

Impact Assessment of the Most Vulnerable Children (MVC) Community Based Care, Support and Protection in Musoma Rural



A Report for the UNICEF

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunity Deficiency Syndrome
CBO	Community Based Organization
CMAC	Counsel Mul-tisectoral Aids Committee
COBET	Complimentary Basic Education in Tanzania
FBO	Faith-Based organization
HIV	Human Immunodeficiency Virus
MVC	Most Vulnerable Children
NGO	Non-Government Organization
UNICEF	United Nations Children's Fund
WAMATA	Walio katika Mapambano na UKIMWI Tanzania

Executive Summary

1. Introduction

The MVC program impact assessment sought to enable the community to assess the extent to which the program is institutionalized and owned by the community. This includes among others, assessing the community's commitment to the programme as well as existence of organizational support to provide the required human and material resources from different stakeholders. Furthermore, the assessment sought to develop community-based indicators for monitoring and evaluation of the MVC program and to facilitate communities in Musoma Rural to undertake self-assessment and analysis on the implementation and impact of the MVC Programme. Lastly, to come up with specific measures to address the gaps identified and to be able to build on the positive achievements for which the process has been a catalyst.

2. Research Design and Procedure

Data collection procedures included reviewing and consolidating information on the MVC support program from material available in house (Department of Social Welfare, UNICEF and Musoma District Council). Field data collection from six villages i.e. two villages with better performance, two villages with average performance and two with poor performance.

3. MVC Program Impact Assessment, Monitoring and Evaluation Indicators

Two categories of MVC program impact assessment; monitoring and evaluation indicators were identified and used to assess the impact of the MVC program in Musoma Rural. These are the *Process Outcome* indicators and *Output Outcome* indicators.

The Process outcome indicators include the following:

- a. Availability of adequately trained trainers or facilitators at all levels (District, Ward and Village level) i.e. the number of trained people i.e. the trainers of trainers (TOTs) in the district (From District to Village level) that are still active or available for facilitating the implementation of the MVC program in the district.
- b. The frequency of regular follow-up or follow-up training sessions of the facilitators at all levels (District, Ward and Village Levels)
- c. An update list of identified households with MVC at the District, Ward and Village level
- d. An updated list of identified MVC at the District, Ward and Village levels
- e. Existence of a Functioning Coordination Mechanism
 - ❖ Existence of MVC Program Facilitators who meets regularly
 - ❖ Existence of MVC program implementation progress reports
 - ❖ MVC Program Stakeholders Meetings and implementation progress reporting
- d. Inclusion of the MVC agenda in the District, Ward and Village statutory meetings and other standing committees (e.g. Committees responsible for social welfare at the village level)

The output outcome indicators include the following:

- a. Number and proportion of households in the District, Ward and in the Village/community identified as having MVC and which have access or being provided with basic services like Shelter/ Construction or maintenance of dwelling house; Food; Health Care; Economic Strengthening Support; Other Material Support; Psychosocial support and Legal and Human Rights Support
- b. Number and Proportion of MVC with access or provided with Education Support; Health Support; Clothing Support; Other Material Support; Economic Strengthening Support; Psychosocial Support; Legal & Human Rights Support; and Life Skills Support; from the MVC Program
- c. Availability of Life Skills facilitators who really provide life skills support to the MVC and other children in the village
- d. Availability of psychosocial facilitators who really provide these kind of support to the MVC
- e. Availability of CJF facilitators and a functioning system of providing legal and human rights support to the MVC
- f. Existence of strategies at all levels to address stigma and discrimination, exploitation and abuse.

4. Impact Assessment Results of the Implementation of the MVC Programme in Musoma Rural

- a. Implementation of the Programme in the District has covered almost 70% of the villages. The plan is to cover the remaining (30%) percent of the villages by the end of November 2004
- b. Good results are observed in the provision of education support to the MVC. This effort unfortunately ignores the needed care and support of the other MVC like the out of school youth and the under-five years.
- c. The program implementation process at all levels is constrained by poor coordination; lack of commitment by the government leaders; lack of integration of the program to other development efforts; under-resourcing the programme; poor MVC data management and lack of follow-up and lastly, lack of integration of the non-state actors in the implementation of the program (i.e. NGOs, FBOs, and NGOs)

The crucial challenges identified include the following:

- a. There is a need for a second round of community dialogue in the villages where the program has already been introduced
- b. There is a need to change the program coordination and follow-up process
- c. There is a need to scale up the program to include more support to a wide range of MVC by cohort

1. Introduction

The community based care, support and protection of the most vulnerable children (MVC) by the Department of Social Welfare in collaboration with the UNICEF. The MVC support focuses on strengthening community based care and assistance mechanisms facilitated through a process of community dialogue. This is out of the recognition that effective response to the support, care, and protection of the MVC requires a decentralized strategy focused on empowerment of local communities in decision-making, resource mobilization and utilization as well as monitoring and evaluation of the program implementation process and outcome. Within this context, the MVC program facilitates and building capacities in communities in the identification of the criteria of vulnerability and in the development of plans for support and care of the vulnerable children and their caretakers.

The MVC program consist of four important components (i) Community dialogue, which is aimed at advocacy and mobilization of the communities to respond (ii) Community facilitation in the identification of criteria – or indicators – of vulnerability in the community (iii) Using the community’s identified vulnerability criteria– or indicators to identify the most vulnerable children in the community (iv) Mobilization of community resource contribution (human, material and financial) to support the identifies MVC in the community (v) Apart from community dialogue and identification of the MVC by members of the community, the implementation of the MVC program also constitutes provision of matched fund contributions by the respective District council and UNICEF. Communities or villages implementing the MVC Program are therefore required to sign a signing the memorandum of understanding with the UNICEF and open an account through which support from the District council and the UNICEF could be channeled.

Funds contributed by the District Council and UNICEF are aimed at complementing the initiated village MVC funds for contingency costs, payment of school costs, health costs construction materials for shelters, bedding, clothes, etc. So far impact assessment of the program has been undertaken in three districts, i.e. Kisarawe, Magu and Karagwe. Musoma rural as one of the pioneering districts in the country to implement the MVC program was not included in the first impact assessment. This study therefore aims at assessing the impact of the program in Musoma Rural District.

2. Objectives of the Impact Assessment of the MVC Program in Musoma Rural

The impact assessment seeks to fulfill five main objectives as follows:

- i. to enable the community itself (using a self-analysis approach) to assess the extent to which the program is institutionalized and owned by the community. This includes among others, assessing the community’s commitment to the programme as well as existent of organizational support to provide the required human and material resources from different stakeholders.
- ii. to assess the programme’s effectiveness and functionality in terms of:
 - ❖ Services provided to the MVC-both ‘directly’, through the work of the MVC Committee, and also through the interaction of the Support Programme with the community Justice Facilitation

(CJF) initiative, the Youth Groups and other community initiatives,

- ❖ Incorporating other community-based partners effectively in the support: i.e., the adaptation and/or strengthening of existing systems within the community—including those provided by NGOs, CBOs, FBOs- with the potential to benefit the MVC
 - ❖ Inter-linkages between child support systems; assessing the potential merits of the “cohort” rather than ‘situational’ approach for the MVC Support Programme;
 - ❖ The efficient utilization of community resources for the support of children
 - ❖ The achievements attained by the MVC and the community,
 - ❖ The impact of the initiatives on the self-appraisal/self-esteem of the MVC themselves
 - ❖ Increasing gender equality for children and young people within the community (as the girl child runs a higher risk of being vulnerable than her male counterpart)
 - ❖ Facilitating a sustainable approach to MVC care and support— i.e. making clear that community MVC caretaking facilitation with a view to sustainability – not periodic handouts – is the objective of the district acting in conjunction with UNICEF as its partner. i.e. avoiding ‘dependency syndrome’
- iii. To analyze and document the impact of self-assessment results
 - iv. To develop community-based indicators to monitor and support the MVC. The purposes of Monitoring and Evaluation (M&E) need to be clearly understood by all so that their results can be best used to prioritize actions, allocate resources and improve services. This impact assessment therefore also seeks to facilitate communities in Musoma Rural to undertake self-assessment and analysis on the implementation and impact of the MVC Programme
 - v. To come up with specific measures to address the gaps identified and to be able to build on the positive achievements for which the process has been a catalyst.

2. Research Design and Procedures

2.1 Data collection Procedure

The impact assessment of the MVC program in Musoma rural started with reviewing and consolidating information on the MVC Support Programme from materials (reports, papers etc.) Available in-house and from partners (i.e. the department of social welfare, Ministry of Labor, Child Development and Sports, and UNICEF) and preparation of the research tools.

This was followed by collection of data from the field. Data was collected from the Musoma Rural District headquarters; communities and villages implementing the MVC

Support Programme; and NGOs, FBOs and CBOs. Activities undertaken in the field includes the following:

- ❖ Facilitate actors at the district, ward and village level to organize themselves for the assessment and analysis undertaking.
- ❖ Working with communities at district, ward, and village levels to develop community based follow-up, monitoring and evaluation tools.
- ❖ Facilitating Communities to undertake self-assessment and analysis on the implementation and impact of the MVC Programme.

Implementation of these activities at the District level was done through focus group and key informant discussions. Focus group discussions at the District level were held with the district planning officers, social workers, and members of the Most Vulnerable Children (MVC) facilitation team. Key informant interviews were held with the District Commissioner, the social welfare officer, the desk officer currently coordinating the MVC program in the District and with one member of the MVC facilitation team and with officials from the non-state organizations dealing with MVC. These are WAMATA, (NGO) and an FBO called AIDS—ABC.

Furthermore data at the District level were also collected through participation in a stakeholders meeting held at the district headquarters. The meeting, which was facilitated by the UNICEF, brought together the District MVC facilitators, official from the district council, and representatives from the non-state organizations, i.e. Non Government Organizations NGOs, Faith Based Organizations FBOs and Community Based Organizations CBOs and a UNICEF representative. The aim of the meeting was to discuss the implementation status of the MVC program in the district, to identify implementation gaps and challenges and making decisions on the way forward.

At the Ward level, data were collect through key informant interviews with the Ward Executive Officers (WEO). Discussions focused on assessing the process impact of the MVC program at the Ward Level, identifying the success, constraints, gaps, challenges and opportunities. Discussions were held with Ward Executive Officers in Butiama, Etaro, Buruma and Buhemba Wards.

At the community/level impact assessment was done in six (6) villages i.e. 2 villages considered to have good performance in the MVC program implementation i.e. Butiama and Kyankoma villages; 2 villages with average performance i.e. Mirwa and Matongo and 2 villages with poor performance i.e. Etaro and Isaba.

The first two villages were purposefully selected because of their long experience and good performance in the implementation of the program. Butiama was the first and only village in the first phase of the implement the program in the district in the year 2000, and Kyankoma started implementing the project in 2001. The two villages were also considered by the district officials to be performing relatively better than others. The two villages were selected from a stratified sample of average performing villages. In the same way, the poor performing villages were also selected from a stratified sample of poor performing villages.

Different methods were used to collect data at the village level. First of all, interviews were held with (10) heads of households living with MVC in each village using questionnaires. The profile of the interviewed heads of households is presented in (Table 2.1). Interviews were also held with 20 most vulnerable children in each village also using questionnaires. The profile of the interviewed MVC is presented in (Table 2.2).

Two focus group discussions were held, one with 20 villagers in each village, and the other with the MVC committees. The profile of the interviewed villagers is presented in (Table 2.3). Key informant interviews were also held with the village leadership, i.e. the Village chairperson, and the Village Executive Officer (VEO).

At the village level, the focus was on collecting data regarding process impact assessment and outcome impact assessment. With regard to process, data were sought on the community mobilization and sensitization process, the extent of community participation in the implementation of the program, the interlinkages between the MVC program and other development programs in the village, resources mobilization and utilization, monitoring and evaluation of the program implementation.

With regard to outcome impact assessment the focus was on collecting data regarding the number of MVC in the village by age, the number of households with MVC in the village, the type of care, support and protection or safety nets provided to the households with MVC and to the MVC themselves through the program.

Table 2.1: The Interviewed Heads of Households with MVC

Village	Sex	Age Group				Total
		15-18	19-25	26-55	56- above	
Butiama	Female	1	0	4	3	8
	Male	1	0	1	-	2
Kyankoma	Female	-	-	9	4	13
	Male	-	-	-	3	3
Etaro	Female	-	-	5	-	5
	Male	-	1	3	1	5
Isaba	Female	1	1	3	1	6
	Male	1	1	1	2	5
Matongo	Female	-	-	3	-	3
	Male	-	1	1	5	7
Mirwa	Female	-	1	4	1	6
	Male	-	-	4	-	4
Total	Female	2	2	28	9	41
	Male	2	3	10	11	26
Total All		4	5	38	20	67

Table 2.2: The Interviewed MVC by Village, Sex and Age Groups

Village	Sex	Age Group			Total	
		6-13	14-18	19-24		
Butiama	Female	6	5	1	12	
	Male	5	4	1	10	
Kyankoma	Female	6	3	3	9	
	Male	5	6	6	11	
Etaro	Female	11	4	-	15	
	Male	3	6	-	9	
Isaba	Female	4	4	-	8	
	Male	3	8	1	12	
Matongo	Female	4	4	-	8	
	Male	6	6	-	12	
Mirwa	Female	4	4	-	10	
	Male	6	6	-	10	
		Female	35	24	4	62
Total		Male	9	36	8	64
Total All			44	60	12	126

Table 2.3: The Villagers Interviewed by Village, Sex and Age Group

Village	Sex	Age Group			Total	
		20-35	36-55	56 and above		
Butiama	Female	3	2	1	6	
	Male	4	5	5	14	
Etaro	Female	3	3	3	9	
	Male	3	5	4	12	
Isaba	Female	4	2	-	6	
	Male	2	8	2	12	
Kyankoma	Female	5	1	2	8	
	Male	1	9	3	13	
Matongo	Female	3	4	-	7	
	Male	4	7	3	14	
Mirwa	Female	1	2	1	4	
	Male	2	7	4	16	
Total		Female	19	14	7	40
		Male	16	41	21	81
Total All			35	55	28	121

2.3 Data Analysis

Preliminary data analysis was undertaken as an activity simultaneous with data collection, data interpretation, and narrative report writing in the field. Qualitative data analysis continued with data reeducation and interpretation after the field. Data were sorted into two main categories i.e. the MVC program implementation process and the MVC program output/outcome. All the collected data were presented into tabular information showing the relationship among categories of information. Data materials belonging to each category were put in one place and analysis was done.

3. MVC Program Impact Assessment Indicators

We facilitated respondents to come up with the impact indicators of the MVC program in Musoma Rural. We focused on identifying indicators that would facilitate assessment of the MVC program from the District to the village or community level. These indicators will also facilitate monitoring and evaluation of the implementation of the program in Musoma Rural District as well as other Districts where it is or will be implemented.

Monitoring generally refers to the routine tracking of the project's ongoing activities, achievements and constraints. It helps to ensure that activities are carried out as planned. Monitoring therefore constitutes regular recording of inputs, outputs and processes related to the targets and goals of a program. *Evaluation* generally refers to the assessment of program/project implementation and its success in obtaining pre-determined project goals/objectives. It is an analytical process, based on qualitative and quantitative information, that aims to assess the performance of the program either mid-stream or at the completion of a project cycle.¹

The impact assessment consequently looked into the *Process outcome* and *Output outcome* of the MVC Program in Musoma Rural District. In the following section we therefore outline the *Process* and the envisaged *Output/outcome* of the MVC Program in Musoma Rural. We also outline the process impact indicators and the output/outcome indicators developed through facilitating respondents at all the three levels i.e. district, ward and village/community level.

3.1 The MVC Program Processes

The MVC Program hinges on a participatory process of identification of the Most Vulnerable Children and identification of solutions within the community. The program implementation involves putting in place facilitators to facilitate the process from the national level down to the community level. More specifically the program involved the following processes:²

- i. *Training of the National Facilitation Team*
National facilitators were intensively and trained on facilitation skills and community planning which included Participatory Rural Appraisal (PRA) facilitation skills. The team was also trained on Human Rights Approaches to Programming, vulnerability mapping, facilitation and communication issues. At the end of the training, the team developed a community dialogue strategy

¹ Conceptual Framework

² A detailed presentation of the MVC Program implementation in Tanzania is provided by Limbumba, T., (2003).

to be employed, and a checklist of issues to be addressed and facilitated during the community dialogue process.

ii. *Training and Consultations with District and Ward Facilitation Teams*

The role of the national facilitators was advocacy and facilitation of the identification and training of the District and Ward level facilitators. The district team was expected to comprise of the Education Officer, the Community Development Officer, the Social Welfare Officer, the Maternal Child Health (MCH) Coordinator, the District Planning Officer, and two representatives from the non-state organizations i.e. Non-Governmental Organizations (NGOs) and Faith Based Organizations (FBOs). The Ward team was expected to comprise of the Ward Executive Officer, the Ward Education Officer, the Ward Community Development Officer and a member from CBO if available.

The District and Ward facilitation teams were provided with a two day orientation seminar aimed at orienting them with skills and knowledge on participatory methods. The skills imparted included Community Participatory Methodologies, Report Writing and Participatory Preparation of Village Plan of Action.

iii. *Orientation of the Village Teams*

At least one member of the national facilitation teams in collaboration with the District and Ward Teams met with the village officials in villages implementing the MVC Program. The aim was to share the objectives of the MVC program and orient the village leadership to the program. Moreover, to involve them in the preliminary development of the MVC identification indicators, which are relevant to the village's socio-economic –and cultural context.

iv. *Community Dialogue at the Village Level*

This process involved facilitation of the members of the community to do the following:

- Identification of indicators of child vulnerability in the perspective of local perception of child vulnerability in the community.
- Using the indicators to identify the Most Vulnerable Children in the Village
- Preparation of the village plan of action for caring, supporting and protecting the most vulnerable Children in the community.

This was done through holding of public meeting with the village community where all members of the village community were involved. After identification of the most vulnerable children and the households in which they live, household visits were made for verification. This was then followed by another village meeting for feedback, and confirmation of the identified children, strategy development for care and support of the children, and putting in place monitoring and follow-up mechanisms.

The strategy for care, support and protection of the identified most vulnerable children involved nominating a committee charged with

responsibility of ensuring that there is adequate care, support, and protection of the identified MVC in the village. Furthermore, the MVC committee has the responsibility of implementing decisions made at the village meeting regarding care, support and protection of the MVC in the village.

The MVC committee also in collaboration with the village government is responsible in the preparation and implementation of the MVC program plan of action. This involves among others resource mobilization from member of the community and opening an account through which contributions from the local government and UNICEF could be channeled. Generally the MVC committees are responsible in ensuring that MVC have access to safety-nets, and to all different types of care, support and protection services necessarily for a decent livelihood.

3.2 Impact Assessment, Monitoring and Evaluation Indicators

3.2.1 Process Outcome Indicators

The implementation of the MVC Program starts by training facilitators i.e. conducting training of trainers at the District, Ward and village levels. At least six (6) trainers are trained at the district level; the trainers trained at the district level are nominated from the Social welfare department, Community Development Department, Health, Education, Planning and 2 people from the Civil Society. At the ward level four (4) trainers are trained. These are the Ward Executive officer (WEO); the Ward Community Development Officer; the Ward Education Coordinator; and a member of Civil Society. At the Village level also four (4) facilitators are trained. These are the Village Executive Officer VEO; the Village Health Worker; a Primary School Teacher and MVC Community Member.

The indicator in this respect is the number or availability of trained people i.e. the MVC facilitators in the district (at District, Ward and Village levels) who are still available for facilitating the implementation of the MVC program in the district.

The next process impact indicator required relates to the MVC identification process in the villages and development of supportive mechanisms to respond. The important impact indicators here are as follows:

- (i) The implementation of Community Dialogue meetings and awareness by the members of the village for the need to support the MVC. Commitment of member of the village to the MVC Program in terms resource allocation (time, financial and material to support the MVC);
- (ii) Inclusion of the MVC agenda in the Village Statutory Meetings;
- (iii) Convening of Regular Village Most Vulnerable Children (MVC) Committee meetings;
- (iv) Annual MVC subsequent or follow-up identification (Annual MVC data updating);
- (v) Preparation of the MVC program implementation reports;
- (vi) Inclusion of the MVC issues in the village development agenda/O and OD; and

- (vii) Updating MVC data base at the District, Ward and Village levels

Table 3.1: Process Impact Assessment, Monitoring and Evaluation Indicators

MVC Program Implementation Process	Expected Process Output	Expected Process Impact Assessment Indicator
i. Conducting training of trainers (TOT) or facilitators at the District, Ward and Village levels. MVC	i. Training of trainers (TOT) or facilitators at the District, Ward and Village levels. MVC	f. Availability of adequately trained trainers or facilitators at all levels (District, Ward and Village level) i.e. the number of trained people i.e. the trainers of trainers (TOTs) in the district (From District to Village level) that are still active or available for facilitating the implementation of the MVC program in the district. g. The frequency of regular follow-up or follow-up training sessions of the facilitators at all levels
ii Conducting of MVC identification process in the villages and development of supportive mechanisms to respond.	ii. Initial and follow-up identification of the MVC in the District, Ward and Village levels ii. Establishment of MVC program implementation framework at the District, Ward and Village levels	h. An update list of identified households with MVC at the District, Ward and Village level i. An updated list of identified MVC at the District, Ward and Village levels j. Existence of a Functioning Coordination Mechanism ❖ Existence of MVC Program Facilitators who meets regularly ❖ Existence of MVC program implementation progress reports ❖ MVC Program Stakeholders Meetings and implementation progress reporting ❖ Inclusion of the MVC agenda in the District, Ward and Village statutory meetings and other standing committees (e.g. Committees responsible for social welfare at the village level)

3.2.2 Output/Outcome Indicators

MVC program aims at strengthening local support systems enables communities to be the key players in devising and co-coordinating appropriate interventions. MVC program implementation output/outcome indicators therefore constitute the broad spectrum of provision of care, support and protection to the MVC by the community. This includes:

- (i) Resource Mobilization from within the village/community which includes financial, material or time (for instance time used in the community work to construct shelter/houses for the identified households with MVC),
- (ii) Number and proportion of households in the District, Ward and in the Village/community identified as having MVC and which have access or being provided with the following services:
 - ❖ Shelter/Dwelling House construction or maintenance
 - ❖ Food
 - ❖ Health Care
 - ❖ Economic Strengthening Support
 - ❖ Other Material Support
 - ❖ Psychosocial support
- (iii) Number and proportion of MVC in the District, Ward and in the Village/community who have access or being provided with the following services:
 - ❖ Education support
 - ❖ Health Care
 - ❖ Clothing
 - ❖ Other Material Support
 - ❖ Economic Strengthening Support
 - ❖ Psychosocial support
 - ❖ Legal and Human rights support
 - ❖ Life skills support

Table 3.2: Output/Outcome Impact Assessment and Monitoring and Evaluation Indicators

MVC Program Implementation Outcome	Expected Outcome	Expected Outcome Impact Assessment Indicator
i. MVC program aims at strengthening local support systems enables communities to be the key players in devising and co-coordinating appropriate interventions or safety-nets.	i. Improving MVC access to Education Support; Health Support; Clothing Support; Other Material Support; Economic Strengthening Support; Psychosocial Support; Legal & Human Rights Support; Life Skills Support;	i. Number and proportion of households in the District, Ward and in the Village/community identified as having MVC and which have access or being provided with basic services like Shelter/ Construction or maintenance of dwelling house; Food; Health Care; Economic Strengthening Support; Other Material Support; Psychosocial support and Legal and Human Rights Support ii. Number and Proportion of MVC with access or provided with Education Support; Health Support; Clothing Support; Other Material Support; Economic Strengthening Support; Psychosocial Support; Legal & Human Rights Support; and Life Skills Support; from the MVC Program

Table 3.2 Continues

MVC Program Implementation Outcome	Expected Outcome	Expected Outcome Impact Assessment Indicator
ii Establishment of structures and mechanisms for ensuring the security and protection of children at risk of abuse, exploitation, and HIV, through incorporation of psychosocial support and legal services for children and families	ii. Ensuring the security and protection of MVC and children at risk of abuse, exploitation, and HIV.	ii. Availability of Life Skills facilitators who really provide life skills support to the MVC and other children in the village iv. Availability of psychosocial facilitators who really provide these kind of support to the MVC v. Availability of CJF facilitators and a functioning system of providing legal and human rights support to the MVC
iii Encourage families to plan for future and safeguard the rights of children in inheritance and succession.	iii. Safeguard the rights of children in inheritance and succession.	iv. Number of Community Justice Facilitators per District/Ward/Village MVC population
iv Supporting communities to implement strategies to address stigma and discrimination, exploitation and abuse.	iv. Strategies to address stigma and discrimination, exploitation and abuse.	v. Existence of strategies at all levels to address stigma and discrimination, exploitation and abuse.

4. Assessment of the Impact of the MVC Program in Musoma Rural

In this section we provide the results of the MVC Programme impact assessment in Musoma rural based on the conceptual framework provided in section three. The first part of this section provides District level impact assessment findings; the second part provides Ward level impact assessment findings and the last part provides the village or community level impact assessment findings.

4.1 District Level

Musoma Rural is one of the pioneering districts in the implementation of the MVC Programme in the country. The programme was introduced in Musoma Rural since 1999 when the situational analysis of orphaned and most vulnerable children was first undertaken in Tanzania. This was then followed by the MVC implementation process in the district in the year 2000. The program was implemented in phases and up to now five (5) phases have been completed. Currently, a total number of 27 wards and 75 villages have been covered. Furthermore, a total of 3107 Female and 3667 Male MVC in the District have been identified. The District council plan is to complete community dialogue and MVC identification process in the remaining wards and villages by end of November 2004.

Table 4.1: MVC Program Implementation Coverage in Musoma Rural

	MVC Identification Phases					Total Coverage	Total Remaining
	I	II	III	IV	V		
<i>Year</i>	2000	2000	2001	2002	2003		
Number of W ards Covered	1	1	4	6	8	27	35
Number of Villages Covered	1	2	16	22	34	75	106
Number of MVC Identified							
<i>Female</i>	104	87	914	772	1097		
<i>Male</i>	130	122	1081	834	1426		
Total MVC	234	209	1995	1606	2523		

Source: Appendix

The district coordination process of the MVC program implementation is currently weak and almost not functioning. When the MVC program started in the district in the year 2000, an MVC facilitating team was established. Most of the members of this team were also members of the CSPD steering committee and constituted representatives from the stakeholders. Implementation progress of the MVC program was therefore part of the agenda in the CSPD steering committee meetings. The committee which was operational from 1992 stopped functioning in the year 2000. This also affected smooth coordination of the MVC program implementation. The MVC program at district level currently faces four crucial problems:

- i. There is a general lack of openness in the implementation status of the program. This is due to lack of meetings convened to discuss the implementation status of the Program with stakeholders.
- ii. The MVC coordination/facilitation team has not been receiving or provided with support from the district leadership due to communication breakdown. Communication breakdown resulted from among others, improper handing over of the MVC program from the previous District Development Officers PDOs to the incumbent. Consequently, the MVC program is currently coordinated by desk officers who don't have executive powers.

This problem has consequently resulted into break-up of program implementation facilitation and monitoring. District facilitators are not following-up or monitoring the implementation of the program. For instance in Isaba, village community dialogue and MVC identification was done in the year 2002, and the MVC committee is still waiting for instructions from the district facilitators on how to proceed from that point. In addition, only a few villages have opened the MVC Bank Accounts so far (Table 4.2).

Table 4.2: Number of Villages implementing the MVC Program which have opened Bank Accounts

MVC Implementation Phases and Year	Number of Villages started the MVC Program	Number of Villages with MVC Bank Account
Phase I (2000)	1	1
Phase II (2001)	2	2
Phase III (2001)	16	11
Phase IV (2002)	22	7
Phase V (2003)	34	3
Total	75	24

- iii. Lack of adequate resource allocation by the district level to the MVC program. The district allocates funds to the program only for community dialogue and MVC identification process. Availability of adequate funds at the village level for providing direct material support to the MVC as well as putting in place safety-nets for health care and education support is very critical. However, no funds are allocated by the district council for disbursement to the village MVC bank accounts. Given the changes in the local governments' revenue collection procedures, where villages now are prohibited from collecting revenue from their own sources, Village governments are left with nothing to contribute to the village MVC fund/bank accounts.

Butiama Village is the only village which so far has received some money from the District Council for the MVC program. The council this year also paid secondary school fees for 45 MVC. Nevertheless, since there is no specific allocation of funds for supporting the MVC in secondary schools, this support is not dependable. In addition to that this type of support bypasses the other MVC in the district who are not in secondary schools. Furthermore, the district council does not allocate funds for providing MVC with health and food safety-nets or for providing other types of care and support other than schooling.

The District Medium Terms Expenditure Framework does not include a component of financing provision of safety-nets for health, education, food and other material needs to the MVC in those villages where the MVC have been identified. For instance the MTEF for the period 2004/2005-2006/2007 covers provision of Daily Subsistence Allowances to facilitators, fuel and maintenance of vehicles for the implementation of the following activities:

- ☞ To establish, identification and supportive information mechanism of the most vulnerable children in 8 Ward.*
- ☞ To strengthen Out of School Youth network by providing training & skills in the District:*
- ☞ To train COBET facilitators for the expansion of the Programme in the District*
- ☞ To strengthen Out of School Youth network by providing training & skills in the District*

- iv. Inadequacies in MVC data management at the district level. There are large discrepancies between the data recorded at the district level and what is available at the village level. For instance, records at the district level shows that MVC data have been up dated in all the villages, while records from the six (6) sample villages shows that no follow-up identification of the MVC have been done in 5 of the 6 villages studies (Table 4.3). District level data is therefore far from accuracy.

The available data base is also not comprehensive. It has information on MVC identification coverage only. No information is available on the distribution of MVC by age groups, and type of care, support and protection provided by type of actor or provider and level (i.e. District, Ward or village level). The data base also doesn't have adequate information on the number of other actors in the district who are providing care, support and protection to the MVC.

Table 4.3: MVC Data from the Village Government and the District MVC Coordinator

Village Name	Data from the Village Government and District Council MVC Coordinator's Reports									
	2000		2001		2002		2003		2004	
	Village Gov.	MVC Cord.	Village Gov.	MVC Cord.	Village Gov.	MVC Cord.	Village Gov.	MVC Cord.	Village Gov.	MVC Cord.
Butiama	422	234	-	-	-	-	-	-	-	422
Kyankoma	20	-	17	-	29	-	28	-	135	161
Etaro							149	-	157	149
Isaba					91	-	-	-	-	99
Matongo			82	-	-	-	-	-	-	80
Mirwa			-	-	-	-	-	-	95	75

- v. There is no active involvement of the other non-state actors i.e. the Non-governmental organizations (NGOs), the community based organizations (CBOs), and the faith based organizations (FBOs) in the implementation of the MVC program at the district level. Effective involvement of the non state actors could potentially benefit the implementation of the MVC program in terms of sharing experiences and adoption of the best practices.

The WAMATA, NGO for instance is providing care and support to the orphans due to HIV/AIDS in Musoma rural. They are facilitating them with paying children's school fees, buying uniforms and providing them with food. They also do house visits to help and ensure that the under 5 are well provided with care and support especially for food and medicine.

So far WAMATA is implementing this program in 14 Wards in the district, covering a total of 52 villages and providing care and support to a total of 3,282 HIV/AIDS orphans. In each village there is at least one WAMATA representative/ trained facilitator. The village facilitators provide reports on HIV/AIDS orphans in each village to the WAMATA district office. The reported HIV/AIDS orphans have to be verified by the WAMATA district office before the start of support provision.

However, the WAMATA program is not integrated in any way with the MVC program implementation in the District

A meeting of all stakeholders in the MVC program (central and local governments, UNICEF, other NGOs, FBOs and CBOs), which was facilitated by the UNICEF, was held in October at the time when the impact assessment

was being done. The meeting discussed the implementation status of the MVC program in the district, identified the existing gaps and constraints and agreed on the way forward.

For paving the way forward, the stakeholders decided that the district planning officer DPO has to organize another meeting which will establish a new framework for coordination and smooth implementation of the MVC program in the district.

4.2 Ward Level

At the Ward level the MVC facilitating team consists of the Ward Executive Officer, the Community Development Officer, the Education Officer and the two Community Justice Facilitators (CJFs). Very little is done from the Ward level to facilitate the implementation of the Program in the villages. For instance there is no follow-up taken by the Ward MVC committee to oversee the program implementation at the village level. The main argument put forward at the ward level is lack of transport facilities to traverse through all the villages in the entire ward.

For instance in Butiama Ward the Ward MVC Committee is supposed to meet quarterly to receive and discuss the MVC implementation reports from the three villages in the Ward. So far no reports have been received from the other two villages i.e. Lwamkoma and Buturu villages. The main reason being that the village MVC committees which are supposed to meet every month are currently not meeting because there are no meeting allowances from UNICEF.

The two trained CJFs in the Ward also have left the Ward due to various reasons. The female facilitator got married and moved to Mwanza Region, and the Male facilitator got a job in Shinyanga Region.

Currently community justice in the Ward is facilitated by the Ward Executive Officer, the Butiama MVC secretary, the Ward tribune secretary, the Lwamkoma village MVC treasurer, and the Butiama MVC committee secretary. UNICEF also has supplied basic books on human rights and children rights which are kept at the Ward level and are made available for reference to the facilitators and villagers.

The MVC Ward Committees are supposed to meet regularly to evaluate/assess the MVC situation in the Ward. So far the Ward MVC committees are not meeting regularly and often there are no MVC program reports submitted from the Villages MVC committees. District facilitators are also not making any follow-up at the Ward level to oversee and/or evaluate the implementation status of the program at the lower levels.

4.3 Village or Community Level

4.3.1 Process Impact at the Village Level

Assessment of community dialogue and villagers commitment to the implementation of the MVC Program shows that people have generally understood the importance of the project and have accepted it. The problem however has been that of implementation.

There is a general lack of commitment to the program implementation as manifested in the reluctance to contribute the required resources for supporting and caring for the MVC in the villages. In each village where the program has been introduced, villagers agreed to contribute a certain amount of money to the village MVC fund. However, contributions were made during the initial dialogue and start up of the project. Subsequent contributions have been difficult to mobilize. This is mainly due to the following factors:

- (i) **Poverty:** In the poorly performing villages like Isaba, villagers have completely withdrawn from participating in the program. This is not because they don't like the project, but because they consider themselves to be also poor and therefore not able to contribute to support others. It is the households identified having MVC which have contributed to the MVC fund for opening the MVC bank account. The incentive towards these contributions is the contractual agreement with UNICEF to transfer twice as much amount of money to village contribution in their bank account. So community attitude in this village is that, since every one is poor in the village, those who are going to benefit from the UNICEF support i.e. the identified households with MVC should make the required contributions to the MVC Bank Account.
- (ii) **Lack of commitment from the village leadership:** Implementation of the program has also been constrained by the lack of commitment from the village leadership. The village governments in the sample villages focuses more in mobilizing resources for the school projects and other development projects in the village. The MVC program is not given much consideration. For instance, in the statutory village meetings, the MVC program is often not in the list of the meetings agenda. Besides, the statutory village meetings are also not held regularly. Furthermore, the MVC committees in the villages also do not hold regular meetings to discuss the implementation progress of the program (Table 4.4 and 4.5).

In Butiama village, the MVC committee secretary passed away and no one has been elected to replace him. Furthermore, members of the MVC program are not invited in the village statutory meetings. The MVC committee is also not given any support in the enforcement of the village meetings agreements in which villagers committed themselves to contribute resources to the program.

In Mirwa village the MVC funds contributed by the villagers were diverted to the financing of the "Village Water Rights License". This is because the village government considered the water rights license to be of more priority to the MVC program.

- (iii) **Lack of follow-up from the Ward and District Level:** Follow-up of the program implementation progress from the ward and village level is almost non-existent. No program progress reports are prepared at the village levels for sub-mission to the Ward and District level committees. In the absence of

any follow-up by facilitators from the Ward and District levels, the program at the village level has become inactive.

Table 4.4: The MVC Agenda in Statutory Village Meetings

Village	Number of Statutory Village Committee Meetings with an Agenda on MVC in a Year									
	Village Assembly					Village Council				
	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004
Butiama	1/4	0/4	0/4	0/0	0/2	4/12	4/12	0/12	0/12	0/12
Etaro				1/1	0/0				1/1	0/0
Isaba			0	0	0			0	0	0
Kyankoma	-	-	-	-	-		1	0/4	4/6	0/5
Matongo		1/2	1/2	1/3	0/1		3/7	2/7	2/3	2/3
Mirwa		-	0/4	0/3	0/2		-	-	0/11	0/9

Table 4.5: The MVC Committee Meetings in the Six Villages

Village	Number of MVC Committee Meetings in a Year				
	2000	2001	2002	2003	2004
Butiama	12	10	6	3	2
Etaro				2	2
Isaba			9	0	0
Kyankoma	-	1	6	8	8
Matongo		0	0	0	0
Mirwa		-	1	0	0

- (iv) **Lack of resource support from the local government:** The village governments and the district council are not committing or allocating resources to complement villagers' contributions (Table 4.6). Village governments concentrate on mobilizing resources from the village community for supporting other community development projects in the village (Table 4.7).

Table 4.6: Village and Government District Contributions to the MVC Funds in the Six Villages

Village	Contributions from the Village Government					Contributions from the District Council				
	2000	2001	2002	2003	2004	2000	2001	2002	2003	2004
Butiama			130,000	-	-	-	100,000/-	-	-	-
Etaro				-	-				-	-
Isaba										
Kyankoma	-	60,000	-	-	-	-	-	-	-	-
Matongo		50,000	-	-	-		-	-	-	-
Mirwa		-	-	-	-		-	-	-	-

Table 4.7: The Required Households' Contribution to the MVC and other Community Development Initiatives in the Six Villages

Village	Number of Households		Required Contribution to the MVC per Household per Year (in Tshs.)	Other Community Development Contribution per Household per Year (in Tshs.)
	Year	Households		
Butiama	2004	1080	400.00	
Etaro	2004	847		
Isaba	2002	459	1,000.00	❖ 30,000.00 per Hamlet for the construction of classrooms and teachers houses ❖ 500.00 Construction of Ward office
Kyankoma	2004	600	600.00 (villagers have not been able to contribute to the MVC program due to many contribution demands from the village government.	❖ 5,000.00 for water project (2,000.00 for the MVC identified households) ❖ 15,000.00 for buying school desks (payable once) ❖ + school construction contribution (labor)
Matongo	2004	589 (80 Households with MVC)	Households contribute 200.00 per household. No contributions made to the MVC fund so far because of poor harvest due to bad weather	❖ 2,050.00 for construction of the village office ❖ 2,050 for construction of classrooms and teachers houses
Mirwa	2004	394	500.00	❖ 4,900.00 for construction of classrooms and teachers houses + dispensary ❖ 200.00 Water rights registration

Table 4.8: Actual Contributions by Households to the MVC Funds in the Six Villages

Village	Total Contribution to the MVC Program by the Village Households				
	2000	2001	2002	2003	2004
Butiama		74,500/-			
Etaro				-	-
Isaba				26,000/-	
Kyankoma					
Matongo				8,000/-	20,000/-
Mirwa			20,000/-	-	-

4.3.2 Outcome Indicators

The MVC program generally is aimed at facilitating commutes to take the responsibility of caring, supporting and protecting the MVC. Mobilization of resources from within the village communities however there has been very limited in all the sample villages. In all the sample villages for instance, villagers have contributed only once to the MVC program. On top of that, only a few villagers have contributed. Furthermore, the focus has been placed on the mobilization of financial resources while ignoring the

mobilization of material support such as food. Consequently the ability to provide care and support to the MVC through the MVC program has been limited. The assessment of the impact of the project by support category is provided below:

i. Shelter or Housing Support

Shelter is one the biggest MVC problems in the district. Most MVC are living in very poor houses. The MVC committees in Butiama and Kyankoma have assisted some of the households by either constructing a new house for them, or repairing the houses in which they are staying. In Butiama, the MVC committee provides money to by materials, i.e. thatching grasses and poles as well as paying the house builders. In kyankoma village, the villagers build the houses or repair the houses themselves.

In the other sample villages, the MVC committees have not yet implemented any interventions to assist or support the MVC with housing.



Picture 4.1: One of the Houses Constructed by the MVC Committee in Butiama Village to assist households with poor shelter.

ii. Education Support

Providing support for education has been one of the major successes of the program. In all the villages where the MVC program is being implemented, support for education has been provided through UNICEF facilitation. UNICEF has provided exercise books which are distributed to the MVC in the primary schools. However, the number of exercise books and other school supplies provided is not adequate to cover all the schooling MVC.

Furthermore a good environment has been created in the villages for the MVC to be able to attend primary school. The good environment has been facilitated by

having one primary school teachers as member of the MVC committee. MVC are also assisted with exercise books, pencils and pens, which are distributed at school. In addition, the MVC educational support e.g. exercise books provided are inadequate to meet all the needs of an MVC for the entire year.

MVC are also not provided with other school supplies like uniforms, shoes which are also important requirements at schools. The primary school regulations in Musoma district is that pupils are not allowed to go to school without uniforms. A child coming to school to register for the first time cannot be registered if the child doesn't have uniforms. So this makes it harder for the MVC to join school.

Besides, there are some other implementation weaknesses like insufficient sharing of information with the MVC. For instance in Butiama one of the MVC reported that he could not join COBET because he was registered for COBET but then did not join classes since he was not informed on when he was supposed to start going to school. He realized later that school has started and when he tried to go to school he was not allowed to join since he was already too late.

iii. Health Support:

The MVC committees also facilitate MVC access to health care by providing required money to pay for health care services. This has been the case in four of the sample villages i.e. Butiama, Kyankoma, Mirwa and Matongo. The MVC committees however have been able to provide support to only a very limited number of MVC (Table___). Nevertheless there has been inadequacy in the provision of health care safety-nets for the MVC in almost all the sample villages. The MVC committees have not yet put in place any strategy to ensure health safety-net for all the MVC in the Village. It is only in Butiama village where all the identified MVC are treated free of charge. A list of names of the identified MVC has been sent to the Butiama health center to ensure that they have access to free health care.

iv. Support for Clothing:

The MVC committees in all the villages have not been able to provide any support for clothing to the MVC. The only type of support for clothing so far is the school uniforms. This type of support however bypasses those who are not in school i.e. the under-five and those who have just completed school and are still economically struggling.

v. Other Material Support:

There has been inadequacy in the support to the MVC with other material support due to financial constraints. The MVC committees have focused mainly on the mobilization of financial contributions and ignored mobilization of material contributions. Other material support to the MVC have only been provided to a very limited number of MVC in Butiama and Kyankoma villages (Table 4.9). The MVC committees in the other sample villages have not been able to provide support for other material needs to the MVC.

Table 4.9: Other Material Support in Butiama and Kyankoma Villages

Village	Type of Support	Year of Support
Butiama	Mattresses to 4 MVC out of 102	2002
Kyankoma	15 Secondary school students each one Bar of Washing Soap	2003
	Paying Secondary School fees for 3 students	2003 and 2004



Picture 4.2: This is an MVC Headed Household. Head of the Household is 18 years old (the one standing on the right). His father died and his mother is sick (TB) and has been away from home for more than a month at the time when the impact assessment was done in Butiama village. His 3 sisters also have died. Two of the dead sisters left behind a total of 5 children. The young boy is therefore taking care of 10 children in total i.e. 5 young brothers and sisters, plus 5 children of his late sisters.

Though the MVC in this household are living in a relatively better house, but they need other types of support like food, material and economic strengthening support which they are not getting.

Standing on the left is the Butiama MVC committee secretary

iv. Economic Strengthening Support

Economic strengthening constitutes interventions to enhance the economic capacity of the *Children themselves, their households and their village or community*.³ Economic strengthening interventions that serve children directly include vocational training, apprenticeships, formal education, income-generating activities, microfinance services, and legal support. Economic interventions at the household level include market-linkages, business grants, labor-saving techniques, microfinance, and legal support and advocacy. At the village or community level, key interventions include community mobilization, community fundraising, income-generating activities, promoting links to development programs, and providing child care to vulnerable children. The sample villages were facilitated to assess themselves along these three levels of economic strengthening interventions i.e. *Child-level, Household-level, and Community-level*.

In all the six sample villages, there have not been any strategies or interventions within the MVC program to provide economic strengthening support to the MVC, their care takers and the communities at large. Opportunities for this type of support however do exist in the district. For instance, the district council offers credit for business opportunities to people who have organized themselves into small business groups. The MVC committee could facilitate households with MVC and or the MVC themselves to access to this credit facility by organizing them into the small groups as required and help them with business ideas.

v. Psychosocial Support:

On the psychosocial aspect, the assessment focused on examining coverage of psychosocial support; connectedness of the MVC to significant adults; families; and or peers and the percentage of OVC participating in organized group activities which address appropriate psychosocial support i.e. group counseling, structured Support and memory approaches.

In all the six sample villages there were no any form of psychosocial social support provided by the MVC committees. There were also no group activities organized by the MVC committees that provided an opportunity for the MVC to have access to group or individualized counseling.

vi. Legal and Human Rights Support

The common legal and human rights concerns for the MVC include among others, property dispossession, different forms of child abuse and access to essential social services. In Musoma rural the culture promotes different forms of abuses to the girl child. Communities identified the following forms of girl child abuses:

- ❖ Forced marriage of young girls to old men simply because the marrying husband is wealthy and able to pay dowry to her parents.

³ USAID, Bureau for Africa, 2004, Economic Strengthening to Improve the Well-Being of Orphans and Vulnerable Children. Workshop Report, June 14-16, Dar es salaam,

When these old people die they live behind young widows with little economic strength to support the children.

- ❖ Forced marriage of young girls to old women who never had children but are wealthy enough to pay dowry to the girls' parents. The old woman therefore marries one or more young girls so that they can bear children for her by having sex with men who have to be chosen or accepted by the old woman i.e. the "Female Husband".

This type of marriage is called "Nyumba Ntovu" and is very common in Musoma rural. It is also one of the major causes of orphanhood and children vulnerability in the district. This is mainly because the girls are forced to have sex with different men in their life time so that they can bear children for the Old woman. With the HIV/AIDS epidemic the wives are getting infected with HIV/AIDS. They therefore die pre-maturely living behind children to be taken care by old women (The husbands) who eventually dies as well before the children are mature enough to take care of themselves.

- ❖ Female last born in a family are not allowed to get married. They have to remain at home with their old parents and have babies out of marriage with different men. This results into children with inadequate support and care from the mother and grand parents who are already old and not capable of caring and supporting children. Death of the grand parents due to old age and death of the mother due to HIV/AIDS brings children into vulnerability.
- ❖ Divorced women are forced by their husbands to leave with their children. Traditionally, once married, a woman can not return to her home to live with her parents. So when divorced she has to find her own place to live. Even if she returns to her parents due to unavoidable circumstances, she is given a small plot for building shelter for herself and the children near her parents' household. However she gets little or no support from the parents or brothers. This is mainly because she no longer belongs to that family once she is married. This cultural tradition, apart from being abusive and discriminatory, it also brings more children into vulnerability.

Monitoring indicators identified by the community members in the sample villages includes the decrease in the different types of forced marriages in the community. Furthermore, the presence or proportion of committee (MVC and Village council) activities intervening cases of child abuse, neglect, and exploitation (including violence, lack of care, child labor, and sexual exploitation).

The MVC committees in all the sample villages did not have any laid down strategy to intervene in this type of cultural practices. However, some advocacy against this type of culture is being done by the MVC program facilitators through the village meetings.

Property dispossession is not common practice in the village. Such traditions are dying away in the community, though such elements could happen. But if reported to the MVC committee, the village takes responsibility to ensure that rights of the widows, single as well as double orphans are protected.

In Butiama village for instance, where there is no longer community justice facilitators (CJF), the WEO and VEO are providing legal advice to the widows and orphans who happen to be dispossessed of their property. They point them to where they can get legal assistance or on how to pursue their case against dispossession.



Picture 4.3: A 36 year old woman married to another old woman (70 years old) standing with her children at the Butiama Ward and village offices. She was forced by her parents into this marriage in 1983 when she was 16. Her female husband paid a dowry of 16 cows. She now has 5 children and each child from a different father. She is the one taking care of the household in terms of providing the basic necessities. The fathers of these children do not provide any assistance. The Female husband is too old for providing any assistance.



Picture 4.4: This is a picture of a married couple. It is one of the households identified households with MVC. The old woman had two wives. One has passed away she has now remained with one wife and one child. The wife who passed away had __ children. The children of the wife who passed away are now staying with her own mother who is also very old to provide adequate care and support. Picture 4.3 and 4.4 shows the two houses owned by this couple. The wife stays in one of the house and the female husband in the other.



Picture 4.5: This is the house in which the female husband is staying (Main house)



Picture 4.6: These are two houses belonging to the couple. The one on the left is where the wife is staying.

vii. Life Skills Support:

Life skills support is provided through the youth centers. The grownup MVC have been able to access life skills support with their peers through the youth centers. However, the MVC committees have no specific strategy in place to ensure that all MVC participate in the youth centers.

Out of 126 MVC interviewed in the six villages 16 had experienced first sex before 15 years. Only 3 out of the 16 who have used a condom during their last engagement in sex. (Table 4.10 and 4.11) The majority of the MVC have not received any counseling about sex or HIV/AIDS. The few who have received counseling have been counseled either by relatives or by teachers at school (Table 4.12).

Table 4.10: Age of MVC and First Sex Experience by village

Village Name	Age at First Sex Experience							Total MVC Interviewed
	No Sex experience	9	11	12	13	14		
Butiama	19	0	0	1	0	1	22	
Etaro	23	0	0	0	0	0	23	
Isaba	20	18	1	0	0	1	20	
Kyankoma	16	0	1	1	2	0	20	
Matongo	18	1	0	0	0	1	20	
Mirwa	18	1	0	0	0	1	20	
Total	111	3	1	2	2	4	126	

Table 4.11: Sex Experience and Condom use in the Last Sex

Village Name	Use of Condon in Last Sex				Total
	No Sex experience	Used Condom	Not Used Condom		
Butiama	18	1	3	22	
Etaro	21	1	2	24	
Isaba	18	1	1	20	
Kyankoma	17	0	3	20	
Matongo	17	0	3	20	
Mirwa	19	0	1	20	
Total	111	3	13	126	

Table 4.12: MVC Sex and HIV Counseling by Sex Experience

Age at first Sex	Type of Sex and HIV/AIDS Counselor						Total
	No Counseling received	Counseling by MVC Facilitator	Relatives	Teachers	NGOs, FBOs & CBOs	Other People	Total
No Sex Experience	79	0	11	18	1	2	111
9	0	0	2	1	0	0	3
11	1	0	0	0	0	0	1
12	2	0	0	0	0	0	2
13	1	0	1	0	0	0	2
14	2	0	0	1	1	0	4
15	0	0	1	0	0	1	2
16	0	0	1	0	0	0	1
Total	85	0	16	20	2	3	126

Table 4.13.: Proportion of Identified Households with MVC Getting Support from the MVC Program in the six sample villages

Butiama	2000	2001	2002	2003	2004
Shelter/House Construction	-	-	3/102	1/102	-
Food	-	2/102	2/102	2/102	-
Health Care	-	-	3/102	4/102	2/102
Economic Strengthening	-	-	-	-	-
Other materials (mattresses)	-	-	4/102	-	-
Psychosocial	-	-	-	-	-
Kyankoma	2000	2001	2002	2003	2004
Shelter/House Construction	-	-	1/89	1/110	-
Food	-	-	-	-	272/135
Health Care	1/71	-	-	14/110	-
Economic Strengthening	-	-	-	-	-
Other materials	-	-	-	-	-
Psychosocial	-	-	2/89	-	4/135
Mirwa	2000	2001	2002	2003	2004
Shelter/House Construction			-	-	-
Food			-	-	-
Health Care			-	-	-
Economic Strengthening			-	-	-
Other materials			-	-	-
Psychosocial			-	-	-
Matongo	2000	2001	2002	2003	2004
Shelter/House Construction		-	-	-	-
Food		-	-	13/12	16/16
Health Care		-	-	-	-
Economic Strengthening		-	-	-	-
Other materials		-	-	-	-
Psychosocial		-	-	10/12	

Table 4.13: Continues

Etaro	2000	2001	2002	2003	2004
Shelter/House Construction				-	-
Food				-	-
Health Care				-	-
Economic Strengthening				-	-
Other materials				-	-
Psychosocial				-	-
Isaba	2000	2001	2002	2003	2004
Shelter/House Construction			-	-	-
Food			-	-	-
Health Care			-	-	-
Economic Strengthening			-	-	-
Other materials			-	-	-
Psychosocial			-	-	-

Source: Appendix

Table 4.14: Proportion of Identified MVC Getting Support from the MVC Program in the six sample villages

Butiama	2000	2001	2002	2003	2004
<i>Education Support:</i>	-	20	40	120	60
<i>Health Support:</i>	-	-	-	8/ @ 27,000/	-
<i>Clothing Support:</i>	-	-	-	-	-
<i>Other Material Support:</i>	-	-	-	-	-
<i>Economic Strengthening Support:</i>	-	-	-	-	-
<i>Psychosocial Support:</i>	-	-	-	-	-
<i>Legal & Human Rights Support:</i>	-	-	2	1	4
<i>Life Skills Support:</i>	-	-	-	-	-
Kyankoma	2000	2001	2002	2003	2004
<i>Education Support:</i>	-		2/25	1/28	1/135
<i>Health Support:</i>	3/20	-	-	15/28	-
<i>Clothing Support:</i>	-	-	-	-	-
<i>Other Material Support:</i>	-	-	-	14/28	-
<i>Economic Strengthening Support:</i>	-	-	-	-	-
<i>Psychosocial Support:</i>	-	-	-	-	-
<i>Legal & Human Rights Support:</i>	-	-	-	-	-
<i>Life Skills Support:</i>	-	-	-	-	-
Mirwa	2000	2001	2002	2003	2004
<i>Education Support:</i>			-	-	2/95
<i>Health Support:</i>			-	-	14/95
<i>Clothing Support:</i>			-	-	
<i>Other Material Support:</i>			-	-	
<i>Economic Strengthening Support:</i>			-	-	-
<i>Psychosocial Support:</i>			-	-	-
<i>Legal & Human Rights Support:</i>			-	-	-
<i>Life Skills Support:</i>			-	-	9/95
Matongo	2000	2001	2002	2003	2004
<i>Education Support: (Secondary School fees)</i>			-	3/82	3/82
<i>Health Support:</i>			-	8/82	
<i>Clothing Support:</i>			-	-	-
<i>Other Material Support: (Soap)</i>			-	-	-
<i>Economic Strengthening Support:</i>			-	-	-
<i>Psychosocial Support:</i>			-	-	-
<i>Legal & Human Rights Support:</i>			-	-	-
<i>Life Skills Support:</i>			-	6/82	14/86

Table 4.14: Continues

Etaro	2000	2001	2002	2003	2004
<i>Education Support:</i>				100	98
<i>Health Support:</i>				-	-
<i>Clothing Support:</i>				-	-
<i>Other Material Support:</i>				-	-
<i>Economic Strengthening Support:</i>				-	-
<i>Psychosocial Support:</i>				-	-
<i>Legal & Human Rights Support:</i>				-	-
<i>Life Skills Support:</i>				-	-
Isaba	2000	2001	2002	2003	2004
<i>Education Support:</i>			-	-	-
<i>Health Support:</i>			-	-	-
<i>Clothing Support:</i>			-	-	-
<i>Other Material Support:</i>			-	-	-
<i>Economic Strengthening Support:</i>			-	-	-
<i>Psychosocial Support:</i>			-	-	-
<i>Legal & Human Rights Support:</i>			-	-	-
<i>Life Skills Support:</i>			-	-	-

Source: Appendix

4.5 Gaps Challenges, Constraints

4.5.1 Gaps

1. *Lack of coordination of the implementation of the program at all levels.*

At the District level, there is lack of effective coordination between the MVC program and the District Council. The Program is currently handled by a desk officer who doesn't have executive power and competence to run the program. This is mainly due to the fact that the current program coordinate has no mandate to plan and or participate in council meetings, which make district council resources allocation and utilization decisions. Consequently the MVC program is not effectively represented in the District Council Statutory meetings.

Besides, the MVC program facilitation team in the district constitutes members from different institutions and stakeholders. There are no formal meetings held to discuss the implementation progress of the program. This is partly due to the fact that the current coordinate of the program has no official mandate to call such meetings. Consequently, there is a lack of information sharing among the stakeholders and lack of openness with regard to the status and progress in the implementation of the program in the district.

At the village level there is also lack of coordination between the MVC committees and the village governments. Often the MVC program is neglected by the Village government leaders. Village government leaders give more priority to other village development programs like school building than to the implementation of the program. Consequently, the lack of village government support and commitment to the program reduces the effectiveness and efficiency in its implementation.

2. *Week follow-up of the implementation of the Programme*

Follow-up of the implementation of the MVC program is very week and almost non-existent at all levels. The MVC Programme facilitators from the District levels never

go back to the Ward and village levels once the community dialogue and MVC identification is completed. The MVC program also is not regularly discussed in the local government statutory meetings. This problem originates from the lack of effective coordination of the program in the district. Consequently there is no regular preparation of programme implementation progress reports at all levels. This makes monitoring and evaluation of the programme implementation progress to be difficult.

2.5.1 Challenges

1. Need for a second round of community dialogue:

There is a need for a follow-up dialogue with the village leadership about the program and its importance in all the villages where it is already being implemented. This is due to the fact that leadership has changed in most of the villages where the program is implemented and most of the new leaders don't know much about the program. In some of the villages, the new village government leadership does not give any priority to the MVC program.

There is also a need to make a review and make changes of the MVC facilitators at all levels. Some of the facilitators have passed away, and some of the facilitators have moved to different places. Besides some of the MVC facilitators accepted the responsibility because they thought they were going to have personal gains from the program. With time they have realized it was not the case and their morale of doing voluntary work has almost died. There is also a need for a follow-up community dialogue with members of the community/villagers to remind them about the need for care, support and protection of the MVC in the village.

2. Need to Change Program Coordination and Follow-up

There is a need to change coordination of the program at the district level. Coordination of the program should be under the District Planning Officer in accordance to the original MVC program implementation procedures in the district. Furthermore, there is a need for continuous and regular follow-up at lower level by the district MVC program facilitators and the District Council management. This is important for monitoring and evaluating program implementation progress at the Ward and Village levels.

There is also a need to change the responsibility of overseeing or following-up implementation of the program at all levels. Currently, it is government officials participating as MVC facilitators at the District level, who have been given this responsibility. In most villages, it is primary school teachers who are responsible. District officials participating in the facilitation team often are busy with other activities/responsibilities in their offices. Primary school teachers are also very busy and often have no time to follow up. There is a need for giving more priority and resources to the NGOs, FBOs and CBOs to implement the program. This is mainly because these organizations have more time and are constantly in touch with the communities.

3. Need to Scale-Up the Programme

There is a need to scale-up the MVC program in the district by increasing financial and material support from the district council; as well as increasing the range of care, support and protection provided to the MVC. Currently most of the support services are provided in the area of education. This bypasses the out-of school youth and the

under five. In the scaling-up of support, more consideration should also be given to the provision of economic strengthening support at the child-level, household level and community level. Furthermore, a special package should be provided within the program that takes care of the under-five. In addition, there is a need to increase coverage of care, support and protection in terms of increasing the proportion of children having access to these services.

4.5.3 Constraints

1. High expectation of the identified households with MVC

In some of the villages, members of the village community and the households which have been identified as having MVC are expecting too much from the program. In some of the villages for instance, households with MVC are reluctant to accept assistance of a grass-thatched house and are demanding construction of iron-sheets roofed houses. This is mainly because people have developed a “dependency syndrome” and an illusion that a lot of support is being provided by the UNICEF and some how it is not reaching them due to misappropriation by the MVC committee members.

2 Increase in the number of MVC

The number of MVC is increasing due to among others, HIV/AIDS epidemic, traditions and poverty. The capacity of the village communities to provide the required support and care is diminished by poverty and poor harvest due to bad weather. This has often resulted into food insecurity among the households with MVC but also generally among households of members of the village community.

3 Inadequate awareness of the essence of the MVC program at the village level.

Most villagers and community members are still not very much aware of the essence of the program. Consequently most of them are still reluctant to contribute to the program.

4 Lack of sources of revenue at the village level

Changes in the local governments’ revenue collection procedure have affected village governments’ ability to support the MVC. Currently all revenue collection is done by the district council. Little or no money at all is disbursed to the village governments from the district council for running their day today activities.

5. Concluding Remarks

Findings from this impact assessment shows that the MVC is not yet adequately institutionalized and owned by the community in Musoma Rural. This is indicated by the lack of community’s commitment to the program as well as the inadequacy of organizational support by leaders at all levels (District, Ward and Village). This has to a larger extent reduced the effectiveness of the programme in the provision of adequate care, support and protection to the MVC in the implementing villages.

Nevertheless some success has been achieved in the provision of educational support to the MVC. The support provided covers exercise books, pen and pencils, uniforms and paying of school fees and pocket money for the MVC joining secondary education.

However, this support covers only a small proportion of the MVC. Scaling up of the support is required to cover a wide range of care and support and a wide coverage of age groups accessing the care and support provided.

Lastly, there is a need for a second round of community dialogue to sensitize again people in village communities and their leaders about the MVC program and the need for their involvement and commitment to the Programme.

6. References

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7. Appendices

Summary of Impact assessment Results from the Field

S/n	Impact Assessment Indicator	Performance
<i>District Council Level</i>		
	<i>Process Impact Indicators</i>	
	1. Existence of a Functioning Coordination Mechanism ❖ District MVC Program Facilitators regular meetings ❖ MVC Program Stakeholders Meetings	<p>1. The established coordination framework in the district is not operative. In the past years there was a CSPD steering committee and was funded by the local government/District Council. The funds covered allowances plus transport cost of the committee members. The committee was operational from 1992 to 2000 when it stopped. MVC Program is under the CSPD program. Consequently the District CSPD coordination is currently very week:</p> <p>vi. There a general lack of openness in the implementation status of the program. This is due to lack of meetings convened to discuss the implementation status of the Program with stakeholders</p> <ul style="list-style-type: none"> ❖ The MVC coordination/facilitation team has not been receiving or provided with support from the district leadership due to communication breakdown. ❖ Communication breakdown resulted from among others, improper handing over of the MVC program from the previous District Development Officers PDOs to the incumbent. Consequently, the MVC program is currently coordinated by desk officers who don't have executive powers.
	2. Including the MVC Program in the Development Strategies/Programs	<ul style="list-style-type: none"> ❖ The District Medium Terms Expenditure Framework does not include a component of financing provision of care, support and protection of the MVC in the villages where MVC have been identified in the District: MTEF for the period 2004/2005-2006/2007 covers only the following items: <ul style="list-style-type: none"> ☞ To establish, identification and supportive mechanism information most vulnerable children in 8 Wards in this component funds are allocated for the following items: ☞ To strengthen Out of School Youth network by providing training & skills in the District: ☞ To train COBET facilitators for the expansion of the Programme in the District: ☞ To strengthen Out of School Youth network by providing training & skills in the District:
	3. Allocation of Resources to the MVC Program (i.e. inputs into the implementation Process), which includes the financial, human and material resources that are necessary to produce the intended output of the program.	<ul style="list-style-type: none"> ❖ In all the four activities above, expenditures are planned for the following items: <ul style="list-style-type: none"> - Training - Per Diem - Diesel - Stationery and Supplies - Services and Repair ❖ The District council contribution in the entire CSPD Programme is maintenance of vehicles, fuel and

		<p>facilitating follow up activities</p> <ul style="list-style-type: none"> ❖ General funds are allocated to the CSPD program. No funds are specifically allocated or earmarked for the MVC program/contribution/matching funds to the village MVC accounts ❖ Butiama Village is the only village which has received some money in the MVC account since the start of the program in the District. According to the contractual. The District council contributed exactly the same amount of money to the Butiama MVC fund as that contributed by the villagers. ❖ Funds allocated for the CSPD activities in the District plan are often used for different purposes ❖ The council has allocated funds to cutter for school fees for 45 students (MVC) who are in secondary schools. However no funds are allocated for providing care, support and protection to the other MVC who are not in secondary schools
	4. Follow-up of the MVC Program Implementation	<p>vii. No follow-up of the MVC program implementation at the Ward and village level by the District Facilitation Teams.</p> <p>viii. Facilitators never go back to the villages once the MVC identification exercise is done.</p> <p>ix. No regular reporting of the MVC implementation progress from the Ward and Village levels.</p>
<i>Output/Outcome impact indicators</i>		
	1. Duration of the Program and MVC identification coverage	<p>1. The MVC Program started in 2000 and now it in its fourth phase</p> <p>2. Coverage of MVC identification so far:</p> <ul style="list-style-type: none"> - 2 out of 3 of Divisions in the district covered - 27 Wards out of 35 Wards - 75 Villages out of 106 - 3107 & 3667 Female and Male MVC in the District so far identified - Total number of MVC identified so far is 6783 which is
	1. Villages with MVC Bank Accounts	<p>1. Villages in the 1st MVC identification phase (2000) 1 out of 1 villages</p> <p>2. Villages in the 2nd MVC identification phase (2001) 2 out of 2 villages</p> <p>3. Villages in the 3rd MVC identification phase (2001) 11 out of 16 villages</p> <p>4. Villages in the 4th MVC identification phase (2002) 7 out of 22 villages</p> <p>5. Villages in the 5th phase of identification (2003) 3 out of 34 villages</p> <p>6. Total villages with MVC bank accounts 20 out of 75</p>
	3. Updated District MVC data base	<p>1. The MVC data base is available but not updated and not widely shared among stakeholders.</p> <p>2. The available data base however is not comprehensive.</p>

		It has information on MVC identification coverage only. No information is available on the distribution of MVC by age groups, and type of care, support and protection provided by type of actor or provider and level (i.e. District, Ward or village level). The data base also doesn't have adequate information on the number of actors in the district providing care, support and protection to the MVC.
	4. Percentage spending in the provision of specific Care, Support and Protection of MVC	<i>Education Support:</i> Support for Secondary School Education
		<i>Health Support:</i> No support Provided
		<i>Clothing Support:</i> No support Provided
		<i>Other Material Support:</i> No support Provided
		<i>Economic Strengthening Support:</i> No support Provided
		<i>Psychosocial Support:</i> No support Provided
		<i>Legal & Human Rights Support:</i> No support Provided
		<i>Life Skills Support:</i> No support Provided
	5. Proportion of MVC accessing specific Care, Support and Protection provided through the MVC Program in the District	<i>Education Support:</i> Some few children are supported for secondary school education
		<i>Health Support:</i> No support Provided
		<i>Clothing Support:</i> No support Provided
		<i>Other Material Support:</i> No support Provided
		<i>Economic Strengthening Support:</i> No support Provided
		<i>Psychosocial Support:</i> No support Provided
		<i>Legal & Human Rights Support:</i> No support Provided
		<i>Life Skills Support:</i> No support Provided

Ward Level (Butiama, Etaro, Buruma and Buhemba)

Process Impact Indicators	
<p>1. Existence of a Functioning Coordination Mechanism</p> <ul style="list-style-type: none"> ❖ Ward MVC Program Facilitators regular meetings ❖ MVC Program Stakeholders Meetings ❖ Inclusion of the MVC agenda in the Ward Statutory Meetings ❖ Frequency of follow-up visits by the District facilitators at the Ward level 	<ul style="list-style-type: none"> ❖ Very little is done from the Ward level to facilitate the implementation of the Program ❖ More community dialogue or follow-up dialogue is needed at the village level ❖ MVC agenda is included in the Ward statutory meetings but the Ward MVC committee members (Ward MVC and CJF) facilitators lack the means (transport) to enable them to make follow-up visits to the villages. ❖ The MVC Ward Committee is supposed to meets every month to evaluate/assess the MVC situation in the Ward. ❖ More training is needed for the Ward Development Committee to enhance its capacity to following up the implementation of the MVC program ❖ District facilitators are not making any follow-up of the program implementation ❖

Village Level

Butiama Village	
Process Impact Indicators	
1. Community Dialogue and Commitment of member of the village to the MVC Program.	<ol style="list-style-type: none"> 1. Very low village government accountability to provide resources to the Programme. Need for further advocacy at the village from the WEO and district level 2. Decisions to support the MVC were done in a participatory manner 3. Legislations which might affect MVC
2. Inclusion of the MVC agenda in the Village Statutory Meetings	<ol style="list-style-type: none"> 1. Little accountability of the village government to the MVC program 2. No specific strategy in place at Butiama to strengthen MVC care, support and protection at the village 3. There is a weak linkages between the MVC care and support to the MVC and other Development efforts at the village 4. No accountability from the village government to provide support to the MVC program by providing resources 5. The MVC as an agenda in the statutory village meetings was last discussed in 2000 (Village Assembly when the program was first introduced) and 2001 in the Village council meeting. 6. The MVC committee chairperson passed away and therefore currently there is no one to represent the MVC committee in the village statutory meetings. The secretary of the MVC committee is also not invited in the village statutory meetings. So the implementation of the MVC program in the village currently does not have a strong support from the village government. 7. In this situation, it is also difficult to harmonize the implementation plans of the MVC programme with the village development plans
3. Convening of Regular Village MVC Committee meetings	<ol style="list-style-type: none"> 8. No regular meetings of the Village MVC committee are convened. The number of MVC committee meetings per annum also tend to decreased with time. 9.
4. Annual MVC subsequent or follow-up identification (Annual MVC data updating)	<ol style="list-style-type: none"> 1. No updates of the MVC statistics through follow-up identification have been done.
5. Preparation of the MVC program implementation reports	<ol style="list-style-type: none"> 1. No program implementation reports at the village level are prepared
6. Inclusion of the MVC issues in the village development agenda/O and OD	<ol style="list-style-type: none"> 1. The MVC issues are not given priority in the village development agenda. Priority is given to the construction of classrooms and primary schools teachers' houses
7. Updated MVC data base in the village	<ol style="list-style-type: none"> 1. MVC data base in the village is not updated
Output Indicators	
1. Resource Mobilization from the community	<ol style="list-style-type: none"> 1. Very weak mobilization of resources from the village/community members. Villagers contributed only once when funds were first mobilized for opening the MVC Bank Account. The last financial contribution from some members of the village was done in 2001. 2. Villagers agreed to contribute 400/- Tshs per household per

		<p>annum to the MVC fund. And the village government is supposed to contribute 50,000/- Tshs. per annum.</p> <p>3. No contributions of other materials other than financial are mobilized from the community.</p> <p>4. The village government contributed only once (Tshs. 130,000) to the MVC committee in the year 2000.</p> <p>5. The District council also contributed only once (Tshs. 100,000) in the same year.</p>					
	❖ Amount of money mobilized from the community/villagers for the MVC	1. 74,000/- Tshs. were mobilized/contributed by the village members towards supporting the MVC in 2001. No subsequent contributions were made.					
	❖ Value of goods and services provided by members of the community for the MVC	1. No goods so far have been contributed by the village members to support the MVC in the village.					
	❖ Opening of the MVC Bank Account	1. The MVC account has been opened. So far there is 225,000/- Tshs					
	❖ Adequate balance in the MVC Bank Account for providing care, support to the MVC when needed	1. The remaining amount of money in the bank account is 225,000/- which is not sufficient to meet or the required care and support of all the MVC in the village					
	❖ Number of Households in the Village with MVC receiving support from the MVC program		2000	2001	2002	2003	2004
		Shelter/House Construction	-	-	3/102	1/102	-
		Food	-	2/102	2/102	2/102	-
		Health Care	-	-	3/102	4/102	2/102
		Economic	-	-	-	-	-
		Other materials (mattresses) Psychosocial	-	-	4/102	-	-
	❖ Type of Support to the households with MVC from the MVC program						
	❖ Number of MVC in the Village receiving support from the MVC program		2000	2001	2002	2003	2004
		<i>Education Support:</i>	-	20	40	120	60
		<i>Health Support:</i>	-	-	-	-	-
		<i>Clothing Support:</i>	-	-	-	-	-
		<i>Other Material Support:</i>	-	-	-	-	-
		<i>Economic Strengthening Support:</i>	-	-	-	-	-
		<i>Psychosocial Support:</i>	-	-	-	-	-
	<i>Legal & Human Rights Support:</i>	-	-	2	1	4	
	<i>Life Skills Support:</i>	-	-	-	-	-	
	❖ Type of Support to the MVC from the MVC program	<p>1. Most education support</p> <p>2. Mattresses</p> <p>3. Construction of Dwelling Houses</p>					

<i>Kyankoma Village</i>	
<i>Process Impact Indicators</i>	
1. Community Dialogue and Commitment of member of the village to the MVC Program.	<ol style="list-style-type: none"> 1. 4th October 2001 2. Community dialogue was undertaken and the community was sensitized, understood and accepted to implement the project in the village 3. The MVC committee was nominated first with 8 members and later on 2 MVC children were added to the committee, artists, 2 primary school head teachers and representatives from the youth center. 4. 339 MVC were identified at the start of the project. Each Hamlet identified its own MVC and then names of all the identified households were confirmed at the village meeting/council meeting where only 150 MVC were selected from the 339 names 5. 50,000/- Tshs. were contributed at the first meeting for establishment of the MVC fund and opening the MVC account 6. It was agreed at the village meeting that every household should then contribute 600/- per year i.e. 50/- Tshs. per month as a contribution to the MVC fund.
2. Inclusion of the MVC agenda in the Village Statutory Meetings	<ol style="list-style-type: none"> 1. Village Assembly meetings are not regularly held 2. The MVC issues are sometimes but not often included in the village council meetings. For instance in 2002, no MVC agenda was included in the 4 village council meetings held during that year
3. Convening of Regular Village MVC Committee meetings	<ol style="list-style-type: none"> 1. The village MVC committee meets regularly. At least once in two months. 2. MVC reports are prepared
4. Annual MVC subsequent or follow-up identification (Annual MVC data updating)	<ol style="list-style-type: none"> 1. The village conducts annual follow-up identification of the MVC 2. Keeps MVC data/records by age groups and by gender
5. Preparation of the MVC program implementation reports	<ol style="list-style-type: none"> 1. The MVC committee prepares regular MVC program implementation reports
6. Inclusion of the MVC issues in the village development agenda/O and OD	<ol style="list-style-type: none"> 2.
7. Updated MVC data base in the village	<ol style="list-style-type: none"> 1. MVC data is updated every year (Number of MVC in the village updated every year by the MVC Committee)
<i>Output Indicators</i>	
1. Resource Mobilization from the community	<ol style="list-style-type: none"> 1. Weak mobilization of resources from the community. There is more focus on mobilizing resources for other development projects in the village i.e. classroom, teachers houses construction and a water reservoir for irrigation in the village. Consequently, the MVC program is not given any priority by the village leadership and members of the village community. It is only the MVC committee members who are in the forefront in implementation of the program 2. Respondents pointed out that, people at Kyankoma are aware about the MVC problem, but the problem is that the villagers are not capable of supporting the MVC due to poverty. Most households barely meet their subsistence needs and therefore

	❖ Type of Support to the households with MVC from the MVC program	1. Food support					
	❖ Number of MVC in the Village receiving support from the MVC program		2000	2001	2002	2003	2004
		<i>Education Support:</i>	-		2/25	1/28	1/133
		<i>Health Support:</i>	3/20	-	-	14/28	-
		<i>Clothing Support:</i>	-	-	-	-	-
		<i>Other Material Support:</i>	-	-	-	-	-
		<i>Economic Strengthening Support:</i>	-	-	-	-	-
		<i>Psychosocial Support:</i>	-	-	-	-	-
		<i>Legal & Human Rights Support:</i>	-	-	-	-	-
		<i>Life Skills Support:</i>	-	-	-	-	-
	❖ Type of Support to the MVC from the MVC program	4. Most education support 5. Mattresses 6. Construction of Dwelling Houses					

<i>Mirwa Village (Average Performance)</i>		
Process Impact Indicators		
3. Community Dialogue and Commitment of member of the village to the MVC Program.	1.	
4. Inclusion of the MVC agenda in the Village Statutory Meetings	1. Village Assembly meetings are not regularly held. The chairman doesn't call the meetings. 2. The MVC issues are sometimes but not often included in the village council meetings. For instance in 2002, no MVC agenda was included in the 4 village council meetings held during that year	
3. Convening of Regular Village MVC Committee meetings	1. The village MVC committee meets regularly. At least once in two months. 2.	
4. Annual MVC subsequent or follow-up identification (Annual MVC data updating)	3. The village conducts annual follow-up identification of the MVC 4. Keeps MVC data/records by age groups and by gender	
5. Preparation of the MVC program implementation reports	2. The MVC committee prepares regular MVC program implementation reports	
6. Inclusion of the MVC issues in the village development agenda/O and OD	1.	
7. Updated MVC data base in the village	1. MVC data is updated every year (Number of MVC in the village updated every year by the MVC Committee)	
Output Indicators		
1. Resource Mobilization from the community	1. Very weak mobilization of financial and other resources from the community.	
❖ Amount of money mobilized from the community/villagers for the MVC	1. So far there is only 20,000/- Tshs contributed by the villagers towards opening the MVC bank account in the year 2002 2. No contributions were received from the District Council and the UNICEF as per contract.	
❖ Value of goods and services provided by members of the community for the MVC	1. No goods and services mobilized from the members of the community	
❖ Opening of the MVC Bank Account	1. The MVC Bank Account has been opened with the 20,000/ Tshs. contributed following community dialogue. No more funds has been contributed since then. Villagers are reluctant to contribute towards supporting the MVC. The argument is that they also claim to poor and in need of support in one way or another.	
❖ Adequate balance in the MVC Bank Account for providing care, support to the MVC when needed	1. No adequate balance in the Bank Account (20,000/-)	

❖ Number of Households in the Village with MVC receiving support from the MVC program		2000	2001	2002	2003	2004
	Shelter/House Construction			-	-	-
	Food			-	-	-
	Health Care			-	-	-
	Economic			-	-	-
	Other materials			-	-	-
	Psychosocial			-	-	-
❖ Type of Support to the households with MVC from the MVC program						
❖ Number of MVC in the Village receiving support from the MVC program		2000	2001	2002	2003	2004
	<i>Education Support:</i>			-	-	2/95
	<i>Health Support:</i>			-	-	14/95
	<i>Clothing Support:</i>			-	-	
	<i>Other Material Support:</i>			-	-	
	<i>Economic Strengthening Support:</i>			-	-	-
	<i>Psychosocial Support:</i>			-	-	9/95
	<i>Legal & Human Rights Support:</i>			-	-	-
	<i>Life Skills Support:</i>			-	-	-
❖ Type of Support to the MVC from the MVC program	1.					

<i>Matongo Village (Average Performance)</i>		
Process Impact Indicators		
	1. Community Dialogue and Commitment of member of the village to the MVC Program.	1. Community Dialogue started in 2001
	2. Inclusion of the MVC agenda in the Village Statutory Meetings	1. Village Assembly meetings are held regularly (more than twice a year) and the MVC issues are discussed at least once a year. 2. Village council meetings are also held though not very regularly for the last two years. The MVC issues are also discussed in at least two of the Village Council meetings per year.
	3. Convening of Regular Village MVC Committee meetings	1. The village MVC committee never meets. Since the establishment of the MVC program, the MVC committee has never held a committee meeting. 2.
	4. Annual MVC subsequent or follow-up identification (Annual MVC data updating)	1. The village conducts annual follow-up identification of the MVC 2. Keeps MVC data/records by age groups and by gender
	5. Preparation of the MVC program implementation reports	1. Since the MVC committee doesn't hold meetings, preparation of regular MVC program implementation reports is also a problem
	6. Inclusion of the MVC issues in the village development agenda/O and OD	1. MVC Data base not updated regularly. The data was updated this year (2004) since the first MVC identification in 2001.
	7. Updated MVC data base in the village	1.
Output Indicators		
	1. Resource Mobilization from the community	1. Very weak mobilization of financial and other resources from the community.
	❖ Amount of money mobilized from the community/villagers for the MVC	1. So far there is only 10,000/- Tshs contributed by the villagers towards opening the MVC bank account in the year 2002 2. No contributions were received from the District Council and the UNICEF as per contract.
	❖ Value of goods and services provided by members of the community for the MVC	1. No goods and services mobilized from the members of the community
	❖ Opening of the MVC Bank Account	1. The MVC Bank Account has been opened with the 10,000/ Tshs. contributed following community dialogue. No more funds has been contributed since then. Villagers are reluctant to contribute towards supporting the MVC. The argument is that they also claim to poor and in need of support in one way or another.
	❖ Adequate balance in the MVC Bank Account for providing care, support to the MVC when needed	1. No adequate balance in the Bank Account (10,000/-)

❖ Number of Households in the Village with MVC receiving support from the MVC program		2000	2001	2002	2003	2004
	Shelter/House Construction		-	-	-	-
	Food		-	-	-	-
	Health Care		-	-	-	-
	Economic		-	-	-	-
	Other materials		-	-	-	-
	Psychosocial		-	-	-	-
❖ Type of Support to the households with MVC from the MVC program						
❖ Number of MVC in the Village receiving support from the MVC program		2000	2001	2002	2003	2004
	<i>Education Support:</i>			-	-	-
	<i>Health Support:</i>			-	-	-
	<i>Clothing Support:</i>			-	-	-
	<i>Other Material Support:</i>			-	-	-
	<i>Economic Strengthening Support:</i>			-	-	-
	<i>Psychosocial Support:</i>			-	-	-
	<i>Legal & Human Rights Support:</i>			-	-	-
	<i>Life Skills Support:</i>			-	-	-
❖ Type of Support to the MVC from the MVC program						

Etaro Village (Poor Performance)	
Process Impact Indicators	
3. Community Dialogue and Commitment of member of the village to the MVC Program.	1. Community Dialogue started in 2003
4. Inclusion of the MVC agenda in the Village Statutory Meetings	1. Village Assembly meetings was held only once last year and no any meeting for this year. The MVC agenda was included in the last year's meeting. This is mainly because that was the meeting aimed for community dialogues with the MVC program facilitators. 2. Village council was also held only once last year and no any meetings this year so far. The MVC agenda was included in the last years meeting
3. Convening of Regular Village MVC Committee meetings	1. The village MVC committee met twice last year and also twice this year 2.
4. Annual MVC subsequent or follow-up identification (Annual MVC data updating)	1. No follow-up identification of the MVC have been done 2. Keeps MVC data/records by age groups and by gender
5. Preparation of the MVC program implementation reports	1. The MVC program is yet to be fully implemented in the village. The MVC committee is still waiting for facilitators from the District council to help them/show them what they are expected to do. They don't know what they are supposed to do.
6. Inclusion of the MVC issues in the village development agenda/O and OD	1. MVC issues are not all included in the village development agenda. Households identified as having MVC are required to contribute so that money is put in the bank account for them to receive the matching funds from the UNICEF
7. Updated MVC data base in the village	1. MVC data is not updated
Output Indicators	
1. Resource Mobilization from the community	1. No mobilization of financial and other resources from the community/villagers members. Actually village members are reluctant to contribute to the MVC program. This mainly because most village members consider themselves also to be poor and wondering why they were not identified as living in most difficult situation. They also expect to receive support
❖ Amount of money mobilized from the community/villagers for the MVC	1. So far there is only 10,000/- Tshs contributed by the villagers towards opening the MVC bank account in the year 2002 2. No contributions were received from the District Council and the UNICEF as per contract.
❖ Value of goods and services provided by members of the community for the MVC	1. No goods and services mobilized from the members of the community
❖ Opening of the MVC Bank Account	2. The MVC Bank Account has been opened with the 10,000/ Tshs. contributed following community dialogue. No more funds has been contributed since then. Villagers are reluctant to contribute towards supporting the MVC. The argument is that they also claim to poor and in need of support in one way or another.

	❖ Adequate balance in the MVC Bank Account for providing care, support to the MVC when needed	1. No adequate balance in the Bank Account (10,000/-)					
	❖ Number of Households in the Village with MVC receiving support from the MVC program		2000	2001	2002	2003	2004
		Shelter/House Construction				-	-
		Food				-	-
		Health Care				-	-
		Economic				-	-
		Other materials				-	-
		Psychosocial				-	-
	❖ Type of Support to the households with MVC from the MVC program	No any support provided					
	❖ Number of MVC in the Village receiving support from the MVC program		2000	2001	2002	2003	2004
		<i>Education Support:</i>				-	-
		<i>Health Support:</i>				-	-
		<i>Clothing Support:</i>				-	-
		<i>Other Material Support:</i>				-	-
		<i>Economic Strengthening Support:</i>				-	-
		<i>Psychosocial Support:</i>				-	-
		<i>Legal & Human Rights Support:</i>				-	-
		<i>Life Skills Support:</i>				-	-
	❖ Type of Support to the MVC from the MVC program	1.					

<i>Isaba Village (Poor Performance)</i>	
<i>Process Impact Indicators</i>	
1. Community Dialogue and Commitment of member of the village to the MVC Program.	<ol style="list-style-type: none"> 1. Community Dialogue started in 2002 2. Villagers are not committed to the MVC program. They don't want to contribute to the MVC fund for the argument that they are also very poor and in need of support 3. It is the households identified to have MVC that have to contribute to the MVC fund. The argument given by members of the village is that, those identified households are the ones that are going to benefit from the UNICEF support and therefore should make the required contribution to the MVC fund.
2. Inclusion of the MVC agenda in the Village Statutory Meetings	<ol style="list-style-type: none"> 1. Meetings are not regularly held and the MVC agenda is not given priority/not included in the meeting agenda
3. Convening of Regular Village MVC Committee meetings	<ol style="list-style-type: none"> 1. MVC committee does not convene any meetings. They are still waiting for directives from the district facilitators on how to proceed with the implementation of the MVC program in the village
4. Annual MVC subsequent or follow-up identification (Annual MVC data updating)	<ol style="list-style-type: none"> 1. No follow-up identification of the MVC have been done in the village
5. Preparation of the MVC program implementation reports	<ol style="list-style-type: none"> 1. No MVC program implementation reports are prepared since the program is at a standstill.
6. Inclusion of the MVC issues in the village development agenda/O and OD	<ol style="list-style-type: none"> 1. The MVC program is not included in the village development agenda. Furthermore, there is no any plan at the village level regarding the implementation of the MVC program 2. The names of the identified MVC in the village are not reported to the schools. Therefore the teachers in the two primary schools in the village don't have the list of identified MVC who are registered in their schools. However they do have their own list of MVC identified based on school devised MVC identification criteria .
7. Updated MVC data base in the village	<ol style="list-style-type: none"> 1. No data is updated. The only data available is that which was collected during the MVC community dialogue and MVC identification exercise
<i>Output Indicators</i>	
1. Resource Mobilization from the community	<ol style="list-style-type: none"> 1. The agreed amount in the village to be contributed to the MVC account is Tshs. 1,000/- per household. However households are not making any contributions. It is the households identified having MVC which are contributing. There is a general reluctance by members of the village to contribute to the fund claiming that they are also poor and need assistance. Since the UNICEF support will not benefit every household in the village, the identified households should therefore make the contribution to the MVC fund.
❖ Amount of money mobilized from the community/villagers for the MVC	<ol style="list-style-type: none"> 1. So far there is 10,000/- shillings in the MVC Bank account. The Village is waiting for UNICEF to top up
❖ Value of goods and	<ol style="list-style-type: none"> 1. No contribution of goods and services provided by the

	services provided by members of the community for the MVC	members of the village community					
	❖ Opening of the MVC Bank Account	1.					
	❖ Adequate balance in the MVC Bank Account for providing care, support to the MVC when needed	1. There is no adequate balance of financial resources in the Bank account					
	❖ Number of Households in the Village with MVC receiving support from the MVC program		2000	2001	2002	2003	2004
		Shelter/House Construction			-	-	-
		Food			-	-	-
		Health Care			-	-	-
		Economic			-	-	-
		Other materials			-	-	-
		Psychosocial			-	-	-
	❖ Type of Support to the households with MVC from the MVC program						
	❖ Number of MVC in the Village receiving support from the MVC program		200	2001	2002	2003	2004
		<i>Education Support:</i>			-	-	-
		<i>Health Support:</i>			-	-	-
		<i>Clothing Support:</i>			-	-	-
		<i>Other Material Support:</i>			-	-	-
		<i>Economic Strengthening Support:</i>			-	-	-
		<i>Psychosocial Support:</i>			-	-	-
		<i>Legal & Human Rights Support:</i>			-	-	-
		<i>Life Skills Support:</i>			-	-	-
	❖ Type of Support to the MVC from the MVC program	No any support is provided to the MVC					

Villagers Impact Assessment Results of the MVC Program Implementation

Villagers Interviewed

Village	Freq.	Percent	Cum.
Butiama	20	16.53	16.53
Etaro	21	17.36	33.88
Isaba	18	14.88	48.76
Kyankoma	21	17.36	66.12
Matongo	21	17.36	83.47
Mirwa	20	16.53	100
Total	121	100	

Villagers Interviewed by Gender

Gender	Freq.	Percent	Cum.
1	81	66.94	66.94
2	40	33.06	100
Total	121	100	

Villagers' Assessment of the Commitment of Village Government Leaders to the Implementation of the MVC Programme in the Village

Assessment	Freq.	Percent	Cum.
Not responded	6	4.96	4.96
Very Successful	28	23.14	28.1
Successful	23	19.01	47.11
Average	36	29.75	76.86
Not successful	28	23.14	100
Total	121	100	

Villagers' Assessment of the Successfulness of the Processes of Putting in Place the MVC Committee

Assessment	Freq.	Percent	Cum.
Very Successful	21	17.36	17.36
Successful	19	15.7	33.06
Average	44	36.36	69.42
Not successful	37	30.58	100
Total	121	100	

Villagers' Assessment of the Successfulness in the MVC Community Dialogue

Assessment	Freq.	Percent	Cum.
Not responded			
Very Successful	8	6.61	6.61
Successful	16	13.22	19.83
Average	47	38.84	58.68
Not successful	50	41.32	100
Total	121	100	

Villagers' Assessment in the Successfulness in the MVC Identification Process

Assessment	Freq.	Percent	Cum.
Not responded	1	0.83	0.83
Very Successful	19	15.7	16.53
Successful	19	15.7	32.23
Average	43	35.54	67.77
Not successful	39	32.23	100
Total	121	100	

Villagers' Assessment of the Successfulness in the Mobilization of Community Contributions and Opening of the Village MVC Bank Account

Assessment	Freq.	Percent	Cum.
Not responded	3	2.48	2.48
Very Successful	2	1.65	4.13
Successful	7	5.79	9.92
Average	21	17.36	27.27
Not successful	88	72.73	100
Total	121	100	

Villagers Assessment of the Successfulness of the MVC Program in the Provision of Health Care Support to the MVC

Assessment	Freq.	Percent	Cum.
Not responded	3	2.48	2.48
Very Successful	6	4.96	7.44
Successful	12	9.92	17.36
Average	19	15.7	33.06
Not successful	81	66.94	100
Total	121	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Provision of Education Support to the MVC

Assessment	Freq.	Percent	Cum.
Not responded	1	0.83	0.83
Very Successful	9	7.44	8.26
Successful	27	22.31	30.58
Average	34	28.1	58.68
Not successful	50	41.32	100
Total	121	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Provision of Support for Shelter to the MVC

Assessment	Freq.	Percent	Cum.
Not responded	1	0.83	0.83
Very Successful	2	1.65	2.48
Successful	5	4.13	6.61
Average	18	14.88	21.49
Not successful	95	78.51	100
Total	121	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Provision of Support for Food to the MVC

Assessment	Freq.	Percent	Cum.
Not responded	2	1.65	1.65
Very Successful	4	3.31	4.96
Successful	14	11.57	16.53
Average	22	18.18	34.71
Not successful	79	65.29	100
Total	121	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Provision of Support for Clothing to the MVC

Assessment	Freq.	Percent	Cum.
Not responded	4	3.33	3.33
Very Successful	1	0.83	4.17
Successful	7	5.83	10
Average	27	22.5	32.5
Not successful	81	67.5	100
Total	120	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Provision of Psychosocial Support to the MVC

Assessment	Freq.	Percent	Cum.
Not responded	4	3.31	3.31
Very Successful	3	2.48	5.79
Successful	12	9.92	15.7
Average	28	23.14	38.84
Not successful	74	61.16	100
Total	121	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Provision of Economic Strengthening Support to the MVC

Assessment	Freq.	Percent	Cum.
Not responded	2	1.67	1.67
Very Successful	1	0.83	2.5
Successful	8	6.67	9.17
Average	26	21.67	30.83
Not successful	83	69.17	100
Total	120	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Provision of Economic Strengthening Support to the Households with MVC

Assessment	Freq.	Percent	Cum.
Not responded	5	4.13	4.13
Very Successful	6	4.96	9.09
Successful	7	5.79	14.88
Average	30	24.79	39.67
Not successful	73	60.33	100
Total	121	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Provision of Economic Strengthening Support to the Village Community

Assessment	Freq.	Percent	Cum.
Not responded	3	2.48	2.48
Very Successful	3	2.48	4.96
Successful	14	11.57	16.53
Average	28	23.14	39.67
Not successful	73	60.33	100
Total	121	100	

Villagers Assessment of the Successfulness of the MVC Program in the Provision of Legal and Human Rights Support to the MVC

Assessment	Freq.	Percent	Cum.
Not responded	51	42.15	42.15
Very Successful	10	8.26	50.41
Successful	14	11.57	61.98
Average	20	16.53	78.51
Not successful	26	21.49	100
Total	121	100	

Villagers' Assessment of the Successfulness of the MVC Program in the Efforts to Prevent Increase in the Number of MVC

Assessment	Freq.	Percent	Cum.
Not responded	3	2.48	2.48
Very Successful	9	7.44	9.92
Successful	11	9.09	19.01
Average	29	23.97	42.98
Not successful	69	57.02	100
Total	121	100	

Villagers' Assessment of the Successfulness in the Integration of the MVC Program in the Community/Village Development Programmes

Assessment	Freq.	Percent	Cum.
Not responded	2	1.65	1.65
Very Successful	9	7.44	9.09
Successful	14	11.57	20.66
Average	33	27.27	47.93
Not successful	63	52.07	100
Total	121	100	

Villagers' Assessment of the Successfulness in the Integration of the MVC Program to other None-State Actor's (NGOs, FBOs and CBOs) Programmes/Efforts to Support to Support the MVC

Assessment	Freq.	Percent	Cum.
Not responded	2	1.65	1.65
Very Successful	9	7.44	9.09
Successful	14	11.57	20.66
Average	22	18.18	38.84
Not successful	74	61.16	100
Total	121	100	