya and Geita sites in collaboration with Pact team</i>				IHI
<b>Cross-cutting activities</b>				
<i>Finalize and submit work plan, MEL plan, and EMMP to USAID</i>				Pact
<i>Orient E2EYP staff to the project goals, objectives, work plan and MEL</i>				Pact & Consortium
<i>Meet with government officials at national, regional and council levels and initiate the MOU development process</i>				Pact
<i>Orient CSOs and issue bridge funding sub-awards</i>				Pact
<i>Develop project-wide Standard Operating Procedures (SOPs) across program and technical areas to ensure integrated, high-quality implementation</i>				Pact & Consortium
<i>Conduct field visits to support CSOs with project activities</i>				Pact & Consortium