USAID Kizazi Kipya:
Quarterly Progress Report for FY17 Quarter 1

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Elizabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

USAID Kizazi Kipya 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.

Pact is a promise of a better tomorrow for all those who are poor and marginalized. Working in partnership to develop local solutions that enable people to own their own future, Pact helps people and communities build their own capacity to generate income, improve access to quality health services, and gain lasting benefit from the sustainable use of the natural resources around them. At work in more than 30 countries, Pact is building local promise with an integrated, adaptive approach that is shaping the future of international development. Visit us at www.pactworld.org.

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Presented to:

Ms. Elizabeth Lema
Agreement Officer's Representative
USAID/Tanzania
686 Old Bagamoyo Road, Msasani
P.O. Box 9130
Dar es Salaam, Tanzania
elema@usaid.gov

Presented by:

Elizabeth Jere
Chief of Party
Pact Tanzania
Plot No. 74 Uporoto Street
Victoria Ursino South P.O. Box 63
Dar es Salaam, Tanzania
+255-222761933
ejere@pactworld.org

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Abbreviations and Acronyms

AGPAHI	Ariel Glaser Pediatric AIDS Healthcare Initiative
AGYW	adolescent girls and young women
AIDS	acquired immune deficiency syndrome
AKF	Aga Khan Foundation
AOR	Agreement Officer's Representative
ART	antiretroviral therapy
ARV	antiretroviral drug
CCD	Care for Child Development
CCHP	council comprehensive health plan
CCW	community case worker
CDCS	Country Development Coordination Strategy
CHMT	Council Health Management Team
CHSSP	Community Health and Social Welfare System Strengthening program
CHW	community health worker
CLWS	children living or working on the streets
CM	Community Mobilizer
COP	chief of party
CPE	Community Peer Educator
CPT	Child Protection Team
CRP	community resource person
CSO	civil society organization
CTC	care and treatment clinic
CUAMM	Universitaires Apirants et Medecins
DC	district council
DCOP	deputy chief of party
DEO	District Education Officer
DFID	U.K. Department for International Development
DIT	district implementation team
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
ECD	early childhood development
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ESSP	Economic Strengthening Service Provider
EW	empowerment worker (economic)
FY	fiscal year
GOT	Government of Tanzania
HBC	home-based care
HCT	HIV counselling and testing
HES	household economic strengthening
HIV	human immunodeficiency virus
IGA	income-generating activity
IHI	Ifakara Health Institute
ILO	International Labour Organization
IMA	Interchurch Medical Assistance

IP	implementing partner
IR	Intermediate Result
ISW	Institute of Social Work
LGA	local government authority
LTFU	loss to follow-up
M&E	monitoring and evaluation
MC	municipal council
MDH	Management and Development for Health
MECP	Madrasa Early Childhood Programme
MEL	monitoring, evaluation, and learning
MGIT	Maryland Global Initiative Tanzania
MNCH	maternal, newborn, and child health
MOHCDGEC	Ministry of Health Community Development, Gender, Elderly and Children
MOU	memorandum of understanding
MTH	*Mabinti Tushike Hatamu* (Girls Let's Be Leaders)
MUAC	mid-upper arm circumference
MVC	most vulnerable children
MVCC	Most Vulnerable Children Committee
NACP	National AIDS Control Program
NACS	Nutrition Assessment, Counselling, and Support
NGES	National Guidelines for Economic Strengthening of MVC Households
NGO	non-governmental organization
NIMR	National Institute for Medical Research
Norad	Norwegian Agency for Development Cooperation
NPE	National Peer Educator
OVC	orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMP	performance monitoring plan
PMTCT	prevention of mother to child transmission of HIV
PO-RALG	President's Office Regional Administration and Local Government
PSS	psychosocial support
PSW	Para Social Workers
RAS	Regional Administrative Secretary
RCA	Railway Children of Africa
SDP	School Development Plans
SIYB	Start and Improve Your Business
SNU	sub-national unit
SOP	standard operating procedure
SRH	sexual and reproductive health
STI	sexually transmitted infection
TA	technical assistance
TACAIDS	Tanzania Commission for AIDS
TAP	Tanzania Agriculture Partnership
TASAF	Tanzania Social Action Fund
THPS	Tanzania Health Promotion Support
TOR	terms of reference

TOT	training of trainers
TSC	Technical Service Coordinator
TSC-ES	Technical Service Coordinators-Economic Strengthening
TZS	Tanzania shilling
UN	United Nations
US$	United States dollar
USAID	United States Agency for International Development
VSLG	Village Savings and Loan Group
WEI	World Education, Inc.
WSA	Whole School Approach

Executive Summary

USAID Kizazi Kipya 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 of ensuring children and youth thrive and survive through sustainable improvements in health and social wellbeing, the project collaborates with civil society organizations (CSOs), the Government of Tanzania (GOT) at national, regional and district levels, the communities and other stakeholders. In its first year, the project will cover 140 councils across 28 regions of Tanzania Mainland and Zanzibar.

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

This report covers Q1 of FY 17 project implementation. It presents the progress made in implementing the planned activities, achievements, lessons learned and challenges.

USAID Kizazi Kipya is a follow-on project to the Pamoja Tuwalee project (Africare, FHI 360, Pact, and WEI) and received 752,202 OVC and their caregivers in 123 councils served under Pamoja Tuwalee implementing partners (IPs). In Q1, Pact supported 67 CSOs that were implementing Pamoja Tuwalee to develop the work plan for October 2016 to March 2017. Before developing the work plan, Pact provided pre-authorization letter to these CSOs to ensure no service interruption to beneficiaries. CSOs working in 61 scale-up councils focused on providing continuity of services to OVC and their caregivers; screening and re-enrollment of beneficiaries; supervising volunteers; and introducing the project to local government authorities (LGAs), ward development committees (WDCs), and other community structures, such as most vulnerable children committees (MVCCs). In the 62 sustained councils, CSOs' activities included continuation of service provision, preparation for transitioning of OVC and their caregivers to relevant stakeholders, and informing LGAs and other stakeholders about project phase-out.

Through CSO community volunteers, the project provided services to 480,574 OVC (215,285 male and 265,289 female) and their caregivers (OVC_SERV). These represent 78% of the USAID Kizazi Kipya project target for FY 17 (n= 618,884).

Out of 480, 574 OVC and their caregivers who received at least one core service, a total of 277,498 (57%) received economic strengthening (ES) services, while 332,830 (69%) received food and nutrition support.

Pact developed the screening and re-enrolment tools for scale-up councils. In Q1, the Pact Tanzania office technical team trained the cluster and CSO staff on how to use the tool to screen and re-enroll the beneficiaries. The CSOs oriented the volunteers, who in turn conducted the exercise with beneficiaries through household home visits. At the end of this quarter, the volunteers had conducted the exercise with 479,087 OVC and their caregivers from 153,893 households and submitted their reports to CSOs. Pact has developed the system to process and analyze the data. Data entry, processing and analysis has started and shall be completed in Q2.

Pact developed the standard operating procedure (SOP) for transitioning OVC and their caregivers off PEPFAR support and onto local support in sustained councils. The SOP stipulates steps that should be followed from the national, regional, district, ward, and village/street levels with the beneficiaries during the transition exercise. Pact received inputs on the SOP from acting commissioner for social welfare and his team. Pact also received the blessing of the President's Office Regional Administration and Local Government (PO-RALG) to conduct the exercise. By the end of Q1, Pact had trained the CSOs in the sustained council on the SOP. The actual transitioning exercise will take place between January and March 2017. The beneficiaries in those councils will continue to receive services and be linked to other relevant service providers who will continue to provide services when the project will phase out.

Pact secured a memorandum of understanding (MOU) with the PO-RALG, which provided the opportunity to implement smoothly planned activities. With the MOU, Pact continued to introduce the project to various stakeholders, including the Permanent Secretary for Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), National AIDS Control Program (NACP), Tanzania Commissioner for AIDS (TACAIDS), and Regional Administration Secretaries (RAS) in 21 regions out of 26 covered by the project in Tanzania Mainland. Also, the project Chief of Party (COP) and Coast Technical Integrated Cluster Manager introduced the project to the Director of Elderly and Children in Zanzibar.

The total Q1 expenditure reported in Pact's financial system is US$2,047,809, compared to US$381,112 in Q4 of FY 16. Compared to the last reporting quarter, the project realized a rapid burn rate leading to 90% of the total expenditure of the obligated amount US$3,335,154. Spending increased because Pact, its consortium partners, and CSOs started their implementation at sub-national unit (SNU) level after the Pamoja Tuwalee project phased out at the end of September 2016. Major areas of expenditure include recruiting; procuring furniture, vehicles, and IT equipment; opening six cluster offices; and commencing project-supported community-level activities. USAID issued Modification 2, increasing the obligated amount to US$8,639,152.

In Q1, the Pact monitoring and evaluation (M&E) team developed a five-year monitoring, evaluation, and learning (MEL) plan. The M&E team worked with other stakeholders to review existing national most vulnerable children (MVC) and previous Pamoja Tuwalee data collection tools to harmonize them, identify gaps, and incorporate data needs of USAID Kizazi Kipya. Also, Pact deployed an interim mobile data collection system to capture enrollment and household-level service delivery data. The system enabled data entry at CSOs through temporary data clerks.

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 (PLHIV) on treatment has steadily increased since 2010.[1] Despite these gains, deep inequities and vulnerabilities persist. HIV prevalence rates vary across geographic regions, reaching as high as 14.8% in Njombe.[2] The estimated number of orphans and vulnerable children (OVC) is 3.2 million,[3] and 25% of children ages 5–14 years are working, some in the worst forms of child labor.[4] 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 antiretroviral therapy (ART) have been made, 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.[5] By age 18, 27% of girls in Tanzania have given birth,[6] 31.1% are married,[7] and 25.8% have experienced sexual violence.[8] 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.[9]

Supporting the Government of Tanzania (GOT) to measurably advance the global 90-90-90 goals, the Third National Multi-sectoral Strategic Framework for HIV and AIDS, the Country Development Coordination Strategy (CDCS), the Second National Costed Plan of Action for Most Vulnerable Children, and the National Action Plan to End Violence against Women and Children in Tanzania, USAID Kizazi Kipya delivers 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.

Program Goals and Results Framework

The overall goal of USAID Kizazi Kipya is to ensure children and youth thrive and survive through sustainable improvements in health and social wellbeing. To achieve this goal, the project works to achieve four results as indicated in the results framework presented in Figure 1.

USAID Kizazi Kipya interventions are specifically designed to contribute to all three 90-90-90 goals:

- **First 90:** HIV screening to identify child, youth, and adult beneficiaries with higher HIV risk factors and unknown status and linking them for testing and counseling services
- **Second 90:** Ensuring HIV-positive children, youth, and caregivers access ART initiation services
- **Third 90:** Strengthening the role of community case-managers to support HIV-positive beneficiaries to receive support they need to sustain long-term adherence to treatment and retention in ART care, contributing to viral suppression

Details will be provided accordingly in each relevant result area.

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[1] United Republic of Tanzania, Global AIDS Response Country Report, March 2014

[2] Tanzania HIV/AIDS and Malaria Indicator Survey 2011/12

[3] Measure Evaluation Working Paper, February 2015

[4] Understanding Children's Work Project's analysis of statistics from National Panel Survey, 2010-2011

[5] UNICEF, State of The World's Children 2015

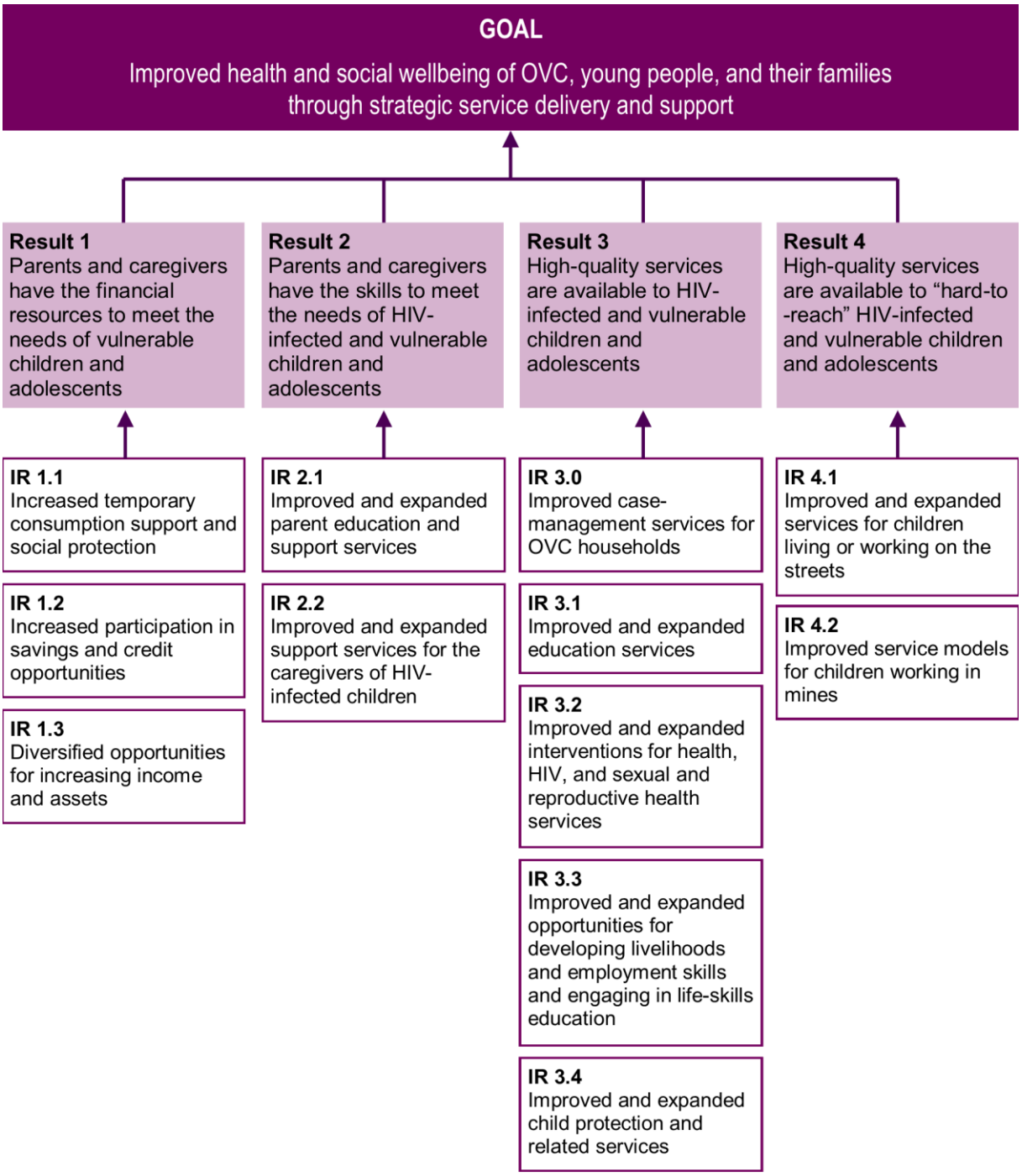
[6] Tanzania Demographic and Health Survey 2010

[7] THMIS 2011/12

[8] 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

[9] THMIS 2011/12

Figure 1: USAID Kizazi Kipya results framework



Geographic Coverage and Targets

In FY 17, USAID Kizazi Kipya covers 140 councils/sub-national units (SNUs), which includes 41 scale-up saturation councils, 37 scale-up aggressive councils, and 62 sustained councils. Across these SNUs, the project's overall FY 17 target is 618,684 OVC, adolescents, and caregivers. Table 1 provides details of project geographic coverage and targets.

Table 1: SNUs by categorization and target

Categorization	SNU/ councils	Under 18 total OVC_SERV target	18+ total OVC_SERV target	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
Total	140	464,231	154,453	618,684

Progress toward Project Goal and Target

Number of OVC, adolescents, and caregivers served

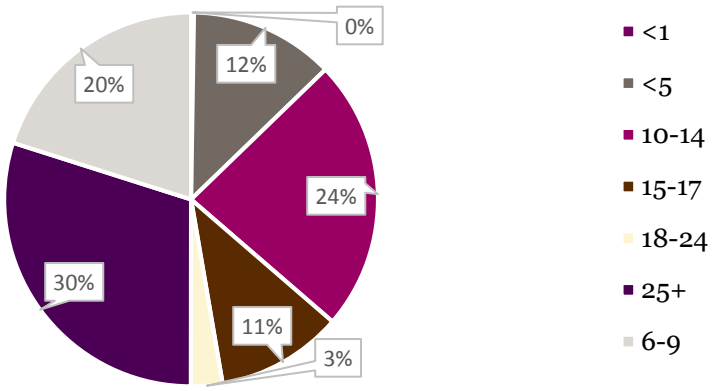
USAID Kizazi Kipya's target for FY17 is 618,684 OVC, adolescents, and caregivers served (OVC_SERV). This includes 160,683 in scale-up aggressive councils, 420,359 in scale-up saturated councils, and 37,642 in sustained councils. Table 2 goes into further detail.

Through civil society organization (CSO) community volunteers, in Q1, provided core services to 480,574 OVC, adolescents, and caregivers, equal to 78% of the annual target. Furthermore, female beneficiaries made up 55% of the total. See Figure 2 for more details.

Table 2: Progress against target per categorization

Councils category	Target	Achievement in Q1	Performance %
Scale-up aggressive	160,683	99,869	62%
Scale-up saturated	420,359	308,067	73%
Sustained	37,642	62,172	165%
Not defined	-	10,466	-
Total	618,684	480,574	75%

Figure 2: Number of OVC, adolescents, and caregivers served by age categories



As started below on beneficiary identification and enrolment, the project expect to remain with the beneficiaries who meets the PEPFAR criteria from next quarter after the screening and re-enrollment exercise in the scale up councils and beneficiaries transitioning in the sustained councils.

Completed Referrals

To ensure continuum of care to its beneficiaries, USAID Kizazi Kipya referred 15,091 OVC and their caregivers to other service providers, including to public sectors such as health facilities, office of social welfare officers, and community groups. Of 15,091 issued referrals, 11,199 (74%) were referred to HIV support groups and psychosocial support (PSS). Of 3,892 referred to HIV counselling and testing (HCT) and ART adherence, 2,922 (75%) were complete referrals, whereby the project, through its community volunteers and CSOs, received varication of services provided from care and treatment clinics (CTCs) and health facilities.

Beneficiary identification and enrolment

USAID Kizazi Kipya received 752,202 OVC and their caregivers in 123 councils that were served under Pamoja Tuwalee (Africare, FHI 360, Pact, and WEI), which used the national most vulnerable children (MVC) identification process until FY 15, meaning that these beneficiaries may not have any HIV/AIDS-related vulnerabilities. As such, it was necessary to screen those beneficiaries to determine if they meet OVC eligibility criteria for enrollment in USAID Kizazi Kipya.

In FY17 Q1, Pact developed the project's Screening and Enrollment Tool, comprised of targeted OVC-related criteria, and trained project and CSO staff on the tool and procedures. Community volunteers administered the tool to 153,893 households during the quarter. Of these households, 79% were eligible and enrolled into the project, while 21% did not meet the enrolment criteria. Table 3 shows the number of families screened and the percentage of families who were eligible and enrolled into USAID Kizazi Kipya by cluster.

Table 3: Number of families screened and percentage enrolled into USAID Kizazi Kipya

Cluster	# of families assessed for Kizazi Kipya enrollment	# and % of families assessed who were eligible for enrollment
Central	22,131	14,460 (65%)
Coastal	38,544	18,798 (49%)
Lake	36,726	23,833 (65%)
Northern	9,705	6,912 (71%)
Southern	11,013	7,307 (66%)
Southern Highlands	35,774	27,723 (77%)
Total	153,893	99,033 (64%)

Pact oriented cluster-level Technical Service Coordinators (TSCs) and CSO program and monitoring and evaluation (M&E) staff on the newly developed Screening and Enrollment Tool. CSOs then cascaded this orientation to community volunteers, who administered the tool to beneficiaries inherited from Pamoja Tuwalee. TSCs, in collaboration with CSO staff, provided support to community volunteers to ensure the tool was properly administered. In addition, the project's M&E team developed a mobile data collection application using CommCare's platform and distributed the application on mobile devices so that project data could be entered directly into a mobile data platform. Table 4 indicates the percentage of eligible households meeting specific criteria included in the Screening and Enrollment Tool.

Table: 4: Percentage of Pamoja Tuwalee beneficiaries who met enrollment criteria to USAID Kizazi Kipya

Reasons for household vulnerability related to HIV/AIDS (Respondents marked all that apply)	% of assessed families that indicated vulnerability
Household is headed by child (under 18 years old)	8%
Household is headed by an elderly caregiver (60 years or older)	32%
Household cares for one or more orphans due to HIV/AIDS	38
Caregiver is chronically ill and unable to meet basic needs of children	33%
Caregiver is a drug user	2%
Caregiver or adolescent age 10–19 years in household is a sex worker	2%
Adolescent girl age 10–19 years in the household is pregnant or has a child of her own	4%
One or more household members are HIV positive	21%
One or more children in the household have Tuberculosis	4%
One or more children in the household have severe malnutrition	5%
One or more children in the household have been or are abused or are at risk for abuse	3%
One or more children are living and or working on the streets	5%
One or more children are working in mining	1%

OVC and their caregivers who were not eligible to move on to USAID Kizazi Kipya were well informed of the reasons for this. Instead, Kizazi Kipya, through its CSOs, referred these ineligible beneficaries to appropriate local stakeholders for continued support, including Most Vulnerable Children Committees (MVCCs), District Social Welfare Officers (DSWOs), District Education Officers (DEOs), Village Savings and Loans Groups (VSLGs), and others. As an added assurance, case managers will provide a list of individuals served by Pamoja Tuwalee who are not eligible for Kizazi Kipya to MVCCs and DSWOs so that they can ensure continued services to the families.

Beneficiaries' transition, graduation, or exit

In Q1, Pact laid the foundation to begin transitioning beneficiaries in Q2 and to phase out sustained councils by April 2017. To do this, Pact developed a standard operating procedure (SOP) on step-by-step activities in sustained councils and shared it with the Department of Social Welfare (DSW) for comments, which were incorporated into the SOP. The SOP includes how to conduct meetings with local government authorities (LGAs) and ward-level officials, hold ward-level meetings to transition remaining beneficiaries inherited from Pamoja Tuwalee, develop action plans with stakeholders for transitioned beneficiaries, communicate with transitioned beneficiaries, and complete paperwork to officially close case files. Led by Pact's Senior Technical Advisor and her team of advisors, Pact trained cluster TSCs on the SOP during the last week of November 2017. These TSC then trained CSOs covering sustained councils, and the CSOs conducted meetings with LGAs in the sustained councils to discuss plans to phase out and plan for joint meetings for ward-level officials and MVCC members. Because all closeout activities must be completed by April 2017, the project will focus in Q2 on completing ward-level transition meetings and action plans for transitioned beneficiaries, providing beneficiaries with contact information to their MVCC chairman and the child protection hotline, and completing paperwork to close their case files.

Progress toward Achieving Project Results

Result 1: Parents and caregivers have the financial resources to meet the needs of vulnerable children and adolescents

HIV diminishes economic security and families' ability to meet children's needs by disrupting income streams, depleting assets, and increasing dependency ratios. Under Result 1 and in line with PEPFAR guidance, USAID Kizazi Kipya couples savings-led asset management with parenting skills for proven impacts. The project tailors interventions following GOT National Guidelines for Economic Strengthening of MVC Households (NGES). Creating family safety nets via VSLGs is an entry point and referral link for HIV services, as well as a platform for caregiver skills-building on health/HIV and positive parenting. Savings provides security for behavior change, enabling investments in health, food security, and education and uptake of HIV and essential services. Household economic strengthening (HES) activities within this Result area are planned for consideration across the household's needs and continuum of care, with child wellbeing considerations throughout, and contribute to PEPFAR 3.0 and all three 90s of the 90-90-90 goal.

USAID Kizazi Kipya's target for economic strengthening (ES; TZ_ECON) is calculated at 80% of OVC_SERV. In Q1, Kizazi Kipya reached 194,465 OVC and 82,943 caregivers (227,408 total) ES services equal to 56% of the TZ_ECON annual target of 494,947 and 47% of OVC_SERV for this quarter. The services counted under this indicator include the project empowerment workers (EW) and community resources continuing to follow up and engage beneficiaries to participate in the saving groups and provision of entrepreneurship counselling that goes hand-in-hand with identifying and linking of beneficiaries to small business. See further details under IRs 1.1–1.3.

Categorize OVC households per the Child and Family Assets Assessment

All households enrolled in USAID Kizazi Kipya will be administered the Child and Family Assets Assessment. This assessment includes several domains, including household economic wellbeing. To measure household economic well-being Pact proposes the criteria listed below to place households in one of three categories to receive appropriate HES Kizazi Kipya activities and support: provision, protection or promotion. The indicators proposed aligns with the national framework and tools included on TASAF's criteria, National Guidelines for Economic Strengthening for MVC households, and PEPFAR's OVC_MONEY indicator

Table: 5: Percentage of Pamoja Tuwalee beneficiaries who met enrollment criteria to USAID Kizazi Kipya

Category	Criteria
Provision	Household is categorized as "provision" if one or more of the following are selected: Household has lack of a basic dwelling or living in mud house Household has difficulty having two meals per day Household has no adult member who has worked in the last month Children's clothes/shoes in poor condition
Protection	Household is categorized as "protection" if all the following are met: Household has basic dwelling or shamba made of materials other than mud (e.g. brick, concrete) Household does not have difficulty having two meals per day Household has at least one adult member who has worked in the last month Children's clothes/shoes are in adequate condition Family from rural areas owns livestock or family from urban areas own one or more of the following: blenders, juicers, sewing machines, hair driers, or gas cookers Households can access money to pay for unexpected household expenses
Promotion	Household is categorized as "promotion" if all the protection criteria are met along with the following:

	At least one adult member has worked in the last month and household reports one or more income streams Family owns one or more of the following assets: bicycle, motor bicycle, radio, or television Family from rural areas owns land or family from urban areas own one or more of the following assets: freezer, refrigerator, or oven.

Planned Q2 activities are as follows.

- The Economic Strengthening Advisor and Child Protection and Case Management Advisor will train TSCs on the Family and Child Asset Assessment tool.
- TSCs will roll out the orientation of the tool to CSO staff, who will then cascade the orientation to community volunteers during February's monthly community volunteer meeting.
- The community volunteers will administer the Family and Child Asset Assessment to Pamoja Tuwalee beneficiaries who were enrolled into USAID Kizazi Kipya in FY 17 Q1.

Inclusion of Economic Strengthening Service Providers into referral system mapping by service type

Pact will include Economic Strengthening Service Providers (ESSPs) in the project's bi-directional referral system to ensure that OVC and their caregivers can access needed economic strengthening services. In Q1, Pact ensured that USAID Kizazi Kipya implementing partner (IP) Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)'s initial work on the bi-directional referral system design included ESSPs. Future national-level meetings will help map ESSPs.

The Economic Strengthening Advisor also met with Agriculture Council of Tanzania to identify opportunities that will benefit USAID Kizazi Kipya project beneficiaries. Agriculture Council of Tanzania is an umbrella organization that advocates for the rights of the agricultural companies in Tanzania and implements different projects related to improving agriculture to rural communities. The organization implements a Norwegian Agency for Development Cooperation (Norad)-funded Tanzania Agriculture Partnership (TAP) program that supports farming among youth and women in 29 councils, out of which nine are in USAID Kizazi Kipya scale-up councils. Kizazi Kipya discussed the possibility of TAP including OVC caregivers in their trainings on farming as a business, marketing, value chain management, and agronomic skills. The projects agreed to conduct a high-level meeting to decide on how to formalize the relationship.

Planned Q2 activities are as follows.

- The Economic Strengthening Advisor will meet with One Acre Fund, Hervetus, and ACDI/VOCA and map out ESSPs at the national level.
- The Economic Strengthening Advisor will develop an ESSP mapping tool and guide, which will be rolled out to TSC-ESs.

IR 1.1: Increase temporary consumption support and social protection

Activity 1.1.1: Link destitute households to consumption support and early stage HES interventions

In Q1, Pact initiated a meeting with TASAF at the national level to discuss how OVC households could be prioritized in TASAF enrollment, during which TASAF's Conditional Cash Transfer Officer discussed TASAF enrollment criteria. Notably, three of TASAF's enrollment criteria are included in USAID Kizazi Kipya's enrollment criteria: 1) child-headed household, 2) elderly headed household, and 3) chronically ill household head. TASAF's Conditional Cash Transfer Officer and Pact's Economic Strengthening Advisor agreed to hold a follow-on meeting with higher-level TASAF managers to identify areas for collaboration and to discuss developing a memorandum of understanding (MOU) to formalize the working relationship between TASAF and USAID Kizazi Kipya

Pact also met with Abt Associates to learn about its USAID-funded Public Sector System Strengthening project and opportunities to work together with TASAF. As an agreed next step, Pact and Abt Associates will present to TASAF ideas on how to prioritize enrollment of OVC households into TASAF.

In collaboration with CSOs, Pact continued work under Pamoja Tuwalee to sensitize OVC households who are TASAF beneficiaries to join VSLGs so they are able to save, access loans, and start small income-generating activities (IGAs).

Planned Q2 activities are as follows.

- The Economic Strengthening Advisor will meet and establish a working relationship with national-level TASAF managers.
- Pact will develop a draft MOU between TASAF and USAID Kizazi Kipya for engagement at the district level.

Activity 1.1.2: In USAID Kizazi Kipya project TASAF districts, work with TASAF ES staff and mobilizers to align and strengthen activities

At the council level and through TSC-ESs and CSOs, Pact continued to work with TASAF by conducting meetings and joint visits to beneficiaries to ensure that OVC households that are already TASAF beneficiaries continue receiving cash transfers.

In Q2, TSC-ESs, in collaboration with CSOs, will meet with TASAF at the council level to discuss where TASAF is currently expanding, to advocate for project beneficiaries to be assessed by TASAF, and to ensure coordination of ES activities and alignment of ES approaches in districts where TASAF is conducting ES activities.

Activity 1.1.3: Develop strategy on how to mobilize resources from public and private sectors

In Q1, Pact signed an MOU with President's Office Regional Administration and Local Government (PO-RALG) that defines the mutual responsibilities for USAID Kizazi Kipya's successful implementation. The MOU includes the following statement: "The PO-RALG intends to…identify activities and costs supported by Kizazi Kipya that can be added into [council comprehensive health plan] CCHP work plans and budgets with the goal of sustainability of services when Kizazi Kipya ends." This commitment sets the stage for further discussion with the public sector with regards to resource mobilization throughout the life of the project.

Pact will recruit a Private and Public Partnerships Manager who will work with the project team to identify key gaps in resources to support OVC, youth, and their caregivers. Pact is awaiting approval of the project's FY 17 work plan and budget before recruiting for this position.

IR 1.2: Increased participation in savings and credit opportunities

Activity 1.2.1: Create, strengthen, and/or engage VSLGs

USAID Kizazi Kipya drafted an SOP on absorbing and supporting all savings groups from Pamoja Tuwalee. In Q1, the project successfully absorbed all savings groups and the majority of Pamoja Tuwalee EWs/Community Mobilizers (CMs)/community resources persons (CRPs). These EWs/CMs/CRPs are paid community volunteers that all play the same role of establishing, supporting, and monitoring community savings groups, but they differ in names because they were working under different Pamoja Tuwalee IPs. Going forward, these community-level VSLG capacitators will be recognized as EWs.

In Q1, USAID Kizazi Kipya provided technical support to VSLGs. In sustained councils, EWs worked to prepare groups for self-management by using results from the WORTH graduation tool or by identifying the self-reported barriers and providing support to address those areas. CSOs continued to link groups to various opportunities available in their respective areas mainly focusing on local government opportunities for sustainability purposes. EWs will continue to provide targeted support in the remaining months before the project phases out of sustained councils by April 2017. Table 5 details the current savings group membership.

Table 6: Summary of composition and financial status of saving groups

Cluster	Number of Groups	Sex			Total Savings (TZS)	Contribution for OVC fund
		Male	Female	Total		
Central	643	6,023	1,830	7,853	1,075,547,830	16,493,344
Coast	1	9	1	10	3,916,000	6,800
Lake zone	1,744	38,549	9,566	48,115	3,096,090,826	18,788,613
Northern	485	13,287	2,300	15,587	1,664,801,806	55,125,062
Southern	613	7,505	1,273	8,778	1,265,828,037	4,077,959
Southern Highlands	1,720	22,679	4,762	27,441	1,177,450,238	14,934,337
Total		88,052	19,732	107,784	8,283,634,738	109,426,115

Planned Q2 activities are as follows.

- The Economic Strengthening Advisor will finalize the SOP on absorbing and supporting all saving groups from Pamoja Tuwalee.
- TSC-ESs and CSOs will provide technical support to EWs to ensure the VSLGs in sustained councils understand the costs-benefits and the procedures to cash out and dissolve groups, building the groups capacity to choose management processes.
- TSC-ESs and CSOs will support EWs/CMs to conduct final meetings for the VSLGs they support in sustained councils.
- In collaboration with Pact's headquarters-based Livelihoods Director, the Economic Strengthening Advisor will revise WORTH training materials to align with international best practices.
- The Economic Strengthening Advisor will develop an SOP for establishing, supporting, and monitoring newly formed WORTH groups.
- The Economic Strengthening Advisor will work with the M&E team to calculate the number of new WORTH groups needed by council and ward to meet FY 17 TZ_ECON targets.

Activity 1.2.2: Capacitate households with money management skills

USAID Kizazi Kipya will strengthen household financial literacy and money management abilities to help households use scarce resources more effectively, shift from reactive to proactive decision-making on household budgetary issues, and responsibly choose the financial services and products that best meet their needs. In FY 17, Pact's economic strengthening team will start preparations to adapt/develop a household money management component to the WORTH curriculum and training. As aligned with the work plan, this activity is not slated to start until FY 17 Q4, though in Q2 the Economic Strengthening Advisor will develop criteria for selecting an evidence-based household money management curriculum that uniquely meets the needs of project-targeted households, then collect and asses them.

IR 1.3: Diversified opportunities for increasing income and assets

Activity 1.3.1: Assess economic opportunities and resources that are available

As indicated in the work plan, this activity will start in Q2.

Activity 1.3.2: Provide trade and/or industry specific economic strengthening services

As indicated in the work plan, this activity will start in Q4.

Activity 1.3.3: Create external credit linkages for mature groups

As indicated in the work plan, this activity will start in Q4.

Result 2: Parents and caregivers have the skills to meet the needs of HIV-infected and vulnerable children and adolescents

Evidence shows that the impact of HIV on children's long-term development depends heavily on family capacity and coping skills. USAID Kizazi Kipya-proposed parenting interventions included in Result 2 contribute to the 90-90-90 goals: the activities aim to identify OVC in need of referral for HIV testing services and activities to support OVC caretakers to develop skills to support HIV-positive children and adolescents to initiate and continue ART over time. While interventions to support caregivers of HIV-positive children and adolescents are integrated across all USAID Kizazi Kipya's results areas (e.g., economic support under Result 1, health services under Result 3), Result 2 focuses on specific parenting skills related to the HIV-specific needs of caregivers.

In Q1, USAID Kizazi Kipya began to lay the groundwork to implement activities and achieve outputs and outcomes under Result 2. The activities included meeting with key stakeholders such as UNICEF, the Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC), and the National AIDS Control Program (NACP) and participating in a series of national meetings with the aim of aligning project implementation with national priorities; coordinating and creating synergies with other implementers, especially care and treatment partners; and ensuring that project contributions are visible to government and other stakeholders.

IR 2.1: Improved and expanded parent education and support services

Activity 2.1.1: Strengthen the capacity of caretakers' skills in positive parenting for children (0–19 years)

Community case workers (CCWs) will be expected to deliver parenting messaging and basic skills-building for caregivers of children and adolescents ages 0–19 years through routine household-case management visits, including information on development milestones of children from 0 to 18 years. Under this activity, USAID Kizazi Kipya's Child Protection and Case Management Advisor works with Community Health and Social Welfare System Strengthening program (CHSSP), Institute of Social Work (ISW), and DSW to review the current ISW case managers training curriculum, identify any positive parenting and child protection gaps, and develop complementary modules.

In Q1, USAID Kizazi Kipya met with UNICEF to understand how it is supporting the MOHCDGEC in developing a national parenting framework. Pact also learned about UNICEF's support to prevent violence, abuse, and harmful social practices against children by working primarily with the LGAs Community Development Officer to improve positive parenting skills among parents and teachers. This intervention is guided by the Tanzanian Adapted National Parenting Education Manual for Families (2014) and is implemented in 10 councils across the country.[10] To co-locate complementary parenting activities with UNICEF, Pact agreed to implement Sinovuyo Teen's initial FY 17 activities in five of 10 UNICEF priority councils (see 3.4.1).

Additionally, UNICEF encouraged Pact to participate in the National Parenting Task Force and to be included in the National Parenting Technical Working Group, which are fora where Pact can influence evidence-based parenting approaches and coordinate with other stakeholders on implementing parenting activities.

In Q2, Pact's Case Management and Child Protection Advisor will continue to implement this activity by:

[10] Hai DC, Iringa DC, Iringa MC, Kasulu DC, Mbalali DC, Magu DC, Mbeya CC, Mbeya DC, Mufindi DC, and Temeke MC.

- Participating in the National Parenting Task Force and the National Parenting Technical Working Group
- Reviewing the National Parenting Framework
- Working with CHSSP and ISW to address the gaps and to ensure parenting messages are included in CCWs' toolkits and job aids

Activity 2.1.2: Work with maternal, newborn, and child health (MNCH) workers and other health professionals and nutritionists to address the health and nutritional status of children under five

USAID Kizazi Kipya recognizes that child health and nutrition form a central part of the early childhood development (ECD) of children under five, particularly for HIV-positive children. Child health depends heavily on the availability of and access to immunization, quality management of childhood illness, and proper nutrition.

In Q1, USAID Kizazi Kipya's current community volunteers, who were trained under Pamoja Tuwalee in Nutrition Assessment, Counseling, and Support (NACS), continued to provide nutrition-related assessments using mid-upper arm circumference (MUAC) tapes and nutrition counseling and referrals to beneficiaries inherited from Pamoja Tuwalee. Of 32,630 children under five who were nutritionally assessed with MUAC tape, 2,187 (7%) had severe malnutrition, 1,495 (5%) had moderate malnutrition, and 28,948 (88%) had no malnutrition. Table 6 summarizes the number and percentage of children under five who were assessed using MUAC tapes by cluster.

Table 7: Number and percentage of children under five with specific nutritional status per cluster

Cluster	Number and percentage of children under five nutritional status			Total
	No malnutrition	Moderate malnutrition	Severe malnutrition	
Central	1,045 (82%)	110 (9%)	123 (10%)	1,278
Coast	5,957 (93%)	137 (2%)	306 (5%)	6.400
Lake zone	13,224 (89%)	768 (5%)	846 ((6%)	14,838
Northern	496 (68%)	35 (5%)	200 (27%)	731
Southern	2,614 (94%)	73 (3%)	101 (4%)	2,788
Southern Highlands	5,612 (85%)	372 (6%)	611 (9%)	6,595

In line with specific nutrition support activities to children under five, the project reached 332,830 OVC and caregivers with nutrition and food security (TZ_NUT). This was mainly done through the project community volunteers' household visits, where they encourage OVC households to produce sufficient food to meet their needs and facilitate and conduct nutritional assessment, counselling and referrals/linkages for further support.

In Q2, as indicated in the project's work plan, the project will accomplish the following.

- The HIV Integration Advisor will start identifying possible collaborations with nutrition programs in scale-up councils that will benefit the project's beneficiaries. Specifically, he will meet with Boresha Afya IPs, NAFAKA Staples Value Chain Activity, Interchurch Medical Assistance (IMA), Mwanzo Bora, colleagues at Universitaires Apirants et Medecins (CUAMM), UNICEF, and Jhpiego.
- USAID Kizazi Kipya cluster-level staff will support CSOs to identify and map MNCH partners providing NACS and nutrition services at the community level.
- Pact will coordinate with JSI's CHSSP to determine when MUAC tapes will be provided to CCWs and how they will be trained to use them.

Activity 2.1.3: Strengthen capacity of case managers to deliver Care for Child Development (CCD) services

The CCD package is a holistic and evidence-based ECD intervention that address the developmental needs of children ages 0–3 years. In Q, USAID Kizazi Kipya, through the Aga Kahn Foundation (AKF)

and EGPAF, participated in a series of meetings with the MOHCDGEC's National CCD Working Group to understand progress and status of Tanzanian-adapted CCD materials. UNICEF is charged with leading the adaption and translation of CCD materials and has reported delays in hiring a consultant to do this work. This presents a challenge for USAID Kizazi Kipya, as CCD trainings are scheduled to begin in Q3. As a next step, AKF is exploring the possibility of leading the adaptation and translation of CCD materials through its existing UNICEF funding.

Activity 2.1.4: Formation, support, and supervision of CCD to Care Groups

As indicated in the work plan, this activity does not begin until Q2.

Activity 2.1.5: 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

USAID Kizazi Kipya CCWs will be responsible for conducting case management of OVC households, will identify and assess OVC caretakers' household strengths and challenges, and will support the caretakers to develop a care plan to improve their health, social, and economic wellbeing. During this process, CCWs will provide support to HIV-positive caregivers, including provision of referrals to ensure ART adherence and retention. To do this, it is necessary to formalize the relationship between CCWs, CHWs, and HBC providers.

As a preliminary step to understand the different cadres' roles and responsibility in supporting ART adherence, the Chief of Party (COP) and Deputy Chief of Party (DCOP) met with Permanent Secretary of the MOHCDGEC, which included a discussion about different community cadres' roles, coordination with health facilities, and training requirements. The Permanent Secretary invited the NACP Program Manager, Director of Prevention and Director of Sexual and Reproductive Health (SRH) under the Chief Medical Officer office. As the result of this introductory meeting, USAID Kizazi Kipya will hold a meeting in Q2 with the NACP to further explore roles of different community cadres in HIV epidemic control, including shared confidentiality.

In Q1, the HIV Integration Advisor and EGPAF also initiated discussions with PEPFAR care and treatment IPs, beginning with Maryland Global Initiative Tanzania (MGIT). Among other topics, this meeting discussed the collaboration of care and treatment partners and shared lists of how many CHWs and HBC providers are supported by the facility. These meetings will continue in Q2, and similar discussions have already been scheduled with Management and Development for Health (MDH), Tanzania Health Promotion Support (THPS), Deloitte, Walter Reed, and Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI). Pact also is coordinating with PEPFAR to use annual Human Resources for Health data collected from IPs to assist in mapping CHWs and HBC providers.

Activity 2.1.6: Strengthen the capacity of case managers to improve caregivers' socio-emotional wellbeing

As indicated in the work plan, this activity does not begin until Q3, with prepositioning via a literature review beginning in Q2.

IR 2.2: Improved and expanded support services for the caregivers of HIV-infected children

Activity 2.2.1: Strengthen capacity of case managers to provide case management to caregivers of HIV-infected children under 15

Case management is a core USAID Kizazi Kipya intervention for OVC and their caregivers. Capitalizing on EGPAF's technical expertise in addressing the HIV-related needs for HIV-positive children and adolescents, Kizazi Kipya will work with CHSSP to ensure that trained case managers have the skills and abilities to support the sub-set of HIV-positive OVC and their caregivers.

In Q1 Pact received the draft National Integrated Management Training Manual (a government endorsed curricula for training CCWs on case management) and sent back feedback to JSI, but has not yet received the ISW curriculum for training case managers, which target one case manager per village for review. The National Integrated Management Training Manual for training CCWs includes content to address the HIV-related needs of OVC, and the HIV Integration Advisor and EGPAF will work together in Q2 to bolster this area by developing complementary job aids to assist CCWs in providing appropriate support to HIV-positive OVC.

Activity 2.2.2: Strengthen community volunteer cadres' skills to support caretakers of HIV-positive children

USAID Kizazi Kipya recognizes that all CCWs need skills to support caregivers of HIV-positive children, but in FY17 not all CCWs will receive JSI/CHSSP training to strengthen these skills. To ensure that all households receive this type of support, EGPAF will work with the DMO, HBC coordinators, and CTC in-charges to identify the existing volunteers' cadres who are appropriate to provide HIV-specific support to households with HIV-positive OVC. These efforts will also work on building capacity of community volunteers to support caretakers of HIV-positive children.

In Q1, EGPAF held internal meetings to review national curricula for this supplementary orientation for CCWs, which will cover topics including early infant diagnosis and initiation of ART, pediatric treatment regimens, importance of adherence, PSS, risks and signs of developmental delay, and nutrition information. EGPAF also began to develop the SOP on the best ways to train CCWs and how CCWs provide support to caregivers. The SOP will include guidance on innovative ways of linking HIV-positive children, youth, and adolescents with the core health services and other social-related services, including self-esteem, disclosure, sexuality, and reproductive health issues.

In Q2, EGPAF will continue to work with Pact to develop the supplementary curriculum and the accompanying SOP.

Activity 2.2.3: Facilitate and link OVC households to HIV services (under 15 years)

During home visits, CCWs will use an HIV risk assessment tool designed by USAID Kizazi Kipya to identify children, adolescents, and caregivers with risk factors for HIV and refer them to health facilities for HCT. This HIV risk assessment will be administered annually to active beneficiaries in the program to ensure referrals and linkages for HIV testing and counseling are targeted based on risk. CCWs will then be able to follow up on referrals at subsequent case-management visits to the household and reinforce the importance of any HIV-positive household member to immediately start ART.

In Q1, the HIV Integration Advisor drafted the HIV risk assessment tool using such guidance as:

- Essential service package for most vulnerable children and adolescents affected or living with HIV, September 2016
- National guideline for HIV testing and counselling, May 2013
- National guideline for comprehensive care and prevention of mother to child transmission of HIV, June 2012

In Q2, the HIV Integration Advisor will ensure that this tool will be included in the project's case management SOP, and Pact will explore the possibility with JSI and DSW to include it in the Practical Handbook aligned with the National Integrated Case Management training that will be used to train CCWs.

The bi-directional referral system (see IR 3.0) will be critical to establishing the mechanism to refer and track referrals to HIV services. While the development of this system is still is in a preliminary stage, CSOs are continuing to link beneficiaries through referral systems developed under Pamoja Tuwalee. In Q1, USAID Kizazi Kipya, referred 15,091 OVC and their caregivers to other services providers, including public sectors such as health facilities, office of social welfare officers, and community groups. Of 15,091 issued referrals, 11,199 (74%) were referred to HIV support groups and PSS. Of 3,892 referred to HCT

and ART adherence, 2,922 (75%) were complete referrals, whereby the project, through its community volunteers and CSOs, received varication of services provided from CTCs and health facilities.

Activity 2.2.4: Support children who are HIV-positive to access further support at child/ECD corners and youth Teen Clubs

CCWs and other volunteers providing household-level HIV support (see 2.2.2) will facilitate linkages of families to HIV-specific child- and youth-friendly services at health facilities for improved follow up for HIV-positive children and adolescents. Child and youth-friendly HIV services include skills-building on access to ART, initiation of antiretroviral drugs (ARVs), health status monitoring, and adherence to ART. CCWs will also ensure that caregivers of children under five who are HIV-positive access ECD corners (see 3.2.1) and that HIV-positive adolescents are referred to teen clubs (see 3.2.4).

In Q1, the HIV Integration Advisor and EGPAF initiated meetings with PEPFAR care and treatment IPs as referenced under 2.1.2. Discussions with MGIT included existing adolescent-friendly service models and how MGIT supports HIV-positive children and adolescents to access group-based PSS.

Planned activities for Q2 are as follows.

- The HIV Integration Advisor will collaborate with EGPAF to develop a Health System Engagement SOP that will articulate how to engage the GOT health system, including the MOHCDGEC, NACP, Regional Health Management Team, Council Health Management Team, Hospital Management Team, and CTCs, as well as other non-governmental health stakeholders at national, regional, and council levels.
- EGPAF will develop the ECD SOP (as stipulated in activity 3.2.1).
- The Gender and Youth Advisor will develop a teen club SOP (as stipulate in activity 3.2.2).

Result 3: High-quality services are available to HIV-infected and vulnerable children and adolescents

USAID Kizazi Kipya will expand implementation of PEFFAR 3.0 OVC programming, with a focus on HIV services by working closely with the GOT, CHSSP, Measure Evaluation, and care and treatment partners to strengthen coordination of service delivery, improve completed referrals of beneficiaries to community-level services, and spearhead delivery of child-centered case-management to HIV-positive children, OVC, adolescents, and their caregivers.

Interventions designed under this result contribute to the 90-90-90 goals. For the first 90, USAID Kizazi Kipya will use an HIV screening tool to identify child, youth, and adult beneficiaries with higher HIV risk factors and unknown status and will link them to testing at health facilities, prevention of mother-to-child transmission of HIV (PMTCT) sites, outreach services, and home-based testing, where available. For the second 90, the project will ensure HIV-positive children, youth, and caregivers access ART initiation services. For the third 90, the project will strengthen the role of case managers to support HIV-positive beneficiaries to receive support they need to sustain long-term adherence to treatment and retention in ART care, contributing to viral suppression.

To prepare for scale-up of services under Result 3, the project team identified criteria for selection of wards and communities through an HIV lens. The core selection criteria are the PEPFAR-reported ART data at the facility level, which are closely tied to HIV burden data in wards and villages. Within the health facility catchment area, the project is compiling available data on primary and secondary schools. The project will also review Q1 enrolment data, including hard-to-reach populations, when the data is available in the coming quarter. When the full dataset is analyzed in Q2, the results will inform the geographic areas in each council prioritized for enrolment of beneficiaries. Within these geographic areas, the project will roll out activities in an integrated manner, reaching communities with highest HIV burden. This purposeful integration of project activities includes the selection of schools for the Whole School Approach (WSA) (3.1), pre-primary schools for low-cost materials (3.1), health facilities for ECD Corners and SRH linkages (3.2), and communities for in- and out-of-school peer educator-led youth groups (3.2 and 3.3) in the same geographic areas.

IR 3.0: Improved case management services for OVC households

Activity 3.0.1: Rollout of case management services for OVC households, including assessments

USAID Kizazi Kipya is designed around a standard case management approach used in the social work sector. Case management is "a step-by-step process of identifying, providing support, referring and following up [MVC] cases." The steps in the typical case management cycle are: 1) case identification, 2) enrolment, 3) needs assessment, 4) develop care plan, 5) provide direct services and support, 6) provide referrals and follow-up, and 7) close cases.

Progress toward case identification and beneficiary enrolment has already been described above in the section *Progress toward Project Goal and Target*. In Q1, the Family and Child Asset Assessment was developed as described under Result 1. Beyond ES questions included in the tool, the assessment includes questions about household food security and caregiver's health as well as children's educational status, attendance at schools or vocational colleges, nutritional status, health status, and risk of abuse or recent abuse experienced.

Community volunteers visiting OVC households already provide many steps in the case management cycle, but to date Tanzania has not had a standardized training package or tools to formalize case management services. In Q1, Pact collaborated with JSI's CHSSP, a project that is responsible for supporting the DSW to develop and roll out the National Integrated Case Management Framework and National Integrated Case Management for CCWs. The trained CCWs under CHSSP will be responsible for case management to OVC, youth, and caregivers under USAID Kizazi Kipya. Because of this relationship, Pact has been engaged with CHSSP in different ways, including:

- Working closely with JSI staff to agree on priority districts for CCW trainings
- Reviewing of the training curriculum for trainers and CCWs
- Reviewing the draft national case management tools

The Senior Technical Advisor and the Case Management and Child Protection Advisor attended the first training of trainers (TOT) for the National Integrated Case Management for CCWs in Dodoma (November 28 to December 6, 2016) and facilitated sessions on the Kizazi Kipya Screening and Enrollment tool, Child and Family Asset Assessment, and graduation criteria.

During the TOT, DSW, JSI, and Pact agreed that a field testing of the integrated set of both DSW and project-specific tools is needed; this will be carried out and reported on in Q1. DSW, JSI, and Pact also agreed that in order to better integrate the DSW and project specific tools, Pact and JSI, with support from DSW, will develop a practical handbook aligned with the National Integrated Case Management for CCWs that would be used in subsequent TOTs and CCWs trainings .

In Q2, USAID Kizazi Kipya will:

- Pilot DSW and project-specific tools in collaboration with JSI and DSW
- Develop a practical handbook to formally integrate DSW and project-specific tools to be used in future TOTs and CCW trainings
- Orient TSCs, CSOs, and community volunteers on the Child and Family Asset Assessment
- Administer the Child and Family Asset Assessment for Pamoja Tuwalee beneficiaries who were enrolled in USAID Kizazi Kipya
- Develop the case management SOP

Activity 3.0.2: Design logical referral system

In FY 17, USAID Kizazi Kipya will collaborate with MOHCDGEC, MEASURE, and JSI to develop an electronic OVC bi-directional referral system platform to support referrals and linkages to HIV clinical services and other clinical and social services. This work is led by EGPAF with support from the Pact's HIV Integration Advisor and M&E team.

In Q1, Pact and EGPAF met with MOHCDGEC, MEASURE, and JSI to discuss the existing bi-directional referral systems that facilitate community-level referrals to clinical and social services.

WEI's bi-directional referral model was successful in tracking incomplete referrals and receiving feedback on referrals under Pamoja Tuwalee. To better examine this system, EGPAF visited the Center for Women and Child Development, a CSO implementing the bi-directional referral system in Arusha. EGPAF also conducted a field visit to Tabora to gather learning from the bi-directional referral system. EGPAF used the findings from these visits to develop a data flow scheme, and by the end of Q1, it was finalizing the terms of reference (TOR) to hire a consultant who will work on the development of the electronic platform for the referral system. Additionally, Pact provided significant feedback to MEASURE on the draft national referral tools, and it is anticipated that the MOHCDGEC will approve these referral tools in FY17 Q2.

In Q2, the planned activities are as follows.

- Pact's HIV Integration Advisor and EGPAF's OVC Database Coordinator will develop the Referrals and Linkages SOP that describes the referral processes to be followed by CCWs and service providers at facilities, as well as CSO and USAID Kizazi Kipya staff.
- EGPAF will finalize and advertise the TOR to develop the project's electronic bi-directional referral platform; a consultant will be selected and begin the development.
- EGPAF will develop a referral pilot strategy to test out the electronic bi-directional referral platform.

IR 3.1: Improved and expanded education services

Activity 3.1.1: Prepare district implementation teams (DITs) to deliver WSA in target schools

Through its technical partner AKF, USAID Kizazi Kipya identified the WSA as the best method to support communities to challenge existing socio-cultural norms around female education. WSA facilitates the targeted primary school and surrounding communities to identify challenges and barriers that limit the ability of schools to provide high education. In terms of HIV-prevention efforts for adolescent girls, this intervention is critical as a girl's progression in school decreases her risk of HIV infection.

The project team also began the process of identifying selection criteria for schools that are in the same wards as selected health facilities. The project will first identify the health facilities focusing on HIV burden and subsequently identify primary schools in the catchment areas of those health facilities (see 3.2.1 for more details).

In Q1, AKF held discussions with different education stakeholders, including the U.K. Department for International Development (DFID)-funded EQUIP-Tz project operating in seven regions, as well as the USAID-funded Tusome Pamoja project operating in five regions. Both EQUIP-Tz and Tusome Pamoja cover all the councils in the respective regions and overlap with USAID Kizazi Kipya scale-up councils in those regions. The discussions with these program staff focused on developing an understanding on how the differing community engagement models can be harmonized to enable MVC and girls to be a central part of this process. Collaboration with these programs is an important opportunity for USAID Kizazi Kipya because it increases coordination across several education-focused programs and can maximize impact of the interventions and investments. Formal review process of the model will take place in Q2.

Activity 3.1.2: DITs support target schools to develop and implement School Development Plans (SDPs) and block grants through WSA

This activity is contingent on 3.1.1 and, as indicated in the work plan, does not begin until Q3.

Activity 3.1.3: Support LGA to develop and review a coordinated retention and transition between secondary and primary schools

This activity is contingent on 3.1.1 and 3.1.2 and, as indicated in the work plan, does not begin until Q4.

Activity 3.1.4: District tutors prepare low-cost material package to pre-school teachers and train zonal trainers

As part of AKF's role to deliver low-cost material package to pre-primary school teachers, AKF met with the Madrasa Early Childhood Programme (MECP), an organization that has been working with AKF for the past 30 years and supported over 9,000 pre-primary teachers to create age-appropriate low-cost materials. With MECP, AKF will develop and finalize low cost materials training with Tanzania Institute of Education, Right to Play, and other pre-primary education stakeholders starting in Q2.

Activity 3.1.5: District tutors deliver low-cost material package to pre-school teachers

This activity is contingent on 3.1.4 and, as indicated in the work plan, does not begin until Q4.

IR 3.2: Improved and expanded interventions for health, HIV, and sexual and reproductive health services

Activity 3.2.1: Targeted health facilities provide ECD services and establish ECD corners

USAID Kizazi Kipya will establish ECD corners, which provide an opportunity for health workers to demonstrate plays modeling interactions between caregivers and children. Early stimulation contributes to early remediation of developmental delays and enables a more effective response to nutrition support.

In Q1, EGPAF began developing an SOP to guide the establishment of and support to ECD corners. Additionally, USAID Kizazi Kipya, through EGPAF, started identifying high-volume sites for 30 scale-up councils to establish and support ECD corners. EGPAF has compiled data at the ward level on the number of adults and pediatric clients currently on ART using FY 16 data reported to PEPFAR. In Q2, Pact will work with EGPAF and the other consortium members to agree on selection criteria and to finalize the list of proposed health facilities to present to Council Health Management Team (CHMTs).

USAID Kizazi Kipya, through EGPAF, planned work with the MOHCDGEC, UNICEF, and AKF to finalize the adaptation of the CCD package, which will be used to train staff from selected health facilities; however, there were delays as noted under 2.1.3. Given the delays, EGPAF is reviewing its timeline to train health facility staff on the CCD package.

In Q2, USAID Kizazi Kipya will:

- Finalize selection of proposed health facilities to establish ECD corners
- Revise the timeline for training staff on the CCD package from selected facilities
- Finalize the SOP on establishing and supporting ECD corners, including roles and responsibilities of health facility staff, CSOs, cluster staff, and EGPAF

Activity 3.2.2: Establish Teen Clubs for adolescent girls and boys (ages 10–14 years and 15–19 years)

A Teen Club is an organized group that brings young girls and boys together to share and learn about issues that affect them and develop core life skills through club organization and management. Youth are supported to establish the youth-led clubs and provided with the opportunity to learn and acquire knowledge on HIV, livelihood opportunities, and career choices. The Teen Clubs aim to improve the youths' situation in their communities while developing organizational, planning, and management skills. Restless Development leads all activities under this activity, including recruiting and training National Peer Educators (NPEs) and Community Peer Educators (CPEs) who will be responsible for mobilizing adolescents and establishing teen clubs. The NPEs will be stationed at the ward level working alongside the CPEs and CSOs.

In Q1, Restless Development advertised the NPE volunteer positions on websites such as Zoom Tanzania and circulated it to university networks, including University of Dar es Salaam, University of Dodoma,

and Ardhi University. More than 300 candidates applied for the positions and Restless Development successfully recruited 50 NPEs: 42% female and 58% are male, with an age range of 22–26 years. Key selection criteria included candidates knowledge, skills, and/or experience with OVC, livelihoods, child protection, HIV/AIDS, and M&E; flexibility to be placed in any region; reliability; problem-solving skills; educational background; ability to work in teams; fluency in written and spoken English; and committement to volunteerism and social service.

In Q2, Restless Development will:

- Develop an SOP on mobilizing, establishing, and supporting Teen Clubs
- Review and finalize a toolkit for mobilizing, establishing, and supporting Teen Clubs
- Finalize training materials for NPE Foundational Training
- Conduct NPE Foundational Training for all 50 NPEs

Activity 3.2.3: Implement the adapted "Girls Let's Be Leaders" toolkit with Teen Clubs

As indicated in the work plan, this activity does not begin until Q2.

Activity 3.2.4: Roll out the Stepping Stones curriculum to Teen Club participants

USAID Kizazi Kipya will use the evidenced-based Stepping Stones curriculum, a gender-transformative HIV-prevention intervention effective in reducing sexual risk-taking and intimate partner violence. Stepping Stones has been adapted to Tanzania's context for adolescent girls and young women (AGYW) and translated into Kiswahili by Jhpiego. In FY17, in councils where Restless Development is not mobilizing and establishing Teen Clubs, Pact will use trained facilitators to deliver Stepping Stones to AGYW enrolled in USAID Kizazi Kipya.

In Q1, Pact established contact with Stepping Stones creators and will explore the possibility of including modules for boys to accompany the Tanzania-adapted Stepping Stones curriculum. Pact met with Sauti's DREAMS coordinator to understand how the Stepping Stones curriculum was adapted in Tanzania.

Activity 3.2.5: Provide SRH education outreach to Teen Clubs (ages 12–18 years)

In FY 17, NPEs and CSOs, with technical support from EGPAF's Pediatric and Adult HIV officer and Pact's cluster-level TSC for referrals and linkages will engage health care workers to support SRH outreach to Teen Clubs on a quarterly basis. Outreach services will include HCT and referral and will identify ways to get youth tested within the national guidelines on age of consent. In Q1, EGPAF began developing an SOP on supporting SRH outreach.

The following activities are planned for Q2.

- EGPAF will finalize the SOP on SRH outreach.
- EGPAF and Pact's HIV Integration Advisor will identify tools and age-appropriate materials to use for SRH activities outreach.
- Because the USAID Boresha Afya program includes educational SRH outreach to adolescents, the HIV Integration Advisor will begin coordinating with Boresha Afya IPs to ensure no duplication of effort in this area.

Activity 3.2.6: Implement DREAMS interventions to reduce HIV incidence and increase school attendance among AGYW

DREAMS funding under Pact will be included the upcoming project modification, so there are no DREAMS activities to report for Q1.

Activity 3.2.7: Link adolescents to MTH/DREAMS drop-in centers

Where available, DREAMS, Sauti, Drop-In Centers, and Restless Development teen community clubs will be a priority link for USAID Kizazi Kipya to ensure better access by adolescents to quality HIV and SRH services. Pact has already begun mapping Drop-In Centers and will work with DREAMS, Sauti, and

Restless Development teen clubs to coordinate referrals between USAID Kizazi Kipya and Drop-In Centers. While discussions with DREAMS and Sauti were initiated in Q1, in Q2, Drop-In Centers and Restless Development teen community clubs will be fully mapped.

Activity 3.2.8: Case managers work with high-pediatric-volume CTCs to trace HIV-positive OVC who miss appointments, enroll them in USAID Kizazi Kipya, and link them back to CTCs

In 2015, the GOT adopted the "test and treat" strategy for all HIV-positive children and adolescents under 15 years, which mandates that all HIV-positive children and adolescents start ART immediately after diagnosis with HIV. Caregivers are often referred to larger health facilities for their child's ART initiation and continued care due to the lack of trained pediatric HIV specialists at lower-level health centers and dispensaries. The geographic distance has cost and time implications, particularly if the caregiver receives their own ART at a different facility from the child. These and other barriers put children on ART at risk of missing clinic appointments and defaulting on treatment and threaten their chances of achieving the ultimate goal of durable viral suppression (the third 90 goal) and preventing HIV-related mortality.

USAID Kizazi Kipya's COP and DCOP met with the Permanent Secretary of the MOHCDGEC to lay the foundation for further discussion on shared confidentiality between health workers and CCWs. The HIV Integration Advisor also met with MGIT, as mentioned in Result 2, to discuss models of loss to follow-up (LTFU) tracing for pediatrics, adolescents, and adults. Pact was also invited to participate in data sharing meetings with care and treatment IPs by MGIT to review data on LTFU and on successes, challenges, and lessons learned.

In Q2, Kizazi Kipya will:

- Meet with other care and treatment PEPFAR partners to discuss models for pediatrics, adolescents, and adult LTFU tracing models and shared confidentiality, as well as other services related to USAID Kizazi Kipya's beneficiaries
- Develop a draft MOU template for LGAs to specify sharing sensitive information for tracing HIV-positive OVC

I.R. 3.3: Improved and expanded opportunities for developing livelihoods and employment skills and engaging in life skills education

Activity 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

Through partner Restless Development, USAID Kizazi Kipya will strengthen CSOs' knowledge, skills, and opportunities for youth livelihoods development based on the International Labour Organization (ILO) SYIB curriculum. Restless Development implemented this project with ILO and to date has SIYB TOTs and two master trainers who continue to provide skills and awareness on livelihood opportunities and marketing strategies. The TOTs use ILO SIYB training manuals that Restless Development has contextualized to cater to young people with low education levels. In Q1, Restless Development facilitated ILO's conducting of a refresher training for their TOTs, which will take place in Q2.

In Q2, Restless Development will:

- Develop an SOP for rolling out the SIYB model, demonstrating integration with other USAID Kizazi Kipya activities, including education promotion, ES activities with caregivers, case management, and OVC identification
- Review the SIYB training materials and integrate relevant HIV prevention and support into HIV-positive youth messaging

Activity 3.3.2: Training of CSOs in youth engagement, life skills, livelihoods, and youth employability

As indicated in the work plan, this activity will not begin until Q2.

Activity 3.3.3: Support CSOs in marketing youth products through local- and national-led initiatives organized by government and other partners

As indicated in the work plan, this activity will not begin until Q4.

IR 3.4: Improved and expanded child protection and related services

Activity 3.4.1: Conduct *Sinovuyo Caring Families for Parents and Teens* to reduce risk of violence, neglect, and abuse [this activity is linked with activity 2.1.5 and DREAMS]

Pact will contract Clowns without Borders to scale up community-based violence prevention activities using the evidence-based *Sinovuyo Teens* package,[11] an intervention aimed at specifically reducing the risk of violence against adolescents and improving positive parenting. Evidence-based HIV-related modules have also been added to the original *Sinovuyo Teens* by Clowns without Borders for DREAMS programs in other African countries; Pact will use this enhanced curriculum with groups of adolescents, both girls and boys, and their caregivers.

In Q1, Pact worked with Clowns without Borders to develop a scope of work and detailed budget for a sub-agreement. This information was submitted to USAID for approval. Upon approval, key activities in Q2 include the adaptation and translation of the *Sinovuyo Teens* curriculum.

Activity 3.4.2: Refer cases of violence, abuse, neglect, and exploitation to DSWOs and Child Protection Teams (CPTs)

In Q1, Pact meeting with UNICEF and agreed on councils where child protection interventions overlap and identified synergies. As a result, UNICEF will strengthen child protection systems and USAID Kizazi Kipya will issue referrals into the system and ensure that cases of abuse, neglect, and exploitation are followed up in a timely manner by CCWs or para social workers (PSWs). These complementary activities will be implemented together in the following 9 councils: Makete DC, Mbarali DC, Mbeya CC, Mbeya DC, Mufindi DC, Njombe DC, Iringa MC, Iringa DC, and Temeke MC.

Related to this activity, Pact attended the launch of the National Plan of Action to End Violence Against Women and Children held in December 2016. The event was historical: for the first time in Tanzania, 10 ministries[12] attended and committed their ministries to ensure the execution of the plan. Other meeting attendees were ambassadors, the United Nations (UN) community, and development partners. The plan of action has been developed to address violence against women and children's issues in Tanzania, including ineffective coordination on women and child protection interventions and inadequate response services, including referrals.

In Q1, Pact began developing SOP on identifying and responding to cases of child abuse, neglect, and exploitation. This SOP is aligned with the GOT Law of Child Act (2009), the Child Development Policy Tanzania (2008), and the National Costed Plan of Action for Most Vulnerable Children (2013–2017) and operationalizes Tanzania's child protection regulations and guidance. This SOP will be finalized in Q2.

[11] Sinovuyo means "We Have Happiness" in isiXhosa, the predominant language in the Western Cape.

[12] Ministry of Finance and Planning; Ministry of Health Community Development, Gender, Elderly and Children; Ministry of State in the Prime Minister's Office Policy, Parliamentary Affairs, Labor, Employment, Youth and the Disabled; Ministry of Agriculture, Livestock and Fisheries; Ministry of Constitutional Affairs and Justice; Ministry of Education, Science, Technology and Vocational Training; Ministry of Energy and Minerals; Ministry of Home Affairs; Ministry of Industry, Trade and Investment; and the Ministry of Information, Culture, Artists and Sports

Additionally, in Q2, Pact will review UNICEF reports developed in 2015 that identified gaps in district CPTs and will strategize with UNICEF if an updated assessment is needed.

Activity 3.4.3: Conduct case conferencing and develop care plans with multi-disciplinary panel members if a child is removed from home

In addressing complex child abuses cases, case conferencing is necessary, especially when a child must be removed from the home environment for her or his safety. In Tanzania, while case conferencing is a government-specified child protection intervention, the process is not widely implemented in all councils. In Q1, as part of the SOP on the identification and response to child abuse, neglect, and exploitation as mentioned in 3.4.3, Pact operationalized procedures for conducting case conferencing aligned with Tanzania's child protection regulations.

In Q2, Pact will finalize the SOP and share it with TSCs-Case Management and CSO staff. USAID Kizazi Kipya's Case Management and Child Protection Advisor will also develop a strategy, in collaboration with UNIECF, on how to work with DSWOs to convene and orient multi-disciplinary case conferencing panels according to government regulations.

Activity 3.4.4: Ensure proper investigations of child abuse, neglect, and exploitation are conducted in partnership with social welfare officers to determine whether more interventions are required

In Tanzania, alleged child abuse perpetrators often are not properly investigated due to a variety of factors. This has allowed many child abusers to remain unpunished and able to continue to cause harm to more children. In response, as mentioned in 3.4.3 and 3.4.4, USAID Kizazi Kipya developed an SOP to guide the identification and response to child abuse, neglect, and exploitation. This SOP includes steps for CCWs, CSOs, and project staff to ensure collection of forensic evidence, follow-up with police, and support survivors during investigations.

In Q2 FY17 USAID Kizazi Kipya, in collaboration with the MOHCDGEC, will draft a tool to identify bottlenecks in handling cases of abuse. Findings from this tool will be used to identify technical assistance (TA) needs to improve case management of abuse cases.

Activity 3.4.5: Strengthen systems for child protection at council and community levels

In FY 17, USAID Kizazi Kipya is working with stakeholders to ensure that OVC and their household members can access available child protection services, including one-stop centers for violence against children and gender-based violence services. Where the systems and/or structures do not exist, the project will work within the existing framework and ensure DSWOs, police, and other stakeholders have basic skills on addressing child protection issues.

In Q1, Kizazi Kipya mapped councils where UNICEF supports district CPTs (as indicated in 3.4.2) to ensure the project will complement UNICEF efforts by referring abused, neglected, and exploited children to UNICEF-supported district CPTs. In Q2, USAID Kizazi Kipya will coordinate with DSW and other UN agencies to map the councils with established child protection systems apart from those mapped under UNICEF and existing one-stop centers. The project also will lead initial discussions with these stakeholders on existing gaps to inform possible areas for the project to provide TA.

Activity 3.4.6: Strengthen networking among district stakeholders, including health facilities and case managers, to ensure victims of violence receive services.

In Q1, DSW and CHSSP, with support from USAID Kizazi Kipya, trained more than 100 CCW trainers, including CSO staff, on how to recognize signs of potential abuse cases and where to refer these survivors for further support. In Q2, USAID Kizazi Kipya will finalize the aforementioned SOP on identifying and responding to cases of abuse and will prepare training materials and job aids to distribute to newly awarded CSO staff, who will be on-boarded in April 2017.

Result 4: High-quality services are available to "hard-to-reach" HIV-infected and vulnerable children and adolescents

Children and youth living and working in the street (CLWS) and children in the worst form of labor, such as children working in the mines, are hard to reach. A significant proportion of CLWS and children working in the mines experience higher rates of sexual abuse and sometimes are engaged in high-risk behaviors, including transactional or commercial sex, which places them at an elevated risk of HIV and other sexually transmitted infections (STIs).

USAID Kizazi Kipya works with both RCA and Ifakara Health Institute (IHI) to ensure the needs of hard to reach children are well addressed. RCA focuses on IR 4.1 that aims to improve and expand services for CLWS, while IHI focuses on IR 4.2 that aims to improve service models for children in the mining sector. The main responsibilities of IHI are to conduct formative research that will form the basis for Pact to develop the model of serving these children in the mining sector.

IR 4.1: Improved and expanded services for children living or working on the streets (CLWS)

Through technical partner RCA, USAID Kizazi Kipya plans to implement the interventions on CLWS in the 10 urban councils in the six major cities in Tanzania (Dar es Salaam, Mwanza, Arusha, Dodoma, Iringa, and Mbeya). Overall, the project aims to increase access to services including health, education, and ES services to about 9,700 CLWS for the period of five years.

Activity 4.1.1: Conduct headcount of CLWS in six cities

The headcount of CLWS is meant to establish a baseline and to gain evidence on the extent of the issue of CLWS in the six cities. As part of preparation for the headcount, RCA met with government officials to introduce the activities, get buy-in, and obtain authorization. Below are details on the meetings held.

- At central government, RCA held a series of meetings with the Commissioner for Social Welfare and various senior members of his team including the principal social welfare officers (PSWO) mandated to support CLWS.
- In Dar es Salaam, RCA met with Municipal Council Directors of Kinondoni, Ilala, and Temeke municipalities; social welfare officials; and district community development officers. All the Municipal Directors appreciated the plan brought by USAID Kizazi Kipya and are looking forward for further collaboration in conducting CLWS headcounting and in implementing other project activities.
- In Arusha, a meeting was held with the Regional Administrative Secretary (RAS), who was very supportive of USAID Kizazi Kipya and assured support and security during the headcount exercise in Arusha. Meetings were also held with city council leaders (City Director and Regional Medical Officers.
- In Mwanza, the RCA met with the City Director, Regional Welfare Officer, Police Gender and Children desk, and LGAs. The RCA has been working in Mwanza for the last six years and has a close working relationship with the authorities.
- Other stakeholder meeting include DFID, UNICEF, and CSOs working in Arusha, Dar es Salaam, and Mwanza.
- The RCA had the opportunity to provide further information to different stakeholders about the upcoming CLWS headcount and the planned CLWS activities under USAID Kizazi Kipya during a series of meeting for organizing Breaking the Cycle conference. This was an international conference that brought together experts working with CLWS to share major concerns about them, including re-integrating street-connected children.

In Q2, the project will:

- Review and award the tender for the headcount exercise
- Hold meetings and obtain authorization to conduct the headcount from the MOHCDGEC

- Identify and train the personnel needed to carry out the headcount exercise in the six cities
- Conduct a mapping exercise in the six cities to establish the areas to cover during the headcount
- Conduct the headcount exercise

Activity 4.1.2: Identification of CSO partners to work with in the six target cities

USAID Kizazi Kipya uses the same selection process for all CSOs targeted to implement different project interventions (OVC general, CLWS, and children in the mining sector), regardless of the intervention type one is applying. Based on this, the CSOs expected to implement the CLWS interventions will also be selected according to the Pact selection process. In Q1, Pact prepared all the documentation and sent out the RFA as planned, and RCA being the technical lead on CLWS provided inputs on both the advert and application guidelines to ensure CSOs with experience on implementing the interventions in CLWS are encouraged to apply.

During the visit to the MCs, RCA also had informal discussions with the LGA officials on the situation of the CLWS in the respective municipalities that included different stakeholders that were supporting those LGAs in addressing the needs of CLWS.

In Q2, USAID Kizazi Kipya will:

- Participate in the review and selection of CSOs process
- Conduct a specific assessment on CLWS for selected CSOs
- Support awarded CSOs to develop the implementation work plan

Activity 4.1.3: CSO partner training

Most of the sub-activities under 4.1.3 depend on the identification and awarding of contracts to CSOs in the six cities. Though this has not happened yet, in Q1, CA started the adaptation of the training materials to ensure that HIV services to CLWS are well integrated within the training modules. This training includes intensive family work and street and youth association modules. In Q2, RCA will work with Pact to review the current training materials to include HIV education

Breaking the Cycle conference

The international conference, Breaking the Cycle, held by RCA in Dar es Salaam, was attended by 191 delegates coming from 24 countries, including 12 countries in Africa. Of 191 participants, 145 were from Tanzania, including 10 government officials who work in the six cities targeted under USAID Kizazi Kipya and who were sponsored by the project. The conference had 32 speakers, mostly sharing on practice models on working with "hardest to reach population," including CLWS and integrating family interventions. Together with UNICEF, the international guidelines on reintegration were launched during this conference. The intention is to get the guidelines domesticated in Tanzania.

IR 4.2: Improved service models for one category of hard-to-reach children

Among IHI's key activities are to conduct formative research, refine the strategy design for identification of youth miners, and work with Pact to develop the service model for children in the mining sector and test its effectiveness. Based on the formative research findings and stakeholders view during dissemination workshops, Pact will lead the implementation of the service model. The initial selected site for this intervention is Geita DC and Chunya DC.

Develop research question, proposal, tools for data collection, and information and communication forms and submit to institutional review board for approval

In Q1, IHI worked with the Pact M&E department to develop a full detailed proposal on children working in mining as part of research procedures. The IHI Tanzania country office submitted the proposal for ethical review and approval to its institutional review board and received feedback. A full proposal will be submitted to the National Health Research Ethical committee of National Institute of Medical Research (NIMR) in Q2.

The following is a list of tools developed for the study:

- Key interview guide for health facility, mine owners, the village leader, and opinion leaders
- Community focus group discussion guide
- Children interview guide
- Baseline survey questionnaire,
- HTC form
- Care and treatment form
- Viral load form
- Informed consent form that captures brief information about the project and necessary signatures
- Informed consent verification form, meant to ensure that all participants had clear knowledge about the study

Reconnaissance visits to all potential sites for children in the mining sector

Though this activity was planned to take place in Q3, IHI and Pact agreed to conduct this visit in the Q1 to align with the RFA submissions and CSOs selections due in Q1 and Q2. Both IHI and Pact visited Geita DC in Mwanza region and Chunya DC in Mbeya region. Below are details about the visits.

Geita DC visit: Pact Lake zone cluster M&E officer and IHI team including principal investigator and research scientist had the opportunity to discuss in-depth about child mining in Geita DC with Geita District Medical Officer (also acting as DED), district social welfare officer, ward executive officers in the mining area, and some IPs such as AMREF, Plan international and NELICO among others. Some of the key highlights during the discussion included the situation of children in mining, available services, and current projects/interventions in the mining area. The team also visited the actual mining areas. In the course of the discussion, it was noted that currently there are active CSOs implementing projects that address child mining issues in Geita DC that are similar to what Kizazi Kipya has planned to do, except on the health-related aspects, especially HIV and health facility linkages.

Based on the current interventions, Geita DC stakeholders did not think it was a good idea to have USAID Kizazi Kipya focus its child mining interventions and research on the Geita DC. Because it would be difficult to tease out the impact of the Kizazi Kipya interventions in relation to the impact from other interventions, they proposed other districts, including Bukombe, which is a USAID Kizazi Kipya scale-up council. Bukombe was one of the sites previously identified by Plan International, but because of limited funding it could no longer implement their plans there.

Based on this visit, the IHI team strongly recommended that USAID Kizazi Kipya drop Geita DC for child mining interventions and move to Bukombe as advised by Gaita DC stakeholders. Pact will work very closely with IHI in Q2 to make final decisions on moving forward with Bukombe DC and to define strategies to identify a CSO to implement the child mining interventions in this district because it was not the primary target for this intervention.

Chunya DC visit: The plan and discussion processes with Chunya stakeholders was the same as what was done in Geita DC.

While the team was in Chunya district, it discovered that in July 2016 Chunya district was divided into two districts: Chunya district (Mbeya region) and Songwe district (Songwe region). There are no major ongoing activities that address children in mines in the two districts. These districts also have very few active CSOs. The Songwe district social welfare officer informed the visiting team that there are neither meaningful interventions in the mining area that address children issues in the district nor any active CSOs that have strong interventions in the area. He further stated that CSOs in Songwe are very weak with limited skills and in most cases have short-term activities and cannot be relied on to deliver services.

In Q2, USAID Kizazi Kipya will:

- Seek ethical approval for the research study from NIMR
- Do site reconnaissance visits to Kahama/Bukombe
- Develop drafts for all project SOPs

Progress against Targets and Budget

Kizazi Kipya has started to see some remarkable results from its implementation. Table 7 details the progress made on each result with specific focus on indicators and target in Q1 against targeted for FY 17. The table also provides details on the expenditures for each result area.

Table 8: Progress against target and budget

Result and Indicators	Target	Achieve-ment	% Achieve-ment	Budgeted costs (US$)	Actuals expended	Rationale for costs less or more than anticipated
Crosscutting indicators						
Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV (OVC_SERV)	618,684	480,574	78%			
Percent of community-based referrals issued for health and social services completed among OVC and caregivers	80%	75%	94%			
Number of health care workers and community and health and para-social workers who successfully completed an in-service training program	23,212					
Result 1: Parents and caregivers have the financial resources to meet the needs of vulnerable children and adolescents						
Number of OVC, caregivers and PLHIV benefited from a minimum of one economic strengthening intervention or opportunity (TZ_ECON)	OVC – 371,385 Caregivers – 123,562	OVC – 194,465 Caregiver – 82,943	OVC – 52% Caregiver – 67%	518,532	511,952	On target with estimates
Percent of caregivers that participate in VSLG groups	72%	48%	67%			
Percentage of VSLG groups that are active	90%	100%	111%			
Number of new income generating activities (IGAs) established by individual members of VSLG groups	22,241	36,116	162%			
Number of female participants in VSLG groups designed to increase access to productive economic resources (assets, credit, income, or employment) (GNDR-2)	33,362	88,052	263%			
Result 2: Parents and caregivers have the skills to meet the needs of HIV infected and vulnerable children and adolescents						
Number of caregivers of children under 5 reached with Care for Child Development (CCD) education during household visits	124,229	51,172	41%	311,119	307,171	On target with estimates
Number of OVC who received food and/or other nutrition services outside of a health facility (TZ_NUT)	112,356	332,830	296%			
Number of children ages 0-5 assessed for nutritional status (MUAC) at last case management visit	100,000	33,268	33%			
Number of OVC, youth, or caregivers referred for HIV testing based on use of standardized risk assessment tool	OVC – 65,384 Caregivers – 24,712					

Result and Indicators	Target	Achieve-ment	% Achieve-ment	Budgeted costs (US$)	Actuals expended	Rationale for costs less or more than anticipated
Number of beneficiaries (OVC, caregivers, and youth) linked in an HIV support group	OVC – 1,526 Caregivers – 2,594	OVC – 4,412, Caregivers – 6,787	OVC – 289% Caregivers – 262%			
Percent of HIV-positive beneficiaries provided with ART adherence counseling by a trained case manager during most recent case management visit	OVC – 2,650 Caregivers – 4,505	OVC – 6,102 Caregivers - 10,878	OVC - 230% Caregivers - 242%			
Result 3: High-quality services are available to HIV infected and vulnerable children and adolescents						
Number of the priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake (PP_PREV)	2,400			933,358	921,514	On target with estimates
Percent of adolescents who completed livelihoods trainings and rated their skills as high in the areas of starting, running, and growing a micro business	90%					
Percent of caregivers who complete Sinovuyo report improved ability to communicate with their adolescent about HIV risk behavior	85%					
Percent of adolescents who complete Sinovuyo report improved ability to communicate with their parents/ caregivers about HIV risk behavior	82%					
Number of identified child abuse cases by case managers that have a case file opened at the district social welfare office	2,321					
Result 4: High-quality services are available to "hard-to-reach" HIV-infected and vulnerable children and adolescents						
Number of CLWS reached with support by street-based outreach workers				311,119	307,171	On target with estimates
Number of CLWS who are reintegrated into protective family care						
Number of OVC, youth and caregivers engaged in mining reached with pilot service model						
Number of children removed from working in gold mines						

Project Management

Coordination with Government

Pact has emphasized coordination with government during the start-up phase in order to promote government ownership of OVC programming. Pact envisions that this coordination sets the foundation for future sustainability of OVC programming, including integration of Kizazi Kipya activities into future government CCHPs and budgets.

PO-RALG

In November 2016, Pact invited leaders and department heads from PO-RALG, Children's Desk, and DSW to the project's new staff orientation. Over a two-day period, Pact key personnel presented each of the Results Areas in detail to an audience of more than 60 Pact staff and 15 government staff, including the Deputy Permanent Secretary – Health in PO-RALG. The audience discussed how the technical approaches guiding each Results Area align with government strategies, frameworks, and guidelines.

One afternoon was solely dedicated to discuss how the project implementation should coordinate with the government at national, regional, council, ward, and community levels. This interactive discussion was led by a member of PO-RALG and was followed by group work identifying specific actions the Pact staff would take to coordinate with government. The outputs of this discussion served as the basis for the Memorandum of Understanding between Pact and the PO-RALG, signed by both parties in December 2016. The MOU includes the following intentions:

- To create a viable working relationship for successful implementation of the project
- Coordination through Kizazi Kipya participation in government coordination meetings, and the government identifying focal persons for the project at different levels (national, regional, council)
- Sharing of project work plans, budgets, planned activities, and targets by Pact, as well as invitation to Pact to participate in government planning
- Presentation of qualitative and quantitative results to the government at national, regional, and council levels by Pact, and sharing results at ward and community levels through the CSOs
- Securing the government's role in facilitation of the referral system and establishing linkages between CTCs and CSOs

The COP was also invited to the PO-RALG office in Dodoma in November to present the project to other department heads who were not present at the earlier Pact orientation meeting in Dar es Salaam. After this meeting, the PO-RALG issued a letter introducing the project to all the RASs and LGAs. At regional level, the Cluster Managers met with the RASs in 21 regions out 26 in Tanzania mainland to introduce the project. The CSOs were tasked with introducing the project to the LGAs, and cluster staff also met with LGAs during field visits.

MOHCDGEC

In addition to the relationship built with PO-RALG, USAID Kizazi Kipya also established relationships with other Ministries and departments. The COP formally introduced the project to the MOHCDGEC Permanent Secretary – Community (Ms. Sihaba Nkinga), who encouraged collaboration of the project with government guidelines. Following this introduction, the project staff met several times with the acting commissioner of social welfare at the DSW and other department members to review specific project strategies, such as the SOP for Sustained Councils and the development of the standardized national M&E forms for MVC.

The COP also introduced the program to the MOHCDGEC Permanent Secretary – Health (Dr. Mpoki Ulisubisya) in December, and the AOR and members of NACP also attended this meeting. At this meeting the permanent secretary requested an operational plan from Pact that demonstrates how the project activities are implemented in an integrated manner and in alignment with government structures, particularly in terms of community volunteer cadres.

Zanzibar

The COP and the AOR traveled together to Zanzibar in December to introduce the project to the Director – Elderly and Social Welfare and the Child Protection Officer, accompanied by the Coast Cluster Manager. At this meeting, the project learned about different vulnerabilities faced by children in Unguja and Pemba and the geographic areas most affected by HIV.

TACAIDS

Finally, Pact met with the Acting Executive Director from TACAIDS and eight department heads in December to introduce the project. The TACAIDS team had many questions about the project's implementation, which led to very interesting discussions. One meeting outcome was the transfer of responsibility for secretariat of one of the national coordination working groups from Pamoja Tuwalee to USAID Kizazi Kipya.

Focal persons

Pact has assigned specific staff members as focal persons to the various Ministries and departments at national level, who will continue to follow up on the action items from the initial meetings. Cluster Managers are responsible for relationships at regional level, while the CSOs are responsible for relationships at council, ward, and community levels. Cluster Managers are also responsible for coordination of field visits to region, councils, including informing LGAs about upcoming TA visits by Pact or consortium members.

Coordination with USAID/PEPFAR IPs and Other Stakeholders

In Q1, Pact continued to coordinate with USAID/PEPFAR IPs as well as other relevant stakeholders. During this quarter, Pact worked closely with JSI's CHSSP to review the National Integrated Case Management Training for CCWs curriculum, provided feedback on the DSW's case management tools under development, and attended and facilitated sessions for the first CCW TOT in Dodoma. To better understand how the CCW cadre aligns with MOHCDGEC's plans to create a sustainable cadre of CHW, Pact also met with the Clinton Health Access Initiative to discuss its support to the Integrated Community-Based Health Program.

Pact met with the Technical Director of the USAID-funded Accelerating Strategies for Practical Innovation & Research in Economic Strengthening (ASPIRES) project and received and incorporated feedback on Kizazi Kipya's Family and Child Asset Assessment tool. To advance activities under IR 1.1, Pact met with Abt Associates to learn about their USAID-funded Public Sector System Strengthening project (PS3) and opportunities to work together with TASAF. As an agreed next step, Pact and Abt Associates will present to TASAF next quarter on ideas on how to prioritize enrollment of OVC households into TASAF. Pact also met with the Agriculture Council of Tanzania's Norad-funded TAP program and discussed the possibility of TAP to include OVC caregivers in their trainings on farming as a business, marketing, value chain management, and agronomic skills (see Result 1 for more details).

Related to Result 3, Pact met with Sauti's DREAMS coordinator to discuss linkages to DREAMS Drop-in-Centers (3.2.7), use of trained facilitators for Kizazi Kipya Stepping Stones activities (3.2.3), and linking Sauti's DREAMS beneficiaries to Pact's vocational education activities under DREAMS for out of school girls aged 15–19 years (3.2.5).

This quarter Pact and EGPAF initiated introductory meetings with PEPFAR Care and Treatment IPs to introduce USAID Kizazi Kipya, describe how the project will contribute to 90-90-90, and understand IP's specific pediatric and adolescent interventions, pediatric loss-to-follow-up approaches, HTC activities, and disclosure initiatives. In Q1, Pact and EGPAF met with MGIT and meetings are planned with THPS and MDH in January 2017 (see more details under 3.2.8).

Pact met with UNICEF monthly to discuss synergies for child protection activities and agreed upon 9 scale-up councils where both Pact and UNICEF will implement complementary child protection interventions (see more details under 3.4.2 and 3.4.5). Additionally, Pact discussed plans with UNICEF

for the future roll out of *Sinovuyo Teens* and identified pilot sites in councils where UNICEF will be strengthening district CPTs (3.4.1).

Grants

Consortium partners

In Q1, Pact finalized the work plans and budgets and signed agreements with each of the five consortium partners: EGPAF, AKF, IHI, RCA, and Restless Development. The total FY 17 agreements are US$2,313,293. Of this amount, Pact provided an initial obligation of US$1,107,078 to the consortium partner, which supports the implementation of agreed activities; the remainder will be obligated in the coming quarters. Table 8 shows the funding level of commitment per each consortium partner.

Table 9: Funding obligated to consortium partners

Subawardees	Subaward Number	Total Estimated Amount (July 2016-September2017)	Total Obligated Amount (July 2016-September 2017)
Ifakara Health Institute	255-006545	263,446.57	126,078.00
Aga Khan Foundation - Tanzania	255-006546	407,804.33	195,164.00
Elizabeth Glaser Pediatric AIDS Foundation	255-006547	1,106,425.22	529,504.00
Railway Children Africa	255-006548	249,008.81	119,169.00
Restless Development	255-006549	286,608.21	137,163.00
TOTAL		**2,313,293.13**	**1,107,078.00**

Civil society organizations

Pact aimed to prevent a gap in service provision to beneficiary households in 127 councils served under Pamoja Tuwalee by issuing "bridge funding" starting on October 1, 2016. Pact continued to work with CSOs that were implementing Pamoja Tuwalee to provide the bridge, giving Pact time to recruit new CSOs that will implement USAID Kizazi Kipya for the next four years starting April 2017. In seven councils, however, Pamoja Tuwalee did not have identified CSOs for the bridge funding period: Butiama DC and Musoma DC (Mara Region); Ilemela MC and Kwimba DC (Mwanza Region), and Mbinga DC, Songea DC, and Songea MC (Ruvuma Region). Pact continued implementation in these councils with support of Pact field-based staff, who worked at council, ward, and community levels to support continued care for OVC households. Pact hopes to identify CSOs in these councils to start in April 2017.

To allow continuation of implementation, Pact issued pre-authorization letters to all CSOs to continue implementation from October 1. In November, Pact organized planning meetings with all CSOs working in scale-up councils to support work plan and budget development for the bridge funding period. The meetings were held in Mwanza, Morogoro, and Dar es Salaam. Pact organized separate meetings for the CSOs working in sustained councils, given their different scopes of work compared to those working in scale-up councils. The CSOs from sustained councils gathered at cluster level to prepare work plans and budgets for the bridge funding period. The full Kizazi Kipya team supported the CSOs during this process.

Pact granted an estimated US$3,346,726 to 67 CSOs for six months of bridge funding in scale-up and sustained councils. Of this amount, Pact obligated US$3,237,078 in Q1, with the remaining balance pending for Q2. A summary of the level of funding to all bridge funding that are currently implementing the projects towards the end of April 2017 is attached as Annex 2.

Request for applications

In order to recruit new CSOs that will implement in 84 scale-up councils following the bridge funding period, Pact issued a public RFA on December 7, 2016, with an open application period for 30 days (to January 6, 2017). Advertisements were published in The Guardian Newspaper, Mwananchi Newspaper, and on the Pact website. In addition to the newspaper adverts, the RFA was also circulated by PO-RALG

to each LGA and to the Zanzibar Director – Elderly and Social Welfare so that they could inform CSOs in their councils to apply. Pact also asked other stakeholders, such as the Kizazi Kipya consortium partners, JSI, UNICEF, and Catholic Relief Services, to distribute the RFA to CSOs in their networks. Pact feels confident that the advert was distributed widely enough to secure competitive bidding. Pact set up a dedicated email address to provide clarifications and receive applications. The RFA process will continue in Q2, with the aim of bringing the new CSOs on board on April 1, 2017.

Financial Update

General spending

Pact expenditure level improved in Q1 compared to FY 16 Q4 (see Table 9). The total Q1 expenditure reported in Pact's financial system is US$2,047,809, compared to US$381,112 in the previous quarter. In Q1, direct spending (non-sub-awards) was US$1,123,108, sub-award spending was US$559,735, and indirect cost spending was US$364,966. Pact increased expenditure in this quarter as a result of an increase in project staff, procurement of supplies and equipment (laptops, furniture for six cluster offices, etc.), advance payments for annual rent for all offices, and scale-up of direct project activities.

Table 10: Cumulative Project Expenditure, July 4, 2016 to December 31, 2016

Expense	Proposal Budget Year1	Revised Budget Year1	Cummulative through end of previous quarter (Luly – Sept 2016)	Expenditure FYQ1 (Oct – Dec 2016)	Cummulative Expenditure (July-Dec 2016)
Personnel	1,915,573	2,101,622	107,902	404,597	512,499
Fringe Benefits	573,186	638,236	32,245	114,215	146,460
Allowances	261,285	264,285	8,400	57,668	66,068
Travel	199,034	218,620	79,668	110,767	190,435
Equipment	293,750	293,750	-	6,254	6,254
Supplies	508,241	545,520	17,119	102,152	119,271
Consultants	32,194	32,194	16,134	14,469	30,603
Workshops and Program Activities	2,009,409	2,104,163	8,164	188,924	197,088
Sub Awards	18,632,309	18,080,678	-	559,735	559,735
Other Direct	393,370	431,044	23,148	124,062	147,210
Subtotal Direct Costs	**24,818,351**	**24,710,112**	**292,780**	**1,682,843**	**1,975,623**
Indirect Costs	2,694,885	2,803,124	88,332	364,966	453,298
Subtotal Indirect Costs	**2,694,885**	**2,803,124**	**88,332**	**364,966**	**453,298**
TOTAL	**27,513,236.00**	**27,513,236.00**	**381,112**	**2,047,809**	**2,428,921**

Sub-grant spending

The total CSO budget for this quarter was US$1.46 million, of which US$1.27 million was advanced to 75 CSOs. As of December 31, CSOs had liquidated US$559,735 (44%) in expenses. CSOs will continue to liquidate expenses for the remaining balance in Q2 which will be reported in the next quarter's financial report.

During this period, three consortium partners (EGPAF, Restless Development, and RCA) submitted their cumulative financial report indicating a total US$47,226.87 expended since the start of the project. These expenses will be reported in Pact's financial system in Q2. Pact is projecting an increased expenditure from CSOs and consortium partners in the next quarter as implementation scales up in councils, wards, and communities.

Finance capacity-building

Pact Grants, Accountants, and Finance Officers built capacity for CSOs on financial management during Q1. Grants and Finance Officers trained 65 CSOs through one-on-one direct mentorship and coaching on good financial management practices and liquidation of advances. Key topics covered included updating financial policies and procedures, training on best accounting practices, internal control management and improvement, and fraud prevention and detection. Pact's accounting team will

continue to offer requisite support to our CSOs on financial management by providing direct field support as well as offsite trainings during the year.

Operations

Sub-offices

In Q1, Pact identified suitable office space in six cities—Dar es Salaam, Dodoma, Mtwara, Moshi, Mwanza, and Mbeya—and signed rental and security agreements for each. Pact equipped each office with internet connections, and procured furniture, IT equipment (computers and printers), and a projector. The staff occupied the cluster offices in November 2016, and as of the end of Q1 all are now running very well.

Vehicles

Pact plans to equip each cluster office with two or three vehicles based on geographic coverage (19 vehicles total), and by the end of Q1, the project had two vehicles for each of the six clusters and also one vehicle at the main Dar office (13 vehicles total). In Q1, Pact received one vehicle from JSI, two vehicles from Africare, and two vehicles WEI Bantwana, which all have been allocated to the cluster offices. Pact also transferred eight vehicles from Pamoja Tuwalee to Kizazi Kipya. The availability of these vehicles has helped to facilitate transport needs for the cluster teams and has enabled them to provide close support for the CSOs during start-up implementation of the project. In Q1, Pact continued the process of procuring six new vehicles for the project that will also be sent to our six cluster offices to facilitate the transport need. The vehicles are expected to be ready for use by mid-February 2017.

Human Resources

Pact entered Q1 with only four dedicated staff to USAID Kizazi Kipya, the four key personnel (COP, DCOP, Finance/Admin Director, and M&E Director, who were supported by finance and operations staff and one technical staff, all shared with Pamoja Tuwalee. By the end of Q1, the USAID Kizazi Kipya team had expanded to a total of 71 staff based in six cluster offices (Dar es Salaam, Mtwara, Moshi, Mwanza, Dodoma, and Mbeya).

The project organogram (Annex 3) shows the staff plan for USAID Kizazi Kipya. The Finance and Administration Team is fully staffed. The Finance and Administration Director attended orientation training in Pact Headquarters office in October 2016. Pact completed recruitment for the M&E Team, with the majority of this team reporting in November. Four additional M&E staff report in January 2017, namely the three additional M&E Officers for cluster offices and the Research & Learning Coordinator. The Programs team hired two senior managers who report to the DCOP: Alison Koler as the Senior Technical Advisor responsible for technical implementation through supervision of the technical team, and Augustino Mwashiga as the Senior Program Manager responsible for program implementation via supervision of the cluster offices. Ms. Koler holds BA and MPH degrees and has more than 10 years of international public health experience, while Mr. Mwashiga holds a BSc and MBA degrees and has more than 16 years of relevant Tanzanian experience, including senior positions with World Vision and Save the Children.

All six cluster offices have the essential core team members, namely a Cluster Manager, TSC-Case Management, TSC-ES, TSC-Bidirectional Referrals, M&E Officer, Data Manager, CSO Accountant, and Logistics Assistant. The remaining technical positions, TSC-Parenting and Child Protection, TSC-Education, and two youth programming positions, will be filled in Q2 in specific clusters based on Year 1 activity plans. Kizazi Kipya met with U.S. Peace Corps to discuss the potential for placement of a Peace Corps extension volunteer in one or more cluster offices to support technical implementation. As of December 2016, Peace Corps had identified one potential extension volunteer who would be available starting April 2017. Pact will be working with the volunteer and Peace Corps in Q2 to develop a detailed scope of work.

The positions highlighted in yellow on the organogram have not yet been recruited as of December 31, 2016. The delay in hiring is intentional and does not impact delay in project implementation.

Consortium partners will fill vacant positions in Q2, which aligns with their work plan schedules. Pact will fill the vacant positions before the end of Q3 based on readiness of technical strategies and activities.

M&E

Development of the MEL Plan

During Q1, the project developed a five-year MEL plan that outlines strategies for measuring progress and achievement of USAID Kizazi Kipya's expected results. The MEL plan incorporates MER 2.0 OVC indicators, their reporting requirements, and the Tier 2 indicators for Tumaini that also contribute to the CDCS. The plan also incorporates challenges and lessons learned from Pamoja Tuwalee to ensure accurate, timely, and relevant data is collected to facilitate decision-making and to ensuring accountability. The MEL plan was submitted to USAID for review, feedback received was incorporated, and the revised plan was sent back to USAID for further review.

Development of M&E tools

In Q1, Kizazi Kipya worked closely with DSW, MEASURE Evaluation, and CHSSP, among other stakeholders, to review existing national MVC and previous Pamoja Tuwalee data collection tools to harmonize them, identify gaps, and incorporate data needs of the project. In collaboration with MEASURE Evaluation, USAID Kizazi Kipya organized several meetings to critically review the recording and reporting tools for capturing enrollment, case management data, and referrals. The tools are in final draft stage awaiting further review with the DSW and approval in early Q2.

Data management systems set-up

In Q1, Kizazi Kipya deployed an interim data collection system to capture enrollment and household-level service delivery data. The system enabled data entry at CSOs through temporary data clerks. The project also assigned unique sequential identification number or codes (UIC) to each beneficiary during the screening and enrollment exercise, which will aid to differentiate beneficiaries with similar names and other characteristics to prevent double counting of the beneficiaries and to track them across various project interventions.

Meanwhile, using in-house health informatics expertise, the project began developing the security-protected web application based on DHIS2 software for mobile entry and management of household-level service delivery data and data from community-based interventions. The system is expected to be ready for testing and pilot in Q2. The project also acquired a short code (*148*98#) and certificate for its USSD app that will be used by the CCWs to capture service delivery data in real time during case management visits. Development of the USSD app has also begun along with application of service aggregation with Mobile Network Operators.

M&E capacity building

In Q1, the Kizazi Kipya M&E team orientated CSOs to the project's MEL plan and the revised data collection tools during the CSO's work planning meeting in November. Feedback gathered from CSOs informed further review of tools and the development of the M&E systems.

Pact took inventory of used smart phones and tablets from Pamoja Tuwalee to see their suitability for use on Kizazi Kipya. To enable data collection and entry by the CSOs, 163 functioning phones and 30 functioning tablets were distributed to CSOs, and Pact procured an additional 88 tablets for the CSOs. Pact has decided to phase out use of the phones for data entry because many were not working well. The M&E team conducted frequent visits to CSOs to train them on setting up and rolling out the mobile data collection system. The M&E staff also supported CSOs with training the data clerks and overseeing data entry to ensure quality.

Challenges

Table 11: Challenges

Challenges	Reason	Plan for resolving challenges
LGAs limited resources to support OVC transition and coordination of OVC activities at council level.	Lack of prioritizing OVC social welfare issues among decision makers at council level.	Continue to advocate for LGAs budget allocation to support OVC interventions.
Shortage of testing kits remain a challenge for successful referrals.	Limited resources/supply from medical store department	Collaborate with DMOs for timely ordering supplies to manage shortage.
High volunteer–OVC caseload hinders efficiency and effectiveness in case management.	Small number of trained CCWs on OVC case management compared to the acceptable standard ratio	Working with JSI to train more CCWs with consideration of standard volunteer: OVC ratio of 1 volunteer to 20 OVC/households.

Lessons Learned

- Information, communication, and technology has been very useful in monitoring and management of OVC service delivery at the grassroots level. Through COMMCARE database it has been easy to track number of OVC and their caregivers who received services and to eliminate double counting in OVC service delivery. However, Pact learned that the use of mobile phone to enter the data in the system reduced the speed of data entry process due low phone memory and small screen size for viewing data entry page. To increase efficiency in data entry process Pact will provide tablets to CSOs and district coordinators as we phase out mobile phones gradually.

- MVCCs as an integral part of Village Development Councils is an important organ for identification, coordination, monitoring, and support to MVC in the community, including OVC targeted by USAID Kizazi Kipya. However, it has been noted that most of the MVCCs are not functional and they receive less attention from LGAs and village leadership. Pact will continue to advocate at the LGAs and ward level for the need to empower these MVCCs so that they can continue to play active role in supporting, coordinating, monitoring, and management of MVC service delivery at village level.

- Stakeholders' involvement in project management cycle (project assessment, design, planning, implementation, monitoring, evaluation and reflection) contributes greatly in achievement of planned project outcomes. Following USAID Kizazi Kipya intensive engagement of the government officials and other stakeholders at national, regional, and district levels. USAID Kizazi Kipya has received buy-in from top level government officials and other IPs.

Annex 1: Progress toward Goal

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
Start-up					
Start-up meeting with USAID and GOT, regions and district introductions	Pact	Startup meetings conducted with USAID, GOT, MOHCDGEC, RAS, and LGAs	Met high government officials at national level: Permanent secretary (PS) – MOHCDGEC- community Dev, TASAF	Done meetings with high level officials at national region and LGAs- met PS- MOHCDGEC- Health, TACAIDS, NACP, RAS in 20 regions out of 26, Director of children Zanzibar	To be continued next quarter
Start-up team deployed and key personnel on board	Pact	HQ sends a startup team; all key personnel are onboarded	Key personnel onboarded	Other staff including 3 Technical Advisors, Cluster Managers and other cluster staff onboarded	To be continued next quarter- recruit remaining staffing- Technical advisor- Education, M&E officers, protection and parenting TSC
Branding and marking plan submitted for approval	Pact	Branding and marketing plan approved	Branding strategy and marketing plan approved	N/A	Completed
First annual work plan and PMP finalized	Pact	Work plan and PMP approved	Work plan and PMP submitted	Comments from USAID on work plan and PMP addressed and resubmitted	To be continued- Address additional comments from USAID on work plan and PMP, if any.
Procure equipment and supplies	Pact	Equipment and supplies available to enable success implementation	Procured some of the equipment	Most of the equipment and supplies were procured/acquired in this quarter including – cluster offices, printers, vehicles , laptops	To be continued- this is ongoing, new staff will be given laptops
Baseline data collected	Pact	Preparations	Preparations	Started to develop the tools	To be continued next quarter
Develop SOPs and tools including screening tools for HIV testing services, reassessment of MVC, enrolment of OVC	Pact	Full set of finalized SOPs are developed and disseminated to consortium partners, clusters, CSOs, and community volunteers as relevant	No activity	Development of various SOPs, including Activities for Sustained Councils, Absorbing and Supporting Inherited Savings and Lending Groups, Identification and Response to Cases of Abuse, Neglect, and Exploitation, etc.	To be continued- Develop SOPs, including Establishing and Supporting ECD Corners, Care model for CCD package Establishing and Supporting Teen Clubs, Engagement with Health Facility and System, Case Management, Referrals and Linkages, etc.

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
Assess, engage and orient CSOs in the sustained councils	Pact	CSOs are engaged and oriented as necessary to implement sustained council activities	No activity	CSOs supported to develop work plans for bridge funding, trained on SOP on sustained district activities, and provided with supportive supervision to hold LGA meetings, clean data, and schedule ward level transition meetings	To be continued- CSOs receive supportive supervision to complete sustained council activities, including transition beneficiaries to local stakeholders.
Issues CSOs RFA	Pact	RFA issued	No activity	RFA advertised	Completed
Assess, engage and orient CSOs in the scale up councils	Pact	CSOs are engaged and oriented as necessary to implement the project	No activity	No major activity -Waiting for CSOs applications	To be continued next quarter- Review the application, conduct pre award assessment and engage the selected CSOs
Result 1: Parents and caregivers have the financial resources to meet the needs of vulnerable children and adolescents					
Categorize OVC households using the Child and Family Assets Assessment	Pact/CSOs	Categorize household into Provision, Protection or Promotion	No activity	Developed Family and Child Assessment tool and guide	To be continued- Tool piloted with DSW and JSI. Training on assessment tool and will be rolled out to cluster staff, CSOs, and community volunteers.
Inclusion of ES Service Providers (ESSPs) into referral system mapping by service type	Pact/CSOs	ESSP directory developed	No activity	Initial meeting with ACT and identified additional meetings at national level with ESSPs	To be continued- Develop ESSPs mapping tool; National level meetings with ESSP.
Linkages into bi-directional referral system of WORTH/savings groups	Pact/CSOs	WORTH/ Saving groups are included in the bi-directional referral system	No activity	Began design of the bi-directional referral system and ensured inclusion of WORTH/ savings and lending groups	To be continued -EGPAF will advertise the TOR and hire a consultant to develop the project's electronic bi-directional referral platform which include economic strengthening referrals (activity 3.0.2)
IR 1.1: Increase temporary consumption support and social protection					
Link destitute households to consumption support and early stage HES interventions	Pact/CSOs	To the extent possible, work with TASAF to ensure that OVC households are assessed to become TASAF beneficiaries	No activity	Initiated meetings with TASAF at national level.	To be continued -Follow up with TASAF, hold a meeting with higher level TASAF managers, and develop draft MoU for engagement at council level.
In USAID Kizazi Kipya TASAF districts, work with TASAF ES staff and mobilizers to align and strengthen activities	Pact/CSOs	TASAF staff oriented on the project's VSLG SOP	No activity	No activity	To be continued -Develop SOP for newly formed WORTH groups

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
Develop strategy on how to mobilize resources from the public and private sectors	Pact/CSOs	Resources from the public and private sector mobilized and used to support destitute households.	No activity	No activity	To be continued -Begin recruitment for PPPM if work plan and budget for FY17 are approved.
IR 1.2: Increased participation in savings and credit opportunities					
Create, strengthen, and/or engage VSLGs	Pact/CSOs	Absorb VSLGs from Pamoja Tuwalee; establish and support newly formed WORTH groups to meet TZ_ECON target	No activity	Drafted SOP for absorbing and supporting VSLGs from Pamoja Tuwalee; absorbed Pamoja Tuwalee supported VSLGs and EWs/Community mobilizer.	To be continued -Finalize SOP for absorbing and supporting VSLGs from Pamoja Tuwalee; draft SOP on Establishing and Supporting for newly formed WORTH groups.
Capacitate households with money management skills	Pact/CSOs	Money management curriculum piloted	No activity	No activity	To be continued -Develop selection criteria for evidence-based money management curriculum; assess curriculums; develop pilot strategy.
IR 1.3: Diversified opportunities for increasing income and assets					
Assess economic opportunities and resources that are available	Pact/CSOs	Economic opportunities and resources identified	No activity	No activity	No activity
Provide trade and/or industry specific economic strengthening services	Pact/CSOs	Networks for trade, and/or production learning and enterprise, market and production development trainings are piloted	No activity	No activity	No activity
Create external credit linkages for mature groups	Pact/CSOs	External credit linkages for mature groups is established	No activity	No activity	No activity
Result 2: Parents and caregivers have the skills to meet the needs of HIV infected and vulnerable children and adolescents					
IR 2.1: Improved and expanded parent education and support services					
Strengthen the capacity of caretakers' skills in positive parenting for children (0-19 years)	Pact/CSOs	CCW can deliver parenting messages and basic skills building for caregivers of children and adolescents ages 0-19.	No activity	Kipya met with UNICEF to understand how they are supporting the MOHCDGEC in developing a national parenting framework.	To be continued -Participate in the National Parenting Task Force and the National Parenting Technical Working Group; review the National Parenting Framework; work with CHSSP and ISW to address the gaps and ensure parenting messages are in the community case workers' toolkits and job aids.

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
Work with Maternal Newborn and Child Health (MNCH) workers and other health professionals and nutritionist to address the health and nutrition status of children 0-5	EGPAF/ Pact/CSOs	Caregivers and children receive MNCH related services	No activity	Community volunteers who were trained under Pamoja Tuwalee in NACS, continued to provide nutritional related services.	To be continued -Conduct meetings with nutrition programs implementing in scale up councils that will benefit the project's beneficiaries (Boresha Afya partners, NAFAKA, IMA, MWANZO Bora, CUAMM, UNICEF, JHPIEGO)
Strengthen capacity of case manager to deliver Care for Child Development (CCD) services	AKF/CSOs	CCW deliver the CCD package during household visits to address developmental needs of children ages 0-3	No activity	Attended MoHCDGEC' s National CCD Working Group to understand progress and status of Tanzanian adapted CCD materials.	To be continued -AKF will explore leading the adaption and translation of CCD materials through their existing UNICEF funding.
Formation, support, and supervision of CCD to Care Groups	AKF/CSOs	Provide platform for Care Groups a forum where caregivers can discuss issues related to parenting their children under age 5	No activity	No activity	AKF will begin developing a Care Group Model SOP to specify how CCD approach will be implemented.
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	EGPAF/ Pact/CSOs	Mutual understanding among project and MOHCDGEC on the different roles of community cadres in supporting ART adherence and retention.	No activity	COP and DCOP met with PS for MoHCDGEC as a preliminary meeting to introduce USAID Kizazi Kipya and among other things roles of community case workers in HIV epidemic control Initiated discussion with PEPFAR partners and review who many community volunteers are attached to the facilities	To be continued -Meet with National AIDS Control Program and PEPFAR implementing partners (MDH, THPS, Deloitte, Weltered, AGPAHI and EGPAF); Continue coordination with PEPFAR to use annual human resource inventory data.
Strengthen the capacity of the case managers to improve caregiver's socio-emotional well-being	Pact/CSOs	To pilot a depression detection tool to administer to caregivers	No activity	No activity	Meet with the MOHCDGEC's Mental Health Unit to discuss plans for literature review of HIV related depression detection tools, mental health professors at the Muhimbili University of Health and Allied Sciences, and the Kilimanjaro Christian Medical Centre and Medical University College.
IR 2.2: Improved and expanded support services for the caregivers of HIV infected children					
Strengthen capacity of case managers to provide case management to caregivers of HIV infected children 0-15	EGPAF/ Pact/CSOs	CCWs have the skills and ability to support HIV-positive OVC	No activity	Case management manual reviewed.	To be continued -Develop complementary job aid to assist community case workers in providing appropriate support to HIV-positive OVC

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
Strengthen Community Volunteer cadres' skills to support caretakers of HIV positive children	EGPAF/CSOs	CCWs trained on addressing key areas of HIV including early infant diagnosis, ART initiation, pediatric treatment regimen, risks and signs of development delays, importance of adherence, psychosocial support, etc.	No activity	Review of CHSSP modules and other existing materials and consolidate training for CCW to support caretakers of HIV infected children	To be continued -Draft the supplementary curriculum and develop the accompanying SOP.
Facilitate and link OVC households to HIV services (Birth – 15 years)	EGPAF/ Pact/CSOs	HIV assessment tool rolled out to ensure referrals and linkage for HTC is targeted and based on risk	No activity	Development of draft HIV assessment tool	To be continued -Develop a HIV assessment tool job aid which will help community case worker to be able to use the tool;; Pact will explore the possibility with JSI and DSW of including HIV assessment tool in the Practical Handbook aligned with the Integrated Case Management training that will be used to train CCWs.
Support children who are HIV-positive to access further support at child/ECD corners and youth teen clubs	EGPAF/CSOs	HIV-positive OVC access ECD corners and teen clubs	No activity	MET with MGIT to discuss among other topics, child and adolescent friendly clinic models	To be continued -Develop Referrals and Linages SOP which will include how CCW link HIV-positive OVC to ECD corners and Teen clubs.
Result 3: High-quality services are available to HIV infected and vulnerable children and adolescents					
Enrollment of beneficiaries into USAID Kizazi Kipya, including assessments	Pact	All households under USAID Kizazi Kipya will receive high quality case management session	No activity	Developed the project's Screening and Enrollment Tool; oriented cluster and CSO staff, trained community volunteers, administered the tool to inherited Pamoja Tuwalee beneficiaries	To be continued -Pilot DSW and project specific tools in collaboration with JSI and DSW; develop a practical handbook to formally integrate DSW and project specific tools to be used in future TOT and CCW trainings; orientation of Technical Service Coordinators, CSOs, and community volunteers on the relevant tools
Design logical referral system	EGPAF	Functional bidirectional referral system to support referrals and linkages to HIV clinical services to support 90-90-90 goals	No activity	Reviewed national referral tools; designed TOR for a consultant to develop electronic platform for referral system.	To be continued -Develop the Referrals and Linkages SOPs; recruit consultant to develop electronic platform for referral system; develop pilot strategy to test out the electronic bi-directional referral platform.
IR 3.1: Improved and expanded education services					
Prepare District Implementation Teams (DITs) to deliver WSA in target schools	AKF/CSOs	11 scale up councils in FY 17 have schools under Whole School Approach	No activity	AKF held discussions with different education stakeholders including the DFID-funded EQUIP-Tz operating in seven regions as well	To be continued -Formal review process to harmonize different approaches to school development process.

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
				as the USAID-funded Tusome Pamoja which operates in five regions.	
DITs support target schools to develop and implement School Development Plans (SDP) and block grants through WSA	AKF/CSOs	DITs deliver the WSA at the community level to conduct community mapping and develop SDP or add OVC and girls transition issues to existing SDP.	No activity	No activity	No activity
Support LGA to develop and review a coordinated retention and transition between secondary and primary schools	AKF/CSOs	The WSA provides a supportive environment that promotes transition of girls from primary to secondary school.	No activity	No activity	No activity
District tutors prepare low-cost material package to pre-school teachers and train zonal trainers	AKF/CSOs	District tutors are trained in low-cost material package to pre-school.	No activity	AKF started developing and finalizing low cost materials development training with Tanzania Institute of Education, Right to Play, and other pre-primary education stakeholders.	AKF will continue to develop and finalize low cost materials development training with Tanzania Institute of Education, Right to Play, and other pre-primary education stakeholders.
District tutors deliver low-cost material package to pre-school teachers	AKF/CSOs	Children interact with and use age appropriate teaching and learning materials in early learning in selected pre-primary schools.	No activity	No activity	No activity
IR 3.2: Expanded interventions for health, HIV, and SRH services					
Targeted health facilities provide ECD services and establish ECD corners	EGPAF	CCD package	No activity	Gathered and compiled data for the selection of health facilities to implement ECD corner activities	To be continued -Finalize selection of proposed health facilities to establish ECD corners; finalize SOP on establishing and supporting ECD corners.
Establish Teen Clubs for adolescent girls and boys (age 10-14 and 15-19)	Pact/ Restless Development	Teen clubs are established and supported for in and out of school adolescents	No activity	Restless Development recruited 50 NPEs.	To be continued -Develop SOP on mobilizing, establishing, and supporting teen clubs; review and finalize toolkit for mobilizing, establishing, and supporting teen clubs; finalize training materials for NPE Foundational Training; conduct NPE Foundational Training for all 50 NPEs.

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
Implement adapted "Girls Let's Be Leaders" toolkit with Teen Clubs	Pact/ Restless Development	Framework for Working with Adolescent Girls" developed in 2012 by Tanzania AIDS Commission (TACAIDS).	No activity	No activity	Pact and Restless Development will review the "Girls Let's Be Leaders" curriculum.
Conduct Stepping Stones curriculum to Teen Club participants	Pact/CSOs	Stepping Stones administered to teen clubs or groups of mobilize girls age 15-19 enrolled in the project	No activity	Pact established contact with Stepping Stones creators and will explore the possibility of including modules for boys to accompany the Tanzanian adapted Stepping Stones curriculum.	P To be continued -act will follow up with Jhpiego about possibly using Sauti trained Stepping Stones facilitators.
Provide SRH education outreach to Teen Clubs (12 – 18 years)	EGPAF/CSOs	SRH educational outreaches conducted with teen clubs	No activity	Preliminary meeting with USAID Boresha Afya to establish collaboration around SRH educational outreaches and referrals to adolescent friendly health facilities.	To be continued -Develop an SOP on supporting SRH outreaches; identify tools and age appropriate materials to use for SRH activities outreach; coordinate with Boresha Afya (as it includes educational SRH outreach to adolescents as well) IPs to ensure no duplication of effort in this area.
Implement DREAMS interventions with the aim to reduce HIV incidence and increase school attendance among adolescent girls	Pact	Reach in-school girls age 10-14 with HURU and educational subsides; reach girls out of school 15-19 with vocational scholarships	No activity	No activity	Awaiting modification including DREAMS to begin this activity,
Link adolescents to MTH/DREAMS drop-in centers	Pact/CSOs	Established linkage between DREAMS drop-in centers and MTH	No activity	No activity	Map Drop-In Centers and Restless' MTH
Case Managers work with high pediatric volume CTCs to trace HIV-positive OVC who miss appointments, enroll them in KIZAZI KIPYA, and link them back to CTCs	Pact/CSOs	Begin tracing HIV-positive OVC who miss appointments	No activity	Preliminary with PS for MOHCDGEC and MGIT	To be continued -Meeting with other care and treatment PEPFAR partners to discuss tracing models and shared confidentiality; develop a draft template for MoU template for LGA to specify sharing sensitive information for tracing HIV-positive OVC.
IR 3.3: Improved and expanded opportunities for developing livelihoods and employment skills and engaging in life skills education					
Orientation/top up training of Start and Improve Your Business (SIYB) trainers on policies (gender and child	Restless Development	Administer SIYB model to teen clubs	No activity	Restless Development organized ILO to conduct a refresher training for their TOTs which will take place in Q2	To be continued -Develop an SOP for rolling out the SIYB model, demonstrating integration with other USAID Kizazi Kipya activities, including education promotion, economic strengthening activities with

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
protection), project strategy and contents of training manuals					caregivers, case To be continued -management and OVC identification, etc.; review the SIYB training materials and integrate relevant HIV prevention and support to HIV-positive youth messaging.
Training of CSOs- youth engagement, life skills, livelihood and youth employability	Restless Development	To have CSOs, NPEs and CPEs trained in youth engagement, life skills, livelihood and youth employability	No activity	No activity	Develop a guide on the procedures for NPEs to conduct a pre-assessment with CSOs to determine pre-training capacity to integrate young people in program planning, implementing and monitoring.
Support CSOs in marketing of youth products through local and national-led initiatives organized by government and other partners' e.g. Nanenane, Sabasaba	Restless Development	Youth supported at national events to market their products	No activity	No activity	No activity
IR 3.4: Improved and expanded child protection and related services					
Conduct Sinovuyo Caring Families for Parents and Teens to reduce risk of violence, neglect and abuse	Pact	Conduct Sinovuyo Caring Families for Parents and Teens in selected councils	Contacted Clowns without Borders about possible sub-agreement.	Developed details scope of work and budget with Clowns without Borders	To be continued -Adaptation and translation of the Sinovuyo Teens curriculum
Refer cases of violence, abuse neglect and exploitation to DSW and CPTs	Pact/SCO	CCW have the skills to identify and respond to cases of abuse, neglect, and exploitation	No activity	Drafted SOP on identifying and responding to cases of child abuse, neglect, and exploitation.	To be continued -Finalize SOP on identifying and responding to cases of child abuse, neglect, and exploitation.
Conduct case conferencing and develop care plans with multi-disciplinary panel members if a child is removed from home	Pact/SCOs	CCW are conducting case conferencing when a child is removed from the home.	No activity	Drafted SOP on identifying and responding to cases of child abuse, neglect, and exploitation, which includes steps for conducting case conferencing	To be continued -Finalize SOP on identifying and responding to cases of child abuse, neglect, and exploitation; develop a strategy, in collaboration with UNICEF, on how to work with DSWOs to convene and orient multi-disciplinary case conferencing panels per government regulations.
USAID Kizazi Kipya ensures proper investigation of child abuse, neglect and exploitation are conducted in partnership with SWOs- to see if more interventions are required	Pact/CSOs	Child abuse cases managed by CCW/PSWs are investigated	No activity	Drafted SOP on identifying and responding to cases of child abuse, neglect, and exploitation, which includes how CCW can assist in pursing investigations.	To be continued -In collaboration with the MOHCDGEC, draft a tool to identify bottlenecks in handling cases of abuse

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
Strengthen systems for child protection at council and community level	Pact/CSOs	Functional Child Protection Teams	No activity	No activity	Coordinate with DSW and other UN agencies to map the councils with established child protection systems apart from those mapped under UNICEF and existing one-stop centers; lead initial discussions with DSW and other UN agencies stakeholders on existing gaps to inform possible areas for the project to provide TA.
Strengthen networking among district stakeholders, including health facilities and case managers, to ensure victims of violence receive services	Pact/CSOs	Functional district stakeholders' meetings to support linkages, referral and networking.	No activity	Drafted SOP on identifying and responding to cases of child abuse, neglect, and exploitation,	To be continued -Finalize SOP on identifying and responding to cases of child abuse, neglect, and exploitation; draft job aids on key referral steps to distribute to newly awarded CSO staff, who will be on boarded in April 2017.
Result 4: High-quality services are available to "hard-to-reach" HIV-infected and vulnerable children and adolescents					
IR 4.1: Improved and expanded services for children living or working on the streets (CLWS)					
Conduct headcount	RCA	Headcount report	No Activity	Conducted meetings with government officials (RAS, Municipal Directors and DSW) with the aim to introduce the activities	To be continued -Develop the tools and conduct headcount
Identification of CBO partners to work in the 6 target cities	RCA	CSOs to implement CLWS	No Activity	Provided inputs on the advert and RFA application guidelines and visited prominent CLWS CSOs	To be continued - Participate in the review and selection of CSOs process ,Conduct specific assessment on CLWS for selected CSOs and Support awarded CSOs to develop the implementation work plan
CBO partner training	RCA	Trained CSOs	No Activity		
Ongoing support and work with partner CBOs	RCA	CSOs addressing the needs of CLWS	No Activity	No activity	Work with pact to review the current training materials to include HIV education
Identification of strategic stakeholders engaged with CLWS in the 6 target cities	RCA	Strategic partners	No Activity	No Activity	No activity
IR 4.2: Improved service models for one category of hard-to-reach children					
Develop research question, Proposal, tools for data collection and IC forms and submit to IRB for approval	IHI	Tools to support formative research developed and submitted to IRB	No Activity	Develop a full detailed proposal Including all necessary tools	To be continued -Submit to IRB

Activity/output	Partner(s)	Annual benchmark	Progress through previous quarter	Progress this quarter	Completed/be continued next quarter
Site reconnaissance visits to all potential sites for the children in the mining sector	IHI	Trip report providing overview of mining sites with regard to children in those sited and current projects	No Activty	Site visit to Chunya and Geita	To be continued- site visit to Kahama/Bukombe

Annex 2: Bridge Funding for CSOs in Scale-Up and Sustained Councils (October 1, 2016 to March 31, 2017)

No.	CSO Sub-Awardee	Sub-Award Number	Total Estimated Amount (US$)	Total Obligated Amount (US$)	Scale-Up Councils	Sustained Councils
1	Action for Development Program(ADP Mbozi) Njombe	255-006895	86,574.00	86,574.00	Wangingombe DC, Mbozi DC	
2	African Inland Church Diocese of Mara and Ukerewe	255-007061	89,000.00	89,000.00		Musoma MC, Tarime DC, Tarime TC, Ukerewe DC
3	African Women AIDS Working Group (AFRIWAG)	255-007053	44,129.77	44,129.77		Bumbuli, Lushoto DC
4	Afya Women Group (AWG)	255-006915	45,408.16	45,408.16	Mufindi DC	Mafinga TC
5	Allamano Center	255-006914	38,423.91	38,423.91	Iringa MC	
6	Anglican Church of Tanzania - Lake Rukwa	255-006919	20,294.73	20,294.73	Mpanda TC	Mpanda DC
7	Anglican Diocese of Southern Highland - Mbeya	255-006906	37,293.23	37,293.23	Mbeya CC	
8	Anglican Diocese of Tanga, Mheza Hospice Care (MHC)	255-007062	46,948.94	46,948.94		Mheza DC
9	Anti Female Mutilation Network-AFNET	255-006890	29,764.98	29,764.98	Manyoni DC	
10	Bakwata National HIV/AIDS Program	255-007058	74,147.41	74,147.41		Lindi DC, Liwale DC, Serengeti DC
11	Caritas Development Office Diocese of Mbeya	255-006972	23,549.35	23,549.35	Momba DC	
12	Catholic Diocese of Geita (RC Geita)	255-006882	68,822.59	68,822.59	Geita DC	Nyang'hwale DC
13	Center for Women, Children and Youth Development (CWCD)	255-006899	148,966.85	148,966.85	Arusha CC , Moshi DC	Karatu DC
14	Christian Council of Tanzania -CCT Dodoma	255-006911	121,790.93	121,790.93	Masasi DC, Tabora MC	Masasi TC, Tandahimba DC, Kondoa DC, Chemba DC
15	Community Concern of Orphan and Development Association (COCODA)	255-006896	66,059.50	66,059.50	Njombe DC, Njombe TC	
16	ELCT North Western Diocese	255-006875	29,509.45	29,509.45	Muleba DC	

No.	CSO Sub-Awardee	Sub-Award Number	Total Estimated Amount (US$)	Total Obligated Amount (US$)	Scale-Up Councils	Sustained Councils
17	Evangelical Lutheran Chuch Diocese of Pare (ELCT PD)	255-007052	34,840.23	34,840.23		Siha DC
18	Evangelical Lutheran Chuch Southern Central Diocese -ELCT SCD Makete	255-006897	33,394.63	33,394.63	Makete DC	
19	Evangelical Lutheran Church of Tanzania East Lake Victoria Diocese	255-006883	42,072.54	42,072.54	Sengerema DC	
20	FARAJA TRUST FUND	255-006892	65,519.40	65,519.40	Mvomelo DC, Morogoro MC	Morogoro DC
21	HUMULIZA	255-006874	30,030.35	30,030.35	Muleba DC	
22	Huruma Aids Concern & Care -HACOCA	255-006893	49,690.75	49,690.75	Kilosa DC	
23	IAMBI LUTHERAN HOSPITAL	255-006889	25,399.67	25,399.67	Iramba DC	Mkalama DC
24	Ilula Orphan Program (IOP)	255-006917	33,783.06	33,783.06	Kilolo DC	
25	Integrated Rural Development Organization (IRDO)	255-006902	43,690.95	43,690.95	Chunya DC	Ileje DC
26	Iringa Mercy Organization (IMO)	255-006916	45,114.41	45,114.41	Kilolo DC	
27	Jikomboe Integral and Development Association	255-006910	66,995.08	66,995.08	Uyui DC, Igunga DC	
28	Jipen Moyo Women & Community Organization JIMOWACO	255-006925	103,134.28	103,134.28	Mkuranga DC, Rufiji DC	Kisarawe DC
29	Kanisa la Mennonite Tanzania North Mara Diocese	255-006884	31,486.37	31,486.37	Rorya DC	
30	Kikundi cha Faidika Pamoja	255-007059	21,696.32	21,696.32		Mikindani DC
31	Kikundi cha Huduma Majumbani (KIHUMBE)	255-006907	45,008.66	45,008.66	Mbeya DC	
32	Kikundi Mwavuli Masasi	255-007066	23,127.61	23,127.61		Nanyumbu DC
33	Kilio cha Waathirika na Waathiriwa wa Ukimwi Tanzania	255-006904	31,639.10	31,639.10	Mbalali DC	
34	Lindi Women's Paralegal Aids Centre	255-007057	46,518.91	46,518.91		Lindi MC, Kilwa DC
35	MILO SAYUNI ORPHANAGE (MISO)	255-006898	37,478.11	37,478.11	Ludewa DC	
36	Missenyi Aids and Poverty Eradication Crusade	255-006872	32,575.22	32,575.22	Nanyumbu DC	
37	Mwanza Outreach Care and Support Organization	255-006926	65,012.29	65,012.29	Misungwi DC, Nyamagana MC	

No.	CSO Sub-Awardee	Sub-Award Number	Total Estimated Amount (US$)	Total Obligated Amount (US$)	Scale-Up Councils	Sustained Councils
38	Nachingwea Agro-Environmental Services Organization	255-007055	26,448.26	26,448.26		Nachingwea DC
39	National Youth Information Centre (NICE)	255-006905	29,736.32	29,736.32	Mbeya CC	
40	Network Against Female Genital Mutilation (NAFGEM)	255-007041	44,072.30	44,072.30		Same DC
41	Newala NGO Network	255-006954	23,947.26	23,947.26	Newala DC	
42	OAK Tree Tanzania	255-007067	22,341.29	22,341.29		Busokelo DC
43	Pastoral Activities & Services for HIV/AIDS in the Diocese of Tanga (PASADIT)	255-006928	46,528.09	46,528.09	Tanga CC	
44	Roman Cathoric Diocese of Mahenge-RC Mahenge	255-006894	35,163.93	35,163.93	Kilombero DC	Ulanga DC
45	Ruangwa Organization for Poverty Alleviation	255-007056	24,009.85	24,009.85		Ruangwa DC
46	Ruvuma Orphans Association	255-006927	23,673.88	23,673.88	Nyasa DC	
47	Saidia Wazee Karagwe	255-006873	26,852.99	26,852.99	Karagwe DC	Biharamuro DC
48	Service Health and Development for People Living Positively with HIV/AIDS	255-006922	48,605.12	48,605.12	Nkasi, Sumbawanga MC	
49	Shangwe Counseling Centre	255-006908	36,648.76	36,648.76	Rungwe DC	
50	Sharing Worlds Tanzania	255-006912	38,817.38	38,817.38	Dodoma MC	Bahi DC, Chamwino DC
51	St John Hus Centre	255-006903	27,689.35	27,689.35	Kyera DC	
52	Students Integration in Community Development-SICD	255-007065	59,386.59	59,386.59		Ikungi DC, Singida MC, Singida DC
53	Tabora Development Foundation Trust	255-007064	34,133.88	34,133.88		Sikonge DC, Ulambo DC
54	Tanzania Development and Aids Prevention	255-006867	29,675.67	29,675.67	Bukoba DC	
55	Tanzania Home Economics Association (TAHEA Iringa)	255-006918	35,963.92	35,963.92	Iringa DC	
56	Tanzania Livelihood Skills Development & Advocacy Foundation (TALISDA)	255-007031	88,111.73	88,111.73		Korogwe DC, Korogwe TC
57	Tanzania Mission to the Poor and Disabled (PADI)	255-007063	24,660.25	24,660.25		Namtumbo DC

No.	CSO Sub-Awardee	Sub-Award Number	Total Estimated Amount (US$)	Total Obligated Amount (US$)	Scale-Up Councils	Sustained Councils
58	Tanzania Red Cross Society	255-006921	49,068.13	49,068.13	Bunda DC, Magu DC	Busega TC
59	The Life Hood of Children and Development Society	255-006923	41,001.24	41,001.24	Sumbawanga DC	Kalambo DC
60	Umwema Group Morogoro Trust Fund	255-006913	66,985.00	66,985.00		Mpwapwa DC, Kongwa DC
61	Usevya Development Society	255-007054	25,472.64	25,472.64		Nsimbo DC, Mlele DC
62	Walio Katika Mapambano ya AIDS Tanzania-WAMATA -Dar es salaam	255-006900	413,131.24	303,482.59	Bagamoyo DC, Kibaha TC, Ilala MC, Kinondoni MC, Temeke MC	Kibaha DC
63	Walio katika Mapambano ya AIDS Tanzania-WAMATA -Pemba	255-007126	52,829.85	52,829.85		Micheweni DC, Chake Chake DC, Mkoani DC, Wete DC
64	Women Economic Group Coordinating Council	255-006936	33,285.57	33,285.57	Nzega DC	Nzega TC
65	Women Emancipation and Development Agency	255-007060	24,762.14	24,762.14		Kyerwa DC
66	Youth Advisory and Developing Council	255-006909	35,940.75	35,940.75	Nzega DC	Nzega TC
67	Zanzibar Muslim Women Aids Support Organization (ZAMWASO)-Unguja	255-006924	56,669.17	56,669.17	Mjini DC,	Kaskazini A, Kaskazini B, Kati DC, Kusini DC, Magharibi DC
		TOTAL	3,404,504.27	3,294,855.62		

Annex 3: USAID Kizazi Kipya Organogram