World Vision®

WORLD VISION TANZANIA
National Office Strategy
FY16 - 20

Long Version

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List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
Cat	Category
CBO	Community-Based Organizations
CCC	Community Care Coalitions
CFP	Coaching For Performance
CHN	Child Health Now
CPG	Commercial Producer Groups
CMAM	Community-based Management of Acute Malnutrition
CUG	Closed User Group
CVs	Commercial Villages
CVA	Citizen Voice and Action
DME	Design, Monitoring and Evaluation
ECDE	Early Childhood Development and Education
FBOs	Faith-Based Organizations
FMNR	Farmer Managed Natural Resource
FLAT	Functional Literacy Assessment Tool
FY	Financial Year
GAD	Gender and Development
GAFCo	Great Africa Food Company
GDP	Gross Domestic Product
GIS	Global Information System
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
HO	Head Office
IP&S	Integrated Programmes and Strategy
HSS	Health Strengthening System
ITNs	Insecticide Treated Nets
LAN	Local Area Network
LLIN	Long Lasting Insecticide Treated Nets
LEAP	Learning through Evaluation, with Accountability and Planning
MFI	Micro-Finance Institution
MoE	Ministry of Education
MoHSW	Ministry of Health and Social Welfare
MNCH	Maternal, Newborn and Child Health
MVC	Most Vulnerable Children
ND	National Director
NGO	Non Governmental Organization
NEPRF	National Emergency Preparedness Response Fund
OE	Organizational Effectiveness
OVCs	Orphans and Vulnerable Children
P&C	People and Culture
PDC	Programme Development Coordinator
PLWHAs	People Living with HIV and AIDs

PNS	Private Non-Sponsorship
RC	Registered Children
RO	Regional Office
SO	Support Office
SAFe	Secure Africa's Future
SWOR	Strengths, Weaknesses, Opportunities and Risks
TEAM	Tanzania Empowerment ADP Model
U5C	Under 5 Children
VICOBA	Village Community Bank
VP	Vice President
WASH	Water Sanitation and Hygiene
WVI	World Vision International
WVT	World Vision Tanzania

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1. Introduction and Background

1.1 Operating Environment

The United Republic of Tanzania is East Africa's most populous country, with a population of nearly 45 million, of whom 75% live in rural areas[1]. Tanzania ranks among African nations making the greatest strides in the United Nations Development Program Human Development Index (currently ranked at 152 of 187).[2] This is partly attributed to the Government of Tanzania's (GoT) National Strategy for Growth and Reduction of Poverty II (NSGRP II or MKUKUTA II in its Kiswahili acronym) 2010/11 - 2014/15. Despite an annual economic growth rate of 7% over the last decade, high fertility rates (5.6 in 1999 and 5.4 in 2010) have increased the number of Tanzanians living in poverty by more than one million. About 28.2% of the population is below the poverty line and 10% is below the food poverty line.[3] Two-thirds of children suffer two or more severe deprivations.[4]

Rain-fed smallholder agriculture is the backbone of Tanzanian's economy accounting for 25% of Gross Domestic Product (GDP),[5] provides 85% of exports, and half of the employed workforce. The growth of the agricultural sector has been slow, at less than half the target set by the government (4.3% vs. 10.8%) for economic development.[6] While Tanzania is largely self-sufficient in its main staple crop, maize, she still faces shortfalls in some years due to weather variability and low yields.[7] Climate change impacts pose serious threats to smallholder farmers, including prolonged drought as well as extreme and unpredictable weather events. Limited financial resources, weak rural infrastructure, fragmented markets and an unfavourable policy environment have not provided incentives to develop the agricultural sector.[8] Current estimates suggest that only 9% of the Tanzanian population has access to formal financial services, and only 4% has received a personal loan from a bank, with the bulk of these concentrated in urban areas.[9] On farm practices are inefficient resulting in wastage and quality extension services are scarce resulting in low production and profitability.[10]

In terms of the health delivery system, the GoT has made inroads in improving coverage and quality of services provided. However, access is still largely determined by coverage and cost, hindering the ability of poor individuals like those in rural settings to access quality health care. Vacancies within government health and social worker positions remain at critical levels, with only 33% of health worker positions are filled. With the current population growth rate, the health workforce gap will only continue to worsen.[11] Despite the significant role of community health and social workers, many work informally and receive limited support. The service delivery system is characterized by limited referrals between health and social support services,

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[1] 2012 Population and Housing Census
[2] http://hdr.undp.org/en/content/human-development-index-hdi, 2014
[3] Tanzania Household Budget Survey 2014
[4] Comprehensive Food Security and Vulnerability Analysis, Tanzania, 2012. WFP in Collaboration with The World Bank.
[5] Statistical Abstract 2013, National Bureau of Statistics, Tanzania Ministry of Finance, July 2014, accessed 22 October 2014
[6] MKUKUTA Annual Implementation Report 2012/13", Tanzania Ministry of Finance, November 2013,
[7] http://feedthefuture.gov/sites/default/files/resource/files/ftf_factsheet_tanzania_nov2012.pdf
[8] http://www.feedthefuture.gov/sites/default/files/country/strategies/files/TanzaniaFTFMulti-YearStrategy.pdf
[9] www.worldbank.org
[10] http://www.fao.org/docrep/013/i2050e/i2050e.pdf
[11] Addressing the gap in human resources for health. 2011

as well as between facility and community-based services resulting in inefficient and often ineffective services.[12]

Maternal Nutrition and Child Health (MNCH) related indicators have progressively improved in the last 5 years due to substantial investments by the GoT and the donor community. Tanzania still ranks in the top ten countries and contributing to 61% and 66% of the global total of maternal and newborn deaths, respectively. An estimated annual number of maternal deaths is 13,000, the estimate for children under-five (CU5) is 157,000, and newborn deaths are estimated at 45,000.[13] According to the World Health Organization (WHO) and UNICEF, stunting prevalence (35%) for CU5 in Tanzania is "very high" and requires urgent attention. In fact, malnutrition is a contributing factor in an estimated 130 child deaths every day and an estimated 2.7% loss on national GDP.[14] National HIV prevalence rate remains relatively high (5.7%).[15] Nearly a quarter of households are headed by women - many of them widows - and more than a third of Tanzanian households include foster and/or orphaned children as a result of AIDS related deaths.[16] Malaria remains the leading cause of child mortality (prevalence has dropped from 18% in 2008 to 9% in 2012).

The GoT current strategy has identified Water, Sanitation and Hygiene (WASH) as a priority area. Nearly 5 children die every hour due to poor hygiene, inadequate sanitation and sub-optimal water supply, some 65,000 cholera cases in the losing 1,996 lives have been recorded in the past 10 years.[17] More than 42 million (88%) people use unsanitary (unimproved) latrines[18] and nearly 6.5 million people practice open defecation.[19] An estimated 56% of households are reported to be sourcing drinking water from unimproved sources.[20] The latest Tanzania Household Budget Survey noted that around 52.4% of households in Tanzania do not treat their water before drinking.[21]

In February 2015, the GoT launched its New Education Policy of 2014, replacing the 1995 one. According to this policy, basic education shall be fee free, with single textbooks for all schools and shall provide quality education. In the last decade, the education systems of Tanzania have absorbed substantial increases in enrollment in a concerted effort to provide universal access.[22] Despite these successes, repetition and dropout rates remain high, completion rates remain low, and large disparities in education provision and student performance persist.[23] Schools lack sufficient teaching and learning materials at all levels. The majority of teachers lack adequate qualifications or training. In rural areas, the situation is worse and many children completing primary school are not able read and write.

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[12] Implications of Health Sector Reforms in Tanzania: Policies, Indicators and Accessibility To Health Services. THDR 2014: Background Paper No. 8
[13] Opportunities for Africa's Newborns 2006, the Partnership for MNCH
[14] Http://www.Food-Fortification.Com/Files/Pdf/Wbcsd_Case_Basf_Final3.Pdf
[15] http://www.unaids.org
[16] www.unicef.org/sowc06/pdfs/africas_orphans.pdf
[17] Situation Analysis of Women, Children and the Water, Sanitation and Hygiene Sector in Tanzania, Extended Analysis for the Joint Water Sector, Review 2009 and MKUKUTA Review
[18] Ministry of Health and Social Welfare, Tanzania Government, 2009.
[19] World Health Organisation.
[20] WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation. "Data table for the United Republic of Tanzania".
[21] TDHS. The Government of Tanzania. 2010
[22] http://pdf.usaid.gov/pdf_docs/PDACP706.pdf
[23] Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) includes 17 countries in East, Central and Southern Africa

Tanzania passed the Law of the Child Act in 2009, which seeks to uphold children's rights, including freedom from violence, abuse and exploitation. Despite this, a recent study, revealed that one in three girls and one in seven boys in Tanzania experiences sexual violence before the age of eighteen.[24] Additionally, nearly three out of four boys and girls experience being punched, whipped or kicked during their childhood, while one quarter of all children are emotionally abused. Other common forms of abuse of children include harmful traditional practices such as early marriage[25], child labour and ritual killings of children with albinism. At least 10% of children in Tanzania are classified as most vulnerable children (MVC) and 40% of these are AIDS orphans.[26] The GoT in partnership with stakeholders have support the formation of most vulnerable children committees (MVCC) in rural areas to support MVC. While commendable progress has been made on this front, children participation in key decision making processes remains low in Tanzania especially at local level.[27]

In recent years, Tanzania has witnessed an upsurge in conflicts linked to religion, natural resources and ethnicity.[28] Diminishing natural resources and climate change have been cited as the main causes of natural resources and ethnicity conflicts. With respect to religion, polarization linked to national processes and regional influence is leading to some elements becoming radicalized and intolerant of other religions. Elderly women are also becoming targets in certain communities where they are accused of witchcraft.[29]

1.2   Strategic Focus

WVT will mainly focus on Livelihood, Health, Nutrition and WASH, with Livelihood being the primary sector. Spiritual Development and Protection of Children will be cross-cutting functions. Education is prioritized as a secondary objective and will be implemented depending on availability of funds.

This strategy builds on the FY13-15 strategy and it is a culmination of lessons learnt from the experience gained in delivering programming through the Tanzania Empowerment ADP Model (TEAM) approach, a major paradigm shift. Empowered Worldview has been hugely successful and as such will be the thread that binds this strategy's interventions. Additional lessons were drawn from successful pilots that were tested during the same period. Livelihoods remains the priority sector as it has been demonstrated that poverty eradication and food security hinge on increasing productivity, profitability and employment creation in a sustainable manner. On the back of this, WVT will deepen its relationship with Great Africa Food Company (GAFCO) to spearhead local, regional and international marketing of smallholder producer for increased profitability, and Vision Fund Tanzania Micro-Finance Company (VFT MFC) for smallholder financing. The smallholder farmer strategy will inform the livelihoods Technical Approach.

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[24] UNICEF, EU, Save the Children and Plan International Join Forces with Tanzania to End Violence against Children

[25] http://countryoffice.unfpa.org/tanzania/drive/UNFPACHILDMARRIAGE_BROCHURERL.pdf

[26] http://www.jsi.com/JSIInternet/IntlHealth/project/display.cfm?ctid=na&cid=na&tid=40&id=6421

[27] http://www.unicef.org/tanzania/Childrens_Agenda_AdvocacyToolkit_%282013%29.pdf

[28] http://www.fao.org/fileadmin/templates/lead/pdf/tanzania/conflict.pdf

[29] http://social.un.org/ageing-working-group/documents/HelpAge%20briefing%20violence%20against%20older%20women%20Aug%2011.pdf

The FY 16 - 20 strategy also puts special emphasis on intentional integration of the other strategic objectives around livelihoods associated and other groups formed through WVT interventions. Groups such as savings groups and commercial producer groups will be used as vehicles to disseminate critical health, nutrition, WASH, education and child protection. Since this strategy will be largely delivered in similar areas as the previous strategy, this will allow for seamless scaling-up and strategic use of groups and members time.

Sponsorship in Programing (SIP) and Sponsorship 2.0 content will be integrated with other programming activities taking place in ADP in alignment with Learning through Evaluation with Accountability and Planning (LEAP) 3.0 implementation processes. Children (RC & non RCs) will be given an opportunity to participate in sponsorship programming and thus share their hopes & experiences in a more fun and joyful way.

Increasing tensions and in certain instances low level conflict brought to the fore the need to include Peace and Security interventions in WVT programming sites in the second half of the FY13-15 strategy. This was delivered through Inter-faith engagement which will be mainstreamed in hotspots during the life of this strategy. WVT will draw on lessons learned so far and work with likeminded organizations to deliver this.

2. The Strategy

I. Mission

World Vision is an international partnership of Christians whose mission is to follow our Lord and Savior Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the kingdom of God.

II. Vision

Our vision for every child, life in all its fullness; Our prayer for every heart the will to make it so.

III. WVT Call and aspiration statement

World Vision Tanzania aspires to restore hope to the children of Tanzania through an empowerment approach that enables community to be what God intended:
- People understand they are created in God's image empowered with the gifts, abilities and capacity to change the world around them for the better.
- People steward their lives, communities, resources and relationships in recognition of God's reconciling presence in their lives.
- People work to support themselves, their families and care for the most vulnerable.
- People live in harmonious relationships beyond religious and ethnic boundaries.

IV. Strategic Goal

By 2020 WVT will be contributing to the measurable improvement in the sustained well-being of 22 Million boys and girls – especially the most vulnerable

V. Strategic objectives

WVT will have the following priority areas: Livelihood; Health, Nutrition and Water Sanitation & Hygiene and Advocacy & Justice for Children. Because Education is of significant importance in Tanzania it is included as a secondary strategic objective to be pursued only when designated grant funding is available. While contributions to children educated for life will be included in the other priority objectives there will be no sponsorship allocations for the education sector included in ADP designs without an exceptional approval. The strategic objectives, sub-objectives and the associated verifiable indicators are summarized in the section below

Strategic Objective 1: Livelihoods Objective : Resilient livelihoods of small-holder farmers, (agro-pastoralists and pastoralists) to better care and support their households by 2020. Note: This is the leading strategic objective in Tanzania. All ADPs must lead with this in the design document.	
Sub-Objectives	**Indicators[30]**
1.1 Smallholder farmers (men and women) benefit from economic opportunities through productive & profitable farming, livestock & off-farm systems	i. HH income as measured by Progress out of Poverty Index (PPI) ii. Proportion of parents or caregivers able to provide well for their children iii. % of households (HH) where one or more adults are earning an income from 1) agricultural and/or livestock activities and 2) off-farm activities
	i. Proportional of households with a year round access to sufficient food for family needs ii. Average crop per acre or livestock production per livestock unit iii. Proportion of households with reliable water sources for livestock and micro-irrigation
	i. Proportion of children receiving minimum dietary diversity
	i. % household members access loans from either savings groups or micro finance institutions/bank disaggregated by type value of agricultural rural loan ii. Value of agricultural rural loans to total portfolio
1.2 Improve natural resources management and natural	i. Proportion of HH adopting Climate Smart Practices (on soil and water resources) and off farm activities

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[30] Indicators will be disaggregated by gender, where relevant.

environmental resilience for sustained benefits to rural communities, households, and children	ii. Proportion of HH that manage tree cover sustainably (adopting FMNR) iii. Proportion of households use Renewable Sources of energy (Green Energy)	
1.3 Improve households capacity for disaster risk reduction, climate change mitigation and adaptation	i. Proportion of HH that faced a disaster and were able to employ an effective disaster-risk reduction or positive coping strategy ii. Proportion of HH that know the early warning signs and know what to do in case of an emergency or disaster	
1.4 Transform spiritual & social values, practices, systems and strategies of smallholder farmers to support child well being	i. Proportion of HH saying their survival depends on others outside their community ii. Proportion of smallholder farmers HHs who say their lives will be better in five years	

Strategic Priorities					
Contributing to which CWB Target		**1. Children report an increased level of well-being**			
		2. Increase in children who are well nourished (0-5 years)			
Strategic -Objective	**Ministry priorities**	**Core Project Models**	**Priority Populations**	**Target Beneficiaries**	**Funding Type**
Resilient livelihoods of small-holder farmers, agro-pastoralists and pastoralists to better care and support their households	Food Security, Nutrition, Economic Development, Natural Resource Management, Disaster Risk Reduction	Local Value Chain Development, Micro-franchising, Saving Groups, Farmer Managed Natural Regeneration, Citizen Voice Action, and Business Facilitation.	Smallholder farmer	155,000 households, 310,000 smallholder farmers, 775,000 children and youth, 1,085,000 people) living in rural areas growing field crops and keeping livestock (mixed farming	Sponsorship, Grants and PNS

Strategic Objective 2: Health, Nutrition and WASH
Objective : Households and communities empowered for sustainable access and utilization of strengthened Maternal new-born and child health, Nutrition and WASH systems for wellbeing of children by 2020

Sub-Objectives		Indicators
2.1	Improve community capacity to prevent and manage childhood illnesses (malaria, pneumonia and diarrhea)	i. Proportion of households where all children under 5 years slept under a long-lasting insecticide-treated net (LLIN) the previous night ii. % of Children under 5 with diarrhea in the past two weeks who were treated with oral rehydration therapy, zinc and appropriate feeding. iii. % of children (12-59 months) who have completed all essential vaccines.
2.2	Improve community demand and access to quality MNCH Services (HSS, CVA approach and CHN)	i. % of pregnant mothers attending four or more antenatal visits. ii. % of women who gave birth to their youngest child at a health facility. iii. % of live births attended by skilled health personnel
2.3	Improve nutrition status of pregnant and lactating women, new born and under five children.	i. Prevalence of stunting in children under 5 years of age ii. Prevalence of underweight in children under 5 years of age iii. Prevalence of wasting in children under 5 years of age
2.4	Improved capacity of communities to prevent HIV & AIDS and mitigate the impact	i. Proportion of pregnant women who were counseled and tested for HIV and received their test results ii. Proportion of infants born to HIV infected women who received ARV prophylaxis iii. Proportion of HIV-infected pregnant women who received anti-retroviral (ARV) drugs.
2.5	Improve access to adequate potable water and sustained use of sanitation facilities and hygienic practices.	i. % of households with year round access to clean and safe water. ii. % of population using improved sanitation facilities (for defecation) **iii.** Proportion of parents or caregivers with appropriate hand-washing behavior.

Strategic Priorities					
Contributing to which CWB Target		1. Increase in children protected from disease and infection (0-5 years)			
		2. Increase in children 0-5 years well nourished (0-5 years)			
Strategic -Objective	**Ministry priorities**	**Core Project Models**	**Priority Populations**	**Target Beneficiaries**	**Funding Type**
Households and communities empowered for sustainable access and utilization of strengthened health, nutrition and WASH systems for wellbeing of children by 2020	Health, Nutrition and WASH	PD hearth, Nutrition groups, ttC 7 -11, Child Health Now Campaign (CHNC), Citizen Voice and Action (CVA) for health services, Hygiene promotion and behavioral change, Integrated community based WASH initiatives.	600 households (Under five children, Women of reproductive age)	2.8 Million Children reporting wellbeing	Sponsorship, Grants & PNS

Strategic Objective 3: Spiritual Development and Protection of Children	
Objective: To strengthen spiritual development and protection of children from abuse and all forms of violence by 2020	
Sub-Objectives	**Indicators**
3.1 Improve prevention of, response to and restoration from violence, abuse, neglect and exploitation of children	i. The strength of the assets and the context in which youth live, learn and work as reported by youth 12-18 years of age. ii. Proportion of parents or caregivers who feel that their community is a safe place for children. iii. Proportion of children with birth certificate
	i. Proportion of confirmed cases of violence, abuse, neglect, and exploitation that received appropriate support in the past 12 months
3.2 Increase children's resilience and participation	i. Proportion of parents/caregivers reported that their children always have opportunities to express their opinion in matters that affect their lives
3.3 Enhance spiritual nurture of children	i. Children have opportunities to demonstrate God's presence in their lives
3.4 Strengthen advocacy and policy influence for quality, justice, equity and protection of children and their families	i. # of external engagements in advocacy and child protection coalition. ii. % of community groups advocating for improved priority services.

Strategic Priorities					
Contributing to which CWB Target		**1. Children report an increased level of well-being**			
Strategic -Objective	**Ministry priorities**	**Core Project Models**	**Priority Populations**	**Target Beneficiaries**	**Funding Type**
To strengthen spiritual development and protection of children from abuse and all forms of violence by 2020	Child Protection system strengthening, Spiritual nurture of children and Advocacy	Child Protection and Advocacy (CPA), Empowered Worldview, Celebrating Families, Interfaith model, CoH Models (CP, HIV&AIDS, Gender, MCH+) Citizens Voice and Action (CVA)	All registered children, MVCs and their families, Religious leader	2.8 Million MVCs	Sponsorship, Grants and PNS

Secondary Strategic Objective 4: Education

Objective : To improve quality and equitable access to education for boys and girls by 2020

Note: Education is included as a secondary strategic objective to be pursued only when designated grant funding is available. While contributions to children educated for life will be included in the priority objectives there will be no sponsorship allocations for the education sector included in ADP designs without an exceptional approval.

Sub-Objectives	Indicators
4.1 Improve functional literacy for boys and girls	i. Proportion of children who can read with comprehension
4.2 Improve access to early childhood education for 3 -6 years boys and girls	i. Proportion of eligible boys and girls enrolled in pre-primary education ii. Proportion of children enrolled in standard one with at least one year of pre-primary education
4.3 Increase access to Basic education with emphasis on children with special needs.	i. Proportion of eligible boys and girls enrolled in Basic education ii. Proportion of boys and girls completed Basic Education iii. Proportion of boys and girls dropped out of school iv. Proportion of eligible children with disabilities enrolled in basic education v. Proportion of children with disabilities who complete Basic or Special education
4.4 Equip Adolescents(15-18 years) with appropriate skills for productive life	i. Proportion of youth (15-18 years) who have a learning opportunity that lead to productive life

Strategic Priorities					
Contributing to which CWB Target		Increase in children who can read by age 11			
Strategic -Objective	**Ministry priorities**	**Core Project Models**	**Priority Populations**	**Target Beneficiaries**	**Funding Type**
To improve quality and equitable access to education for boys and girls by 2020	• Access to Pre-primary & Basic education for all children especially those with disabilities • Quality education (ability to read with comprehension at appropriate age), • Appropriate life skills for adolescents	Literacy Boost, ECDE, Basic Education Improvement , and Positive Adolescents project models	Children of age 3-6, Children of age 4-14, Children with disabilities, and Adolescents (age 15-18)	• Children of age 3-6 for enrolment in Pre-primary education - 1,060,809 • Children of age 4-14 for enrolment in Basic Education - 1,414,114	Grants and PNS where available. Sponsorship funding only in exceptionally approved cases.

Strategic Objective 5: Organizational Effectiveness **Objective: The WVT Organizational Effectiveness (OE) strategies seek to improve organizational culture and capacity[31] for effectiveness and efficiency in achieving child wellbeing outcomes.**	
5.1 Funding and Donor Relations	
Sub-Objectives	**Indicators**
Diversify funding and improve grant management	i. Grant acquisition growth ii. Resource diversification (Grants vs Sponsorship) iii. Acquisition Pipeline (Win Rate)
	i. Grant Expenditure Rate (Grant Project Spending)
	i. Proportion of funding opportunities pursued in consortium/partnerships
5.2 Internal Process	
Sub-Objectives	**Indicators**
Improved structures, systems, policies and processes	i. % of server availability and Internet uptime ii. % contracts well managed

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[31] Capacity: Inclusive of systems, people, policies , structures etc

	i. Updated key documents and information stored in a centrally accessible location
	i. % of programs or projects with effective M&E systems
	i. # of transformational stories on website and local news papers ii. # of engagements at National level government entities
	i. % of audits with acceptable rating.

5.3 Other Partners

Sub-Objectives	Indicators
Strengthened Local and National level networks and partnership	i. # of National policies and guidelines with contribution/attribution from WVT
	i. # of partnerships formed with government, Churches, Private sector and other partners in programming

5.4 Learning and growth

Sub-Objectives	Indicators
Improved innovation, people management, staff spiritual development and governance throughout the organization	i. Organization culture index as per Our Voice Survey results ii. # of gross incidences of misconducts recorded in a year
	i. % of skilled staff performing to the required standards ii. % coverage of staff security training and security risk management.
	i. WVT Peer Review Rating ii. % of Board processes streamlined as per Board policy
	i. # of promising practices documented and shared

3. Programming Approach

World Vision Tanzania will implement this strategy through the Tanzania Empowerment ADP Model (TEAM). TEAM is a contextualized model of World Vision's Development Programme Approach whose overall purpose is to equip WV local staff to work effectively with partners to empower communities towards sustained well-being of children within families and communities, especially the most vulnerable.

The foundation of the TEAM approach is empowered worldview approach that helps people to discover their value as created in the image of God. It is characterized by God's love demonstrated through caring relationships of children within families as well as with neighbors in community including the most vulnerable. And, it unlocks the creative freedom, ingenuity and personal responsibility required to improve livelihoods and sustainably manage the natural environment.

Key principles of TEAM
- Avoid service delivery approach that leads to dependency and commit to empowerment approach
- Transform communities through empowered worldview so they have a correct understanding of God's nature, self, others, creation and the way God intends for humans to relate to each other
- Promote rural livelihoods to provide a sustainable economic development platform for achieving Child Well Being Outcomes especially the Most Vulnerable.
- Promote intentional integration of livelihoods, Education, Health, Nutrition & WASH, and Child Protection and Advocacy for children interventions for a sustained social transformation of communities

Through TEAM, WVT will a play facilitative role for an empowering development approach where:
- Communities will be facilitated to take responsibility for their own lives, and stop waiting for the government, WVT, other donors to provide services.
- Parents and Caregivers will be economically empowered to provide well for the needs of their children including education, health, nutrition etc.
- The focus on community empowerment and transformation will be through household organized in Community Groups /associations[32]
- WVT will promote a system for commercial farming (Market Led Agriculture), climate change adaptation activities and multiple value chains.
- WVT will facilitate communities to establish their own safety nets and creation of a development fund to provide for their own social services.
- Communities groups and association have responsibility of supporting the most vulnerable groups through social safety nets
- Community development includes targeted interventions for the most vulnerable children.

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[32] Commercial Producer Groups, Junior Councils, Nutrition support groups, Children clubs, Saving Groups, Water user groups, CVA teams, Reading clubs, etc.

- WVT will promote, in partnership with Churches, interventions that will transform the minds and hearts of individuals, families and communities to take care of children, especially the most vulnerable.
- WVT will enhance WVT/VFT MFC & Great African Food Company (GAFCo) integration with a view of supporting farmers to access financial and marketing services to implement profitable agriculture and livestock production enterprises.
- WVT Area Programmes and Grants will focus on a maximum of 2 Technical Approaches, in addition to Sponsorship.
- WVT will promote peace and harmony through facilitation of interfaith dialogue, and ethnic and resource based conflicts.
- WVT will promote community awareness on their rights, roles and responsibilities to constructively engage with the local and national government to more appropriately provide social services to its citizens.

Under TEAM, and according to the World Vision Development Programme Approach, the ADP will facilitate communities and local stakeholders to conduct a joint analysis, planning and fundraising process and to build the capacity of local stakeholders to implement and manage shared interventions and projects. WVT will continue to build on, and use its Securing Africa's Future (SAFe) initiative to ensure active participation of a wide stakeholder enquiry and implementation of cluster-level scale landscape assessment and management. The model will also integrate World Vision's parallel institutions (VisionFund Tanzania MFC and GAFCo) in development activities.

In this strategy, Sponsorship in Programing (SIP) and Sponsorship 2.0 content will be integrated with other programming activities taking place in ADP in alignment with LEAP 3.0 implementation processes. Children (RC & non RCs) will be given an opportunity to participate in sponsorship programming and thus share their hopes & experiences in a more fun and joyful way.

3.1 Design, Monitoring and Evaluation
The TEAM approach will employ WV DM&E approach (LEAP) while focusing on systematic learning that promotes quality and accountability in programming with communities. LEAP will demand a fundamental shift in programming understanding and approaches to tackle root causes of poverty.

Resource Mobilization and Investment
WVT has grown to its current size and scope primarily based on its very successful sponsorship funding model. WVT will continue to uphold high sponsorship management standards and pursue more funds through Grant Acquisition and Management. The other source of funding will include Gifts In Kind (GIK). The projected percent allocation of Sponsorship fund will be as follows: Livelihood (50%), Health, Nutrition and WASH (19%), Spiritual Development and Protection of Children (8%) and Organizational Effectiveness (23%)

To achieve this, WVT will continue to strengthen the Program Development Division in Dar es Salaam in order to build and manage relationships with the following funding sources: WV Support Offices, Bilateral and multilateral development agencies, Private foundations and high net-worth individuals, Government Agencies, Large Corporations, Social impact investors, and Commercial capital investors.

4. Geographic focus and targeting

WVT is targeting the neediest rural communities, and these are all over the country. The organization has concentrated its intervention in 13 Administrative Regions of Tanzania out of the existing 30.

The current 13 Administrative regions of the country clustered into WVT areas of operation include Kilimanjaro, Manyara Arusha Tanga, Morogoro, Dar es Salaam Dodoma, Singida Shinyanga, Simiyu, Tabora Kigoma and Kagera region.

There will be more focus on the existing areas for meaningful impact. The Southern part of the country has high poverty levels, and WVT intends to expand to that part of the country when funding is available. Our consideration for expansion will go along with the organizational capacity to expand as guided by the LEAP principles.

End.

Annexes

Annex 1: Landscape

WVT Strategy
Landscape FY15.zip

Annex 2: Performance

WVT Performance
Assessment.xls

Annex 3: SWOR

WVT SWOR Analysis
FY15.zip

Annex 4: Strategies/Areas of Focus

WVT Key Priority
Areas FY 16 - 20 Stra

Smallholder Strategy

WVT SHF Strategy
Executive Summary R

Programme and Project Management

WVT Programme and
Project Management.