

World Vision Tanzania

Annual Report on Child Well-Being
2013



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List of Acronyms

ADP	Area Development Programme
BCG	Bacillus Calmette–Guérin vaccine
BEST	Basic Education Statistics – Tanzania
CAT I	Category I Emergencies
CHWs	Community Health Workers
CPGs	Community Producer Groups
CVs	Commercial Villages
CWB	Child Well-Being
CVA	Citizen Voice and Action
DPT	Diphtheria Pertusis Tetanus
DRR	Disaster and Risk Reduction
GAFC	Great Africa Food Company
FLAT	Functional Literacy Assessment Tool
HARD	Horn of Africa Response to Drought
HEA	Humanitarian and Emergency Affairs
HIV	Human Immune Virus
IYCF	Infant and young Children Feeding
IRC	International Rescue Committee
LLIN	Long Lasting Impregnated Nets
MDGT	Millennium Development Goals Targets 2015
MLAP	Market-Led Agricultural Project
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PD hearth	Positive Deviance Hearth
PEIP	Primary Education Improvement Plan
SAFe	Secure The Future initiative
TDHS	Tanzania Demographic and Health Survey
TNVS	Tanzania National Voucher Scheme
ttC	Timed-Target Counseling
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Fund For Children
WASH	Water, Sanitation and Hygiene
WDCs	Ward Development Committees
WFP	World Food Programme

1.0 Executive Summary

This is the second time WVT is reporting on CWB. The report is built around WVT 2013 - 2015 strategy which focuses on four priority sectors Livelihood, Health, Nutrition and WASH; Education and Spiritual Development, Protection and Justice for Children. It covers all four CWB Targets on; Children reporting on increased level of wellbeing (12-18 years); Increase in children protected from disease and infection; Increased in children well nourished (0-59 months) and Increased in children who can read by age 11.

The report used information from 62 ADP annual progress reports in FY 13, baseline surveys and evaluation exercises done in FY13 as well as secondary data from various sources. Qualitative and quantitative information was used appropriately as well as monitoring information.

Livelihood: Generally, this report is organised around four Livelihood outcomes, Increased productivity; Increased access to markets; Improved household food security; and Parents and care givers providing well for their children; The first section presents issues in Livelihood and food security, with a principal highlight on volume of production per acre of select crop value chains including maize which ranged from 200Kg to 1500Kg per acre, paddy which ranged from 400Kg to 3600Kg per acre. Capacities of households to meet their food need using their own means in FY 13 ranged from 35% to 72%.

In HEA the discussion is around community capacity to mitigate and respond to CAT I & II emergencies and to protect and restore natural resources. In FY13 there was neither CAT I nor CATII emergencies. However, 92% of all ADPs have a Disaster and Risk Reduction (DRR) strategy in which effort is directed in building community resilience toward absorbing natural shocks. WVT promoted rainwater capture and storage technologies (construction of water pans) and Farmer Managed Natural Regeneration (FMNR). A total of 118 water pans have been constructed in Same, Nzega and Babati clusters. This is intended to stimulate farming activities beyond the rain season through micro-irrigation.

Health, nutrition and WASH: Form the second strategic objective. On Nutrition stunting ranged from 55% to 20% across the ADPs, wasting from 9.1% to 1.3% and underweight status in children under five years of age ranged from 32.2% to 9.7%. Coverage of essential vaccines in children ranged from 65.5% to 98.4%, use of long lasting impregnated nets for USC ranged from 34% to 78.9%, prevention of HIV transmission from mother to child through pregnant women counselling and testing ranged from 42.7% to 97.1%, and proper diarrhoea management in children under five years of age ranged from 7.6% to 78.2% (All data were extracted from baseline and evaluation reports, 2013)

Education: The third strategic objective is Education and the main aspects reported are on functional literacy levels and school enrolment. On functional literacy average was 68.7% and it ranged from 37% to 92%. Primary school enrolment rates average was 86.4% and ranged from 73.8% to 90.4% whereas primary school drop-out rates average was at 2.9% and ranged from 2.3% to 4% in WVT areas of operation (as per World Vision ADP evaluations 2013)

Spiritual Development, Protection and Justice for Children: Concerns on the Most Vulnerable Children (MVC), Child Protection and Advocacy, and Spiritual Nurture of Children are covered in the last strategic objective in the report. In this section issues on child participation, child safety, birth registration, women participation, and achievement in models in spiritual nurture of children are discussed. Proportion of youth (12-18 years) with birth certificates is within the range of 12.3% to 83.5%is across the ADPs.

Recommendations

1. More efforts need to be mounted in the area of water harvesting, storage and its efficient utilization and training on improved agronomic practices. This should go hand in hand with strengthening the marketing initiative through GAFC to access local, regional and international markets.
2. More effort should be put on strengthening monitoring system that will provide evidence based information for effective programming.
3. Malnutrition levels are still high in some ADPs, use of project models like PD Hearth and IYCF as well as nutrition groups is recommended as a way of improving child feeding practices.
4. There is critical need to make as centre of attention of all strategic activities that make a difference in realization of learning outcomes.
5. Strengthening Child Participation and Child Protection system through formulation of Children Council and Child Protection Team from village to ward level as per government structure
6. Integration of Child Protection, Advocacy and CC models in programing (CPA, CVA, Celebrating families and CoH) - ADPs to increase budget on birth certificates, and gender interventions.

2.0 Introduction

Purpose of the Report

The purpose of this report is to share information on contribution of WVT to child wellbeing using available data from FY 13. It includes information from baselines, evaluations, monitoring, and sponsorship as well as relevant information from other NGOs, Government and other partners. The report is structured around four strategic objectives (FY 13-15), namely Livelihood; Health, Nutrition and WASH; Education and Spiritual Development, Protection and Justice for Children. The report will also help the NO to make evidence based decisions and hence improve programming for the wellbeing of children.

Strategy Summary

WV Tanzania strategy is summarized in figure 1 below. It shows how child well-being is contributed to in the country context through this strategy. It also shows the relationship between WVT strategic objectives, child wellbeing targets and key selected standard indicators. It further makes comparison with annual targets as per WVT balanced score card.

Figure 1: Strategy summary:

Goal: By 2015 WVT will be contributing to the measurable improvement in the sustained well being of 1.2 million boys and girls – especially the most vulnerable					
Child Wellbeing Aspirations	Strategic Objectives	WVT Selected CWB Targets	Key standard indicators included in the report	BSC Target FY13	# of ADPs attained target
1: Children enjoy good health	Improved Maternal, Newborn and Child Health (MNCH), nutrition status and sustained use of sanitation facilities, hygienic practices, and adequate portable water	Increase in children protected from disease and infection (ages 0-59 months)	Proportion of U5C with diarrhea in the past two weeks who were treated with oral rehydration therapy, zinc and appropriate feeding	65%	3/4
		Increase in children who are well nourished (ages 0-59 months)	Proportion of parents or caregivers with children under 5 with presumed pneumonia who report that the child was taken to appropriate health provider	60%	5/7
2: Children are educated for life	Improved equitable access and quality of education for boys and girls	Increase in children who can read by age 11	Proportion of households where all children under 5 years slept under a long-lasting insecticide-treated net (LLIN) the previous night	70%	8/14
		Children report an increased level of well-being (12-18 years)	Coverage of essential vaccines among children	80%	5/7
3: Children experience love of God and their neighbors	Spiritual Development, Protection and Justice for Children		Prevalence of stunting in children under 5 years	37%	5/14
			4: Children are cared for, protected, and participating	Households and communities are socio-economically empowered to sustainably assure the wellbeing of children	Prevalence of underweight in children under 5 years
	Prevalence of wasting in children under 5 years	3.5%			5/14
			Proportion of pregnant women who were counseled and tested for HIV and received their test results	73%	5/7
			Proportion of children who are functionally literate	75%	6/14
			Proportion of youth who have a strong connection with their parent or caregiver	65%	8/14
			% of children with a birth certificate (12- 18 years)	40%	7/13

Note:
Observe color pattern for similar categories

Within WVT, child well-being is influenced by the introduction of the Tanzania Empowerment ADP Model (TEAM)¹ and Securing Africa's Future (SAFe)² initiatives. These initiatives are contributing to liberation of families' minds from bondage by declaring that they have a purpose, a destiny and ability to provide for their children and make a positive

¹ Tanzania Empowerment ADP Model (TEAM) is a development approach intended to develop families and individuals who have a choice and motivation to sustainably provide abundantly for their children. TEAM approach draws on SAFe initiative principles.

² Securing Africa's Future (SAFe) is a WV development approach that puts livelihood the driving sector. SAFe focuses on strengthening the agricultural, economic, environmental, and social (world view) system to empower the people to take charge of their own future. The ultimate goal of SAFe is to ensure 1) basic food access to the most vulnerable communities, households, and children; 2) improved natural environment upon which rural communities are based; 3) increased the profitability and resilience of farming systems; and, 4) enhanced capabilities of families, and local institutions to support the well-being of children.

difference in their community. Communities are getting empowered to use their God given creative ingenuity to understand markets, farming systems and natural resource management in ways that significantly improve their incomes. More importantly, this report shows that families are beginning to prioritize use of their incomes to address issues of nutrition, health, education, care and protection of their children.

Health, Nutrition and WASH is another area of focus as childhood illnesses such as malaria, diarrhea, and pneumonia are still serious threat to child wellbeing. WVT health strategic objective focuses on addressing issues of immunization, appropriate management of diseases, PMTCT as well as promoting improved mother and child nutrition. In FY 13 out of 7 ADPs evaluated 5 ADPs had immunization coverage above WVT annual targets (80%). Use of LLINs has improved whereby the results are above WVT annual targets (70%). On proportion of household accessing potable water, out of 14 ADPs that conducted baseline and evaluation in FY 14, 8 were above the national average of 43% (TDHS 2010). Contribution to prevention of other diseases is as shown in figure 1 above.

Regarding Functional Literacy, out of 14 ADPs measured in FY 13, six had functional literacy level above WVT annual target of 75%. WVT also contributed to Government initiatives towards decentralization of birth registration to the grassroots. Seven ADPs attained the annual target in birth registration (40%) for youth aged 12-18 years.

3.0 Progress from last year's report

The FY12 CWB report recommended ADPs to invest its resources in technologies and practices such as water harvesting, irrigation, conservation agriculture to help people to cope with droughts challenges to enhance food security at household level. It was also recommended to adopt few high value crops with a focus to increase food production. This includes promotion of crop and farming systems with reduced risk of crop failure. This report indicates significant efforts put in drought-prone ADPs to capture and store rain water in water pans and promotion of farmer managed natural regeneration. Irrigation infrastructures were also renovated to increase efficiency of the current irrigation systems. Winter squash is one of the high value crops that were introduced in Northern Tanzania. Emphasis in growing crops in an area where water is harvested and stored is intended to reducing the risk of crop failure.

Last year's report also recommended an increase in child feeding practices through models like PD Hearth. This was done in 3 ADPs. In the next year, the approach will be rolled out to other 5 ADPs with malnutrition rate of above 30%. ADPs worked with Government technical staff to conduct outreach services and mass vaccination campaign in remote areas to 14 ADPs. Other recommendations were to increase immunization coverage and use ttC approach to make sure all children exposed to HIV+ are tested and treated accordingly before the age of two. Using CHWs under ttC approach, mothers were counselled to attend antenatal clinic where they also received PMTCT services. This was done in 6 ADPs that have adopted ttC model.

In education, reduction shift of emphasis from infrastructure development to learning outcomes was recommended. This involved awareness creation among the communities and teachers on the importance of improving quality education. Local learning materials (shell books) were produced and distributed in four ADPs. Moreover, the Literacy Boost Project will be piloted in 4 ADPs in FY 14. It will then be scaled up to all other ADPs.

Effective use of MVC and CPA tools effectively during programming was also recommended. This will help to follow up and strengthen existing systems and structures to address MVC issues. In FY13, WVT has aligned its MVC tools with government tools for harmonization of statistics/data in the respective areas of operation. This will enable the ADPs to capture correct number of MVC and their level of vulnerabilities and strategize on how to address them.

4.0 Method

The report used information from annual progress reports, baselines, and evaluations surveys done in FY13. Due to stratification of the report in multiple thematic sections across WVT 2013-15 strategic objectives various stakeholders were involved in the report preparation process. These include WVT national office key departments and Vision Fund Tanzania. A series of meetings were conducted which can be summarised by purpose of each meeting. There were mainly 5 meetings which include; introductory meeting (all stakeholders); data gathering, cleaning and synthesis (by each thematic team); sectional report writing (each thematic team); report compilation (documentation working group); and draft report review and refining-including accommodating recommendations from WVT SMT and later on from EAR Office reviewers.

The report is synthesised from information from 7 evaluation and 7 baseline reports published in FY13, ADP annual monitoring, STEP management, and 2 grant projects annual reports for FY 13. These exercises were conducted using recommended methodologies such as Caregiver Survey, Focus Group Discussion, Functional Literacy Assessment, , as well as Youth Health Behaviour Survey at ADP level. In this report there was no aggregation of data to avoid

misrepresentation of the actual situation in individual ADPs. Implementation status of WVT was compared with national and global statistics including; Tanzania Demographic Household Survey report (2010), the Millennium Development progress report (MDG Report, 2013), Basic Education Statistics report (BEST, 2012) and UWEZO Tanzania report (2012). In FY 13 the report has been improved in the following areas; inclusion of programme monitoring data at output level and sponsorship data, segregation of data by gender. Attention to evidence reporting was also vital in making justification of the findings and in proposing recommendations

Absence of baseline values for some standard indicators was one the limitations. However, the comparison was made with the national and global statistics.

5.0 Context:

Table 1: Key Actors/Factors contributed

	Positively	Negatively
Political or Policy Change	Big Results Now Government's Initiative focusing on 6 priority areas including Agriculture, Water and Education which also are WVT strategic priorities.	Existence of conflicting laws with regard to child protection
	Release of country census results enabled availability of statistics.	
Social Change	Child protection systems strengthening interventions in ADPs through Junior Councils and CP Teams as an influencing factor for children to enjoy positive relationship with peers, families and community members.	Conflict between farmers and pastoral communities has negative impact on agricultural activities
	Government's effort to distribute LLINs at household level for pregnant women and U5C	
	The Government (MoE) is now concerned with low learning outcomes, and hence focusing on ways to raise quality of basic education.	
	Introduction of MoHSW service provider counselling initiatives increased number of pregnant women tested and counselled for HIV.	
Environmental Change/Disasters	Tropical climate presents wide option of high value crops to grow	Drought impacted on production of some of the crops such as paddy rice and maize.
Economic Change	Government support to wide spread of savings groups (VICOBA) across the country.	Tanzania currency relatively unstable against US\$. Distortion of food prices due to uncoordinated importation of food through the Central Government.
Technology Change	Introduction of Digital Literacy by MoE in our schools	
	Increased ownership of mobile phones rural areas has improved communications means in rural areas including WVT operation areas, Mobile phones have also increased accessibility to radio broadcasts and access to finances through facilities such as M-pesa and internet banking.	

6.0 Children report an increased level of well-being

Livelihood is the key strategic objective in WVT strategy. Using empowerment approach (TEAM), parents and caregivers at household level are empowered to increase their agricultural productivity and profitability through Market Led Agriculture Projects (MLAP) model. Increased income at household level enables parents and caregivers to increase well-being for their children in terms of health, nutrition and education (which are also strategic objectives in WVT strategy).

Three standard indicators were used in reporting an increase in well-being of children. These are proportion of youth who have a strong connection with their parent or caregiver (SO 4), proportion of youth with insufficient access to food (SO 1) and proportion of children with a birth certificate (12- 18 years) (SO 4). The indicators were

measured in 7 baselines and 7 evaluations in FY 13 using Youth Health Behavior Tool. Models such as Celebrating Families, Citizen Voice and Action (CVA), and Child Protection and Advocacy (CPA) were employed in implementation.

Analysis from these evaluations and baselines showed that the proportion of households with a year round access to sufficient food for family's needs improved ranging from 35% to 51.3% (Figure 3). Furthermore, YHBS in 14 ADPs revealed a range of 0.4% (Makindube) to 9.3% (Ndala) of youth reported to have gone to bed without eating twice or more in a week. This indicates that the levels and extent of hunger among youth is not that much in the ADP area. There is also an increase trend for youth acquiring birth registration document as compared to national statistics.

According to the National level statistics, 894,519 MVC were identified in 110 districts (men 474,095 and female 420,424 (DSW 2013). WVT is supporting 31,498 MVC (female 15,968 male 15,467) in 16 ADPs as a contribution to the Government strategy. The support provided was on Education, Health, Nutrition, Livelihood, Spiritual Nurture, Protection and Justice for Children.

Details on inputs, projects contributing to wellbeing of children, investment and funding sources, key staff and partners are under strategic objective sections.

Some of these indicators were being measured for the first time and therefore there are no baseline values to compare with. This could be counted as one of the limitations.

7.0 Strategic Objectives

I. Livelihood

Objective: Households and communities are socio-economically empowered to sustainably assure the wellbeing of children by 2015.

CWB Target I: Contribute to an increased level of well-being of children by 2015

Summary of Logic Chain

The livelihood interventions aim at increasing productivity of selected crop and livestock value chains through appropriate technologies; increasing access to markets and financial services; improving household food security; improving community capacity to protect and restore natural resources and enhancing capacity to mitigate and respond to emergencies.

According to previous and current studies and programme monitoring reports, food production for family sufficiency is still a challenge in most ADPs. The situation becomes worse when families encounter external shocks and yet they do not have purchasing power to access food and/or provide for education, health, and nutritional needs.

Livelihood project is implemented in 55 ADPs. In FY 13 Empowerment ADP Model (TEAM) and Securing Africa's Future (SAFE) initiatives were first piloted in 12 ADPs. With these initiatives, WVT sought to improve the profitability of small-holder farmers through improved value chains, productivity, and market linkages. Working in an integrated way with Vision Fund, WVT provided appropriate loans to small-holder farmers. Working with a range of private and non-private partners appropriate and affordable technologies, including radio, mobile phone, and weather forecasting technology were roll out. Project models like Local Value Chain Development (LVCD), Farmer Managed Natural regeneration (FMNR), Savings Groups (SG), Celebrating families, and Market-Led Agricultural production (MLAP) were used

Resources (Inputs)

In livelihood activities, a total of US\$17,309,650 was allocated in FY13. Generally, the spending of the budget went according to the planned budget. Most of the spending was directed to support parents and care givers to provide well for their children especially in feeding 68,519 people in Nyarugusu refugee camp (US\$ 11,279,509). The least amount was allocated to facilitating agricultural production (US\$1,730,965), food security (US\$ 2,250,255), natural resources management (US\$ 1,384,772), and market accessibility (US\$ 692,386); this area would require more attention in FY14 given the presence of huge needs for reliable markets.

Livelihood team has 5 technical staff: 3 livelihood specialists, 1 microfinance specialist, and 1 Savings groups' specialist. This team works hand in hand with Government and other partner technical specialists to deliver the livelihood programmes. Key partners included; Vision Fund Tanzania, Farm Concern International, Farm Radio International, and Agriculture Conservation Tillage Network. Direct beneficiaries reached in FY 13 were 181,070 children (girls 93129, boys 87941)

Sub- Objective 1.1: Increased agricultural productivity and profitability of smallholder farmers for selected farm and non-farm enterprises

Outcome 1.1.1: Increased productivity through application of appropriate farming technologies for selected crop and livestock value chain:

Indicator: Increased production per acre

Achievement

In FY13, the livelihood sector focused on four value chains: cereals (maize and paddy), horticulture (carrot, tomato, potatoes and onions), legumes (groundnut, bean and green gram) and livestock. Monitoring data on crop productivity indicate that there was variable increase in production for the selected value chains. Information from 8 ADPs (Figure 2) has indicated that maize ranged from 200kg to 1,500kg per acre as compared to a range of 500kg to 900kg reported during previous year (2012). The production data for paddy ranged from 400kg to 3600kg per acre as compared to a range of 600kg to 1500kg (2012). Information on beans production from nine ADPs indicated that bean production ranged from 340kg to 800kg per acre. In FY13, WVT facilitated introduction of other high value crops, particularly winter squash targeting external market. SMART Project had targeted to produce 4.3MT of tomatoes, 0.84MT of Onions, 0.74MT of Carrots, 0.5MT of potatoes and 1200MT of Winter Squash. Actual production was Tomato 3.07MT (71%), Onion 0.39MT (46%), Carrot 0.23 (41%), potatoes 0.1MT (20%) and Winter Squash 6MT (0.5%). Total number of farmers involved in this production was 4,323 (female 2541, male 1782).

In order to facilitate better management of farming systems and natural resources (soil, water, trees), WVT promoted rainwater capture and storage technologies (construction of water pans) and Farmer Managed Natural Regeneration (FMNR). A total of 118 water capture and storage structures were constructed in Same, Nzega and Babati clusters. In FY13, FMNR was implemented in 5 districts namely Same, Kongwa, Mpwapwa, Bahi and Manyoni from which all other ADPs are expected to learn and integrate with their annual plans. More than 500 hectares of land has been set apart for regeneration through FMNR approach in partnership with ICRAF, LEAD Foundation, Ministry of Natural Resources and Tourism, and CIM of Yatta Kenya.



A water pan dug in Bukene ADP



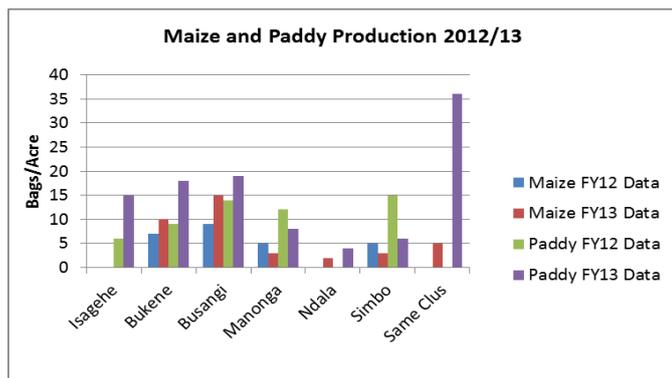
A farmer cultivating in dry season using water pan

Livestock, goal was to improve the indigenous type of animals and get cross breeds which are more productive and resistant to diseases. Four ADPs in Same Cluster facilitated artificial insemination exercise where 400 indigenous cows were inseminated aiming in, increasing productivity and profitability. It is also facilitating construction of community artificial insemination centre. Other activities in pastoral areas included: construction of RWHT and a charcoal earthen dam; empowerment of pastoralists in keeping improved hybrids and supported them with livestock hybrids (goats and bulls).

Analysis

Production increase does not correspond with the full potential of those value chain crops. Farmers in these ADPs were affected by below normal rainfall which impacted on maize, paddy and bean crop, the classical case being Makindube ADP which had relatively higher production in the previous season. In addressing this issue micro-irrigation has been promoted (Construction of water pans) to improve farming activities beyond the rain season. However, the impact of water capture and storage through water pans has not been fully realized, except in a few ADPs like Bukene ADP.

Figure 2: Monitoring data on crop production FY12/13



Outcome 1.1.2: Increased access to markets and financial services

Achievement (Access to market)

Access to high value markets is critical in improving livelihood of smallholder farmers. WVT worked with partners particularly Farm Concern International in commercialization campaign in 12 ADPs where SAFE was introduced to increase the proportion of community members aggregating production to access reliable markets. These ADPs started to reap the benefit of market-led agriculture and collective selling. For instance,

in Simbo ADP, farmers in commercial producer groups sold groundnuts and realized 50% increase in price. The highest price for groundnuts before commercialization was US\$ 0.5 per kg while a year after collective marketing the highest price was US\$1 per kg (Sales data - Simbo ADP, 2013). In Bukene ADP farmers aggregated onions and managed to increase their prices by 42%. Onions were sold at US\$ 53.3 per 100 kg bag as compared to initial price of US\$ 40 (ADP monitoring data (2013). At Makindube ADP, paddy was sold collectively resulting in 10% increase of price in FY12. By the end of FY13, most of paddy in this ADP was still stored in expectation of better marketing situation. SMART project planned to have 3053 farmers aggregating their crops but the actual numbers increased to 4,323 farmers.

Analysis

There is a clear trend of price improvements impacting our smallholder farmers within WVT areas (Figure 2). Apart from increased bargaining power emerging from commercial producer groups and commercial villages work, this positive impact on farming activities is also contributed by careful selection of comparative high value chain that farmers need to focus on. It is also apparent that these efforts should also focus on pastoral livelihoods where livestock products (milk, eggs, meat and hide) are also sold at relatively low prices.

Access to financial services

Achievement

By year 2013, participation of smallholder farmers had grown by 1,505 clients, a third, of VFT clients in Tanzania (9,748) in 48 ADPs. In total, VFT disbursed a \$1,023,978 whose impact touched the lives of 56, 847 vulnerable children.

Table 2: Top 3 Reasons for Household Borrowing in Same Cluster 3 ADPs (Source: Tanzania Household Resilience Project Baseline Survey (2013))

Rank	Reason	Percentage of respondents (n=123)*	Average amount asked for(Tshs)	Average amount received(Tshs)
1	Purchase of agricultural inputs	35.00%	417,473	398,958
2	Investment in agricultural	25.20%	249,228	242,144
3	Pay school fees for children	15.40%	94,990	93,380
4	Other needs	25%		

WVT implemented Savings Groups (SG) project model as an economic platform to help smallholder farmers pull together their resources. By the end of FY13, WVT had reached a total of 21,162 savers organized in 901 Savings Groups. The accumulated savings stood at US\$ 1,336,259 and loan disbursement at US\$ 1,218,928. The accumulated resources are shared out as per agreed procedures to increase household assets, reduce their level of vulnerability and thus improve child well-being. For example, Savings

Groups members in Same and Singida Clusters have social security fund account whereby members contribute a minimum of 10% of their income to take care of MVC in their villages. A total of 450 MVC were supported of which

³ Makindube, Nakombo, Ruvu Remit and Ruvu Muungano

65% of were supported with scholastic materials, 25% with school contributions, 20% with shelter, and 15% with food materials.

Analysis

One of the challenges facing smallholder farmers in rural Tanzania is limited accessibility to formal financial services. As shown in table 1 above, most of the farmers borrowed money to purchase agricultural inputs and investment in agriculture (60%). This has resulted in an increase in agricultural production (outcome 1). Accessibility of loans has also enabled households to meet educational needs for children (15.4%).

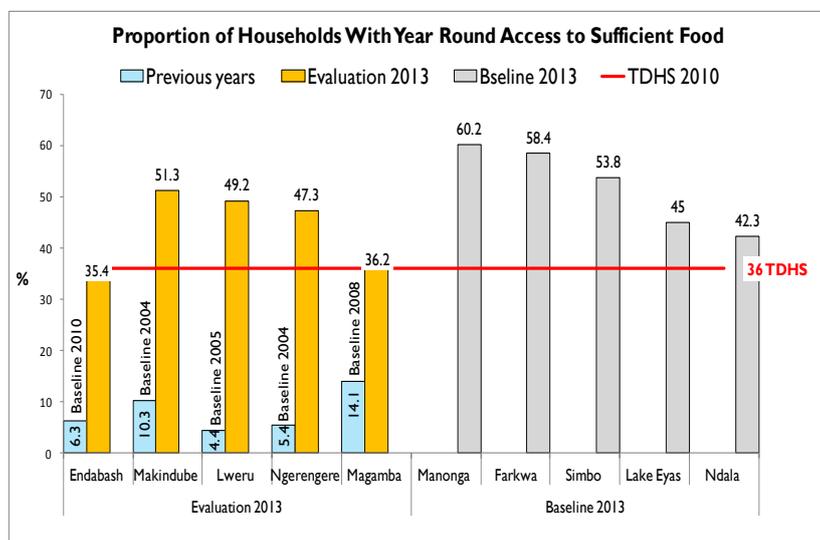
The impact of savings groups is reflected in the increased ability of community members to take care of children including most vulnerable children as was the case in Same and Singida clusters

Sub-Objective 1.2: Enhanced household and community resilience and social safety nets to support the wellbeing of children and care for the environment.

Outcome 1.2.1: Improved household food security, especially to the most vulnerable

Indicator: Households with a year round access to sufficient food for family’s needs

Figure 3: Households with a year round access to sufficient food



Achievement

Household food security is one of the key parameters for child wellbeing, especially the most vulnerable. To achieve this, WVT tracked the proportion of households with a year round access to sufficient food for family’s needs. As shown in figure 3 in all ADPs evaluated in FY 13, the proportion of households with a year round access to sufficient food for family’s needs had improved as compared to their respective baseline values.

Analysis

The ADPS that measured this indicator were above the national average (36%) as per TDHS (2010) except Endabash. Endabash was

in its first phase whereas other ADPs were in second or third phases. Level of change was relatively high in ADPs that were in 3rd phase ranging from 41% to 44.8%. This shows a WV contribution to the wellbeing of children and their families.

Outcome 1.2.2: Parents and care givers provide well for their children and the vulnerable population

Indicator: % of parents or caregivers able to provide well for their children (education, health, food, clothing, shelter, etc.) through their own means.

Achievement

The progress on achievement of the target above was tested by measuring households’ ability to meet at least 3 basic needs for all children aged 5 - <18 years i.e., two or more sets of clothes, a pair of shoes, and a blanket for sleeping . Mr Said Makundi from Ruvu Remit ADP is a case in point. He said that “In (2012/13) season I got TZS 300,000 (US\$180) within three months by selling my horticultural crop per one harvest. The amount earned helped me to pay for school fees and scholastic materials of my two daughters, health expenses and household necessities. The demand of horticultural crops is higher because this area is dry and people must buy my products. Previously it was really difficult to pay for school fees of my children as well as other expenses”.

Analysis

The measurement in three ADPs indicated that 25 percent of households were able to provide all the three basic items for children in one calendar year without any assistance. This is in line with observation in outcome two whereby 15.4% of parents and caregivers who took loan invested on education of their children. The case of Mr

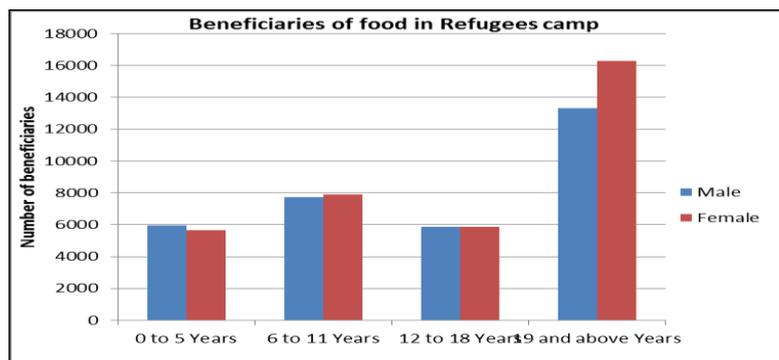
Makundi is emerging evidence that the increase in farming profitability is getting translated to provision of education, nutrition and health needs of vulnerable children.

Outcome 1.2.3: Enhanced National Office and community capacity to mitigate and respond to CAT I & II emergencies (HEA)

Achievement

There was neither CAT I nor II emergencies in FY 13. However, in Tanzania context, more efforts were directed in building community resilience towards absorbing natural shocks. Ninety two percent (92 %) of all 62 ADPs in Tanzania have integrated DRR into development programs (Monitoring report, 2013). Also WVT was managing Nyarugusu refugee camp in Kigoma, whereby four post primary schools were supported. Enrollment in these schools increased from 804 (402 boys, 402 girls) in 2008 to 8072 (4794 boys and 3278 girls) in 2013 (Kigoma Programme Annual report, 2013).

Figure 4: Food Distribution in Refugees camp



Nyarugusu camp had 68,519 refugees up to September 2013; Whereby WVT distributed of the planned food (99.87%) to all beneficiaries in the camp. Only 0.13% of the total receipt was lost on transit. This is achievement in terms of food handling and commodities management of food assistance to beneficiaries strengthened partnership between WVT and WFP. Among the beneficiaries 38,967 were children under 18 years (Figure 7).

WVT was also among the beneficiaries of Horn of Africa Response to drought (HARD) project phase II. Through this project, strategic infrastructures were constructed to benefit vulnerable communities. These include two charcoal dam at Mgagao and Lerumo, and a canal was renovated in Ruvu remit ADP. The infrastructure is benefiting 12, 284 people.

Sustainability The TEAM approach empowers CPGs and communities on how to tackle the root causes of poverty that deprive them from opportunities to collectively address their social economic and physical needs. This leads to strong formal and informal community development systems such as Commercial villages (CVs), Village Community Banks (VICOBA), and CBOs resulting in sustainability.

Key Learning:

- SAFE and TEAM approach have contributed to changing community mind-set in development aspects, i.e., courage to access agricultural loans, water capture and storage, market-led agriculture, and saving culture.
- Practical training and field exposure visits (e.g. Yatta) have resulted into development of new insights and adoption of new technologies and approaches among staff and communities.

Recommendations

- More efforts need to be mounted in the area of water harvesting, storage and its efficient utilization and training on improved agronomic practices. This should go hand in hand with strengthening the marketing initiative through GAFC to access local, regional and international markets.

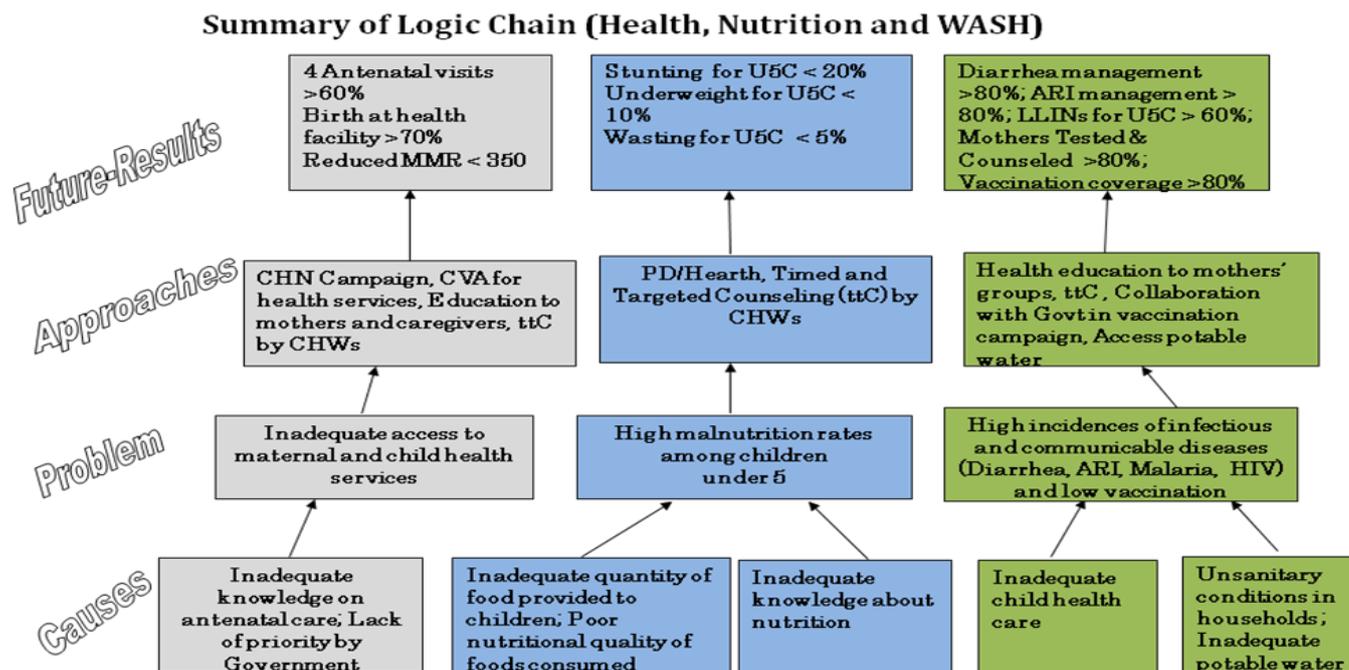
Strategic objective 2: Health, Nutrition and Wash

<p>Objective: Improved Maternal, Newborn and Child Health (MNCH), nutrition status and sustained use of sanitation facilities, hygienic practices, and adequate portable water by</p>	<p>CWB Target 2: Increase in children protected from infection and diseases (0-5) CWB Target 3: Increase in children who are well nourished</p>
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Summary of Logic Chain:

Health, Nutrition and WASH is an area of priority in the current WVT strategy, the figure below summarises the logical connection of key issues and underlying causes being addressed in this strategic objective. Approaches and some of project models being implemented are also shown in the figure below;

Figure 5: Health, Nutrition and WASH logic chain.



Resources (Inputs)

Table 2: Health, Nutrition and Wash Budget and Expenditure

Outcome description	Budget \$	EXP in \$	Total BGT %	Contributed to Outcome		
				PNS	Sponsorship	# of Projects
1. Children protected from infection and diseases	4,840,552	5,149,754	61	1,809,214	3,340,540	57
2. Improved access to essential MCH services						
3. Children and their mothers are well nourished	131,469	105,723	2	0	105,723	18
4. Reduced new HIV infections in children	775,413	751,238	10	0	751,238	32
5. Improved access to potable water at HH level	2,172,023	1,928,023	27	371,289	1,556,734	48
Total	7,919,457	7,934,738	100	2,180,503	5,754,235	

12 technical staff including 3 at NO level

Direct beneficiaries: 1,258,999 people, among them 597,707 are women at reproductive age and 661,292 children under five years (Girls 337,259 and boys are 324,033)

WVT key partners include; Australia government through AUSAID, Canadian Government through CIDA and Ireland Government through Irish Aids. Other funds are through sponsorship programmes from Canada Ireland, UK, USA Switzerland, Japan, Germany Hong Kong, and New Zealand. Local partners include the government of Tanzania and communities.

Sub-Objective 2.1: Improved community management of childhood illnesses (malaria, pneumonia and diarrhoea)

Outcome 2.1.1: Children protected from infection, diseases and injuries

Achievement

Table 3: Training on Management of Childhood Illnesses

Type of Training	CHWs	TBAs	Nurses/ CO	Malaria committees	PHCC	TH
MCI (Malaria, Pneumonia, and Diarrhoea)	971	297	36	128	402	1459
ttC and 7-11	250		56			
Strengthen Health System			60			

WVT in collaboration with MoHSW and other actors are working together with communities to achieve the MDG 4 to manage childhood illness so as to reduce under five and infant mortality rate. In Tanzania there are 3 major childhood illnesses which if well managed can reduce the under five deaths these are malaria, Pneumonia, and diarrhoea.

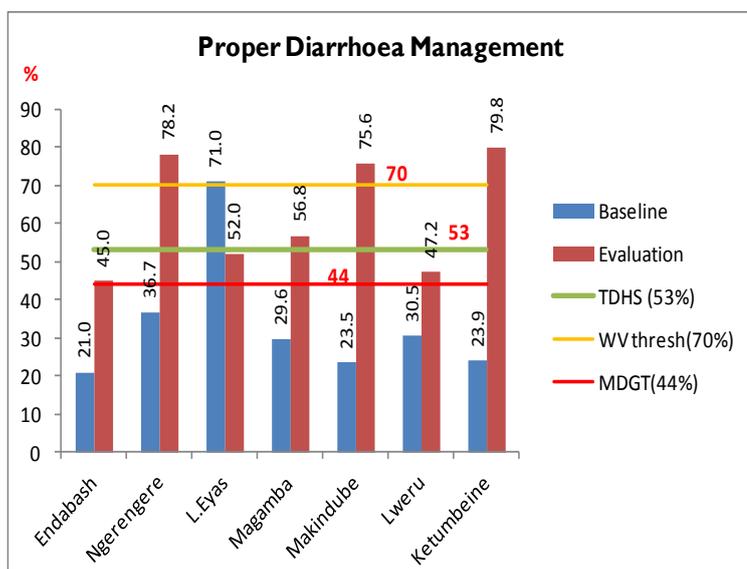
The approaches used to improve management of childhood illnesses include; trainings of CHWs, Nurses, and Community Committees on 7-11⁴ interventions using ttC⁵ model; Integrated Management of Childhood illnesses (IMCI) and strengthening health systems (table 4). Moreover WVT supported outreach services in hard to reach areas. According to FY13 annual reports from 53 ADPs, 13,717 among 25,424 (53.9%) pregnant and lactating women were reached by CHWs, counselled on health related issues and received LLINs. Also, 13,850 out of targeted 20,292 (68%) children including 2,821 MVC were immunized against 10 childhood diseases (STEPwise 2013). Mobile clinic outreach services were also facilitated to areas far from health units to reach mothers and newborns for immunization.

Analysis

Diarrhoea Management

Evaluations conducted in FY 13 showed an improvement in proportion of children under 5 with diarrhoea in the past two weeks before the survey who were treated with oral rehydration therapy, zinc and appropriate feeding. Out of 7 ADPs evaluated 6 showed improvement in diarrhoea management as compared to their respective baseline values. However, 3 ADPs had values below national average of 53% as per TDHS 2010 report (Figure 9).

Figure 6: Diarrhoea Management



As discussed in the achievement above, training on management of childhood illnesses had impact in the ADPs. Lake Eyasi and Endabash are in their first cycle and being the pastoral communities more effort is required in mobilising and training them on hygienic practices. As compared to last years' CVB report, ADP with the lowest rate was 13.5% whereas in this year's report the lowest had 45%.

Malaria Prevention

Proportion of children (0 – 59 months) who slept under LLIN the previous night before the survey range from 34% to 78.9% for the ADPs evaluated in FY13. As compared to respective baseline values, all ADPs except one had an increase by more than 10%. Four ADPs were above the WVT threshold of 70% as well as the MDG target of 72% by 2015. The

increase in use of LLIN has been attributed to Tanzania National Voucher Scheme which aims at providing all pregnant women and children under one year with subsidised mosquito net.

Immunization

Immunising children against vaccine-preventable diseases can greatly reduce childhood morbidity and mortality. According to evaluation reports coverage of essential vaccines among children 12 – 59 months ranges from 65.5% to 98.4 % (Figure 10). Comparatively, 6 ADPs attained WVT annual target for FY 13(80%) and national statistics of 75% (TDHS 2010). Ketumbeine which is in the first phase coverage of interventions is relatively low. In addition, this being a predominantly pastoralist community they are not readily available for outreach services. Comparison between FY 12 and FY 13 shows that there is an overall improvement in immunisation coverage. In FY 12 ranges were between 56.7% and 87.4% whereas in FY 13 the range was between 65.5% and 98.4%.

⁴ 7-11 is World Vision Health and nutrition strategy which includes 7 interventions that are important for pregnant woman from conception to 9 months and 11 interventions necessary for development of a child 0-24 months.

Figure 7: Vaccination coverage

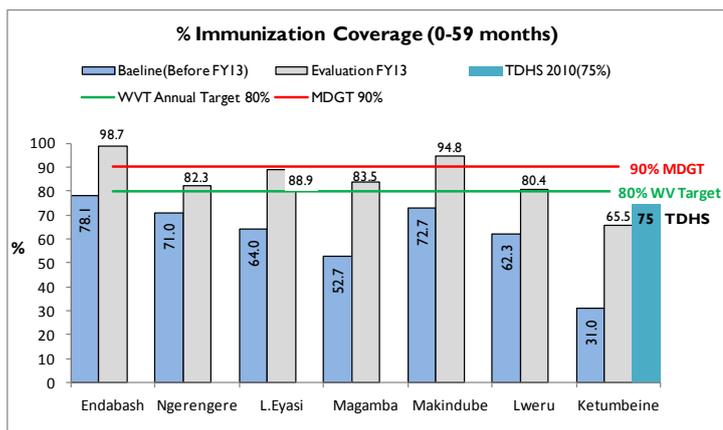


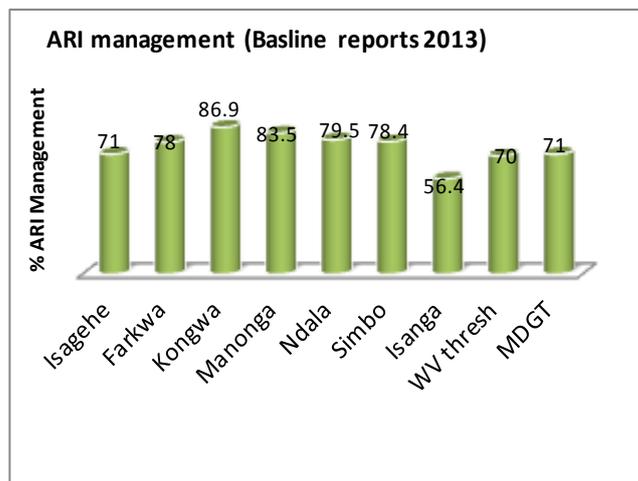
Figure 8: ARI Management

Sub-Objective 2.2: Improved community demand and access to utilization of MNCH Services (CVA approach and CHN)

Outcome 2.2.1: Improved access to essential maternal and child health services for Pregnant, lactating women and children under five

Acute Respiratory Infections

Proportion of parents or caregivers with children (0 – 59 months) with presumed pneumonia who reported that the child was taken to appropriate health provider was between 56.4% to 86.9% while the MDG target is 71% and WV threshold is above 70%. The low rate of ARI management in Isanga was attributed to low coverage in health interventions (figure 11).



Achievement:

Through initiatives such as Child Health Now (CHN) Campaign and Citizen Voice and Action (CVA) at macro and micro level WVT leveraged health related interventions. This includes advocating for and engaging local government to budget and monitor uptake of MNCH services.

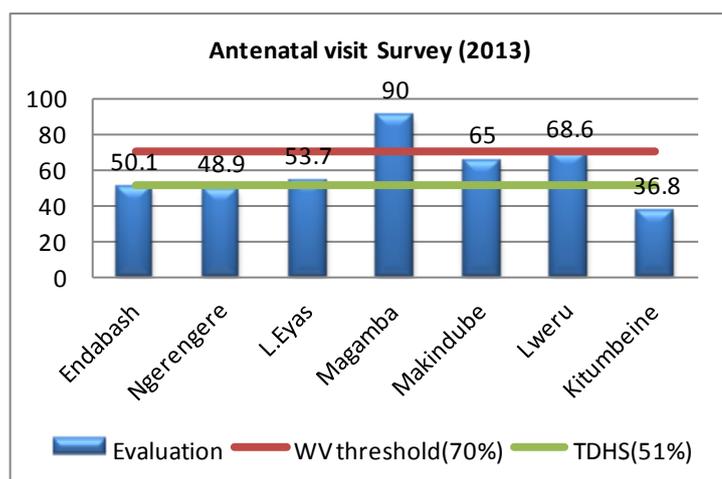
Communities were mobilized to hold the local government accountable for maintaining health care systems using CVA approach. There were 91 CVA teams formed in 8 ADPs focusing on health and nutrition in FY13. Through CVA influence, 1,021 community members joined and are contributing to the community health fund(CHF), one school in Mgera ADP constructed pit latrines and two villages constructed protected shallow wells (FY 13 Annual reports).

FY13 monitoring information also indicated that 25,108 of pregnant women attended Antenatal Clinic and received the required services. Moreover, birth preparedness and healthy timing and spacing of pregnancy services were provided. Also, 12,559 out of 25,434 pregnant women delivered at health facilities thus reduced complications.

Analysis

The proportion of pregnant mothers attending four or more antenatal visits was between 35.7% and 90%. While the WV threshold is 70%, MDG target is 90 % and the National average stands at 51% (TDHS 2010). Most of pregnant mothers do not attend the required number of ANC visits because of distance to the health facilities (figure 12).

Figure 9: Antenatal Visits



Child Birth

FY 13 surveys revealed that women who gave birth to their youngest child at a health facility ranged from 31.3 to 89.3% against 70% and 90 % for WV thresholds and MDG targets respectively while THDS is 51%. According to Mwifadhi Mrisho’s article “Factors Affecting Home Delivery”(2007); lack of money, lack of transport, sudden onset of labour, health facility staff attitude and lack of privacy incline majority of rural women to seek delivery services from Traditional Birth Attendants (TBAs). This is not

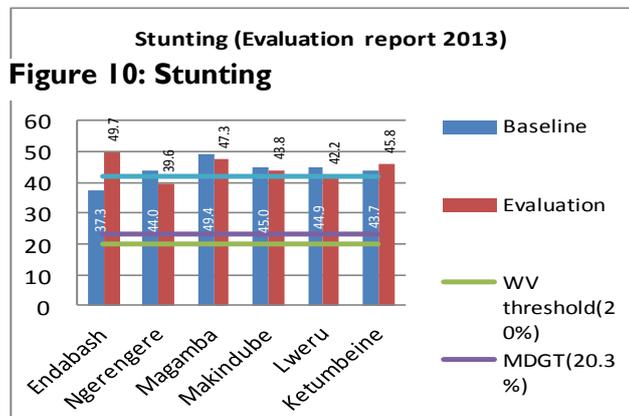
different in most of ADP where only 50% women deliver in Health unity.

Sub-Objective 2.3: Improved nutrition status of Mothers, New-born and under five children.

Outcome 2.3.1: Children and their mothers are well nourished

Achievement

In this reporting period out of 46 ADPs with nutrition intervention reported that 168 nutritional groups were formed and trained on improved nutrition to children and their families, where by 1092 lactating mothers were counseled on proper nutrition/ feeding for themselves and their babies. 25 Health Workers from dispensaries and Health centers were trained on Infant and Young Child Feeding (IYCF) and Baby friendly Hospital Initiatives (BFHI)



Analysis

Household survey results (2013) revealed that stunting is still an issue and there is no much difference as compared to the last year report. Stunting is long term malnutrition, therefore change is gradual. The ADP with the highest level of stunting was 49.7% (Endabash) while the lowest was 39.6 (Ngerengere). However, there is a significant decrease in underweight and wasting for under five children for some ADPs as compared to their respective baseline surveys (figure 13 and 14). According to focus group discussions during evaluation in FY 13 the communities reported that

poor feeding was attributed to consecutive drought in the past three years.

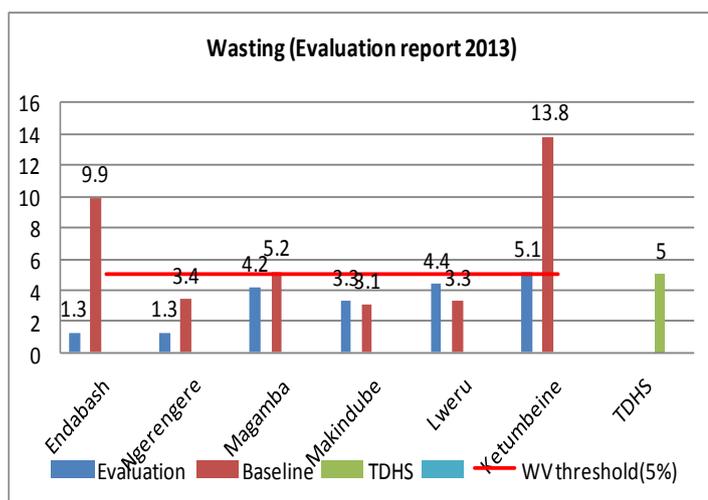
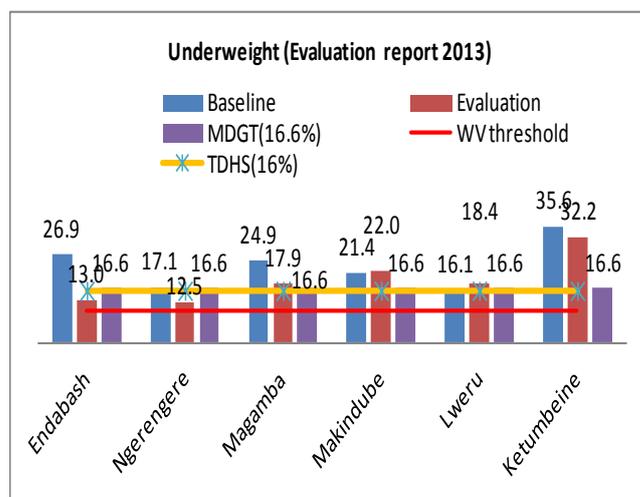


Figure 11: Wasting



Sub-Objective 2.4: Improved capacity of communities to prevent HIV & AIDS and mitigate the impact

Outcome 2.4.1: Reduced new HIV infections in children

Achievement

In FY 13 WVT trained and supported different community groups in 27 ADPs as shown in the table below;

Table 4: Training and Support in HIV/AIDS

Trainings and support	CHW / CBC	PLWHA	MVC	FBO	Youths	Peer Educator	Community leaders	Teachers	Home visitors	CC C
HIV/AIDS prevention, care and advocacy	439	445	727	473	885	1676	288	342	47	156
Support given		1172	4731						47	156

Analysis

WVT strategy in HIV/AIDS focuses on promoting access to information and provision of community prevention of mother-to-child transmission (PMTCT), including home based care interventions. From evaluation reports proportion of pregnant women who were counselled and tested for HIV and received their test results ranged from 42.7% to 97.1% (MDG Target is 60% whereas WV threshold is 90%). Of the 7 ADPs that were measured only one (Lweru) was below the MDG Target. This achievement is attributed to government's directive to have every pregnant woman visiting ANC counselled and tested. WVT complements this initiative by creating awareness to pregnant mothers on the importance of receiving their test results.

Sub-Objective 2.5: Access to potable water at household level.

Outcome 2.5.1: Improved access to potable water at household level

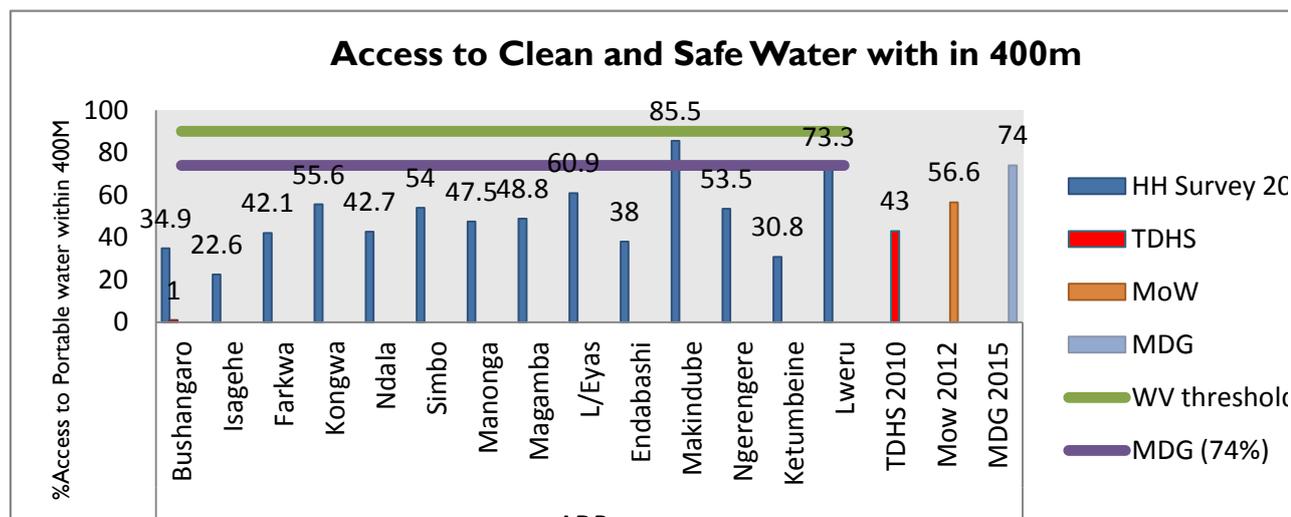
Achievement

The water facilities have enabled 93,767 people to access safe and clean water for their domestic use. More than 90 pump attendants, 256 water committees and 323 water user groups were trained in water source and schemes management to achieve sustainability.

Analysis

The proportion of households with year round access to clean and safe water within 400 metres (30 minutes) in 14 ADPs ranged between 22.6% and 85.5%. The national average of water supply coverage in rural areas as per TDHS study in 2010 was 43.2% (Figure 16). These results are due to increased WVT and other partners such as Government, World Bank and WaterAID intervention on water issues. WVT worked with the community to construct water facilities as per the table below.

Figure 13: Access to Clean and Safe Water within 400m



Lessons learned

- In ADPs where ttC model was implemented antenatal visits have increased.

Recommendations

- Malnutrition levels are still high in some ADPs, use of project models like PD Hearth and IYCF as well as nutrition groups is recommended as a way of improving child feeding practices.
- In ADPs where access to MCH services and immunization coverage is still low, there is a need for a closer collaboration with the government to improve the situation. Outreach services should be emphasized especially in areas where there are no static health facilities.

Sustainability

Empowerment and motivation of CHWs using health and nutrition models like ttC and PD Hearth, Training of nutrition groups on the use of locally available food materials produced within the community, and empowered CVA teams residing in the community will ensure sustainability of health, nutrition and WASH interventions.

Strategic Objective 3: Education

Objective: Improved access to quality primary education in WVT areas of operation by 2015

CWB Target 4:

Increase in children who can read by age 11

Problems WVT and Partners are	Causes of the problem	Approaches/ Models for addressing the problems	Standard Indicators
Inadequate learning among school children	Inadequate pedagogical skills to teachers	Teacher Capacity Building & Literacy Boost	Percentage proportion of children functionally literate
	Teacher absenteeism coupled with low motivation	Teacher Capacity Building, SMC capacity building and CVA	
	Lack of / inadequate supply of reading materials for children.	Materials creation (Shell Books)	
	Low / poor community participation in education of their children	Community Voice and Action	
Inadequate access to education by school-age children and children with disabilities	Low value of education among parents	Community Voice and Action & SMC capacity building	Percentage proportion of school-age children enrolled
	Cultural practices/ beliefs among community members who tend to hide disabled children at home		
Poor completion of a full cause of primary education by children	Low household income which force children into child labour	Community Voice and Action	Percentage of children dropped out of school
	Low value of education among parents		
	Low/ Poor community participation in education of their children		

Summary of Logic Chain Resources (Inputs)

The number of ADPs that implemented education in FY13 were 43 and 1 special funded project addressing child labour and education and the total budget for education was US\$ 3,760,573 with actual expenditure of US\$ 3,542,624.

There are two education technical staff - one education specialist at the national office and one education manager managing at the special funded project addressing child labour and education. There are also 43 Sponsorship and Development Facilitators implementing education in their respective ADPs.

Key Partners in education are, Government (ministry of education and technical training), International Rescue Committee (IRC) of USA and ADP communities through sponsorship programmes from Canada Ireland, UK, USA Switzerland, Japan, Germany Hong Kong, New Zealand, Australia and South Korea,

The total number of children beneficiaries as per the 14 ADPs surveyed was 177,575 with

84,974 boys and 92601 girls.

Sub Objective 3.1: Increased quality (literacy and numeracy) of education for boys and girls

Outcome: 3.1.1: Improved functional literacy of children of primary education.

Achievements

In order to improve learning environment some ADP continued to emphasize on provision of education facilities and scholastic materials. Other ADPs continued to benefit from government's Primary Education Improvement Plan (PEIP) program focusing on construction of classrooms. WVT efforts in 43 ADPs made it possible for 1,800 children to study in acceptable standard classrooms; 7,564 children sit on comfortable desks and provision of 3,782 textbooks and thus improve pupil-textbook ratio. Furthermore, 12,365 school age children benefited from loans disbursed by VFT. VFT loans made it possible for parents to provide scholastic materials for their children.

In line with improving quality of life of the Most Vulnerable Children (MVCs), 1329 MVCs were sponsored to attend vocational training while 208 were supported with uniforms.

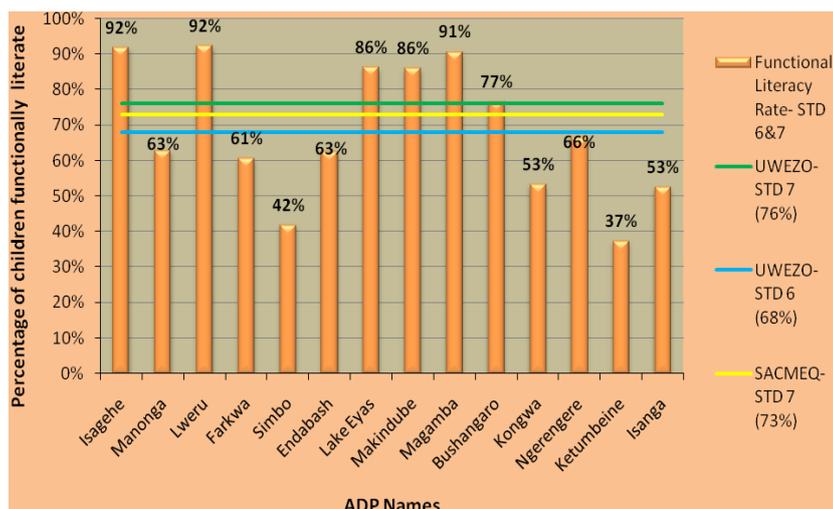
Regarding community engagement, 662 School management committees were empowered through training on effective school management. Moreover, positive attitude change towards girl-child education was facilitated through advocacy campaigns. Capacity building to teachers was done through workshops which focused on improved teaching methods conducted to 847 teachers. These efforts ultimately contributed to quality and learning outcomes as indicated in evaluation data.

Analysis

The proportion of children who are functionally literate as per surveys conducted in 14 ADPs in FY13 ranged from 37% to 92. In WVT context Functional Literacy Tool (FLAT) is used to measure literacy in children at the time when they are about to finish primary education (in std 6 and 7). The lowest percent proportion of children functionally literate as per 14 out of 43 ADPs implementing education where the surveys were conducted was 42%

while the highest was 92%. This indicates an upward trend compared to previous year, 2012 in which the lowest proportion of functionally literate children was 29.6% (figure 17).

Figure 14: Proportion of children who are functionally literate in FY13



According to national statistics on proportion of children who are functionally literate in standard 7 by UWEZO - Tanzania and by Southern and Eastern Africa Consortium for Monitoring Education Quality (SACMEQ) in 2012, was 76% and 73% respectively.

Despite the fact that UWEZO and SACMEQ studies include schools that are in urban context where the learning environment is relatively good; ADPs performances are encouraging as, 6 out of 14 ADPs surveyed had functional literacy proportions above both UWEZO and SACMEQ.

Overall, the achievements reported were brought about through deliberate shift that focused less on construction of classrooms, provision of desks, payment of school fees, and textbooks and instead focused more on quality education and learning outcomes - able to read, write, and acquire numeracy skills.

Sub objective 3.2.: enhanced access to education for boys and girls in early childhood development and primary education

Outcome 3.2.1: Children access and complete early childhood and primary education.

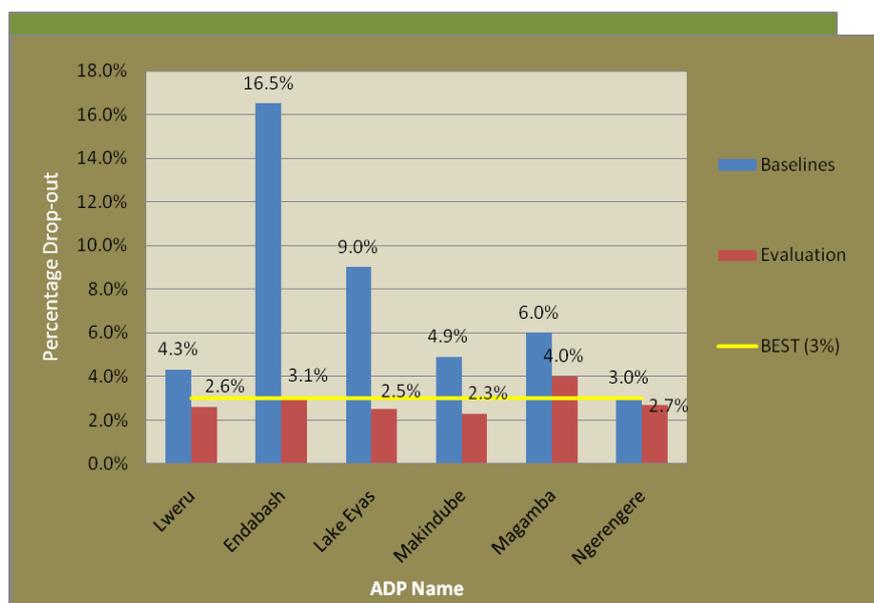
Enrolment rates as per evaluations conducted in 2013

Figure 15: School Enrolment - Evaluation FY 13 (with respective Baseline values)

Proportion of eligible boys and girls enrolled as per baseline surveys and evaluation studies conducted in 2013. The lowest net enrolment as per baseline surveys conducted in 2013 was 40% and 43.9% for boys and girls respectively while the highest was 69.6 and 74% for boys and girls respectively. The proportion of children enrolled to primary school Std 1 as per evaluations conducted by WVT in FY13 were within a range of 73.8 % and 90.4%. This rate is slightly lower than the national average rated at 92% by Basic education Statistics (BEST, 2012) and 94% as per MDG reported by WB in 2012(Figure 18).

Comparison between enrolment rate of boys and girls indicated that girls had a higher enrolment rate than boys in all ADPs except one. Again looking at baseline and evaluation values in the same ADP there is a significant improvement in enrolment. The figure below (Fig19) dropout rates are displayed with corresponding baseline data for evaluations conducted in 2013

Figure 16: School Dropout - Evaluation FY 13 (with respective Baseline values)



Dropout rates

Access to education demands completion of a full course of primary education. The highest school dropout rate as per baseline studies conducted in 2013 was 5.4% (5.6 girls and 5.1% boys) while the lowest was 0.7% (1.0% girls and 0.4% boys). Simbo ADP seems to have challenges in dropout since it registered

higher rates for both boys and girls while Manonga seemed to have registered quite low dropout rate at less than 1% for both boys and girls. The highest and lowest dropout rate for boys and girls as per evaluations data was 4.2% and 2.9% for boys and girls respectively (figure 19). Comparing with corresponding baseline data for these rates indicates the highest range for Endabash 13.4%. Monitoring data from Endabash ADP indicated that there was effective training to school committees on importance of access to education by children, consistent capacity building to school teachers, improved infrastructure and provision of text books. This might have contributed to the marked improvement in school dropout observed between baseline (16.5%) and evaluation (3.1%) values.

Considering dropout rates in WVT operating areas all ADPs evaluated in FY 13 except for one (Simbo ADP) had dropout rates below the National average of 3.0% registered by BEST2012. This comparison implies that the dropout rates in WVT areas of operation are relatively lower (better retention rate beyond the national average).

Sustainability

Close collaboration between communities and district education offices in production of local learning materials (shell books); Investment in capacity building for school committees; and recruitment of community volunteers who support in teaching children during holidays will ensure sustainability of education programs.

Key Learning

Due to collaboration with government and other NGOs, the emphasis on quality education as opposed to infrastructure development is the best option for WVT in realizing learning outcomes for children.

Recommendation

- There is critical need to make as centre of attention all strategic activities that make a difference in realization of learning outcomes.

Strategic Objective 4: Spiritual Development, Protection and Justice for Children

Objective 4: Improved holistic wellbeing of boys and girls through integrated approach encompassing child protection, Christian Commitments, Advocacy and Justice for Children.

CWB Target 1: Children report an increased level of well-being (12 -18 years)

Summary of Logic chain:

Child Protection interventions are addressed in strategic objective 4 of the National Office strategy and contribute to the child well-being target 1.

The issues identified in areas where WVT operates include; low birth registration and certification, child protection and participation. WVT and partners are addressing the following challenges; inadequate service delivery centers due to inadequate staff, bureaucracy, and long distance to the centers. Also there is inadequate knowledge to the communities on the importance of birth registration as well as timely reporting on child abuse and safety issues

Project types or project models being used to address the issues

For this objective to be achieved models such as Channels of Hope (CoH), Celebrating Families, Vision Conference, Interfaith Relations, Formation of Children Clubs, training of Sunday School Teachers (SNC), Citizen Voice and Action (CVA), Child Protection and Advocacy (CPA) were employed.

Standard indicator and tools used to measure: Birth Registration for children between 12-18 years

Table 5: Amount spent on strategic objective four

Code	Description	YTD Actual	Spending % over total	Annual Budget	Budget % over total
P01	Advocacy	750,400.24	1.83	829,479.54	1.97
P04	Children in crisis	173,566.48	0.42	198,828.00	0.47
P05	Christian commitments	230,617.18	0.56	319,205.50	0.76
P07	Disability	20,325.80	0.05	7,123.00	0.02
P14	Gender	57,161.92	0.14	70,472.00	0.17
P22	Protection	248,209.58	0.61	317,129.04	0.75
	Totals	1,480,281.20	3.62	1,742,237.08	4.15
	Grand total for WVT fy 13	40,934,823.10	7.23	42,031,470.69	8.29

Sub-Objective 4.1: Enhanced protective environment and restorative services for children at community and national level

Outcome 4.1.1: Children enjoy positive relationships with peers, family and community members

Indicator: Proportion of children 12 – 18 years with a birth certificate

Achievement

As a contribution to child wellbeing target 1, WVT focused on partnering with government in decentralization of birth registration services to the village level. For the time being the services are centred at the district level. WVT has been able to decentralize the government systems to the grassroots and make sure communities accessed the service. Awareness raising to communities shall be continued via CVA teams to make sure the importance of birth registration is well captured.

World Vision as a Christian and child focused organization has been playing a big role to ensure an increase in proportion of youth who have a strong connection with their parent or caregiver.

In order to assess the achievement of this outcome, tools used in data collection were Care Giver Survey (CGS), Youth Healthy Behaviour Survey (YHBS), Focus Group discussion (FGD) and ADAPT.

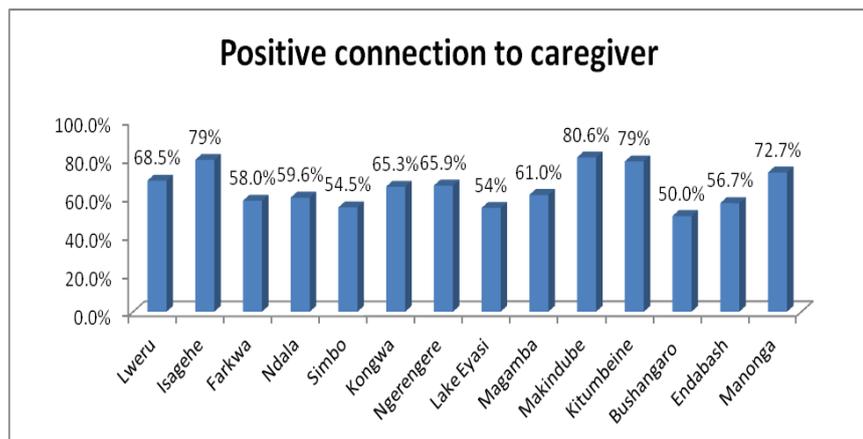


Figure 17: Children with Strong Connection with Their Parents and Caregivers

Analysis:

According to WVT FY 13 surveys conducted in 14 ADPs, Makindube ADP demonstrated that youth had strong (positive) connection with their parents or caregivers. As observed in Makindube ADP which had the highest rate, education performance in functional literacy, enrolment and drop out were relatively good. 7 ADPs scored above WVT FY13 Annual target of 65% (figure 20).

Figure 18: Child Safety

On the other hand, interview with parents/caregivers on safety of their children indicated that the parents and caregivers care for and protect their children. Presence of projects such as Programme Partnership Agreement (PPA), Community Based Child Protection and Child Protection Systems Strengthening might have contributed to parent’s positive perception on child safety in their areas. WVT in collaboration with other partners (NGOs and Government) has contributed to ensure the protection of children becomes more robust.

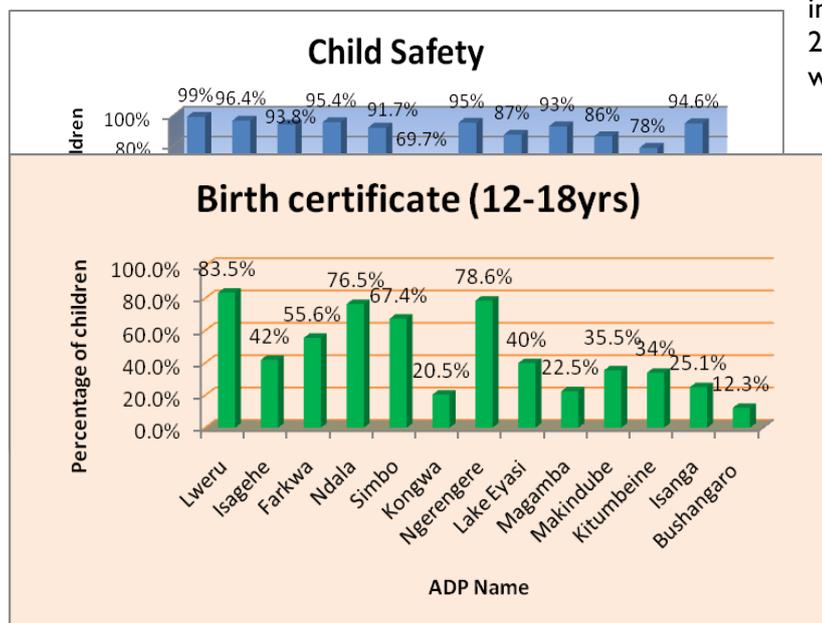
Outcome 4.1.2: Children celebrated and registered at birth.

Indicator: Proportion of children 12 – 18 years with a birth certificate

Figure 19: Proportion of youth (12 – 18) with Birth Certificates

Analysis;

Proportion of youth (12-18 years) with birth certificates 83.5% is higher than the proportion of children (0-59 months) with birth certificate which is 31.8% in FY13 baseline and Evaluation surveys. As it is shown this is still a major challenge that needs to be addressed in WVT areas of operation. It is estimated that 8% of Children under five in Tanzania received Birth Certificate (TDHS, 2010) comparing to WVT programme areas which ranged from 3.9% to 31.8% (figure 22)



Outcome 4.1.3: Empowered children on Christian values for them to experience God’s love in an environment that recognizes their freedom.

Indicator: Children have opportunities to demonstrate God’s presence in their

lives.

CC Model	Status	Celebrating Families	Spiritual Nurture of children	Interfaith Relations	Channels of Hope	TOTAL
Church leaders	Target	500	150	120	100	870
	Achievement	419	136	103	74	732
Children facilitators	Target	0	200	0	30	230
	Achievement	0	145	0	16	161
Teachers	Target	175	0	0	0	175
	Achievement	149	0	0	0	149
Staff	Target	100	0	100	100	300
	Achievement	64	0	31	91	186
Parents	Target	300	0	0	0	300
	Achievement	277	0	0	0	277
Others	Target	100	0	0	0	100
	Achievement	58	0	0	0	58

According to FY 13 CC organized training to different groups in 48 ADPs as shown in table 6 below. Achievement was relatively high. Sunday/Sabbath School teachers have improved their methods of teaching children. This has empowered children in a sense that during children conference they were able to share their spiritual experience. This is also an impact of worldview vision conferences and Celebrating families training facilitated in ADP areas with the intention to influence parents and care givers to provide well for their children.

Quote - "I remember to have punished my own son by putting fire on him as a punishment just because he did a mistake. After attending this training, I realized to have done a great mistake

before my son and before God. So I repent before seminar participants and when I go home, I'll apologize to my son" said one participant from Buhoma ADP"

Interfaith relation trainings and dialogue have enabled staffs and community members to effectively engage with people of other faith without compromising their Christian identity.

Quote - "I had a different attitude towards people who are not Christians. I have realized that some religious leaders instigate conflicts within our communities when they teach their followers not to cooperate with those of different faiths. They sometimes segregate people of other faiths in attending ceremonies/ social activities. It reached a point that people vote for someone according to the religion he/she belongs. This has brought pains to many people especially when they are relatives but only have different faiths. After getting this training I have discovered that we all belong to the same God who teaches us to love one another. By **Rev. Felix Francis – Ibwera ADP**

The formation and signing of Faith Based Forum MoU between Muslim and Christian leaders in Mswaki ADP is another great success as it has opened a new page for people to work together for the wellbeing of children in their community.

Table 6: CC Trainings Conducted in FY13 Contributing to CWB.

Sustainability

Sustainability is ensured by presence of junior council and child protection teams that strengthen child protection systems hence addressing all forms of child abuse and violence against children.

Key Learning

CVA and Child Protection system strengthening intervention in ADPs has brought about robust changes to the piloted ADPs and hence the approach is to be rolled out in the remaining ADPs.

Recommendations

- Strengthening Child Participation and Child Protection system through formulation of Children Council and Child Protection Teams from village to ward level as per government structure
- Integration of Child Protection, Advocacy and CC models in programming (CPA, CVA, Celebrating families and CoH) - ADPs to increase budget on birth certificates, and gender interventions

8.0 Most Vulnerable Children

The Government of Tanzania place MVC under the categories of poverty, street children, orphans, juvenile delinquencies, children living in families experiencing marital problems, children in fosterage institutions, children who care for themselves and heading families and all falling under section 16 of Law of Child Act. Based on this context and with reference to WVT Ministry Framework, WVT further defines MVC children whose quality of life and ability to fulfil their potential is most affected by extreme deprivation and violations of their rights. These children often live in catastrophic situations and relationships characterized by violence, abuse, neglect, exploitation, exclusion, and discrimination

WVT criteria for the identification of MVC aligned with GOT guideline are summarized as; Child -headed households; Those living in elderly- headed households with no adult from 20-59 years old; Those with one or two parents deceased; Those with disabilities; and Street children.

In addressing psychosocial, emotional and basic needs of these children, WVT is using Community Care Coalition approach to reach them. In FY 13, 10252 MVC were identified in all ADPs while the targeted number was 10,110. Among these 4,429 were supported against the plan of 4607 children. Identified MVC received the following support; 1,329 received vocational training and scholastic materials (the target was 1,343); 58 received wheel chairs; and 78 were supported to start up vegetable gardens; and 2964 received care from CCC home.

In collaboration with government and other partners through Morogoro Hope Street Children Project, WVT has identified and supported 938 MVC belonging to 85 families. The annual project target was to support 1000 MVC.

The challenge we are facing is that MVC and their families are used to receiving handouts. With the WVT TEAM approach they find it difficult to understand the empowering approach (*Source: Monitoring Reports 2013*).

9.0 Accountability

Accountability within WVT is one of the key areas of focus as we work with communities and other partners as without access to clear, accurate, and up-to-date information it is impossible to judge whether the standard promised has been met. The accountability is observed in the following areas:

Providing information; Community feedback and sharing meetings are organized in order to share key information from audits, baselines/evaluations, and financial reviews. Sharing of information in appropriate way lays the foundation for greater participation and honors the right of community members to be involved in making informed decisions about the future of their communities. A community member in one of the ADP feedback meeting remarked; *“We really appreciate the way you walked us through the evaluation findings. We had never known whether so many children are malnourished. This is a learning session to us.”*

The information is also provided to community through Programme Coordinating Meetings, ADP Committee meeting, and during budget planning process and as well as during DPA Critical path steps.

Consultation with communities: The community is consulted during community general meetings at village or sub village level, in quarterly ADP meetings, and during budget process every year before producing the DIP. Also during preparation of baseline and evaluation TOR, community representatives convene a meeting to provide their input before the exercises are carried out.

Promoting participation: WVT programs are implemented and managed through ADP committees. The ADP committee is comprised of two representatives (male and female) from each village; one of them must be from the village council committee and the other from the general community. Within the ADP there are also subcommittees overseeing implementation of respective interventions and monitor progress against plans and come up with specific recommendations to improve programming. They also mobilize community members to contribute (in cash or kind) to development work.



Collecting and acting on feedback and complaints; During ADP reflection meetings on monthly basis, community get opportunity to air out their views and suggestion on how to improve the programme interventions. The secretary of the committee will document all action

points and recommendations which will be followed up in the next meetings.

10.0 Conclusion

WVT has been contributing to child wellbeing through its four strategic objectives discussed in this report. These are Livelihood and food security, Health, Nutrition and WASH, Education, and Spiritual Development, Protection and Justice for Children. Securing Africa's Future initiative has been the main framework for livelihood and food security interventions which have guided programmes in empowering communities using TEAM approach through its key components, i.e. smallholder farming systems, natural resource management, and social safety nets), and creating agricultural market linkages through the newly established GAFC.

Through interventions in health, nutrition and WASH prospects in prevention and management of childhood diseases and infections are being realised, though still with challenges. However, the project models and approaches used have led to positive results.

Primary school enrolment and higher literacy rates were recorded in FY 13 except in a few relatively newer ADPs (those in the first phase). School dropout rates have also decreased considerably.

In gauging spiritual development, protection and justice for children three aspects were reported, these include; birth registration, child safety and spiritual nurture of children. Birth registration rate is still low when reflected to WVT annual target as only about 50% of ADPs reached the target in FY 13. Training and capacity building to primary school teachers, Sunday/Sabbath school teachers and church leaders on channels of hope (CoH), Celebrating Families, and Interfaith Relations were used as platform for spiritual nurture for children.

Key learning points on the process of producing the report.

- Teamwork involving technical specialists from all sectors is crucial
- The process of preparing the report has increased staff understanding on the NO strategy and its alignment to CWB Targets.

Key recommendations for improving the reporting process next year

- Improving monitoring system is essential to provide evidence based information for programming and for future reporting.
- Christmas and New Year breaks had serious effect reporting processes.
- Preparation of CWB report has to start from the beginning of reporting year.

11.0 Annexes:
Annex I: Data sources:

Sn.	List of data sources
1.	WVT Strategy 2013-2015
2.	ADP Baseline Surveys Reports (2013 and previous years)
3.	ADP Evaluation Reports 2013
4.	ADP Annual/Monitoring Reports (2013)
5.	StepWise Report (2013)
6.	Grant and PNS (Kilindi MNCH, AIM, CHN,HOPE Stree Children Report, SMART, THRP)
7.	UWEZO Tanzania Report (2012)
8.	Basic Education Statistics (BEST 2012)
9.	Southern and Eastern Africa Consortium for Monitoring Education Quality (SACMEQ) Report (2012)
10.	Millennium Development Goals Country Report Tanzania(2012)
11.	Factors affecting home delivery in rural Tanzania. Mwifadhi M, (2009)
12.	Tanzania Demographic Health Survey (2010)

Annex 2: WVT Areas of Operation

